



SOUTH AFRICAN
**Child
Gauge**
2006

**Children's Institute,
University of Cape Town**

**Edited by Jo Monson,
Katharine Hall,
Charmaine Smith and
Maylene Shung-King**



UNIVERSITY OF CAPE TOWN



children's
institute

child rights in focus
Research • Advocacy • Education



SOUTH AFRICAN
**Child
 Gauge**
 2006



**Children's Institute,
 University of Cape Town**

**Edited by Jo Monson,
 Katharine Hall,
 Charmaine Smith and
 Maylene Shung-King**



UNIVERSITY OF CAPE TOWN



children's
 institute

child rights in focus
 Research • Advocacy • Education

Acknowledgements

This edition of the *South African Child Gauge* would not have been possible without the assistance and support of the following individuals:

- Debbie Budlender from the Centre for Actuarial Research, UCT, and Double-Hugh Marera from the Children's Institute for compiling the indicators data for the Children Count section.
- Children's Institute staff who provided comment on draft versions of the various contributions in this publication.
- Professor Larry Aber from New York University for reviewing the chapters on child poverty and income poverty in South Africa.
- Michael Noble and the research group from the University of Oxford for the use of large parts of their article in the chapter on children and poverty.
- Participants in the National Children's Forum and the Children's Institute's *Growing up in a time of AIDS Radio-documentary Project* for the artwork used in this publication.
- Jenny Young for the design and layout of this publication and the accompanying map.
- Logo Print for the speedy production of the publication.
- Children's Institute administrative, communication and knowledge management staff for their support in the production and distribution of this product.

The financial assistance towards this publication from Atlantic Philanthropies and The Elma Foundation is gratefully acknowledged. Acknowledgement is also due to Save the Children Sweden who generously funded the *Means to Live* project, on which much of the information in this publication is based. Opinions expressed and conclusions arrived at are those of the authors and are not necessarily attributed to any of the donors.

The names of children and caregivers whose stories are shared in this publication were changed to protect their identities.

Citation suggestion

Monson J, Hall K, Smith C & Shung-King M (eds) (2006) *South African Child Gauge 2006*. Cape Town: Children's Institute, University of Cape Town.

ISBN: 978-0-7992-2368-2

©2006 Children's Institute, University of Cape Town

46 Sawkins Road, Rondebosch
Cape Town, 7700, South Africa
Tel: +27 21 689 5404
Fax: +27 21 689 8330
E-mail: info@ci.org.za
Web: www.ci.org.za



Contents

Tables, figures and case studies	4
Abbreviations	5
Foreword <i>Professor Njabulo S. Ndebele, Vice-Chancellor and Principal, UCT</i>	6
Reflections on children and poverty <i>The Most Revd. Njongonkulu W. H. Ndungane, Anglican Archbishop of Cape Town and Metropolitan of the Province of Southern Africa</i>	8
PART ONE: CHILDREN AND LAW REFORM	9
Recent developments in legislating for children's socio-economic rights <i>Paula Proudlock and Prinslean Mahery</i>	10
PART TWO: CHILDREN AND POVERTY	17
Overview	18
Child poverty – its meaning and extent <i>Annie Leatt</i>	19
Income poverty in South Africa <i>Annie Leatt</i>	24
Introduction to the Means to Live <i>Katharine Hall and Annie Leatt</i>	31
<ul style="list-style-type: none">• Does the means justify the end? Targeting the Child Support Grant <i>Katharine Hall and Jo Monson</i>• Free to learn: The School Fee Exemption policy and the National School Nutrition Programme <i>Katharine Hall and Jo Monson</i>• Healing inequalities: The free health care policy <i>Annie Leatt, Maylene Shung-King and Jo Monson</i>• Accommodating the poor: The Free Basic Water policy and the Housing Subsidy Scheme <i>Katharine Hall, Annie Leatt and Jo Monson</i>	39 45 51 57
PART THREE: CHILDREN COUNT – THE NUMBERS	63
Introducing Children Count – <i>Abantwana Babalulekile</i> <i>Annie Leatt and Lizette Berry</i>	64
Demography of South Africa's children <i>Helen Meintjes, Annie Leatt and Lizette Berry</i>	67
Children's access to social assistance <i>Annie Leatt, Helen Meintjes and Lizette Berry</i>	70
Children's access to education <i>Lizette Berry and Norma Rudolph</i>	72
Child health: The general context <i>Kashifa Abrahams, Lizette Berry and Michael Hendricks</i>	74
Child health: HIV/AIDS <i>Maylene Shung-King, Kashifa Abrahams and Lizette Berry</i>	76
Children's access to water, sanitation and electricity <i>Annie Leatt and Lizette Berry</i>	78
Children's access to housing <i>Katharine Hall and Lizette Berry</i>	80
Technical notes on the indicators and data sources	83
About the contributors	88

Tables

PART ONE: CHILDREN AND LAW REFORM

TABLE 1: Key laws giving effect to children's socio-economic rights	12
---	----

PART TWO: CHILDREN AND POVERTY

FIGURE 1: A multi-dimensional model of child poverty for South Africa	22
FIGURE 2: Proportion of children living with employed parents and adults in 2004	26
FIGURE 3: Frequency of school feeding at the <i>Means to Live</i> sites	49
TABLE 1: Unemployment and employment rates in poor and non-poor households in 2004	25
TABLE 2: Unemployment and employment in households, by experience of child hunger, in 2004	25
TABLE 3: Distribution of children by household earnings and province in 2005	27
TABLE 4: Distribution of children by household earnings and population group in 2005	28
TABLE 5: Per capita income by household earning bracket and population group in 2005	28
TABLE 6: Number of adult and child beneficiaries of social assistance grants by end July 2006	29
TABLE 7: Barriers to Child Support Grant access in the <i>Means to Live</i> research sites	41
TABLE 8: CSG eligibility in the context of household arrangements, from the <i>Means to Live</i>	43
TABLE 9: Reasons for children aged 14 – 17 years not attending school	48
TABLE 10: Number and proportion of children living 'far' or 'not far' from nearest clinic in 2004	54
TABLE 11: User satisfaction or quality of care at public health service points at <i>Means to Live</i> sites	54
CASE STUDY 1: Ntombekhaya's struggle for birth certificates	42
CASE STUDY 2: Nonzwakazi begs for school fees	47
CASE STUDY 3: Access to rural health services	53
CASE STUDY 4: The problem of services in the informal settlement of Nkanini	59

PART THREE: CHILDREN COUNT – THE NUMBERS

TABLE 1a: The number and proportion of children living in South Africa in 2004 and 2005, by province	67
TABLE 1b: The number and proportion of children living in South Africa in 2004 and 2005, by population group	67
TABLE 1c: The number and proportion of children living in South Africa in 2004 and 2005, by age	67
TABLE 1d: The number and proportion of children living in South Africa in 2004 and 2005, by sex	67
TABLE 2a: The number and proportion of maternal orphans living in South Africa in 2004 and 2005	68
TABLE 2b: The number and proportion of paternal orphans living in South Africa in 2004 and 2005	68
TABLE 2c: The number and proportion of double orphans living in South Africa in 2004 and 2005	68
TABLE 2d: The total number and proportion of orphans living in South Africa in 2004 and 2005	68
TABLE 3: The number and proportion of children living in child-headed households in South Africa in 2004 and 2005	69
TABLE 4: The number and proportion of children living in income poverty in South Africa in 2004 and 2005	69
TABLE 5: The number and proportion of eligible children (0 – 13 years) receiving the Child Support Grant in South Africa in June 2005 and July 2006	70
TABLE 6: The number of children receiving the Care Dependency Grant in South Africa between June 2004 and July 2006	71

TABLE 7:	The number of children receiving the Foster Child Grant in South Africa between June 2004 and July 2006	71
TABLE 8:	The number and proportion of children attending an educational institution in South Africa in 2004 and 2005	72
TABLE 9:	The learner-to-educator ratio for children enrolled in public schools in South Africa in 2004	73
TABLE 10a:	The number and proportion of children relative to the distance travelled to primary school in South Africa in 2004 and 2005 ..	73
TABLE 10b:	The number and proportion of children relative to the distance travelled to secondary school in South Africa in 2004 and 2005 ..	73
TABLE 11:	The infant mortality rate and under-five mortality rate in South Africa in 2000	74
TABLE 12:	The proportion of children aged 1 – 9 years who were underweight and severely underweight in South Africa in 2000	75
TABLE 13:	The proportion of leading causes of deaths among children under-five years of age in South Africa in 2000	76
TABLE 14:	The HIV-prevalence rate among children in South Africa from 2000 to 2006	77
TABLE 15:	The proportion of children starting antiretroviral therapy in South Africa from 2000 to 2005	77
TABLE 16:	The number and proportion of children living in households with basic sanitation in South Africa in 2004 and 2005	78
TABLE 17:	The number and proportion of children with access to drinking water on site in South Africa in 2005	79
TABLE 18:	The number and proportion of children living in households with an electricity connection in South Africa in 2004 and 2005 ..	79
TABLE 19:	The number and proportion of children living in urban or rural areas in South Africa in 2004	80
TABLE 20a:	The number and proportion of children living in formal housing in South Africa in 2004 and 2005	81
TABLE 20b:	The number and proportion of children living in informal housing in South Africa in 2004 and 2005	81
TABLE 20c:	The number and proportion of children living in traditional dwellings in South Africa in 2004 and 2005	81
TABLE 21:	The number and proportion of children living in overcrowded dwellings in South Africa in 2004 and 2005	82

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome	IMR	Infant Mortality Rate
ART	Antiretroviral therapy	HIV	Human Immunodeficiency Virus
ARV	Antiretroviral	MEC	Member of the Executive Council
ASSA	Actuarial Society of South Africa	MRC	South African Medical Research Council
CPI	Consumer Price Index	NFCS	National Food Consumption Survey
CDG	Care Dependency Grant	PIP	Perinatal Problem Identification Programme
CRC	(United Nations) Convention on the Rights of the Child	SGB	School Governing Body
CSG	Child Support Grant	SOCPEN	Data administration system of the Department of Social Development
DHS	Demographic and Health Survey	StatsSA	Statistics South Africa
EA	Enumerator Area	UCT	University of Cape Town
EMIS	Education Management Information System	UNESCO	United Nations Educational, Scientific and Cultural Organisation
EPRI	Economic Policy Research Institute	UN-HABITAT	United Nations Human Settlement Programme
FCG	Foster Child Grant	U5MR	Under-5 Mortality Rate
GHS	General Household Survey	U5PIP	(South African Medical Research Council's) Under-5 healthcare Problem Identification Programme
HSS	Housing Subsidy Scheme		
IDASA	Institute for Democracy in South Africa		
ID	Identity document		

Foreword

Message from Professor Njabulo S. Ndebele, Vice-Chancellor and Principal, University of Cape Town

It is a privilege to welcome readers to the 2006 edition of the *South African Child Gauge*. This much-needed publication provides an annual update on progress towards realising children's rights in South Africa. The theme of this edition is children and poverty, and I congratulate the Children's Institute for addressing such an important barrier to children's rights and well-being.

Poverty remains one of South Africa's greatest challenges – mainly because it is inherited. Today, the majority of South Africa's children are living in households too poor to buy basic necessities. Unless the cycle is broken, generation after generation will continue to struggle without much hope of sharing in what this country has to offer. This is contradictory to the values enshrined in our Constitution. In this second decade of democracy, combating poverty needs to be a priority of government, business, civil society, and indeed every individual.

In South Africa, most children live in under-developed rural areas where there is a lack of access to services, infrastructure and opportunities. In this regard, poverty needs to be understood as multi-dimensional, and encompassing not only a lack of money or material resources, but also various other deprivations such as access to schooling, health care and a conducive living environment.

Poverty impacts on children's rights in a variety of ways. For South Africa's children, poverty means growing up without sufficient and nutritious food, which impacts on health, growth and development. It means that many children live in inadequate or overcrowded housing. It means a lack of access to safe drinking water and sanitation for nearly half of the country's children, which also causes health problems. A lack of access to electricity adds further to health and safety hazards, as many families have to use paraffin or coal fires for cooking and heating. In addition, poverty for many of South Africa's children means a long walk to reach school – often on an empty stomach.

These experiences of poverty are compounded by the HIV/AIDS pandemic which adversely affects families' resources in many different ways. The agency and resilience of the millions



of children and their caregivers who live in poverty in this time of HIV/AIDS is remarkable. There are many who triumph daily against extreme conditions and who are creative and purposeful in finding ways to survive and to celebrate family life. Indeed, in implementing a national response to this situation, the importance of strengthening and supporting families as the optimum place for children to grow and develop must not be lost.

Today, our children are growing up within a progressive rights framework based on the

United Nations Convention on the Rights of the Child and the South African Constitution. While recognising that much progress has been made by the government in the past decade, there are still many challenges to tackle to ensure that all children's rights are realised. With the *South African Child Gauge*, the Children's Institute plays a key role in monitoring the realisation of children's rights and informing the prioritisation of children's well-being by government decision-makers and civil society role-players.

The essays on children and poverty in this publication reflect on various measures that are crucial to the task of making children's rights real. Among these are three that need to be emphasised.

First: a national information system that can provide reliable and timely child-centred data, which is crucial to planning, is an imperative. Second: inter-sectoral collaboration between all government departments that impact on child well-being is required to ensure integrated development and service delivery. And third: applying the principle of the 'best interest of the child' in all decisions that affect children's lives.

The realisation of children's rights is not only up to the government and dedicated role-players – whether as individuals or as players in our various sectors, we can all work toward putting the best interests of children first. The *South African Child Gauge* is a good place to begin planning our interventions, however big or small, to allow our children to share in the wealth of this country, and to get the rights they are entitled to.



13 years
Mlungisi

Thabeka

7 years

Nkuthuko

Sinethemba
11 years.

7 years

7 years

Reflections on children and poverty

The Most Revd. Njongonkulu W. H. Ndungane
Anglican Archbishop of Cape Town and Metropolitan of the Province of Southern Africa

“Let the little children come to me”, Jesus famously said, “and do not hinder them, for the kingdom of God belongs to such as these.”

Judaeo-Christian tradition is not alone in requiring society to bear particular responsibility for children. It is not surprising therefore that, among the eight Millennium Development Goals, two (on universal primary education and child mortality) are specifically focused on children, and that several more have child-related targets and indicators.

Though our country is prosperous in overall terms by the standards of our continent, income inequality is widening, and child poverty is on the increase. Research shows that children remain among the most susceptible to the consequences of poverty. We cannot afford to compromise the generation of tomorrow, and the rights of children today, by allowing this to continue.

Faith communities and civil society organisations are beginning to build partnerships with government around children's rights. For example, children's concerns figure among the key areas for co-operation highlighted in the 2004 Memorandum of Understanding between the government and the National Religious Leaders' Forum. Yet we need to



track the extent to which we effectively implement these and other commitments to realising children's rights.

Monitoring is an essential tool in programme development and delivery. Our efforts must be directed where they are needed, in ways that will work. Too often in the past, design has failed to take into account lived realities on the ground. The growing trend to engage grass roots communities must be strengthened and

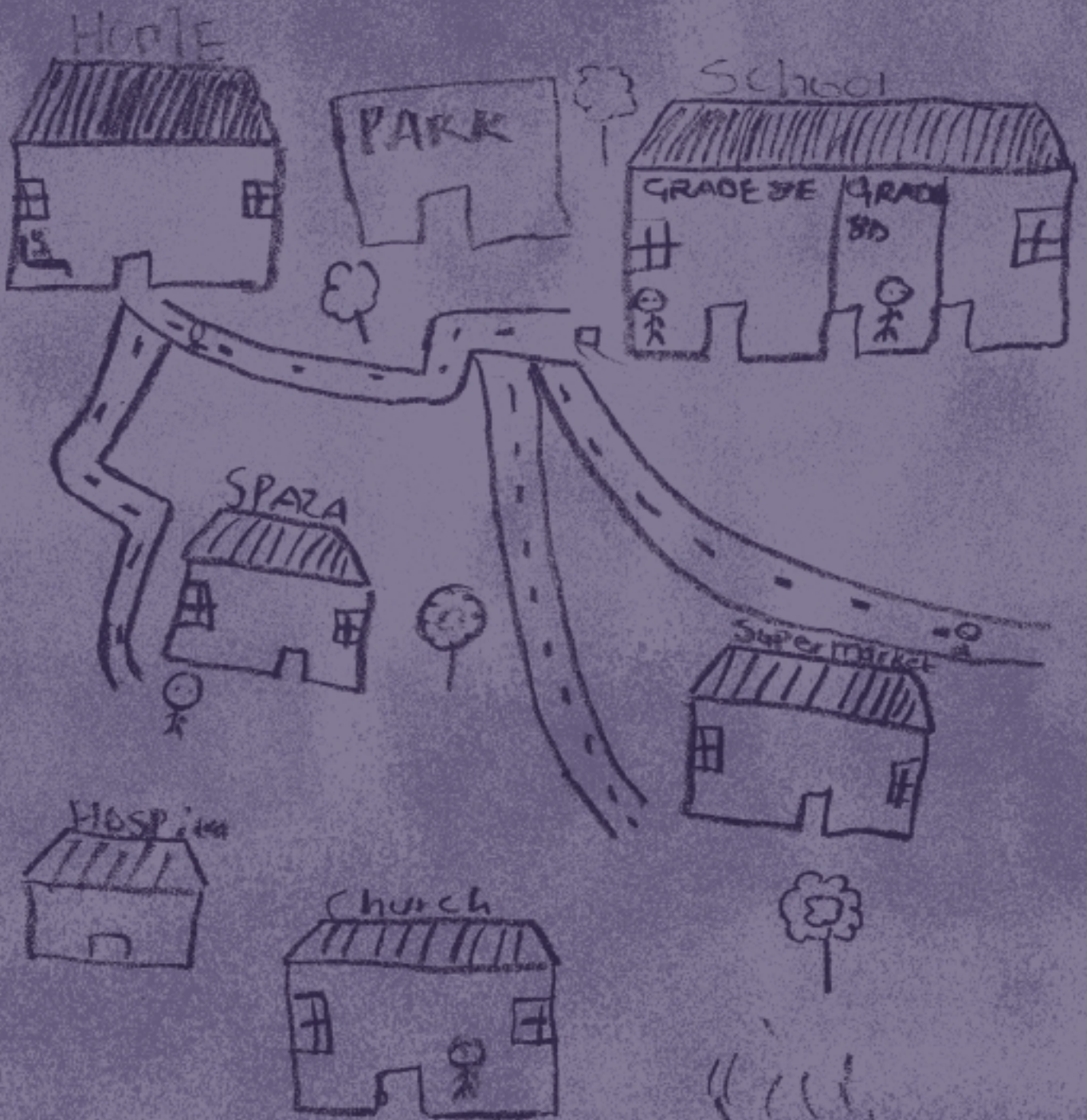
encouraged, despite the greater resources this often demands. But we must not be lulled into focusing on what is easily measurable, in preference to tracking what accurately reflects the actual situation.

The *South African Child Gauge* is therefore a vital contribution to maintaining the focus on this most-needy sector of our population – a sector that has so little voice within the political and decision-making structures of our country.

A safe life, adequate shelter, sufficient nutrition and access to education, and, where needed, health care and other support – our Constitution enshrines these special rights for children, and it obliges us to make them a reality. The *South African Child Gauge* is a reminder to us all that we cannot cease our efforts until every child in our nation is assured of their constitutional rights.

PART ONE

Children and Law Reform



Recent developments in legislating for children's socio-economic rights

Paula Proudlock and Prinslean Mahery (Children's Institute)



Children's socio-economic rights are most adversely affected by the high levels of poverty in South Africa. Legislation aimed at giving effect to these rights should therefore be prioritised. This part of the *South African Child Gauge 2006* gives an update on the major recent shifts in legislation concerning children's socio-economic rights. These rights are enshrined in the Bill of Rights in the South African Constitution in Sections 26, 27, 28 (1) and 29, and include the rights to:

- shelter and housing;
- basic health care services and health care services;
- sufficient water;
- basic nutrition and sufficient food;
- social security;
- social (welfare) services; and
- education.

This essay focuses on the following questions:

- What is government's constitutional obligation to children?
- What role do laws play in giving effect to socio-economic rights?
- What laws give effect to children's socio-economic rights?
- What are the latest law reform developments in education?
- What are the latest law reform developments in social security?
- What are the latest law reform developments in health care services?
- What are the latest law reform developments in social services?
- What are the conclusions?

What is government's constitutional obligation to children?

All the socio-economic rights contained in the Bill of Rights apply to children. These rights can be categorised into two groups. The first group contains the rights of everyone and the second group are extra rights given to children.

The first group of rights appears in Sections 26 and 27 – the rights of everyone to have access to housing, health care services, food, water and social security – and must be realised progressively within available resources. This means that each government department needs to have a clear plan with targets and timeframes to realise these rights, and must show that it is implementing that plan reasonably and progressively.

The second group of rights is in Sections 28 (1) and 29 (1) (a) – children's rights to shelter, basic nutrition, basic health care services, social services and basic education. In comparison to the first group of rights, these rights place a more immediate obligation on government. These "basic" rights constitute a minimum core which the State is obliged to deliver as a priority.

Therefore, each department's plan for the delivery of socio-economic rights to everyone should give priority attention to children's needs. For example, when the Department of Health drafts the National Health Act, it should ensure that priority attention is given to meeting the minimum core of children's health care needs.

In order to ensure that laws provide the necessary legislative framework to realise children's socio-economic rights, Parliament needs to consider and apply the obligation in Section 7 (2) of the Bill of Rights to "*respect, protect, promote and fulfill the rights in the Bill of Rights*".

This means that parliamentary committees, officials and members of Parliament need to apply their minds to the meaning of the rights in the Bill of Rights, and especially reflect on the related obligations imposed on the State. Decisions on whether or not to include a particular provision in a law should therefore not be based only on political, economic or scientific considerations, but should be driven by the imperative on the State to fulfil the rights in the Bill of Rights.

The principle of the 'best interests' of the child that appears in Section 28 (2) of the Bill of Rights places a further obligation on the State to consider and prioritise children's needs. This section is modelled on Article 3 (1) of the United Nations Convention on the Rights of the Child, which provides that "[i]n all actions concerning children, whether

undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

The principle of the best interests of the child requires governments to determine the impact of their proposed actions on children, and to give priority consideration to the envisioned impact *before* taking decisions on matters that concern children. This obligation is not only restricted to laws that are aimed at giving effect to children's "special rights" (e.g. the right to protection from abuse and neglect) but also applies to laws aimed at giving effect to children's "general human rights" (e.g. children's right to water).

What role do laws play in giving effect to socio-economic rights?

The State is obliged to take a range of steps to give effect to rights. These steps include drafting and implementing laws. Since 1994, the majority of South Africa's laws have been re-drafted to bring them in line with the Constitution and international law.

Laws have a distinct role to play in giving effect to rights. This includes:

1. Providing for the service or programme that is needed to give effect to the right. For example, the South African Schools Act places an obligation on the provincial ministers of education to provide sufficient schools to ensure that all children can access education. This legislative mandate ensures that provincial parliaments allocate funding for the building and maintenance of schools.
2. Clarifying which sphere of government is responsible for funding and providing the service or programme. This helps to ensure that the State has a well co-ordinated system for delivering the service or programme.
3. Regulating the service or programme. This is aimed at ensuring that the service is of good quality and is delivered properly.

While many new laws have been passed by Parliament and are in effect, some are still being finalised. These new laws need to be amended over time by to ensure that they adapt to changing needs in society.

TABLE 1: Key laws giving effect to children's socio-economic rights

Right in the Constitution	Key laws
EDUCATION Section 29 (1)	South African Schools Act 84 of 1996
SOCIAL SECURITY Section 27	Social Assistance Act 13 of 2004
SUFFICIENT WATER (AND SANITATION) Section 27	Water Services Act 108 of 1997 Housing Act 107 of 1997 Municipal Systems Act 32 of 2000
SHELTER AND HOUSING Section 28 (1) (c) and Section 26	Housing Act 107 of 1997 Municipal Systems Act 32 of 2000 Child Care Act 74 of 1983
BASIC HEALTH CARE SERVICES AND HEALTH CARE SERVICES Section 28 (1) (c) and Section 27	National Health Act 61 of 2003
BASIC NUTRITION AND SUFFICIENT FOOD Section 28 (1) (c) and Section 27	Social Assistance Act 13 of 2004 National Health Act 61 of 2003
SOCIAL (WELFARE) SERVICES Section 28 (1) (c)	Child Care Act 74 of 1983 (soon to be replaced by the Children's Act 38 of 2005)

All the laws give the relevant minister the authority to draft regulations. While a law contains the principles, its regulations contain the detail. Laws are passed by Parliament in an open and transparent manner that provides for active participation by the public. This helps to ensure that the provisions in the law have the support of the public and are appropriate and implementable.

Regulations, on the other hand, are drafted by executive officials behind closed doors with little opportunity for public participation. As is evidenced throughout this edition of the *South African Child Gauge*, the detail in the regulations and the manner in which the regulations are implemented can influence children's access to socio-economic services and benefits. The regulations therefore are just as important as the laws, and need all duty-bearers' and role-players' active consideration and participation when they are drafted to ensure improved access to services for children.

What laws give effect to children's socio-economic rights?

It is important that all laws related to socio-economic rights take children's needs into consideration. As noted earlier, it is not just the special laws like the Children's Bill that impact on children's socio-economic rights. General laws like the Housing Act, the Water Services Act and the National Health Act all impact greatly on children's socio-economic rights.

The key laws that have the potential to create the necessary legislative framework for the realisation of children's socio-economic rights are listed in Table 1 above. These laws and their respective regulations set out the State's obligations and children's entitlements with regards to socio-economic rights.



What are the latest law reform developments in education?

Over the past year, there has been much activity in the area of education law reform which has seen the introduction of significant changes to the school funding and school fee systems.

These include:

- amendments to the South African Schools Act of 1996 and its regulations, i.e. the:
- *Regulations on the Exemption of Parents from Payment of School Fees in Public Schools (2006)*; and
- new *National Norms and Standards for School Funding (2006)*.

Amendments to the South African Schools Act

The amendments to the South African Schools Act came into effect on 1 January 2006. The amendments strengthen the Act and clarify areas where discrimination has been occurring.

The South African Schools Act (as amended) states:

- caregivers must ensure their children aged seven to 15 (or in Grade 9) attend school;
- provincial Members of Executive Councils (MECs) must provide sufficient schools for children aged seven to 15 to attend school;
- the State must fund public schools on an equitable basis to redress past inequalities in education provision;
- schools may charge school fees;
- school fee exemptions must be granted to caregivers who can't afford to pay fees;
- schools may not charge any other form of fee except school fees;
- discrimination against children who have not paid school fees is not allowed, and
- no-fee schools are to be determined by the National Minister in consultation with the provincial MECs.

New Regulations on the Exemption of Parents from Payment of School Fees in Public Schools (2006) and new *National*

Norms and Standards for School Funding (2006) were published in terms of the amendment to the Act and came into effect in October 2006 and January 2007 respectively.

Regulations on the Exemption of Parents from Payment of School Fees in Public Schools

The regulations:

- introduce a checklist which schools and parents have to complete to show that the school has informed the parents of their right to apply for an exemption;
- introduce a new standardised fee exemption application form and means test formula;
- grant automatic exemptions to:
 - (a) children in foster care, youth care centres, places of safety, and orphanages;
 - (b) children living with relatives (in kinship care) because they are orphans or because they have been abandoned by their biological parents and are without any visible means of support;
 - (c) children who receive social grants; and
 - (d) children living in child-headed households.

Research has indicated that schools generally do not inform parents about the fee exemption policy or assist them to apply for exemptions because schools are under pressure to raise funds for the functioning of the school. While the strengthened measures, and the checklist in particular, may pressurise schools to obey the law, they do not address underlying reasons for the non-implementation of the School Fee Exemption policy. A major contributing reason for non-implementation is the lack of any funding from the government to reimburse schools for loss of income when they grant exemptions.

The new means test, while still very complicated, is clearer, fairer and more accessible than the previous means tests and could lead to improved access for children if reasonably implemented. However, it may still be difficult for some school governing bodies to understand and implement.

The introduction of automatic exemptions for various groups of vulnerable children is a progressive move and



should partially alleviate the financial burdens carried by a range of caregivers, especially poor parents and relatives, and children's homes.

National Norms and Standards for School Funding

The *National Norms and Standards* allow for schools in the poorest areas to become no-fee schools, with these schools being re-imbursed by the government for this loss of revenue from school fees. While some provinces voluntarily implemented the policy in 2006, compulsory implementation was scheduled to begin in January 2007.

By removing the school fees barriers, the no-fee policy should improve poor children's access to schools in the poorest 40% of areas. However, as the policy is geographically defined, poor children wanting to attend good schools in wealthier areas will still have to negotiate the school fee exemption system, and will continue to pay high transport costs to receive better quality education.

Another problem with the policy is that it is currently restricted to grades R to 9, which leaves out children 15 years and older. The essay on education in *PART TWO: Children and poverty* offers a fuller discussion on the higher costs of high school relative to primary school, the impact of the Child Support Grant cessation at age 14, and the associated drop out of learners from high school.

What are the latest law reform developments in social security?

The regulations to the Social Assistance Act of 2004 have not yet been finalised but the new Act has been in effect since 1 April 2006. The regulations to the 1992 Act therefore still apply. The Act and its regulations provide three types of grants for children, namely the Child Support Grant for poor children under the age of 14, the Foster Child Grant for children who have been placed in alternative care by a court order, and the Care Dependency Grant for children with severe disabilities.

Grants should not be suspended on death of primary caregiver

Social grants for children are paid to the primary caregiver of the child or the foster parent in the case of the Foster

Child Grant. These grants lapse upon the death of the child's primary caregiver or foster parent. With a higher than usual death rate amongst women of child-bearing age in the context of HIV/AIDS, the suspension of grants on the death of a primary caregiver causes hardship for many children.

To remedy the situation, Section 20 (6) of the Social Assistance Act provides that the Social Security Agency may not suspend the grant upon the death of the child's primary caregiver and must appoint a person to take over the grant. However, the exact mechanism to ensure that this happens still needs to be specified in the new regulations.

Alternative proof of identity may soon be permitted

The requirement of birth certificates and identity documents is a common barrier for caregivers trying to access social grants for children. The draft regulations published in February 2005 propose an amendment which, if accepted into the final regulations, could have positive effects for many children living in poverty. The amendment will allow officials to accept alternative proof of identity if caregivers and children applying for grants do not have official birth certificates or identity documents.

Many children and their caregivers do not have birth certificates or identity documents or do not have the finances or accompanying documents needed to apply for identity documents. Lack of these documents is often cited by researchers and civil society organisations as a pervasive barrier. The essay on the Child Support Grant in *PART TWO: Children and poverty* gives evidence that lack of identity documents is a major factor preventing caregivers from applying for this grant. If the draft provision is accepted into the final regulations and officials are given training and clear guidance on how to apply their discretion, many more children living in poverty should be able to access social grants.

Remaining gaps

Two major gaps around the Child Support Grant remain in need of reform. The first is the exclusion of children from 14 to 17 years from accessing the grant. The second is the static income threshold of the means test that caregivers must pass to access the grant on behalf of the children in their care. This threshold has not changed since 1998 and rising inflation excludes more children every year.

What are the latest law reform developments in health care services?

The National Health Act of 2003 came into effect on 2 May 2005 but new regulations have not yet been published for comment. Until the new regulations are published, all regulations and notices published under the 1977 Act still apply.

Free health care services entrenched in the law

Free health care services for pregnant women and children under six, and free primary health care services for everyone, were introduced by the Minister of Health in 1994 and in 1996 by government notice.¹ These entitlements to free health care services are now firmly entrenched in the National Health Act of 2003. The Act also adds a third category of people entitled to free health care services at all levels, namely women who need termination of pregnancy services.

As opposed to providing for free health care services in a notice or in regulations, as was the situation before the new Act, the entrenchment of these entitlements in an Act of Parliament ensures they cannot be retracted without significant public and parliamentary consultation. This provides protection to an important entitlement that greatly increases children's and their mothers' access to health care services.

Uniform Patient Fee Schedule

The Act gives the Minister the authority to declare further categories of people eligible for free health care services and the Minister may also prescribe conditions regulating access to free health care services. The national Uniform Patient Fee Schedule is published annually and the provinces also publish their own fee schedules based on the national schedule.

The national schedule prescribes further categories of people who qualify for free services. These include children who have been placed in the care of a foster parent, children's home or school of industry in terms of Section 15 of the Child Care Act. Some provinces provide for additional categories of people to have access to free services.

The national and provincial schedules also prescribe fees for people who do not qualify for free health care services. The first category, unemployed people with no income or people receiving social grants, are classified as "HO" patients. They do not have to pay for health services if they are able

to prove their HO status by producing an unemployment insurance card or a social grant card.

See the essay on health in *PART TWO: Children and poverty* for more information as to how free health services and hospital fee schedules are working in practice.

What are the latest law reform developments in social (welfare) services?

Services to give effect to the constitutional rights to social services, family care or alternative care, and protection from abuse and neglect fall mainly within the framework of the Child Care Act of 1983. This Act will soon be repealed by the Children's Act 38 of 2005. The Children's Act was signed by the President in June 2006 but will only come into effect once the Children's Amendment Bill has been passed by Parliament. This is expected to take place in 2008.

The new law will provide the primary legal framework for the realisation of children's right to social services, parental care or family care or appropriate alternative care, and protection from abuse and neglect. Through public participation in the law-making process, Parliament decided to amend the Bill to refer explicitly to these rights in the objects clause. This amendment signifies a clear recognition that the Children's Act is aimed at giving effect to these constitutional rights.

The new challenge, however, is to ensure that the substantive clauses in the Children's Amendment Bill do in fact provide the necessary legislative framework for the realisation of these rights. The Bill provides for and regulates partial care facilities such as crèches and nursery schools, early childhood development programmes, prevention and early intervention services, child protection services, foster care, child and youth care centres, shelters and drop-in centres. But a major problem in the Bill is the lack of clear "provisioning clauses". The Bill does not expressly state that government has a duty to provide or fund all the services that the Bill is regulating. The Bill is also not clear which spheres of government are being allocated the duty of providing or funding the various services.

A recent costing of the Children's Bill by Cornerstone Economic Research has shown that the government is only providing and funding 25% of its current obligations to

¹ Government Notice 657 of 1 July 1994; and Government Notice 1514 of 17 October 1996.

children under the Child Care Act. There is therefore major under-provisioning to a very vulnerable category of children by the State. This area of budget allocation and spending needs urgent attention. Improvements will be seen if the new Children's Act of 2005 is strengthened to include clear provisioning clauses obliging the national and provincial spheres of government to allocate sufficient funding.

What are the conclusions?

Over the past year and a half, there were many positive amendments which, if implemented reasonably, could greatly improve children's access to socio-economic goods and services.

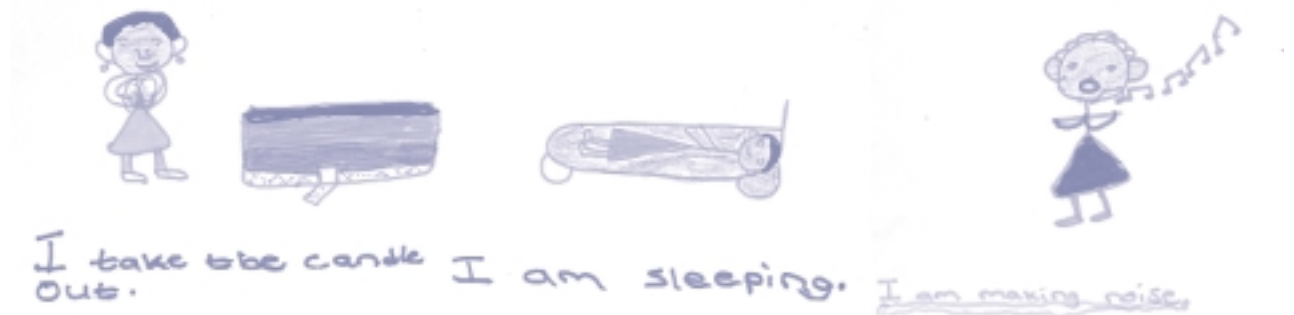
A glaring gap however is the neglect in law reform of the needs of children 14 – 17-years old. This neglect is spread across many departmental policies and laws with the result that this group of children is especially vulnerable:

- The Child Support Grant stops when the child turns 14.
- The automatic school fee exemption for children receiving social grants excludes children aged 14 to 17.
- The school feeding scheme is not available in high schools.
- The No-fee Schools policy stops at Grade 9, or when a child turns 15 years old.
- The H0 category of patients who qualify for fully subsidised health care services requires the patient to produce a social grant card. Children between the ages of 14 and 17 are excluded from accessing the Child Support Grant, which in turn excludes them from being able to qualify as H0 patients.

One obvious result of these exclusions is that the children in this age group become more likely to drop out of school. It is a serious concern, given that this group of children are at a particularly important developmental phase of their lives and investment in their well-being and especially their education will have significant and positive effects on their lives, and on the well-being of the nation in general.

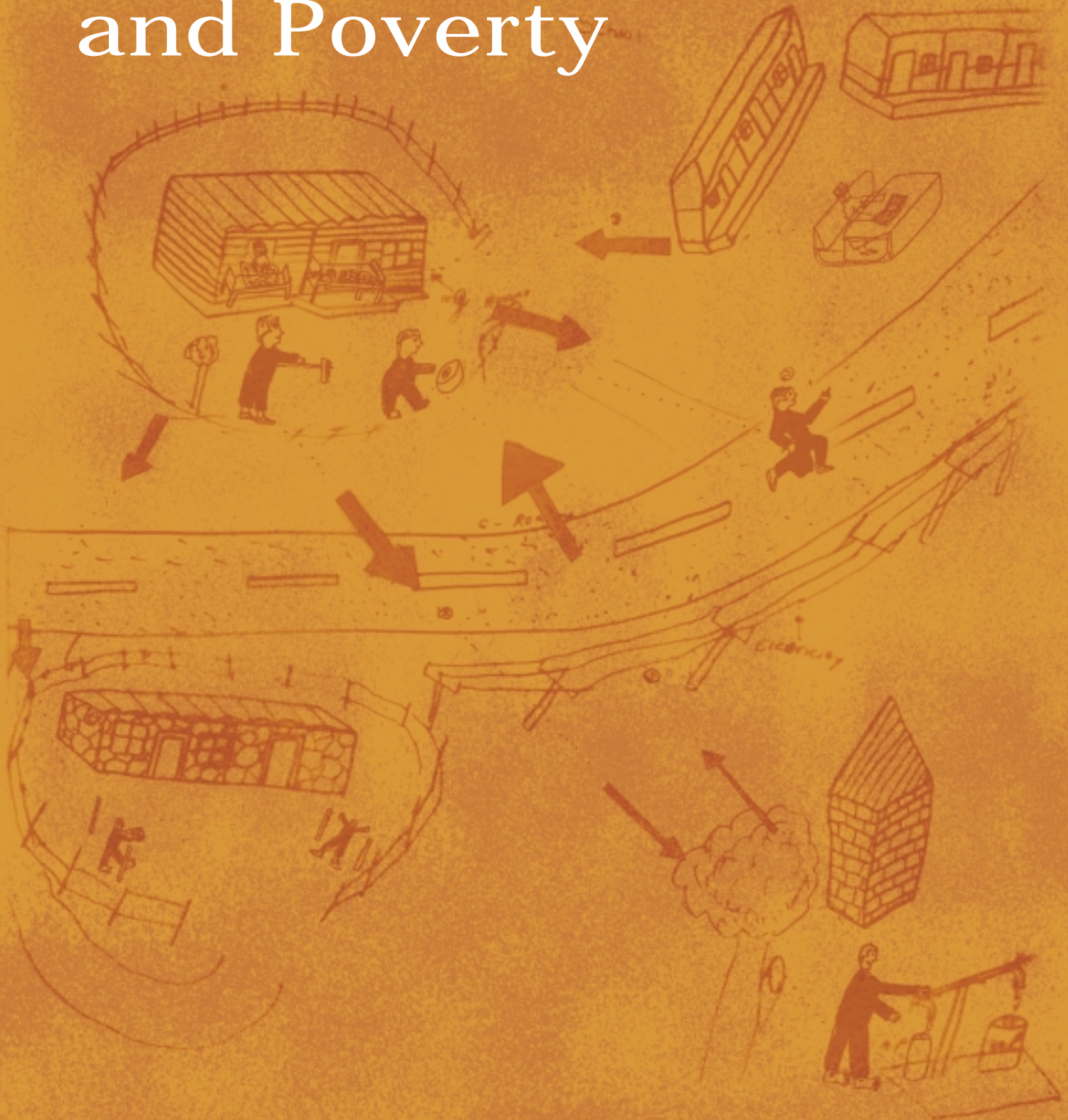
SOURCES

- Barberton C (2006) *The cost of the Children's Bill: Estimates of costs to government of the services envisaged by the comprehensive Children's Bill for the period 2005 – 2010*. Pretoria: Cornerstone Economic Research.
- Child Care Act 74 of 1983.*
- Children's Act 38 of 2005.*
- Children's Act Amendment Bill 19 of 2006.*
- The Constitution of South Africa Act 108 of 1996.*
- Department of Health: Rendering of Free Health Care Services. Government Notice 657, Government Gazette 15817 of 1 July 1994.*
- Education Laws Amendment Act 24 of 2005.*
- Hodgkin R & Newell P (1998) Best interests of the Child: Article 3. In: Hodgkin R & Newell P (eds) *An Implementation Handbook on the United Nations Convention on the Rights of the Child* (1998).
- National Health Act 61 of 2003.*
- National Policy for Health Act 116 of 1990: Free Primary Health Care Services. Government Notice 1514, Government Gazette 17507 of 25 October 1996.*
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- South African Schools Act 84 of 1996.*
- South African Schools Act No 84 of 1996: National Norms and Standards for School Funding. Government Notice 868, Government Gazette 29178 of 31 August 2006.*
- South African Schools Act No 84 of 1996: Regulations on the Exemption of Parents from Payment of School Fees in Public Schools. Government Notice 1052, Government Gazette 29311 of 18 October 2006.*
- Social Assistance Act 13 of 2004.*
- Social Assistance Act No 13 of 2004: Draft Regulations. Government Notice 162, Government Gazette 27316 of 22 February 2005.*



PART TWO

Children and Poverty



Overview

Part Two of the *South African Child Gauge* is a collection of essays on a theme of critical relevance to children, based on recent Children's Institute research. This year the theme of children and poverty has been selected and much of the content is drawn from the findings of the *Means to Live*, an extensive research project focusing on government poverty alleviation programmes. Each essay in Part Two is introduced briefly below:

Child poverty – Its meaning and extent

This introductory essay outlines why South Africa has such high levels of child poverty, what child poverty is, and how it has been thought about. It presents a child-focused and multi-dimensional model of child poverty, which was developed by researchers at the University of Oxford. (Page 19)

Income poverty in South Africa

While it is important to understand child poverty as multi-dimensional and more than just a lack of income, this essay specifically explores the extent of income poverty in South Africa and describes its relationship to unemployment and social assistance. (Page 24)

Introduction to the *Means to Live*

The *Means to Live Project* examined a range of government poverty alleviation programmes to establish the extent to which they were reaching their intended beneficiaries with a special focus on the poorest children. This essay provides background information to the four that follow by introducing the research project and some of the key concepts underpinning it – including a child rights framework and the notion of targeting. (Page 31)

Does the means justify the end?

Targeting the Child Support Grant:

The Child Support Grant (CSG) is disbursed to more people than all of South Africa's other six social assistance grants put together. This essay highlights the benefits of the CSG and examines some of the key policy and implementation issues related to increasing poor children's access to the grant. (Page 39)

Free to learn: The School Fee Exemption policy and the National School Nutrition Programme:

The School Fee Exemption policy aims to make education affordable to poor children. Children in poor areas are also able to access the National School Nutrition Programme through schools. This essay discusses these school-based programmes and also describes the introduction of the No-Fee Schools policy. (Page 45)

Healing inequalities: The free health care policy:

This essay discusses the South African government's free health care policy and the extent to which it meets children's right to basic health care services, with a particular focus on the accessibility of services. (Page 51)

Accommodating the poor: The Free Basic Water policy and the Housing Subsidy Scheme:

The Housing Subsidy Scheme and the Free Basic Water policy are the South African government's national programmes to deliver on the rights to water and housing. The extent of poor children's access to water and housing through these interventions are discussed together in this essay because access to water is very closely tied to housing or settlement type. (Page 57)

remain very similar to what they were at the beginning of the last decade.

High unemployment

The second reason for child poverty is the very high level of unemployment in the country. South Africa emerged from sanctions and a protected economy into the rush of globalisation in the early 1990s. It sought to make itself attractive to foreign investment and to expand trade by opening markets and reducing trade barriers. These approaches deepened the already high levels of unemployment as the country lost jobs in sectors that struggled to compete in the global market – such as the agricultural and manufacturing sectors.

HIV/AIDS

There is a third element at play here – the HIV/AIDS pandemic. Poor communities and households are most heavily affected by the spread of HIV/AIDS. Families living with this disease are likely to lose wage and/or self-employment income if an income-earner gets sick, while having to spend large proportions of income on health care and funeral expenses. This situation, in turn, deepens poverty.

Families in communities heavily burdened by HIV/AIDS are also likely to take in children and adults affected by the pandemic, which increases dependency on the limited income and assets of such households. Children in households affected by HIV/AIDS risk missing school either to care for sick household members or to try and earn money to supplement the household income – thereby increasing the likelihood that poverty is perpetuated into their generation.

To get a clear picture of the extent and nature of child poverty in the country, it is first necessary to clarify what is meant by child poverty and how it can be monitored.

What is child poverty and how can it be measured?

Almost everyone has an intuitive understanding of what child poverty is – a situation where children do not have enough resources to grow healthy and strong, to get an education, to live in a good and safe environment, and to fulfil their potential. Where children are deprived of the resources needed to grow and develop, they are living in poverty.

In order to work out where resources should be allocated and to see how the poverty situation is changing over time,

it is necessary to create some definition that will clearly distinguish between children who are poor and those who are not. Once poverty is defined, it needs to be measured regularly to quantify how many children are living in poverty, how deep the poverty is, and what areas of their lives are impoverished.

Noble, Wright and Cluver outline the different ways in which child poverty can be thought about, measured and enumerated. They consider child poverty and its consequences as having both an intrinsic and instrumental value. Intrinsically, the experiences of children are important. Allowing children to live in poverty is not right. The instrumental value of child poverty is linked to the fact that children will grow up to be the adults of tomorrow. For this reason, a long-term investment of resources and care in the lives of children is essential for the future.

When we think about poverty in this way, it is obvious that children and their caregivers need more than just money. A definition of child poverty should therefore include what children need. Yet, many definitions of poverty are based on income and expenditure in households because, in the society we live in, money gives power to purchase many of the things that are needed. Some of the ways in which poverty can be defined are discussed below.

Absolute poverty

The idea of absolute poverty is that there are basic goods (and experiences) needed by everyone for survival, no matter where or when they live. These basics are usually measured by calculating how much it would cost to buy or get what is needed for subsistence or survival. The resulting measure of child poverty counts how many children have access to less than the calculated amount, and this is expressed as the number of poor children, or the proportion of children, living in such circumstances.

This is an absolute measure of poverty. As Noble and his co-authors note, most research into child poverty in South Africa has used this approach. The problem with absolute definitions of poverty is that, whilst they identify issues relating to subsistence, they do not address the wider inequalities in society, where poverty is one extreme on the spectrum of relative wealth.

Relative poverty

A relative approach to conceptualising and measuring poverty takes the broader context in which children live seriously. Relative poverty measures do not only consider the absolute

deprivation of resources necessary for survival, but also take into account inequality in a society.

Some forms of relative income measures that are used in South Africa are problematic as they define people as being poor when they are located in the bottom 20% or 40% of income distribution. As some people will always be poorer than others, using a measure like this would mean that poverty could never be eliminated. In the international context, relative income poverty is more usually expressed as those living in households below half of average income – by using this measure, it is technically possible to eliminate poverty. However, there may be a danger with this approach if half of the average income is below subsistence level.

Poverty has many dimensions

Poverty can be measured narrowly, through income alone, or in broader terms. A relative definition of poverty is most useful when it is considered in a multi-dimensional way. This means the focus moves to considering relative poverty as lacking the resources to participate fully in society across a number of dimensions. For example, it would be possible to take into account the extent of health deprivation, education deprivation, housing deprivation, employment deprivation, access to services deprivation, as well as income deprivation.

It is possible to develop an absolute core concept of poverty in many areas of a child's life, not only for family or household income. Abuse, a lack of access to education or health care, the use of unsafe water, a bucket toilet system – all of these are impoverishments. Many forms of social exclusion can also be included in a relative definition. Going on school outings, having a school uniform, and being able to celebrate birthdays can all be considered necessary for a child's full inclusion into society.

Who should define poverty?

Is poverty something that should be defined by researchers and governments or by people who live in poverty? Noble and his colleagues suggest that poverty definitions should include both consensus and expert elements.

The basic requirements for full participation in society are implied in a consensual definition of poverty, and should include aspirations and a common understanding of necessities. The views of many people can be captured through research using opinion surveys and focus groups, and Noble and colleagues from the University of Oxford are involved in a project in South Africa that has such an approach.

Other more participatory activities can also take place, such as the Poverty Hearings held in the late 1990s by the South African National Non-Governmental Organisations Coalition, the South African Council of Churches, the South African Human Rights Commission and the Commission on Gender Equality. More recently, research conducted by the Institute for Democracy in South Africa (IDASA) and the Children's Institute asked children for their views on poverty and what is necessary to be safe and protected and to grow up well. Community or popular definitions of poverty are also indicated by political activity or community mobilisation around specific issues, such as the provision of housing or municipal services.

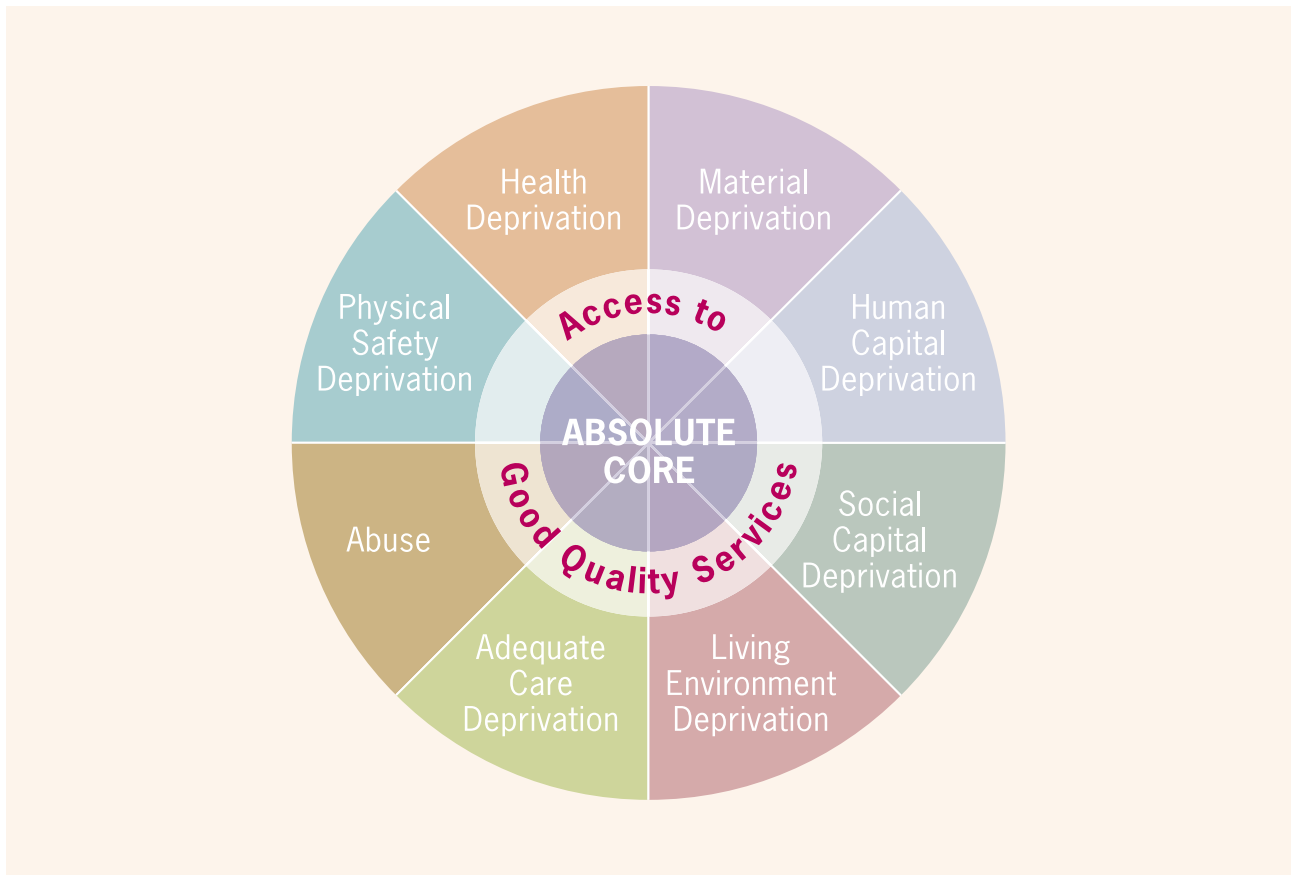
What could a model to measure and monitor child poverty look like?

After outlining the range of possible definitions of child poverty, the research team at the University of Oxford suggest a model for South Africa of multi-dimensional indicators with both absolute and relative measures. In their article, they write:

Given the fact that a significant number of children do not have their basic needs of food, housing, education, safety and health provision met, there is no doubt that an absolute and multidimensional measurement of child poverty is essential for South Africa. However, there is also a pressing need for a carefully thought out relative concept of poverty to address the extreme inequalities and exclusion experienced by children beyond the failure to meet their basic needs.

They also argue for a model that starts from the perspective of children rather than families or households – particularly because some elements of poverty are child-specific, such as schooling, infant mortality or child development. There are many overlaps in the domains and indicators that they propose to measure poverty for the general population and for children specifically. However, the child poverty measurements are designed to take into account child-specific experiences or outcomes. Thus, while children may be living in households that are well-resourced materially, they may be deprived of adequate care. In other words, the model makes it possible to define 'poor children' as well as the more usual measures of 'children living in poor households'.

Figure 1: A multi-dimensional model of child poverty for South Africa



Source: Noble M, Wright G & Cluver L (2006) Developing a child-focused and multidimensional model of child poverty for South Africa. *Journal of Children and Poverty*, 12 (1): 39-53.

The model developed by the Oxford team uses child-centred indicators of deprivation as measures of poverty. It is illustrated in the figure above.

Noble and colleagues suggest this range of dimensions or domains as a starting point for defining child poverty in South Africa. The model is multi-dimensional and includes elements of assets and income, services, care and abuse. "Material deprivation" includes household income, food and clothing. The "human capital" domain covers education and human capabilities. This area could include indicators of school attendance and the quality of education, as well as the availability of early childhood development facilities and programmes. "Living environment deprivation" would include access to housing, water and sanitation and the availability of public spaces for children where they could play or socialise.

The proposed model has a core component – an absolute concept of poverty, defined normatively within each domain. It also has relative components in the same domains, which address a child's ability to participate fully in society. In addition there is a measure of access to good quality services.

Child poverty and socio-economic rights

The model that Noble, Wright and Cluver propose is very useful in the South African context. The core part of the model is normative. They suggest that the norm be defined through consensus and research. In the South African context, this normative component can also be defined quite powerfully through the idea of children's rights. In other words, the South African Constitution, international law and the Courts can be used to define a central absolute core entitlement for children. The concept of a 'core of a right' can also be found in government policies and in the country's laws. Defining core rights and using them in poverty definitions is one way in which this model can be developed further. There is also room for further development of the domains, and whether others should be included.

There is still a long way to go before a minimum (or absolute) core definition is developed by consensus or by the Courts, which still need to interpret many of the rights enshrined in the Constitution. However, at this point, the

model provides a useful conceptualisation of child poverty, while it still needs to be used to define measures of poverty through indicators. Many of these indicators will be impossible to generate without improved data collection on the situation of children through government departments' administrative records and through national surveys. The Human Sciences Research Council¹ and the Children's Institute² are working to make this model usable by designing indicators and data collection options, as well as by analysing currently available national survey data to develop child-centred statistics.

While much work remains in this regard, the model does provide a framework for future research and advocacy to improve children's lives. The government has not developed an approved or agreed-upon poverty measure – relative or absolute, uni-dimensional or multi-dimensional, for children or for adults – which could be used to monitor the poverty situation. The development of this model and the increasing attention to levels of child poverty therefore provides an important opportunity for government and civil society alike.

The *South African Child Gauge 2006* outlines some thoughts on what is known about child poverty in the context of children's socio-economic rights, including the rights to social assistance, education, health services, housing and water. The *Children Count – Abantwana Babalulekile* section starting on page 63 onwards presents indicators of some of the dimensions of child poverty discussed here. These show that child poverty in South Africa is extensive on a range of dimensions.

For example, on the dimension of health, it transpires that in 2005 only 30% of children who should be accessing anti-retroviral treatment did in fact do so. On the dimension of living environment, 2005 data indicates that 35% of South Africa's children live in informal housing or traditional dwellings, and that 42% do not have access to water on site at their homes. In the next essay, the extent of material deprivation for South Africa's children is discussed at length.



What are the conclusions?

This essay highlighted the fact that there is no standard measure of poverty in South Africa, and this makes it difficult to monitor progress and to decide where best to direct the country's resources. It outlined a model for defining and measuring child poverty, which was recently proposed by researchers at the University of Oxford. This model uses the best of various kinds of measures: it includes both absolute and relative poverty definitions, is multi-dimensional, and child-focused.

The model is open to debate and development, and will be very useful if its absolute component is interpreted in terms of the rights framework in South Africa. There is a lot of work still to be done in collecting and analysing the data necessary to make this model work. But what is apparent from this and other sections in the *South African Child Gauge 2006* is that child poverty is widespread, and that it has many dimensions.

SOURCES

Budlender D (2006) *Analysis of the GHS 2005 data for the enumeration of child poverty and receipt of social assistance in South Africa*. [Unpublished manuscript]

Noble M, Ratcliffe A & Wright G (2004) *Conceptualising, defining and measuring poverty in South Africa: An argument for a consensual approach*. Oxford: Centre for the Analysis of South African Social Policy, University of Oxford.

Noble M, Wright G & Cluver L (2006) Developing a child-focused and multidimensional model of child poverty for South Africa. *Journal of Children and Poverty*, 12 (1): 39-53.

Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

Statistics South Africa (2005) *Labour Force Survey, September 2005*. Statistical release P0210. Pretoria: Statistics South Africa.

¹ See: www.hsrc.ac.za/research/programmes/CYFD/projects/20030331_6.html.

² See: www.childrencount.ci.org.za.

Income poverty in South Africa

Annie Leatt (Children's Institute)



It is important to understand child poverty as multi-dimensional and more than just a lack of income. Nevertheless, this essay specifically explores the extent of income poverty in South Africa and describes its relationship to unemployment and social assistance.

There are two reasons for this focus: Firstly, it is a fact that money supports access to improved education, health care, nutrition and many of the other dimensions of a minimum core discussed in the previous essay. Secondly, the extent and nature of available information makes it possible to get a fuller picture of income poverty in South Africa than of the other poverty dimensions discussed in the previous essay.

Much of the information presented in this essay on income poverty is based on data from the *General Household Survey* (GHS). This survey is conducted annually by Statistics South Africa and is designed to be representative of the whole population. More specifically this essay draws on two pieces

of work by Debbie Budlender of the Centre for Actuarial Research at the University of Cape Town, both of which made use of the GHS data. The first was a piece specially commissioned for this edition of the *South African Child Gauge*, and the second was a paper she delivered in 2005 at a seminar on children and unemployment, initiated by Save the Children Sweden and hosted by the Institute for Democracy in South Africa (IDASA), the Children's Institute and Save the Children Sweden.

This essay focuses on the following questions:

- What is the relationship between unemployment and income poverty?
- What is known about household income?
- What role does social assistance play in boosting household income?
- What are the conclusions?

What is the relationship between unemployment and income poverty?

This section focuses on one of the main causes of income poverty for children: high levels of adult unemployment.

Unemployment rates

In September 2004, 26% of South Africa's economically active population was unemployed. Official unemployment definitions only partially reflect the situation. An expanded definition includes those who would like to find employment but who are discouraged, and therefore have not actively sought work in the previous month. By this expanded definition, unemployment levels were at a staggering 41% at the end of 2004.

The unemployment rate has remained almost unchanged since then. Statistics South Africa reported an official unemployment rate of 25% in March 2006. Employment levels are also highly differentiated by race.¹ According to the GHS 2005, Africans had a 31% unemployment rate, whereas white South Africans experienced a much lower (5%) unemployment rate.

The GHS 2005 indicated that 42% of South Africa's children live in a household where neither parent is employed. Women's situations are particularly important because far more children are living with women than with men. In March 2006, the official unemployment rate for women was 30%, compared to an unemployment rate of 22% for men.

The South African economy, even with its improved growth, has not been able to create employment fast enough to absorb entrants into the job market. This means that many households remain unable to access income from wage labour and/or self-employment.

Table 1 below draws on Debbie Budlender's examination of unemployment using the *General Household Survey 2004*. For the purpose of this table, a household is defined as 'poor' if it reports a monthly income of under R1,200 (an absolute poverty line, close to the upper threshold for the Child Support Grant). Table 1 suggests that the unemployment rate in poor households was more than double that in non-poor households. For women the employment rate in poor households was half of that in non-poor households. For men, the relative position of poor compared to not poor was slightly better than for women, but there is still a very marked difference. Unsurprisingly, employment is thus confirmed as a key factor in avoiding poverty.

Unemployment and child hunger

As discussed in the previous essay, income is not the only measure of poverty, or even of material deprivation. Another more concrete measure is hunger. The GHS asks each household how often its child members experienced hunger. For the purposes of Table 2, households that reported that children went hungry "sometimes", "often" or "always" were classified as "child hunger" households, and the remainder (including households with no children) were classified as

TABLE 1: Unemployment and employment rates in poor and non-poor households in 2004

	Unemployment rate			Employment rate		
	% Male	% Female	% Total	% Male	% Female	% Total
Poor	36	46	40	38	22	29
Non-poor	15	21	17	63	44	54

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

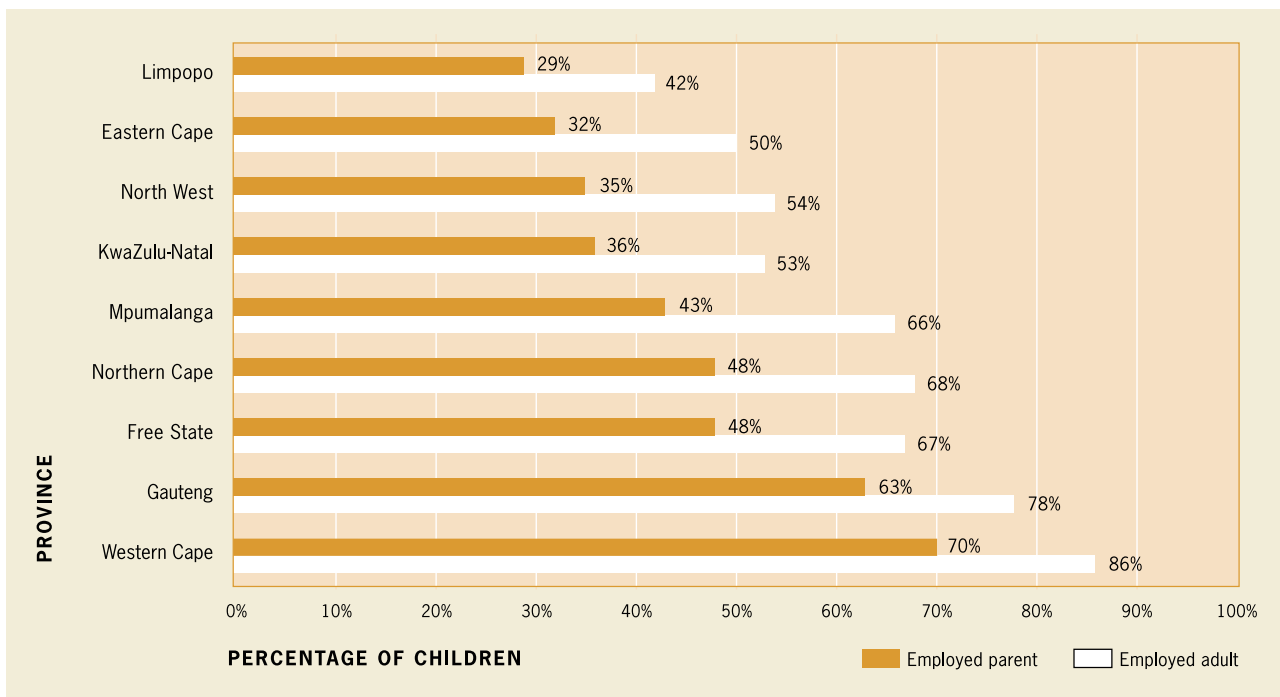
TABLE 2: Unemployment and employment in households, by experience of child hunger, in 2004

	Unemployment rate			Employment rate		
	% Male	% Female	% Total	% Male	% Female	% Total
No child hunger	22	30	26	53	34	43
Child hunger	52	56	54	23	17	19

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

¹ Racial terms, customarily used in South Africa for the purposes of measuring inequalities that prevail, are 'white' and 'black,' the latter of which comprises 'coloured', 'Indian', and 'African'.

FIGURE 2: Proportion of children living with employed parents and adults in 2004



Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

households with no child hunger. Table 2 confirms, as expected, that unemployment rates are much higher in households experiencing child hunger.

Provincial variations in employment

Apart from paying attention to the impact of unemployment on child poverty, consideration must also be given to how many children live in households where parents and other adults are employed. The GHS 2004 indicated that 42% of the total 18 million children in the country had an employed parent living with them in June 2004. At the same time 59% of children had an employed adult (whether a parent or someone else) living with them. Figure 2 above shows how the likelihood of a child living with an employed adult varies enormously across the different provinces in South Africa.

Children in the Western Cape were the most likely to live with employed parents (70%) or any employed adult (86%). Children in Limpopo were least likely, as only 29% lived with an employed parent and only 42% lived with at least one employed adult. These stark provincial differences underline

the continuing impact of apartheid policies. Large parts of Limpopo, the Eastern Cape and KwaZulu-Natal provinces, for example, were demarcated as homelands or “Bantustans” under apartheid, and these areas have remained under-developed.

What is known about household income?

Given the high levels of unemployment and the number of children living without access to wage income through their parents and other adults, how extensive is child poverty when measured by income? This section presents some information on what is known about earned income and income poverty – an important part of material deprivation – in households with children.

About the GHS information on income

The information on income poverty presented here is based on income and expenditure data from the *General Household Survey 2005*. It is important to note that the GHS cannot

provide a full picture of poverty in South Africa as it does not ask households about all forms of income. It includes questions about earned income, such as wages and salaries and earnings from self-employment. It asks about income only from the 'main' job of household members. It also asks about government grants received by members of the household. It does not ask about earnings from investments or remittances, money sent by household members living and working elsewhere, or private maintenance paid by the father of children or ex-spouse.

One weakness of the GHS, and indeed of most surveys and censuses, is that income tends to be seriously under-reported. The patterns reported below should thus be taken as indicative rather than as representing the absolute state of income poverty in South Africa in mid-2005. More accurate information will be available only after the *Income and Expenditure Survey* is released at the end of 2007.

Provincial differences

Table 3 shows the proportion of children in each household earning bracket in each province, as was captured by the GHS 2005. It is clear that levels of reported earned income were very low.

Over half (55%) of all children were found in households with monthly earnings of R800 or less. Only 12% lived in

households with reported monthly earnings of more than R6,000. There were big provincial variations, with the more urbanised provinces having relatively low proportions of their populations living below the ultra poverty line.

The poorest provinces were found to be those with large rural populations and little access to employment opportunities. Limpopo and the Eastern Cape presented the most poverty-stricken profiles, with close on three-quarters (73 – 74%) of children living in households with monthly earnings of R800 or less. The Western Cape presented a substantially more favourable picture than the other provinces. However, even in this province, nearly one in every five children (18%) live in very poor households in terms of earned income.

The ultra poverty line

A poverty line of R800 per month per household is regarded as an ultra poverty line, and is used by national government to denote an "indigent" household. Local governments are given funding based on the number of such households in their area. The R800 is not based on the calculation of any basket of goods, but it is presumed that subsistence is very difficult at these low levels of income. It is therefore of great concern that more than half of South Africa's children (55%, which amounts to 10 million out of 18 million) were living under these circumstances in 2005.

TABLE 3: Distribution of children by household earnings and province in 2005

Monthly household earnings (Rands)	Proportion of children per province (%)									
	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	Total %
RO – 800	73	60	29	60	74	57	49	58	18	55
R801 – 1,200	5	6	6	5	4	9	8	5	5	5
R1,201 – 2,500	8	11	20	12	10	13	16	14	27	14
R2,501 – 6,000	8	12	20	13	7	12	16	15	27	14
R6,001 – 16,000	6	8	16	9	4	8	8	5	17	9
R16,000 plus	1	3	9	2	1	1	2	3	5	3
Total %	100	100	100	100	100	100	100	100	100	100
Number of children	3,134,304	1,113,560	2,655,752	3,841,255	2,607,775	1,351,142	337,494	1,459,219	1,572,127	18,072,627

Source: Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 4: Distribution of children by household earnings and population group in 2005

Monthly household earnings (Rands)	Proportion of children by population group (%)				Total	
	African	Coloured	Indian	White	%	Number
R0 – 800	63	24	15	4	55	10,020,175
R801 – 1,200	6	6	2	0	5	955,039
R1,201 – 2,500	13	22	12	10	14	2,469,157
R2,501 – 6,000	11	28	25	22	14	2,463,448
R6,001 – 16,000	6	17	37	35	9	1,617,263
R16,000 plus	1	3	9	29	3	547,546
Total %	100	100	100	100	100	18,072,627
No. of children	15,158,079	1,504,671	342,599	1,058,797	18,072,627	

Source: Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Population breakdowns

Table 4 above presents the picture in respect of population group, again demonstrating the continued effects of apartheid policies into the present. The GHS 2005 indicated that close on two-thirds (63%) of African children lived in ultra-poor households, compared to about a quarter (24%) of coloured children, 15% of Indian children, and only 4% of white children. A mere 1% of African children were living in households with earnings of R16,000 or more per month, compared to 29% of white children.

Per capita breakdown

Table 5 shows the per capita (per person) income within each household earning bracket, as well as by population group, for 2005. This was calculated by dividing the total amount of income earned by household members by the total number of people in each household. As expected, the per capita amount is higher in each succeeding bracket. In other words, the very poorest households are likely to have more members than those households with more resources.

In terms of population group, the per capita amount tends to be higher for the African and white groups within each earnings bracket than for coloured and Indian households. The

TABLE 5: Per capita income by household earning bracket and population group in 2005

Monthly household earnings (Rands)	Average per capita income within household income band (Rands)				
	African	Coloured	Indian	White	Total
R0 – 800	75.11	54.83	24.30	8.32	69.51
R801 – 1,200	522.39	406.85	309.01	650.36	513.17
R1,201 – 2,500	908.57	637.63	770.99	991.33	851.08
R2,501 – 6,000	1,650.80	1,206.86	1,620.47	1,812.70	1,574.65
R6,001 – 16,000	3,252.97	2,899.05	3,105.70	4,518.46	3,634.08
R16,000 plus	8,567.27	6,734.86	8,700.42	10,832.24	9,737.55

Source: Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

exception is the lowest bracket for whites. This is explained by a relatively large proportion of the white households in this bracket having zero earned income. This would be the case, for example, in households consisting of old people living alone.

The information in this table gives some indication of the very low levels of income available per person in a household for food, clothing, and transport, and school fees for children.

What role does social security play in boosting household income?

Thankfully, income from employment is not the only source of money for households. In particular, South Africa has a well-developed social security system that delivers grants in the form of cash transfers to a substantial percentage of the population. Social grants are the most significant poverty alleviation measure, especially for children and the elderly.

The right to social assistance

One of the rights enshrined in the South African Constitution is the right to social assistance. Social assistance is made up of non-contributory cash grants, and is contrasted with contributory social insurance, which includes private pensions and unemployment insurance. Social assistance and social insurance together make up social security. Section 27 (1) (a) – (c) of the Constitution states that “everyone has the right to have access to ... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”.

South African grants

Seven cash grants constitute social assistance in South Africa, and together go to almost 25% of the population each month. Social grants are currently targeted at those who are too old, too young, too disabled or busy caring for disabled dependants to work for an income. Table 6 outlines the number of child and adult beneficiaries of social assistance grants at the end of July 2006.

However, there remains a portion of the population not targeted for social assistance: the vast number of those who cannot find employment.

TABLE 6: Number of adult and child beneficiaries of social assistance grants by end July 2006

Grant type	Number of adult recipients	Number of child recipients
Old Age Pension	2,162,990	
War Veterans Grant	2,624	
Disability Grant	1,356,937	
Grant in Aid	28,441	
Child Support Grant		7,410,760
Foster Child Grant		351,702
Care Dependency Grant		92,853
Total	3,550,992	7,855,315

Source: Department of Social Development (2006) *SOCPEN* database.
Pretoria: Department of Social Development.

What South Africa spends on social assistance

The South African government's spending on social assistance is substantial. The *Intergovernmental Fiscal Review* reports that 88.5% of social development spending went to social assistance grants in 2004/05. This percentage is expected to decrease slightly to 87.6% in 2007/08. The most recent medium-term expenditure framework provides for social security allocations of R57,7 billion in 2006/07; R62,6 billion in 2007/08; and R68,3 billion in 2008/09.

Research has shown that social assistance grants help in lifting households out of deep poverty. Research has also shown that even grants that are not targeted at children – such as the Old Age Pension – are often used to the benefit of the children in that household. However, these grants are directed at individuals with particular characteristics and thus do not reach all households that are poor. Grants are also limited in size. In particular, most of the grants targeted at children and their caregivers are much lower than what even people working in the informal economy are likely to earn. One of these grants – the Child Support Grant – will be discussed in greater detail in the next essay.

What are the conclusions?

This essay explored one dimension of child poverty, as experienced within the “material deprivation” domain, in some depth. It looked at unemployment and the resulting low levels of household income. It showed that in 2005, over a third of children lived in households where no adult was employed. More than 10 million children in South Africa lived in households with R800 or less reported earned income per month, and in the same year nearly 13.5 million children lived in households with an income of R2,500 or less per month.

The contribution of government spending on social assistance to ameliorate these high levels of income poverty was discussed. Social assistance was found to have a relatively large impact on household income, though many households that do not meet the criteria for specific social assistance grants are still left with insufficient resources to meet their needs.

SOURCES

Budlender D (2005) *Unemployment and children's well-being: A statistical exploration*. Paper prepared for a seminar on *Research priorities in the area of the interface between children's well-being and unemployment in South Africa*, hosted by IDASA, the Children's Institute and Save the Children Sweden, Cape Town, 14 October 2005.

Budlender D (2006) *Analysis of the GHS 2005 data for the enumeration of child poverty and receipt of social assistance in South Africa*. [Unpublished manuscript]

National Treasury (2006) *Estimates of National Expenditure*. Pretoria: National Treasury.

National Treasury (2005) *Intergovernmental Fiscal Review*. Pretoria: National Treasury.

National Treasury (2005) *Provincial Budgets and Expenditure Review: 2001/02 – 2007/08*. Pretoria: National Treasury.

Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.

Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

Statistics South Africa (2004) *Labour Force Survey, March 2004*. Statistical release P0210. Pretoria: Statistics South Africa.

Statistics South Africa (2005) *Labour Force Survey, September 2005*. Statistical release P0210. Pretoria: Statistics South Africa.



Introduction to the *Means to Live*

Katharine Hall and Annie Leatt (Children's Institute)

The essays that follow in this part of the *South African Child Gauge* are based on the findings from the *Means to Live* research project of the Children's Institute, University of Cape Town. This essay provides background information to the ones that follow by introducing the research and some of the key thinking and concepts underpinning it.

This essay focuses on the following questions:

- What is the *Means to Live*?
- What is a child rights framework?
- What programmes were evaluated in the *Means to Live*?
- What is meant by targeting?
- What is the *Means to Live* framework for analysis?
- What is the *Means to Live* methodology?
- What are some of the cross-cutting themes?
- What are the conclusions?

What is the *Means to Live*?

The *Means to Live* is a three-year research project that focuses on a package of targeted government services, grants and other benefits, of which poor children are the direct or indirect beneficiaries.

The idea of an integrated set of poverty alleviation programmes emerged in the Taylor Commission of Inquiry into a Comprehensive System of Social Security for South Africa. Their report, published in 2002, emphasised the need for an integrated, inter-sectoral approach to addressing poverty.

While many policy reviews and programme evaluations have used a rights framework, there is a lack of research that focuses specifically on targeting mechanisms, or which evaluates targeted programmes from the perspective of children. There has also been little comparative analysis of programmes with a view to integration of poverty alleviation strategies.



The *Means to Live* addresses these gaps by undertaking desk-based and primary research that investigates the targeting aspect of a range of programmes relevant to children's socio-economic rights. Ultimately, it seeks to support the development of a more comprehensive, integrated package of programmes for children living in poverty, and for the households in which they live.

What is a child rights framework?

The South African Constitution sets up a human rights framework that places various obligations on government, citizens and non-citizen residents. Like other modern constitutions, it recognises that human rights and the basic social conditions in which people live are fundamentally interconnected. This is represented in the Constitution by socio-economic rights clauses, which impose positive obligations on the State. Apart from simply protecting members of society from human rights violations, socio-economic rights oblige the South African government to do as much as it can to satisfy the basic needs of everyone.

Socio-economic rights place positive obligations on government to secure a basic set of public goods – education, health care, social security, food, water, shelter, access to land and housing. Justiciable socio-economic rights assist researchers, activists and people living in poverty in monitoring the State's progressive realisation of its obligations to the poor and holding the State accountable for its obligations through, for instance, litigation. This is a fundamental part of the balance of powers of the Courts, the Judiciary and the Executive branches of government.

The right to just administrative action is an additional tool in the assessment and enforcement of state efforts to address poverty. It focuses on the requirement that governmental policy is effectively implemented, and that it meets the minimum requirements of lawfulness, procedural fairness and reasonableness.

The South African Constitution provides for socio-economic rights in Sections 26, 27, 28 and 29.

Section 26 (1) states the right of "everyone"¹ "to have access to adequate housing", and Section 27 (1) guarantees the right of everyone "to have access to (a) health care services, including reproductive health care; (b) sufficient

food and water; and (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance".

The rights in Sections 26 and 27 are qualified by a subsection that requires the State to "take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights".

A second category of socio-economic rights, referred to as "basic" rights, entrenches children's socio-economic rights (Section 28 (1) (c)); the right of everyone to basic education, including adult basic education (Section 29 (1) (a)); and Section 35 (2) (e) – a detainee's rights to adequate accommodation, nutrition, reading material and medical treatment. This category of rights is not qualified by reference to reasonable measures, progressive realisation or resource constraints.

In addition to the Constitution, South Africa's socio-economic rights obligations to children can be found in two other important legal instruments: the United Nations Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child.

What programmes were evaluated in the *Means to Live*?

The *Means to Live* evaluates a range of poverty alleviation programmes related to children's socio-economic rights to see whether they are appropriately targeted in their design, and whether the targeting mechanism, when implemented, gives effect to the intention of the policy and the right. In other words, it assesses poverty alleviation programmes at the level of conceptualisation and implementation, and examines the translation of policy into practice.

But it also goes further than evaluating individual programmes. Although rights are inter-dependent and government policies often stress the need for integrated planning and service delivery, there is little coherence in the development and implementation of programmes for the poor. While the *Means to Live* focuses on a set of discrete government programmes, it is also a system-wide evaluation concerned with synergy between programmes that could (or should) constitute an integrated poverty alleviation strategy – although this is not how the programmes are conceptualised.

¹ 'Everyone' includes non-citizens and residents.

An initial task for the research team was to decide which programmes to include in the review. To evaluate all programmes related to children's socio-economic rights would have been an unmanageable task. The researchers therefore employed a rationale for selecting programmes for evaluation based on both conceptual and logistical elements.

The socio-economic rights framework was used to identify areas of research.² Only those areas that are most essential to the survival and development of children – health, schooling, housing, water, nutrition and income support – were included. The researchers chose only one type of programme per sector or right to ensure a somewhat representative collection of social policy interventions. Only the most extensive national poverty alleviation programme per right was chosen.

Programmes selected for the *Means to Live* are therefore national programmes designed to address children's socio-economic rights. All these programmes are assessed from the perspective of children:

1. The **Child Support Grant** of the Department of Social Development (right to social security).
2. **Free primary health care** and **free health care for children under the age of six** of the Department of Health (right to basic health care).
3. The **School Fee Exemption policy** of the Department of Education (right to education).
4. The **National School Nutrition Programme** of the Department of Education (right to basic nutrition and right to education).
5. The **Housing Subsidy Scheme** of the Department of Housing (right to shelter and right of access to adequate housing).
6. The **Free Basic Water** policy of the Department of Provincial and Local Government (right to basic services and access to adequate housing).

The *Means to Live* evaluated the targeting of these programmes, and the consequences of the targeting mechanisms for children and their caregivers, both defined as 'rights-bearers' under the Constitution.

What is meant by targeting?

Targeting is a way of identifying who or what is eligible for a benefit or good. In the broadest sense, targeting can be universal by, for example, government spending on items that reach a large section of society, including the poor. Spending on universal free primary health care is an example of universal targeting.

Narrower targeting seeks to identify specific types of individuals, households, communities or entities to whom scarce resources or public goods can be provided. Narrower targeting requires specific mechanisms to identify beneficiaries, and is put in place to maximise the use of scarce budgetary and other resources. An example is the Child Support Grant, which is available only to children under 14 years who are living below a defined income level.

Targeting is subject to two potential errors – those of inclusion and those of exclusion. Errors of inclusion are found where people who are not eligible (for instance, because their income is above the threshold criteria) are able to access the benefit. In the case of poverty alleviation programmes, this error would be found if the non-poor were able to access a benefit. Errors of inclusion are often of great concern to government departments because it means that funds for poverty alleviation are being wasted. An example of this is fraudulent access to social grants.

Errors of exclusion, on the other hand, are found where eligible people (such as the poor or certain categories of poor people) who should be able to access a benefit are excluded because the test to assess their eligibility is set at an inappropriate level or establishes unjustifiable barriers to access. From a rights perspective, errors of exclusion are more serious than errors of inclusion, since they often imply that a right has been violated, or is not realised.



² The only socio-economic right that was left out was the right to social services. While these are essential in the context of poverty, they are not primarily aimed at poverty alleviation.

What is the Means to Live framework for analysis?

The *Means to Live* is a socio-legal study. Two main frameworks were developed by Solange Rosa, an original member of the *Means to Live* team. The frameworks are based on the principles of 'reasonableness' and of 'administrative justice', and underpin the analysis of targeted government programmes.

Reasonableness

The *Means to Live Project* uses the criteria of the 'reasonableness test' as a loose method for evaluating the State's targeting mechanisms for poverty alleviation programmes. The criteria were developed by the Constitutional Court in the landmark *Grootboom* case. In applying the criteria, the researchers looked at both the conception and implementation of targeting mechanisms for government poverty alleviation programmes.³

The following questions about the design of the targeting mechanism for the selected poverty alleviation programmes and their implementation were used:

- Has the programme been **conceptualised** in such a way that all children in need are targeted beneficiaries, and that the most vulnerable children are specifically targeted?

The following were criteria for a successful targeting mechanism:

- The target population is explicitly defined.
- The targeting mechanism is explicitly defined and easily determinable or observable.
- Identification of the targeted population is evidence-based and inclusive of those who are most in need.
- The mechanism does not create perverse incentives.
- There is an appropriately allocated budget.
- There are no unreasonable administrative barriers.
- The application is clear and easy to handle for the applicants.
- The regulations are simple and easy to handle for the officials.
- It is possible to reach high proportions of the targeted group.

- Is programme **implementation** taking place in such a way that services are being rolled out to all children in need, particularly those whose needs are most urgent?

The following were criteria for successful implementation:

- There is an effective targeting mechanism.
- There is sufficient administrative capacity to deliver the benefit to 100% of the target population.
- The test is difficult to manipulate and not open to subjective interpretation.

Administrative justice

Targeting often requires administrative decisions about who is and is not eligible for a benefit. This usually involves an application process and a decision on whether the applicant meets the eligibility requirements. This is the case for Child Support Grants, housing subsidies, fee waivers in secondary and tertiary health care facilities, and school fee exemptions.

In the analysis, the *Means to Live* highlighted instances where the requirements of administrative justice were not met.

The following breaches of administrative justice were taken into account:

- A lack of authority or unlawful delegation.
- Bias.
- Failure to comply with procedures.
- A lack of procedural fairness.
- An error of law.
- A failure to implement rational and reasonable administrative action.

These grounds are the same as those used by the Courts to review administrative action.



³ The 'reasonableness test' is adapted and used here to enhance the value of the use of constitutional analysis of government programmes with respect to their obligations in realising socio-economic rights, in particular for children. This is not to say that the *Means to Live* researchers support an interpretation of qualified children's socio-economic rights but rather an attempt to standardise the analysis of targeting.

What is the *Means to Live* methodology?

Policy review

The *Means to Live* started with a set of policy reviews – one for each of the selected poverty alleviation programmes – and a synthesis paper that framed the project and provided a synopsis of the reviews. All the reviews included a short introduction to the scale of need and the social and political context before providing a rationale for the programme and its targeting. The papers concluded with an analysis of the targeting mechanism by drawing on available evaluation research, and highlighted issues that needed further exploration using primary research methodologies. The policy reviews were published as a series of papers in December 2005 and are available for download at: www.ci.org.za.

Primary research

It is impossible to compare eligibility and take-up rates for the poverty alleviation programmes through secondary analysis of existing data, for two main reasons. First, there is a lack of data that would support calculations of eligibility for the range of programmes. Second, there are no existing data sets that accurately record take-up for all the programmes at household, let alone individual, level. It was necessary to undertake primary research to calculate the extent of inclusions and exclusions amongst a child population, and to understand some of the barriers to programme access.

The *Means to Live* research was conducted in two sites. Confining the research to specific sites enabled researchers to assess how the targeting mechanisms work in practice and to investigate the processes and effects of implementation from both the implementers' and beneficiaries' perspectives. This helped to explain how and why poor people access (or fail to access) poverty alleviation programmes in the context of their actual implementation.

A metropolitan and a rural site were identified for the research, as rural and metropolitan municipalities can differ greatly in their capacity to implement programmes and finance basic services. Mechanisms to reach urban populations may differ from those appropriate to rural areas where people may live more scattered, and have less access to information and lower literacy levels. The rationale for site selection included population size, poverty levels, accessibility, and programme implementation. Part of Makhaza in

Khayelitsha in the Western Cape province was selected as the urban research site. The rural site consisted of a cluster of three villages about 35km from Butterworth in the previous Transkei area of the Eastern Cape province.

The research had both quantitative and qualitative dimensions:

A **representative survey** of children was undertaken in each site. This enabled calculations of programme take-up as a proportion of eligibility within the local child population. It also allowed for an analysis of inclusions and exclusions, which in turn informed themes for qualitative research related to access and barriers. The total sample size was a little under 1,200.

Implementer interviews were conducted with government officials at national, provincial and local levels, as well as with other role-players involved in supporting or mediating implementation.

Qualitative interviews were conducted with caregivers⁴ who were chosen from the survey. These interviews provided insight into how caregivers and children access programmes, and why some eligible people are able to access them while others failed to get the benefit in the end.

Focus groups were convened to obtain a collective construct of the local context through a discussion of "life in the area" with a special emphasis on children. Group interviews were conducted with caregivers and with teenagers in the two sites.

What are some of the cross-cutting themes?

Multiple inclusions and exclusions in programme design

The *Means to Live* found that the targeting of poverty alleviation programmes is variable, in that different categories and proportions of the child population are eligible for the various programmes. This is not necessarily a bad thing, since it avoids an "all or nothing" situation where individuals and households who are just above the eligibility criteria are excluded from all forms of poverty alleviation. This would occur, for example, if there were a single targeting mechanism to identify the eligible "poor", and which made a defined segment of the population eligible for all poverty alleviation

⁴ Caregivers are those who undertake the primary responsibility for parenting children from day to day. In most, but not all, cases, this is the child's biological mother. Many children are cared for by grandparents, siblings, other relatives, or non-relatives. In the *Means to Live*, specific criteria were used to define one primary caregiver per child to replicate assessments of eligibility. In reality, however, care arrangements are often shared between parents or other household members.

programmes while rendering the rest ineligible.

Multiple inclusions occur where children are able to access an array of poverty alleviation programmes. In some instances, these cross-references are inherent in the policy. For instance, the regulations on school fees prescribe that children who receive Child Support Grants are automatically exempt from paying fees at public schools. Multiple inclusions seek to prevent cross-subsidisation at the expense of the poor, meaning the benefits of poverty alleviation programmes should be cumulative. For instance, people should not have to spend their child's grant on educating the child, since programmes are in place to realise both the right to social assistance and to education.

The flipside of inter-dependence is the risk of multiple exclusions. For example, as is discussed in a later essay, school attendance rates start declining at the point where children are above the age threshold for social grants and for free education. Similarly, the National School Nutrition Programme is only available to those who are able to attend school, and is explicitly targeted at primary school learners. However, the respective constitutional rights apply to all children under 18 years; so this is a situation where the targeting of multiple programmes has failed to uphold the rights of older children.

Multiple exclusions for older children raise normative questions about the kind of support that should be provided for teenagers, who face very different challenges to younger children: greater responsibility within the household, the need to prepare for future employment, the possibility of having children or having to parent younger siblings, the risk of exposure to HIV, as well as exposure to social risks such as drugs and gangsterism. All of these imply the need to ensure access to the best possible education and for income support if the household is poor.

The requirement of progressive realisation suggests that programmes should be progressively expanded to reach a greater proportion of children in need. Already, there are indications that the National School Nutrition Programme may be implemented in high schools and that the Child Support Grant may be extended to include all children under 18 years. The South African Constitution is progressive and transformative in nature, and provides a generous framework of rights for children. In the context of high unemployment, persisting poverty and inequality, the emphasis of poverty alleviation programmes needs to be on progressive expansion of the targeting mechanism.

Key dimensions of poverty

Although we talk of the multi-dimensionality of poverty, it is clear that there are two key elements that influence other dimensions of poverty.

The first is **income**, because money is a link to everything else. In a world that revolves around money, even those in the most remote areas are not free of dependence on the cash economy. The poverty alleviation programmes reviewed in the *Means to Live* demonstrate different conceptualisations of income poverty. Income thresholds range from R800 or R1,100 for the Child Support Grant; to R3,500 for a housing subsidy; and around R8,000 for free health care above the primary level.

Income thresholds assume a consistent level of income, and can be arbitrary in a context where employment is insecure and income erratic. Cash transfers through social grants provide a regular income, are effective in reducing poverty and are linked to positive health and education outcomes for children. However, the cash grants amounts are small and, in the absence of social assistance for the unemployed, are further diluted when cash transfers for children have to support entire households.

Social security needs to be complemented by the provision of services, and this is where a second key element of poverty, the **spatial** dimension, comes in.

Access to housing and land is a means of placing oneself in relation to services and resources. The legacy of apartheid is a country where spatial arrangements entrenched poverty, and poor areas – particularly the old “homelands” – were deliberately under-resourced. Children are disproportionately over represented in these areas, with over half of all children living in rural areas despite rapid urbanisation.

For these children, the burden of access to services and resources is compounded by basic problems of location and distance – the cost of transport to get to a service point; and on the supply side, the inaccessibility of areas with substandard roads, making the delivery of even mobile services difficult. Basic municipal services are often inadequate or non-existent, partly because of the financial and logistical difficulty of providing basic service infrastructure to populations that are remote and scattered, and also because of severe capacity and budget constraints in the municipalities of these areas.

In theory, housing delivery should address the spatial dimension of poverty in two possible ways: first, housing development entails more than the delivery of houses.

Integrated planning is an explicit policy objective, but the housing development projects studied in the *Means to Live* fell short of this objective. Second, the housing programme, if it is to give meaning to the principle of redress, should enable those who have been economically and physically marginalised to make choices about where they live – and where to deploy their once-off subsidy. In practice, however, this is seldom possible. Poor people continue to live in areas that are historically poor and under-resourced.

The notion of spatial poverty has informed the new education policy. No-fee schools are determined by their location on the basis of the poverty profile of the surrounding community. It is the accompanying School Fee Exemption policy that potentially enables children to transcend the historic boundaries that divide races and reinforce inequality.

Lastly, while housing and land are immovable, people are not. Household arrangements are often fluid, and the mobility of children in particular is highlighted in the *Means to Live* and other studies. This has implications for the design and implementation of programmes, which may need to follow the child.

Issues of implementation

The *Means to Live* research highlights a number of gaps between policy and practice. Principles of administrative justice become relevant, since evidence reveals a lack of certainty and consistency in the implementation of programmes. Rights-bearers are sometimes unable to claim their entitlements because of variable processes or even unlawful requirements on the part of implementing officials. The social grants system, in particular, seems to be geared strongly towards the exclusion of ineligible children, resulting in burdensome requirements that may also exclude those most in need.

While some forms of poverty alleviation are continuous, others are once-off. In both scenarios, however, the issue of maintaining or sustaining access is an important cross-cutter. Targeting mechanisms tend to focus on the point of initial access, but entitlement failures may occur if the benefit is subsequently lost. The Child Support Grant, once initially accessed through an application and means test, must be

re-accessed each month. Grant access may be lost through the death, illness or movement of the caregiver, or when the child moves households. Cross-provincial movement is particularly problematic. Access to education, too, must be sustained, and the costs are annual and ongoing. Access to subsidised housing is technically a once-off arrangement, but problems relating to quality and titling have resulted in beneficiaries losing both their houses and their right to future subsidies.

The costs of programme access can be barriers to poverty alleviation. Many of the programmes, either explicitly or implicitly, require financial investments from the poor. These may be related to the cost of transport to access service points, costs incurred in complying with the requirements for documentary proof of eligibility, opportunity costs, and secondary costs associated with government services (such as the cost of uniforms and books in the context of 'free' schooling, or the cost of relocating to a subsidy house). The Department of Housing, acknowledging that the cost of programme access discriminated against the poor and delayed housing delivery, has deliberately discontinued the requirement of a financial contribution from applicants in the lower income groups.

The possession of birth certificates and identity documents is a crucial issue, and difficulties in obtaining these result in multiple exclusions.

What are the conclusions?

Many elements of a 'basket of goods' for children are entitlements stipulated by the Constitution. Principles of 'reasonableness' and 'administrative justice' can provide a framework for assessing policies and programmes to deliver on these entitlements. All rights are inter-related and mutually supporting, but there is a need for greater coherence in the design and implementation of poverty alleviation programmes to ensure that poor children can claim their multiple entitlements and stand a better chance of developing to their full potential.

The essays that follow provide an overview of selected findings from the *Means to Live*. The full report will be published in 2007.

SOURCES

Bilchitz D (2003) Towards a reasonable approach to the minimum core: Laying the foundations for future socio-economic rights jurisprudence. *South African Journal on Human Rights*, 19: 1-26.

Constitution of the Republic of South Africa. Act 108 of 1996.

Currie I & De Waal J (2005) Socio-economic rights: Housing, health care, food, water, social security In: *Bill of Rights Handbook* (2005) 5th edition. Cape Town: Juta.

Currie I & Klaaren J (2001) *The Promotion of Administrative Justice Act Benchbook*. Cape Town: Siber Ink Publishers.

Government of the Republic of South Africa and Others v Grootboom and Others 2000 (11) BCLR 1169 (CC).

Haarmann D (1998) *From the Maintenance Grant to a New Child Support*. Cape Town: University of the Western Cape.

Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

Hoexter C & Lyster R (2002) *The New Constitutional and Administrative Law, Vol. 2*. Cape Town: Juta.

Liebenberg S (1998) Socio-economic rights. In: Chaskalson M, Kentridge J, Klaaren J, Marcus G, Spitz D & Woolman S (eds) *Constitutional Law of South Africa*. Cape Town: Juta.

Liebenberg S (2005) *The judicial enforcement of social security rights in South Africa: Enhancing accountability for the basic needs of the poor*. [Unpublished paper presented at the International Expert Seminar on Social Security]

Promotion of Administrative Justice Act No. 3 of 2000.



I am A HERO
I am a hero BECAUSE.
because when there was a
funeral at home
we are crying &
my young father
chase us
there.

I am a hero because
when I grow up I
like to be a nurse

Does the means justify the end? Targeting the Child Support Grant

Katharine Hall and Jo Monson (Children's Institute)

The South African government has responded to widespread poverty and very high levels of unemployment with a well-developed social security system that delivers grants to a substantial proportion of the population. This goes some way in delivering on Section 27 (1) (a) – (c) of the Constitution, which states that “everyone has the right to have access to ... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”.

This essay examines some of the key policy and implementation issues related to the Child Support Grant (CSG), which is disbursed to more people than all of South Africa's other six social assistance grants put together.

The information in this essay comes from *The Means to Live: Targeting poverty alleviation to realise children's rights*, the forthcoming report on a three-year research project of the Child Poverty Programme at the Children's Institute, University of Cape Town. The *Means to Live Project* aims to investigate how government poverty alleviation programmes are targeted and the consequences of the targeting for children and their caregivers¹ – particularly where it results in very poor children being excluded from programmes. This essay is an abridged version of the more comprehensive discussion of the CSG in the full *Means to Live* report, to be released in 2007. (See the essay starting on page 31 for more details on this research project.)



This essay focuses on the following questions:

- What is the Child Support Grant?
- Who is eligible for the CSG?
- Why is the CSG so successful?
- Why not extend the benefits of the CSG to all children under 18 years old?
- Why are some eligible children not getting the CSG?
- Do the CSG income thresholds make sense?
- What are the conclusions?

What is the Child Support Grant?

The CSG is the South African government's main programme of social assistance for children living in poverty. It falls under the jurisdiction of the Department of Social Development and is regulated under the Social Assistance Act. The grant aims to provide the poorest parents or caregivers with a small monthly cash amount to cover some of their children's basic needs.

The grant was introduced in 1998 with a cash value of R100 per child per month, paid to a primary caregiver. The cash value has kept pace with inflation over the years, standing at R190 per child per month from April 2006. The 'primary caregiver' is defined as a person, whether or not related to the child, who takes primary responsibility for meeting the daily care needs of the child. This definition is based on the principle that the grant should “follow the child”, and it takes into account the fact that many children in South Africa do not live with their biological parents.

¹ Caregivers are those who undertake the primary responsibility for parenting children from day to day. In most, but not all, cases, this is the child's biological mother. Many children are cared for by grandparents, siblings, other relatives, or non-relatives. In the *Means to Live*, specific criteria were used to define one primary caregiver per child to replicate assessments of eligibility. In reality, however, care arrangements are often shared between parents or other household members.

Who is eligible for the CSG?

There are two ways in which the Child Support Grant is targeted. The first is to a specific age category, and the second is to a particular income group.

When the grant was first introduced, only children under the age of six were eligible. In 2003, the government announced an age extension for the grant and, between that year and 2005, the age eligibility was increased in phases – first to children under nine years, then to children under 11 years, and from April 2005 to children under 14 years.

The second targeting mechanism is related to income to ensure that the grant only goes to children living in poverty. A means test is applied to the child's primary caregiver and her² spouse if they are married. If a primary caregiver lives in a rural area or in informal housing in an urban area, she and her spouse must jointly earn R1,100 per month or less in order to qualify for a CSG for the child in their care. If they live in formal housing in an urban area, the means test threshold is R800 per month. These thresholds apply to the income of caregivers, and do not take into consideration the number of children in their care. Despite inflation, the means test has remained the same since its introduction in 1998.

Why is the CSG so successful?

The CSG is one of government's most successful poverty alleviation programmes in that it reaches high numbers of caregivers and their children and has a positive impact on their lives.

High reach

According to the SOCPEN database of the Department of Social Development, in July 2006 over 7.2 million Child Support Grants were being distributed around the country. People can receive their grants through bank or Postbank accounts, or through a pay point operated by a company contracted by the department.

In the *Means to Live* research in an urban site in the Western Cape and a rural site in the Eastern Cape province, it was found that close to two-thirds of eligible children from the research sites were receiving the grant.

Increased school enrolment

Various research studies have found that receiving a Child Support Grant increases the chances that a child will attend school. Research on the impact of social security, led by Michael Sampson of the Economic Policy Research Institute (EPRI), states that "a household's receipt of a Child Support Grant is associated with a reduction of approximately twenty to twenty-five percent in the school non-attendance gap". Other research by Case, Hosegood and Lund used data from the Umkhanyankude district of KwaZulu-Natal and measured the association between CSG receipt in 2002 and school enrolment in 2003 and 2004. They found that receipt of the CSG resulted in an 8.1% increase in school enrolment among six-year-olds, and a 1.8% increase among seven-year-olds when compared with non-recipient households. This occurred despite the fact that recipient households tend to be poorer than other households.

Increased school enrolment of CSG recipients points to the cross-cutting issue of integration in government poverty alleviation programmes. Some schools insist that fees should be paid from social grants. This means in effect that funds are transferred from the Department of Social Development to the Department of Education via children's caregivers. This is both contrary to the intention of poverty alleviation policies, and unlawful in terms of the 2006 amended *National Norms and Standards for School Funding*. School fees are discussed in more detail in the next essay.

Improved nutrition

The Child Support Grant has been shown to have a positive impact on nutrition, growth and hunger. A study by Woolard, Carter and Agüero found that receipt of the CSG for two-thirds of the period of a child's life before the age of 26 months resulted in a significant gain in height, an important indicator of nutritional status. The study showed the importance of making grants accessible as soon as possible after a child's birth to access this window of nutritional opportunity.

More household basics

The EPRI study found that spending in households that receive social grants focuses more on basics like food, fuel, housing and household operations, and that less is spent

² Gender-specific pronouns such as "her" and "she" are used interchangeably with "his" and "he" although, in the majority of cases, caregivers are women.

on tobacco and debt than in households that do not receive grants. They also found that households that receive social grants have lower prevalence rates of hunger for young children as well as older children and adults, even compared to those households with similar income levels.

Why not extend the benefits of the CSG to all children under 18 years old?

Conservative estimates based on data from the *General Household Survey 2003* suggest that, in that year, at least another 2.7 million poor children would have been eligible to receive the CSG if the age threshold were extended to include all children under 18 years who met the income criteria. Children's constitutional right to social assistance does not distinguish on the basis of age, but entitles them to social assistance even if they are 14 years and older. There are also practical reasons for extending the CSG to children under 18:

- Receipt of the CSG has a positive impact on school attendance, as was indicated earlier. School attendance drops from the age of 15 and the most-common reason cited is lack of money for fees. The grant cut-off at 14 years comes just at a time when children enter secondary school, where fees and other school costs are more expensive and where the National School Nutrition Programme (school feeding) is no longer available to them.
- In the context of high poverty and unemployment, with no social security for working-age parents who cannot find a job, poor households depend on social grants for their survival. Although the regulations to the Social Assistance Act require that the CSG be spent on the child, households without adequate income use grants to support the needs of all household members. This effectively dilutes the amount of the grant to the child because it must be shared amongst everyone.

Why are some eligible children not getting the CSG?

While the CSG has been very successful in reaching and benefiting large numbers of children, a significant proportion of eligible children are still not getting the grant. The *Means to Live* found that a third of eligible children in the two sites surveyed were not receiving the grant. These children who have been unintentionally excluded are of great concern. They are defined by government as being in need, but are not receiving the benefit of a poverty alleviation programme designed to help them.

One of the selection criteria for the *Means to Live* sites was that they have poor populations. As can be expected, eligibility rates for the CSG in these areas are higher than for the national population, where calculations include upper income groups. In the urban site, 49% of all children under 14 were eligible and received the grant. However, more than another quarter of the children (27%) were eligible but were not receiving the grant – they account for over a third of all eligible children. Through a series of quantitative and qualitative interviews, the *Means to Live* research identified the barriers that prevent access to the Child Support Grant for children living in the research areas. These are listed in Table 7 and discussed below.

The burden of documentary proof

Table 7 shows that the inability to provide the required documentation is the single biggest barrier to getting the CSG.

The point of a targeted programme is to ensure that the benefit (in this case the grant) reaches the intended population while screening out those defined as ineligible. The CSG has particular mechanisms to achieve this. A range of documentary proof is required to verify that the grants are correctly targeted. However, the *Means to Live* found that the targeting mechanism for the CSG is not always successful in its ability either to include or exclude the appropriate children.

TABLE 7: Barriers to Child Support Grant access in the *Means to Live* research sites

Reason for not applying for CSG (Base: eligible non-beneficiaries in <i>Means to Live</i> sites)	Urban site % of responses	Rural site % of responses
Don't have the necessary documents/identity document/birth certificate	45	51
Too far/expensive/difficult to apply	22	16
Child is not eligible/income too high [note that all these children are eligible]	14	9
Other (not enough time/too ashamed/didn't know about CSG/no caregiver who can apply/ just arrived from Eastern Cape/child gets Foster Child Grant)	19	24

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

CASE STUDY 1: Ntombekhaya's* struggle for birth certificates

Ntombekhaya is 36 years old and lives in an informal house in Village 3 on the outskirts of Cape Town. When *Means to Live* researchers first interviewed her the household was very crowded because the two rooms were shared by seven family members – Ntombekhaya, her husband, and five children. Together, Ntombekhaya and her husband earn an average of R900 per month.

The household had changed when the researchers visited again six months later. Two of the children recorded in the survey were her late sister's children who Ntombekhaya had been caring for until their father took them, and they had subsequently left the household.

Ntombekhaya's 10-year-old daughter gets the CSG – but this was only after considerable effort. Ntombekhaya was required to produce a clinic card in order to get a birth certificate. But the clinic card had been burnt in a fire some time before. She was therefore told to go to her daughter's school and get proof that she was the mother of the child. The school contacted a superintendent at Home Affairs to discuss this requirement, and gave her a certificate to confirm that the child existed and that Ntombekhaya was the mother. She took this letter to Home Affairs and applied for the birth certificate. Once she had the birth certificate she could apply for the CSG.

Ntombekhaya was less successful in her efforts to obtain a grant for her youngest child, a boy in Grade 1. Siphoshe doesn't have a birth certificate or a clinic card because these were also burnt. Ntombekhaya was unable to prove that the child belonged to her. Her efforts to get proof of his birth from the clinic failed – they simply refused. To make matters worse, there was an error on the computer system at the school; so when she went there for proof of his identity, the certificate they produced recorded her late sister as the child's mother. An official at Home Affairs checked on his computer "but the name didn't come up so there was nothing that he qualified for. He's in my home but they say he's not my child".

* All names have been changed to protect identities.

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

While a third of eligible children in the urban site were not receiving the grant, half of those who were technically ineligible on the basis of their income were in fact beneficiaries. In other words, the administrative requirements to keep *ineligible* children from getting the grant are not effective and are also stopping *eligible* children from getting the grant. Arguably, the emphasis of this poverty alleviation programme should be on including as many poor children as possible.

Unlawful conditions

While the draft regulations of 2004 stipulate six conditions related to the CSG (including immunisation and school attendance if the child is of school-going age) these conditions would be applicable to primary caregivers who *already* receive the grant; they are not conditions for being awarded the grant in the first place. It is therefore unlawful for officials to prevent caregivers from submitting an application on the basis that they do not have proof of immunisation or school attendance for their children, as was found in both the urban and rural research sites.

While a full discussion of conditions is beyond the scope of this essay, the *Means to Live* researchers argue that even where conditions are legally applied in accordance with the policy, they are contrary to the principle of entitlement and create difficulties for applicants, which could result in multiple exclusions.

Problems of physical access to government offices

After the difficult document requirements, the second most common reason for not applying for the CSG cited by 22% of those eligible who did not apply in the urban site was that it was too difficult or far and/or costly to apply for a Child Support Grant. This is an entitlement failure where the very people targeted by a poverty alleviation programme do not have the resources or capabilities to access the programme. In the case of the CSG, the costs and consequences of a successful application are many and varied. A few are outlined below:

- The cost and/or time of travelling to and from the Department of Social Development and other government offices (particularly the Department of Home Affairs) to obtain documents. Sometimes this requires travelling across provinces.
- Waking up very early and enduring long waits at the Department of Social Development and other government offices.
- The loss of work or time for income-generating activities.
- Negotiating leave from an employer, making child care arrangements and having to involve others (family members/friends) in the process.

The costs and effort are increased when applicants have to make multiple trips. Applicants are often sent away to correct errors on their affidavits, collect more documentation, or make photocopies. Sometimes applicants are turned away simply because the officials have reached their quota for the day. Many caregivers in the *Means to Live* research describe a CSG application process that is difficult and labour-intensive, requiring a number of trips to the social development and other government offices. This is well illustrated in the case study of Ntombekhaya on the previous page.

Some of the limitations in implementing the CSG and the resulting exclusion of eligible children from receiving the grant have been described here. In the next section, limitations in the conceptualisation of the means test are discussed with reference to caregivers' realities in the *Means to Live* research sites.

Do the CSG income thresholds make sense?

Static thresholds

As indicated earlier, the means test thresholds based on the joint income of the primary caregiver and her spouse have not increased with inflation since it was set in 1998. Calculations using the Consumer Price Index (CPI) show that, if they were adjusted with inflation, the income thresholds today would have been R1,200 and R1,650 respectively for caregivers living in urban areas, and in rural areas or informal dwellings in urban areas. This means that children's caregivers had to be 50% poorer in 2006 to qualify for the CSG than those who were eligible in 1998.

While the suppression of the threshold does not significantly affect eligibility levels in the rural site (because there is so little income) it results in a substantial number of exclusions in the urban site. When the means test was replicated at the inflation-adjusted thresholds calculated by using the CPI, it was found that the proportion of urban children eligible for the CSG had increased from 70% to 82%. This means the static threshold effectively excludes 12% of children who were originally targeted, and in this sense the programme has been retrogressive.

Inequitable thresholds

The income threshold for the CSG is set at a specific Rand value, irrespective of the household size or number of children in the household. But is this an equitable basis on which to determine eligibility? Table 8 presents some infor-

TABLE 8: CSG eligibility in the context of household arrangements, from the *Means to Live*

Household description	Caregiver income (Rands)	Number of children	Income per child (Rands)	Eligible for CSG
An urban formal household of 10 members, with six children	R850	6	R142	✗
An urban formal household of four members, with one child	R700	1	R700	✓
A single mother and five children in a formal urban dwelling	R900	5	R180	✗
Two adults and two children in an urban informal dwelling	R1,100	2	R550	✓
Two adults and three children in an urban informal dwelling	R1,200	3	R400	✗
A rural household with two children	R1,100	2	R550	✓
A rural household with three children	R1,200	3	R400	✗

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

mation extracted from a few of the surveyed households, demonstrating that it makes little sense to consider income without taking into account the number of children who need to be supported by the income.

It is clear from Table 8 that the eligibility criteria discriminate against households with greater numbers of children. This is an important limitation at the level of conceptualisation, particularly in a context where children move into and out of households as was evident in the case study of Ntombekhaya. Fluctuations in household size make it unfeasible to use per capita income. Dispensing with the means test is a simple way to ensure equitability.

Standard threshold versus fluctuating income

A further limitation of conceptualisation is trying to apply a standard income threshold in the context of varying income. Unemployment rates are high and many households do not have a regular source of income through wages. Other sources of income – such as income from remittances and informal sector activity – tend to be less reliable. The *Means to Live* found that most children who failed the means test at the time of the survey had caregivers with incomes that were only just above the threshold. In reality, it is likely that many excluded children move in and out of the eligible income range, as do beneficiaries. In light of this, decisions about inclusion and exclusion on the basis of income appear arbitrary.

What are the conclusions?

The Child Support Grant is highly effective in improving the lives of millions of poor children through a small monthly cash amount paid to their primary caregivers. Nevertheless,

perhaps some of the most-marginalised children who are eligible for the grant are not receiving it due to difficulties in acquiring the right documentation and in gaining access to the relevant offices to apply.

Failure to adjust the means test since 1998 in accordance with inflation also excludes more children each year. Further issues related to the means test include not taking household size or fluctuating incomes into account. Finally, the grant cut-off age at 14 years comes at a time when children are particularly vulnerable and often results in the dilution of grants disbursed to younger siblings.

SOURCES

Aguero J, Carter M & Woolard I (2005) *From flows to stocks: The impact of unconditional cash transfers on human capital*. [Unpublished manuscript]

Budlender D, Rosa S & Hall K (2005) *At all costs? Applying the means test for the Child Support Grant*. Cape Town: Children's Institute and the Centre for Actuarial Research, University of Cape Town.

Case A, Hosegood V & Lund F (2005) The reach and impact of Child Support Grants: Evidence from KwaZulu-Natal. *Development Southern Africa*, 22(4): 467-482, October 2005.

Constitution of the Republic of South Africa. Act 108 of 1996.

Department of Social Development (2003) *Procedural Manual for Grants Administration*. Pretoria: Department of Social Development.

Draft regulations in term of the Social Assistance Act 13 of 2004. Government Gazette 27316 of 2005.

Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

Samson M, Lee U, Ndlebe A, Mac Quene K, Van Niekerk I, Ghandi V, Harigaya T & Abrahams C (2004) *The social and economic impact of South Africa's social security system*. Cape Town: EPRI.

Social Assistance Act 59 of 1992.

Social Assistance Act 13 of 2004.

South African Social Security Agency Act 9 of 2004.

Woolard I, Carter M & Aguero (2005) *Analysis of the Child Support Grant: Evidence from the KwaZulu-Natal Income Dynamics Study, 1993 – 2004*. [Unpublished report to the Department of Social Development]



Free to learn: The School Fee Exemption policy and the National School Nutrition Programme

Katharine Hall and Jo Monson (Children's Institute)

Education is a basic right. Section 29 (1) (a) of the South African Constitution states that “everyone has the right to a basic education, including adult basic education”. Through the South African Schools Act of 1996, the national Department of Education has made educational attendance compulsory for all children aged seven to 15 (or the completion of Grade 9). Compulsory education places a responsibility not only on parents or caregivers¹ to send their children to school, but also on the State to ensure that schools are accessible and affordable.

In South Africa, where the majority of children live in poverty, lack of money can be a barrier to schooling. This essay discusses two government policies designed to make education affordable to poor children. These are the School Fee Exemption policy and the No-fee Schools policy. Children at schools in poor areas are also able to access the National School Nutrition Programme, which is also discussed here.

The information in this essay comes from *The Means to Live: Targeting poverty alleviation to realise children's rights*, the forthcoming report on a three-year research project of the Child Poverty Programme at the Children's Institute, University of Cape Town. The *Means to Live Project* aims to investigate how government poverty alleviation programmes are targeted and the consequences of the targeting for children and their caregivers – particularly where it results in very poor children being excluded from programmes. This essay is an abridged version of the more comprehensive discussion of the School Fee Exemption policy and the National School Nutrition Programme in the full *Means to Live* report, to be released in 2007. (See the essay starting on page 31 for more details on this research project.)

This essay focuses on the following questions:

- What is the School Fee Exemption policy?
- What are no-fee schools?
- Why has the School Fee Exemption policy not been implemented?
- Who is excluded from the School Fee Exemption and the No-fee Schools policies?
- What is the National School Nutrition Programme?
- Who is eligible for school feeding, and are they being fed?
- How does school feeding work in practice?
- Who is excluded from school feeding?
- What are the conclusions?

What is the School Fee Exemption policy?

Public schooling is funded from public revenue, and is supplemented through school fees and/or school fundraising. The South African Schools Act of 1996 provided for an exemption so that school fees could be formally waived for learners from poor families.

The School Fee Exemption policy says that each school, through its school governing body (SGB), must determine fees and inform parents and caregivers about the exemption policy. The *Exemption of Parents from the Payment of School Fees Regulations* of 1998 set out a mandatory minimum means test for the granting of exemptions. During the *Means to Live* research period, the means test read as follows: “If the combined annual gross income of the parents is less than ten times the annual school fees per learner, the parent

¹ Caregivers are those who undertake the primary responsibility for parenting children from day to day. In most, but not all, cases, this is the child's biological mother. Many children are cared for by grandparents, siblings, other relatives, or non-relatives. In the *Means to Live*, specific criteria were used to define one primary caregiver per child to replicate assessments of eligibility. In reality, however, care arrangements are often shared between parents or other household members.

qualifies for full exemption." Partial exemptions were available for those whose income was more than ten times but less than thirty times the annual fees.

Eligibility for full and partial school fee exemptions is therefore determined on the basis of parental income in relation to the fees.

New regulations released in October 2006 have modified the formula for calculating exemptions. In particular, the new formula takes into account the number of school-going children supported by a caregiver, and provides explicit guidelines for calculating the amount of partial exemptions. In terms of the new funding norms, certain categories of children are automatically exempt from paying fees. These include Child Support Grant beneficiaries and children in foster care.

What are no-fee schools?

In terms of the regulations, the national Department of Education allocates each school a poverty ranking derived from national data on income levels, dependency ratios and literacy rates in the surrounding community. The No-fee Schools policy abolishes school fees in the poorest 40% of schools nationally for learners from Grade R to Grade 9. Schools that do not charge fees will be allocated a larger amount of funding per learner to make up for the fees that would have been charged. Children in high schools will not benefit from the no-fee policy.

The No-Fee policy uses a spatial method of targeting, where school rankings are determined in relation to the level of poverty in the surrounding area. This presupposes that all poor learners live in poor areas, and that learners come from the area around the school. For many reasons, ranging from logistical necessity to choices about quality of education, some poor children go to school in wards that are not rated amongst the poorest. These children will therefore be in fee-paying schools.

The No-fee Schools policy, although implemented in some provinces during 2006, remains to be implemented nationally in 2007. The research focus of the *Means to Live* was on the implementation of school fee exemptions. The national list of no-fee schools for 2007, gazetted on 1 December 2006, shows that all primary schools in the rural *Means to Live* sites will have no-fee status from 2007. Nevertheless, the research points to some generic issues in the conceptualisation and implementation of the School Fee Exemption policy, and some of the systemic issues outlined in this essay may continue to affect children attending no-fee schools.

Why has the School Fee Exemption policy not been implemented?

High eligibility, but no implementation

The *Means to Live* research was undertaken in two sites – an urban site in the Western Cape, and a rural one in the Eastern Cape province – both selected specifically for being very poor areas. At the time of the research the School Fee Exemption was the only policy to remove fees for poor children. The research team set out to discover what proportion of children in these sites would be eligible for a fee exemption at their schools. To do this, the researchers replicated the means test for all surveyed children, using the reported income of their caregivers and the verified fees charged by the schools they attended. Although fees were set fairly low (more than nine out of 10 children incurred annual school fees under R300 per year), the depth of poverty meant that eligibility rates were high.

Over half (57%) of the children in the urban site would have been eligible for a full or partial exemption from school fees at the schools they were attending, and an overwhelming 80% of school-age children in the rural site would qualify for an exemption – if it were implemented at their schools. But actual uptake of the exemption was almost zero.

The national picture is the same: Fiske and Ladd's review of the implementation of this policy in 2003 found that only 2.5% of families with learners in primary school and 3.7% of families with learners in high school received fee exemptions. These are very low rates when considering the high levels of child poverty in South Africa.

Poor awareness of the policy

As was indicated by Fiske and Ladd, the *Means to Live* also found that awareness of the School Fee Exemption policy amounted to little more than rumour for many people. Despite being required to do so, schools had largely failed to inform parents of the policy. The new regulations of 2006 have attempted to improve awareness of the exemption policy by compelling schools to inform parents about the policy each year.

School funding and quality of education

Non-implementation of the fee exemption by schools is not simply about schools failing to do their job; it is the result of a systemic problem in the conceptualisation of the programme. The Department of Education has not budgeted

to compensate schools for loss of revenue through the exemption policy. In fact, there has been no budget for this policy, no central monitoring of whether fee exemptions have been granted and to whom, no plans or targets for how many learners should be able to access a fee waiver, and no requirement for schools to budget with any estimation of the number of exemptions to be granted. There are also no sanctions against schools that fail to implement the policy.

Even if schools were forced to implement the policy, it would result in a net loss of income to them, which in turn may severely compromise the quality of education. Schools cannot run optimally without income over and above the government subsidies. Rolling out the School Fee Exemption policy would in effect mean that schools would have less money to maintain buildings, buy furniture and books and employ more staff to reduce learner-to-educator ratios.

The many costs of schooling

Many of the secondary costs of education will not be removed with the introduction of fee exemptions or no-fee schools, although funding may be sufficient to pay for essential books and stationery. Apart from school fees, caregivers bear the burden of other costs associated with schooling. The *Means to Live* found that school fees amounted to less than 20% of all reported educational expenses paid by surveyed caregivers for the year. The Department of Education is currently developing guidelines on uniforms and transport, which may alleviate some of the additional costs.

What are the consequences of non-implementation for caregivers and children?

The *Means to Live* found that caregivers were very committed to their children's education – reported attendance rates were high, and the majority of caregivers had paid at least part of their children's school fees by September, even if this meant cutting costs in other areas. However, they referred to the trade-off between school fees and other necessities, such as food. A caregiver's hardship to pay for her children's schooling is illustrated in the case study below.

Not only had schools not implemented the Schools Fee Exemption policy, but a number of unlawful approaches to the collection of fees were reported. Fee collection strategies recorded by the *Means to Live* and other research include sending learners home to collect money on grant pay-day, thereby implying that fees should be paid from social grants. It is nonsensical to require the poor to access a poverty alleviation benefit from one government department, just to pay it back to another. If this were the intention, direct inter-departmental transfers would be a more appropriate mechanism.

The amended funding norms have made the policy intention explicit: from 2007, all beneficiaries of child grants are automatically exempt from school fees. As with the rest of the exemption policy, the extent to which schools apply this policy may depend largely on the extent to which the department monitors and enforces it.

CASE STUDY 2: Nonzwakazi* begs for school fees

Nonzwakazi lives with her husband, five of her own children and her sister's child in a subsidy house at Kuyasa, on the edge of Khayelitsha. They have no regular income besides the Child Support Grants for the children. Nonzwakazi begs to earn money, using a borrowed "paper from the church" authorising the bearer to collect money.

"Sometimes it's 50 cents, one rand, or when I get to a white person perhaps she gives me R5... If you give me clothes then you give me clothes, and if you give me food then you give me food, maybe pull old bread from your fridge ... maybe you give me 50c because you don't have money. I accept it; I take it and put it in my pocket. ... It takes the whole day of course. I'm like a working person; I work in that way, and sometimes I am able to get school fees for the children and things like that."

Five of her children are attending school. They are all eligible for full school fee exemptions, but Nonzwakazi was not aware that such a policy existed. She does complicated budgeting with the school fees:

"Now with the school fees, here this year I paid R200, R100 and R100 there, and this one was paid by my brother [in-law] – he paid for me this year ... and here I have debt with all of them, I haven't even started with these ones ... I'm still battling, I have debt at the school..."

* All names have been changed to protect identities.

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

Other mechanisms found to be used by schools to enforce fee payments include withholding school reports and transfer letters, corporal punishment, public humiliation, and the exclusion of learners from school. While often effective in extracting money from the poor, these strategies to elicit payment are unlawful, and they violate children's constitutional right to education.

Who is excluded from the School Fee Exemption and the No-fee Schools policies?

Children not at school

Of course, the no-fee and fee exemption policies are only available to those children who are actually attending school. Analysis of data from the *General Household Survey 2005* (GHS) shows that 20% of South Africa's children who are of primary school age and 33% of those who are of high school age live far away from the nearest school. This is more of a problem for children in rural areas than those in cities.

In the rural *Means to Live* site, for example, each of the three villages had a primary school, but two of these schools were not functioning properly. One was frequently closed by mid-morning, and the other school was not open at all during the last phase of the research. There is no secondary school for children in any of the villages.

Older learners

Results of the *Means to Live* survey illustrate a national pattern where education at high school level tends to be more expensive than primary school education. The No-fee Schools policy will apply only to learners from Grade R to Grade 9, while those in Grades 10 to 12 will continue to pay fees, even if they live in the poorest intake areas. Statistics from the GHS 2005 show that children's attendance rates at educational institutions are very high – around 98% for all ages between eight and 14 years. However, from age 15 onwards, children's attendance rates drop dramatically, reaching a low of 85% at 17 years.

Table 9 shows the reasons why children in South Africa aged 14 – 17 years do not attend school, as captured in the *General Household Survey 2005*.

TABLE 9: Reasons for children aged 14 – 17 years not attending school

Reason	%
No money for fees	37
Education is useless	17
Family commitments (e.g. child-minding)	8
Failed	8
Illness	8
Pregnancy	7
Working	5
School is too far away	2
Finished studies	1
Other/no response	7
Total	100

Source: Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Clearly, cost is one of the main obstacles to completing secondary education. Fifty percent of all reasons for non-attendance relate to the cost of schooling or the need to work – either in a job or in the home. This suggests that a combination of fee waivers and income support for children over 14 years could reduce by up to half the number of all teenagers who quit school.

Caregivers in the *Means to Live* talked about the higher costs of secondary school as being particularly problematic because the age of high-school learners coincides with the cut-off age of 14 years for the Child Support Grant.

I wish the government could help until the child finishes school. Because now, when you have a child who is not the grant age, you take that child out of school even if she's still studying, because you have no means for that child. [CAREGIVER, RURAL SITE]

Although education in South Africa is compulsory only up to Grade 9 or 15 years, there are many social and economic reasons why it is desirable for children to complete their schooling. On average, only one in 10 children in the *Means to Live* survey had caregivers who had completed their schooling. The results suggest an association between education and child poverty, in that the lower the

² Gender-specific pronouns such as "her" and "she" are used interchangeably with "his" and "he" although, in the majority of cases, caregivers are women.

educational attainment of the caregiver, the lower the mean per capita income for the children in her² care.

Whether they drop out in high school due to higher costs, or are too young to go to school, or live in areas where schools don't operate as they should, children who do not have access to school also lose their access to government programmes that are implemented through schools – such as the National School Nutrition Programme.

What is the National School Nutrition Programme?

The National School Nutrition Programme – sometimes referred to as the school feeding scheme – aims to foster better quality education by:

- enhancing children's active learning capacity;
- alleviating short-term hunger;
- providing an incentive for children to attend school regularly and punctually; and
- addressing certain micro-nutrient deficiencies.

School feeding is a small part of the Integrated Food Security Strategy for South Africa, which was introduced in 2002 and involves the Departments of Health, Social Development, Land Affairs and Agriculture. The school feeding programme is therefore just one of a range of projects that respond to nutritional needs, and does not claim to respond comprehensively to poor nutrition, hunger or food security.

Who is eligible for school feeding, and are they being fed?

The targeting of the National School Nutrition Programme works in two ways. First, whole schools are selected for funding for this programme. Within selected schools, learners are selected by age or grade or some other criteria for feeding. The minimum policy is to feed all Grades from R up to Grade 7 for 156 out of approximately 196 school days per year.

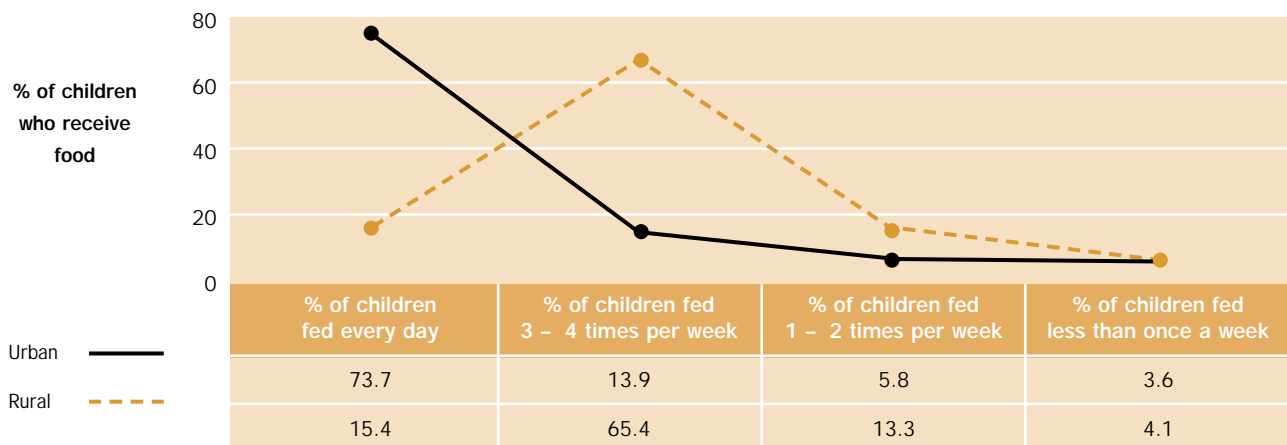
The *Means to Live* research found that levels of access to school feeding varied considerably across the rural and urban sites. Figure 3 indicates the frequency of school feeding at the research sites. Overall, while 90% of eligible children (those attending school up to Grade 7) were reported to be receiving free food at school in the rural site, only 56% of eligible children in the urban site were receiving food. On the other hand, urban children who were receiving food at school got it more regularly than those in the rural site.

How does school feeding work in practice?

Although the National School Nutrition Programme provides only a small amount of food – regarded by some caregivers as being insufficient – it helps to relieve child hunger and also relieves poor caregivers from some of the burden of worry when they are unable to provide enough food for their children.

FIGURE 3: Frequency of school feeding at the *Means to Live* sites

(Base: Children who receive food at schools in *Means to Live* sites)



Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

I want to say that, after we had voted for the ANC, there is development that we see in South Africa; even the children at school are eating. A child doesn't come back from school hungry. [CAREGIVER, URBAN SITE]

The *Means to Live* research however points to a number of issues related to implementation of school feeding that impact on children:

Not everything on the menu: While there are 22 approved meal plans, the Western and Eastern Cape provinces have chosen “cold” menu plans that don't require cooking facilities. The menu consists of brown bread with margarine, peanut butter and jam, served with a powered milkshake supplement enriched with micro-nutrients. In practice, it appears that children do not always receive all the food that is officially allocated. While the urban schools reported that their stocks were sufficient to provide food regularly, the rural schools did not always have all the ingredients available.

Food disappears: Parents talk of food disappearing from schools. One caregiver, who worked at a primary school, was explicit about the fact that she and other staff members steal the food for their own children.

No system of accounting to parents: One of the limitations of the school feeding programme is that there seems to be no system of accountability to the parent body. Many caregivers do not know whether their children receive food regularly. Some say that all children in the class receive food, others believe that the programme is only for children whose parents are unemployed, or only for orphaned children.

Environmental constraints: A number of contextual factors are constraining the proper implementation of school feeding in the *Means to Live* rural site. As mentioned, schools do not always operate properly, closing half-way through the morning or not opening at all. During the rainy season the roads in the rural site can become impassable – meaning the bread truck cannot get through to deliver bread and school feeding cannot happen. The milkshakes require water and schools without potable water reported children with diarrhoea.

Who is excluded from school feeding?

As with the No-fee Schools and School Fee Exemption policies, children living in areas where schools are too far and/or not operating are practically excluded from the National School Nutrition Programme. But there are also exclusions inherent in the design of this programme. For a start, young

children under six years old who are not yet at school cannot access food through the programme.

There is currently no government-funded nutrition programme at high schools, although it has been reported that some provincial departments have used discretionary funding for this purpose.

What are the conclusions?

The School Fee Exemption policy has largely not been implemented and the poorest of caregivers still struggle to pay school fees, sometimes out of their children's grants or their own pensions. Implementation failure is largely the result of systemic constraints such as the lack of budget to compensate schools for implementing the policy and the absence of monitoring mechanisms to enforce it. The consequences of non-implementation for children are high, particularly in high schools, where 50% of drop-outs are related to affordability.

The No-fee Schools policy will abolish fees for primary schools in the poorest 40% of wards. But the exclusion of high school learners from this policy must be noted, particularly as drop-out rates increase in this age group. Children unable to access school also lose out on the National School Nutrition Programme, which provides some relief from hunger for the poorest children, although high school children are also excluded from this programme.

SOURCES

Amended National Norms and Standards for School Funding. Government Gazette 29179 of 2006.

Fiske EB & Ladd HF (2004) Balancing public and private resources for basic education: school fees in post apartheid South Africa. In: Chisholm L (ed) *Changing Class Education and Social Change in Post-Apartheid South Africa.* Cape Town: HSRC Press.

Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights.* Cape Town: Children's Institute, UCT.

Kallman K (2005) Food for Thought: A Review of the National School Nutrition Programme. In: Leatt A & Rosa S (eds) *Towards a Means to Live: Targeting poverty alleviation to make children's rights real.* Cape Town: Children's Institute, UCT. [CD-ROM]

Kloka D (2003) *Integrated Nutrition Programme: School feeding.* Pretoria: Department of Health. [Background document for Cabinet briefing]

South African Schools Act 84 of 1996. Government Notice 1867, Government Gazette 17579 of 1996.

South African Schools Act 1996 (No 84 of 1996): Exemption of Parents from the Payment of School Fees Regulations, 1998. Government Notice 1293, Government Gazette 19347 of 1998.

South African Schools Act 1996 (No 84 of 1996): Regulations relating to the exemption of parents from payment of school fees in public schools. Government Notice 1052, Government Gazette 29311 of 2006.

Statistics South Africa (2006) *General Household Survey 2005.* Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Veriava F (2005) Free to Learn: A discussion paper on the School Fee Exemption Policy. In: Leatt A & Rosa S (eds) *Towards a Means to Live: Targeting poverty alleviation to make children's rights real.* Cape Town: Children's Institute, UCT. [CD-ROM]

Healing inequalities: The free health care policy

Annie Leatt, Maylene Shung-King and Jo Monson (Children's Institute)

Children's right to health care is expressed in two sections of the South African Constitution.

Section 27 accords "the right to have access to health care services for all South Africans". Section 28 (1) (c), which is that portion of the Bill of Rights dealing specifically with children's rights, states that children have "the right to basic health care services".

This essay discusses the South African government's free health care policy and the extent to which it meets children's right to basic health care services, with a particular focus on the accessibility of services.

The information in this essay comes from *The Means to Live: Targeting poverty alleviation to realise children's rights*, the forthcoming report on a three-year research project of the Child Poverty Programme at the Children's Institute, University of Cape Town. The *Means to Live Project* aims to investigate how government poverty alleviation programmes are targeted and the consequences of the targeting for children and their caregivers¹ – particularly where it results in very poor children being excluded from programmes. This essay is an abridged version of the more comprehensive discussion of the free health care policy in the full *Means to Live* report, to be released in 2007. (See the essay starting on page 31 for more details on this research project.)

This essay focuses on the following questions:

- What is free health care?
- What is basic health care?
- Are children accessing free health care?
- What are the barriers to accessing health care?
- What else impacts on health?
- What are the conclusions?

What is free health care?

In 1994, during his first hundred days in office, former President Nelson Mandela announced the provision of free health care to children under six years and pregnant and lactating women as one of several programmes led by the Presidency. This initiative was coupled with an extensive clinic-building programme to ensure greater physical availability of health care services to people in South Africa, especially for those who live in poverty. Free health care in South Africa currently means that services at public sector clinics and community health centres are free of charge for all people, and public sector hospital services are free for some groups of people. This policy was implemented in different stages since 1994.

Initially, free health care was offered to all children under six and to pregnant and breastfeeding women making use of public sector health facilities including clinics, community health centres and hospitals. The exceptions are those children and women who are covered by medical aid or medical insurance and/or who live in households that earn more than R100,000 per year. Then, in 1996, free health care was extended to all people using primary level public sector health care services. More recently, in 2003, free hospital care was further extended to include children older than six with moderate and severe disabilities.

The only type of public sector facility where some payment must be made is public hospitals. The groups that have to pay for public sector hospital services are adults, children older than six who do not have disabilities and anyone covered by medical aid or medical insurance and/or who live in households that earn more than R100,000 per year.

¹ Caregivers are those who undertake the primary responsibility for parenting children from day to day. In most, but not all, cases, this is the child's biological mother. Many children are cared for by grandparents, siblings, other relatives, or non-relatives. In the *Means to Live*, specific criteria were used to define one primary caregiver per child to replicate assessments of eligibility. In reality, however, care arrangements are often shared between parents or other household members.

The amount that must be paid for hospital services is determined according to a sliding scale, based on the annual family income. If a family has no income at all, the service is provided free of charge – but only if the family can prove their “indigent” status.

What is basic health care?

The free health care policy was, and remains, an important step towards realising children's right to basic health care services. Many other child health policies and programmes help to give effect to this right. However, the effectiveness of all these measures in fulfilling children's right to basic health care services can only be assessed against a clear definition of what ‘basic’ health care services for children include. It is therefore important to note that a clear definition of what constitutes basic health care, as outlined in the Constitution, still has to be developed.

Arriving at a definition of basic health care services for children in South Africa is a process that will require discussion with many role-players in the health and related sectors. It is reasonable to assume though that all services for children currently rendered at primary level health care facilities, including preventative health interventions and curative care for common and uncomplicated childhood conditions, form part of basic health care services.

The extent to which curative care for more complicated health conditions and care for children with chronic (or long-term) health conditions are included in a definition of basic health care services are some of the elements that require clarification. *Project 28* at the Children's Institute is currently conducting research and legal analyses to define the actual meaning of constitutional socio-economic rights provisions for children. This includes the right to “basic health care services”.

In addition to supporting the advancement of children's right to basic health care services, the policy gives effect to the three important principles of the Alma Ata declaration of Primary Health Care of 1978 – which South Africa has adopted – namely ensuring that health services are *available, accessible and affordable*. One of the potential ways of making health services more affordable and accessible is to remove or reduce health care fees. Free health care has been shown to improve utilisation of health care greatly in other developing countries. The opposite is also true: the re-introduction of fees results in many people not being able to access much needed health care.

Are children accessing free health care?

The *Means to Live* research team set out to discover if free health care was in fact free in its research sites – an urban site in the Western Cape and a rural site in the Eastern Cape.

Primary level services always free

On the whole, the application of free health care worked well as no fees were being charged at the primary level health care facilities in both the rural and urban research sites of the *Means to Live Project*. This is in keeping with reports from a few sites around the country that free health care at the primary level facilities worked well and was applied as envisaged in the policy.

Not all hospital services are free

At the hospital level it was found that the free health care policy is not always being applied consistently and correctly. In the rural site in particular, some children who should not have been charged user fees were charged, although overall it involved a small number of children.

Access not just about fees

While it is clear that the free health care policy has largely delivered on the intention to make basic health services free, fees are not the only barrier to accessing health care. The *Means to Live* also looked at the broader question of whether children who needed health care accessed it successfully.

Just more than a quarter of children in the urban site and about one third of children in the rural site were identified by their caregivers as having needed health care in the three months prior to the study. The study looked at whether these children were able to access health care successfully in line with the policy. A successful health care interaction was defined as children getting to a public sector health care facility and obtaining the necessary medication. More detailed investigation into quality of care did not fall within the scope of the study.

About six out of 10 children who needed health care were found to access a public health care facility successfully. This means however that four out of 10 children who needed health care did not successfully get it. The logistical and other challenges to accessing health care facilities are described in the case study on page 53.

CASE STUDY 3: Access to rural health services

The cluster of three villages that make up the Theko Springs administrative area in the Eastern Cape province includes 776 households across the villages of Nkelenkethe, Theko Springs and Krakrayo. The only health care service available within the area is a mobile clinic, which arrives in the centre of Theko Springs for one day every six weeks – when the roads are accessible.

For the rest of the time, whether it is an emergency, a regular visit to monitor an infant's weight, or for a child who is sick, parents and children need to travel long distances to access health care.

A previous temporary clinic at Theko Springs was closed after the building was deemed unsafe. The building of a new clinic has since been contested, with different local leaders mooted different places for its location, and with the local municipality prioritising a community hall over a clinic.

There are a number of primary health care facilities in adjacent areas. A long walk down the valley from Nkelenkethe, across the Theko River and up the steep slopes of the next hill, is the Gcaleka clinic in Holela. However, the river is impassable during the rainy season, and there is no footbridge.

From all three villages it is possible to walk to the taxi area in Theko Springs and take a ride to the T-junction where the gravel road meets the main road to Butterworth. This of course requires money. From this junction it is possible to walk to Tutura clinic, another 20 minutes at a good pace. Alternatively, one can continue by taxi to Butterworth where there is a Gateway clinic² adjacent to Butterworth hospital. The taxi fare to Butterworth is extra, and the round trip costs R18. A little further away, in the other direction, is the Community Health Centre in Centani.

Aside from these primary health care facilities, people in the three villages also use the two closest district hospitals. Butterworth hospital is in the town with the same name, and Tafalofefe district hospital is further north from Theko Springs towards the coast, and can be reached on foot in about two hours or by a taxi from Butterworth. Although there is no official Gateway clinic at Tafalofefe, the hospital also offers primary level care because of the lack of alternative clinics in the area. Physical access to the hospitals facilities cost money, and they are particularly hard to reach after-hours as there are few ambulances operating in the area.

² Gateway clinics are attached to hospitals offering primary level of care.

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

What are the barriers to accessing health care?

The *Means to Live* research underlined some of the reasons why children are not able to access health care services.

Distances too far

Distance to the nearest clinic made access to health care difficult for many caregivers and their children, especially in the rural site.

I have to get up early, and leave around four [am] because I am going to walk, so that I should get there at half past seven or eight; but when I get there just before eight, then I am early. Then I know that at half past or at nine I will be on my way back.

[58-YEAR-OLD MOTHER AND GRANDMOTHER, RURAL SITE]

Mothers reported not being able to carry older or very sick children the many kilometres to the clinic. They also reported having no money for a taxi or to hire a car to get to the hospital in serious cases. Where there is money for a taxi – about R18 each way – they indicated that taxis returning from Butterworth (the nearest town) are sometimes too full to pick up people returning from the rural clinic.



Based on the *General Household Survey 2004*, Table 10 below shows the number and proportion of children across South Africa who are reported to be living 'far' or 'not far' from their nearest clinic. A clinic is regarded as far when more than half an hour of travel is needed to get there. The table shows great provincial variation, with the Western and Eastern Cape provinces representing the best and worst scenarios respectively. In the Western Cape, 92% of children are not far from a clinic, whereas in the Eastern Cape, only 43% of children do not need to travel far to access their nearest primary level facility.

Medicines not available

As shown in Table 11, the *Means to Live* found that, even if children did reach the nearest health care facility, medicines were not always available.

Right now there are no pain tablets here in the clinic; they are finished. [SISTER, RURAL CLINIC]

Medicines were reported as being unavailable by 24% of caregivers who had taken a child to a clinic in the urban site and 17% of caregivers in the rural site. Health workers cited delays between ordering medicine and it arriving, and others referred to the insufficient number of vehicles available to supply the clinics.

TABLE 10: Number and proportion of children living 'far' or 'not far' from nearest clinic in 2004

Province	Number of children living far	Number of children living not far	Total number	% not far	% far
Eastern Cape	1,826,453	1,389,394	3,215,847	43	57
Free State	293,607	770,235	1,063,842	72	28
Gauteng	536,256	2,105,480	2,641,736	80	20
KwaZulu-Natal	1,801,092	1,991,283	3,792,375	53	47
Limpopo	1,296,013	1,319,593	2,615,606	50	50
Mpumalanga	562,792	745,073	1,307,864	57	43
Northern Cape	96,411	240,781	337,192	71	29
North West	614,290	874,355	1,488,645	59	41
Western Cape	129,266	1,429,443	1,558,708	92	8
Total	7,156,179	10,865,636	18,021,815	60	40

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 11: User satisfaction or quality of care at public health service points at *Means to Live* sites (Base: Children who accessed public health service points)

Problem (prompted)	Urban site		Rural site		Total	
	Number	%	Number	%	Number	%
Long waiting time (over an hour)	63	46	61	43	124	44
Opening times not convenient	34	25	29	21	63	23
Medicines not available	33	24	24	17	57	20
Facilities not clean	26	19	9	6	35	12
Rude staff/turning patients away	17	13	16	11	33	12
Expensive	1	1	3	2	4	1
Incorrect diagnosis	1	1	0	0	1	0

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

Staff under pressure

Very long waiting times at facilities sometimes resulted in patients being turned away as staff cannot always cope with the large numbers that turn up each day.

Gone are the days when you would sit with the client and you would know everything about the client; now we don't have that time and for me it is important and unfortunately I'm retiring quite soon, and I don't feel good; I don't know what I'm doing now. For me it's no longer caring. [SISTER, RURAL CLINIC]

The health sector workers interviewed in the *Means to Live* study consistently identified staffing as a constraint to providing high quality services. Although this was less of a problem in the urban areas, the negative effects of capacity constraints were found to impact on staff morale in the urban site too.

It's a terrible cycle this thing of not enough staff, so low morale, so more people feel too tired and they get burnt out. [HEAD SISTER AT MATTHEW GONIWE CLINIC, THE BIGGEST IN THE URBAN SITE]

This may explain another difficulty described by caregivers, especially in the urban site: rude or unhelpful treatment from nurses.

I took Sibulelo³ to the clinic but I was not treated well. I was scolded because I got there late – they said the time to get to the clinic is eight [am], and I had come after eight. So I sat there and persevered and it was like I would not be attended to but I sat on the chair and I didn't leave until they attended to me.

[MOTHER, URBAN SITE]

Prevention and cure

Some health care workers spoke of a shift from preventive to curative services at the primary level since the introduction of the free health care policy.

[Before,] I was able to go and do home visits, which I can't do now. For instance our immunisation coverage has dropped because we are not visiting the crèches where most of the children are, and they are not immunised because the mothers are working and they can't come to the clinic here. So you find ... we have shifted from preventive to more curative because you can't leave a sick child and go out there. [SISTER, URBAN CLINIC]

These challenges were also evident in earlier evaluations of the introduction of free primary health care. Shung-King, McIntyre and Jacobs discussed how the simultaneous introduction of curative roles at clinic level led to the problem of preventative services being crowded out by the drive to deliver curative services. This is of particular concern for children's health, as they need good preventative services.

Use of private health care

The *Means to Live* established that 15% of all children in need of health care in the research sites were taken to private practitioners rather than public health services. The extent of the use of private health services is rather surprising, given the extent of poverty in the two research sites. The decision to spend precious money on private health care was found to be largely the result of dissatisfaction with the public health service.

Although physical access to health services posed a greater barrier in the rural site than the urban site, the quality of service received was less satisfactory to the urban caregivers where, for instance, nearly half of those who attended a public health service experienced long waiting periods before being attended to. Children in the urban site were also slightly more likely to be taken to private practitioners rather than clinics.

Caregivers in both sites reported that they were dealt with more seriously and with more respect by private doctors, and that better treatment was consistently available. When caregivers judged that they or their child was too sick to wait at a clinic, they chose to go to a general practitioner instead.

What else impacts on health?

The situation of living here is bad because it's also dirty here in this area. This is where they threw all the rubbish. And the children are not safe because they eat this sand and it's dirty and we also put dirt on it, and then again we dig it up and then the child takes that while playing and eats it ... We have no toilets and no water here, the children are getting sick from the area that we live in ... And the children have diarrhoea, the children from this area are filling up the Red Cross [Children's Hospital]. [CAREGIVER, URBAN SITE]

³ All names have been changed to protect identities.

Access to basic health care services must be seen as just one of many factors influencing the health and survival of children. Nutritious food, clean water, adequate housing and sanitation, a quality education, safe roads and safe, clean spaces for children to play are also very important to children's health and well-being. Poverty has a negative impact on the range of factors that contribute to child health. The association between poverty, poor health and health care outcomes for children and adults alike is very strong.

In South Africa, where inequality is a feature of society, the differences in health and health care availability between rich and poor are very stark. One clear example of health inequality is the infant mortality rate (IMR) – the death rate of children under one year old. The IMR is an indicator used internationally to reflect access to health care as well as the socio-economic status of communities. According to the *South African Health Review 2000*, the IMR in a wealthy suburb of Cape Town was eight deaths per 1,000 live births. Just 10 kilometers away, on the outskirts of the city in an area where poverty is rife and access to services is more difficult, the IMR was 64 deaths per 1,000 live births – eight times as high.

Differences between regions and between provinces show a similar IMR pattern. According to the South African Medical Research Council's National Burden of Disease Study for 2000, the relatively wealthy Western Cape province had an average infant mortality rate of 32 per 1,000 live births, while its poorer neighbour, the Eastern Cape province, had double that rate: 71 deaths per 1,000 live births.

Given the multi-dimensional nature of health, as well as the impact of poverty on health outcomes, promoting good health and ensuring access to health care for children is not just the business of the Department of Health, but of all government departments. Other government programmes that impact on poverty and a range of other deprivations are discussed in the other essays of this *PART TWO: Children and poverty* section of the *South African Child Gauge 2006*.

What are the conclusions?

The provision of free health care is an appropriate and commendable policy objective, and it is working well as far as correct application of the no-fee policy is concerned. There are, however, some inconsistencies at hospital level where people are sometimes charged user fees when they should not be.

The major barriers to basic health care are not due to fees at health facilities, but are attributed to many other factors such as transport to and from health care facilities and a shortage of nursing staff and medicines.

Overcoming these barriers requires an improved understanding on the part of all duty-bearers as to what exactly children's right to basic health care entails. It also requires a better understanding of what duty-bearers' specific contribution should be, whether in the health sector or the many other sectors and government departments that influence children's health and survival.

Nevertheless, the dedication and commitment of thousands of health workers throughout the health sector must be commended and, with the required budget increases and improvements in implementation, all children in South Africa should be able to successfully access the quality health care that they require and are entitled to.

SOURCES

- Amatole Health District (2005) *District Health Plan 2006 – 2007*. Amatole Health District, Eastern Cape province, November 2005.
- Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.
- Burger R & Swanepoel C (2006) *Have pro-poor health policies improved the targeting of spending and the effective delivery of health care in South Africa?* Stellenbosch Economic Working Papers: 12/06. University of Stellenbosch: Department of Economics and Bureau for Economic Research.
- Chitha W, Cleary S, Davuid E, Jikwana S, Makan B, Masilela T, McIntyre D, Pillay Y, Sebokedi L, Thomas S & Wilson T (2004) *Financial resource requirements for a package of primary health care services in the South African public health sector*. Cape Town: Health Economics Unit, UCT, and national Department of Health.
- Dangschat J & McIntyre D (1996) *Patient fee collection: Is it worth it? A case study of Groote Schuur hospital*. Health Economics Unit Working Paper No. 22. Cape Town: University of Cape Town.
- Free health services for pregnant women and children under the age of 6 years*. Government Notice 657, *Government Gazette* 15817 of 1994.
- Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.
- Hirschowitz R & Orkin M (1995) *A national household survey of health inequalities in South Africa*. Johannesburg: Community Agency for Social Enquiry, for the Henry J. Kaiser Family Foundation.
- McCoy D (1996) *Free health care for pregnant women and children under six in South Africa. An impact assessment*. Durban: Health Systems Trust.
- Shung-King M, Abrahams E, Giese S, Guthrie T, Hendricks M, Hussey G, Irlam J, Jacobs M & Proudlock P (2002) Child health. In: Ntuli A (ed) *South African Health Review 2000*. Durban: Health Systems Trust.
- Shung-King M, McIntyre D & Jacobs M (2005) *Healing Inequality: Targeting health care for children*. In: Leatt A & Rosa S (2005) *Towards a Means to Live: Targeting poverty alleviation to make children's rights real*. Cape Town: Children's Institute, UCT. [CD-ROM]
- Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.

Accommodating the poor: The Free Basic Water policy and the Housing Subsidy Scheme

Katharine Hall, Annie Leatt and Jo Monson (Children's Institute)

Section 26 (1) of the Constitution states that “everyone has the right to have access to adequate housing”, and Section 27 (1) guarantees that “everyone has the right to have access to ... sufficient food and water”.

The Housing Subsidy Scheme and the Free Basic Water policy are the South African government's national programmes to deliver on the rights to water and housing. The extent of poor children's access to water and housing through these interventions are discussed together in this essay because access to water is very closely tied to housing or settlement type. In fact, “basic services”, including water, sanitation and electricity, are part of the definition of ‘adequate housing’ specified by the International Covenant of Economic, Social and Cultural Rights to which South Africa is signatory.

This essay also describes how the full realisation of the rights to water and housing tends to be through municipal planning, rather than individuals claiming their entitlements, and examines some of the practical implications of targeting.

The information in this essay comes from *The Means to Live: Targeting poverty alleviation to realise children's rights*, the forthcoming report on a three-year research project of the Child Poverty Programme at the Children's Institute, University of Cape Town. The *Means to Live Project* aims to investigate how government poverty alleviation programmes are targeted and the consequences of the targeting for children and their caregivers¹ – particularly where it results in very poor children being excluded from programmes. This essay is an abridged version of the more comprehensive discussion of the Housing Subsidy Scheme and Free Basic Water policy in the full *Means to Live* report, to be released in 2007. (See the essay starting on page 31 for more details on this research project.)

This essay focuses on the following questions:

- What is the extent of housing and water delivery?
- Why is it so much more than just a house?
- What is the free basic water policy?
- What are municipalities' targeting options for free basic water?
- How does the Free Basic Water policy work in practice?
- How is the Housing Subsidy Scheme targeted?
- What are the consequences of community level targeting?
- What are the project-linked subsidy housing developments like?
- What are the conclusions?

What is the extent of housing and water delivery?

The Housing Subsidy Scheme (HSS) was initiated in 1994 and has been highly effective in delivering vast numbers of dwellings to the poor. Figures from the Department of Housing show that, by June 2006, more than two million houses (2,148,658) had been completed or were under construction using government housing subsidies.

Despite the gains of the HSS, approximately 2.2 million households still did not have access to adequate housing in 2006. According to the *General Household Survey 2005*, less than two-thirds of the 18 million children in South Africa live in formal housing. Twenty percent live in traditional dwellings, and another 15% (nearly 2.7 million children) live in backyard shacks/rooms or in informal settlements.

The delivery backlog in housing and basic municipal infrastructure impacts directly on the delivery of basic water services. The delivery of free basic water in terms of the policy intention has therefore only benefited those who

¹ Caregivers are those who undertake the primary responsibility for parenting children from day to day. In most, but not all, cases, this is the child's biological mother. Many children are cared for by grandparents, siblings, other relatives, or non-relatives. In the *Means to Live*, specific criteria were used to define one primary caregiver per child to replicate assessments of eligibility. In reality, however, care arrangements are often shared between parents or other household members.

already have access to water infrastructure. Many of the poorest families living in informal settlements or traditional dwellings still do not have access to adequate water services at all. Using data from the *General Household Survey 2005*, it is estimated that 42% of children in South Africa do not have access to drinking water on site.

Why is it so much more than just a house?

At its most basic level, housing provides shelter from the elements and is essential for human survival. But housing means a lot more than a roof over one's head. Amongst other things, housing denotes a degree of permanence, since dwellings are attached to the land. This makes it possible for municipalities to provide infrastructure and link dwellings to basic services necessary for survival and development – not only water but also electricity, sanitation and roads. In this way, housing is also linked to other resources and facilities such as schools and clinics, which are of particular importance for children.

Since formal housing usually means access to water too, it is important to unpack some of the consequences for children who do not have access to water. Unsafe, inadequate or inaccessible water contributes to the high levels of infant mortality in South Africa. In fact, as researchers Bradshaw, Bourne and Nannan point out, poverty and environmental conditions contribute to up to 30% of deaths of children under the age of five in South Africa. Many of these deaths are the result of poor water and sanitation conditions. Aside from these health consequences, a lack of access to water also has serious social impacts: women and children forfeit time, personal safety and effort to access water when it is not available in or near their homes.

What is the Free Basic Water policy?

In recognition of the primary importance of having a clean and adequate water supply, the South African government in 2000 introduced the Free Basic Water policy, which allows for every household to get 6,000 litres (6 kilolitres) of water per month at no cost. This is calculated at 25 litres per person per day for a family of eight. Note that free basic water is universal; children and poor people are not specifically targeted.

What are municipalities' targeting options for free basic water?

Municipalities can choose from three targeting options in implementing the Free Basic Water policy in their areas. Households or communities do not choose the options.

The first is a **rising block tariff** where a free basic amount (or block) is provided to all water users and the next portions of water usage (or block) are charged for at increasing rates for increasing consumption. This only works when people have taps and meters and can be billed for consumption.

A slightly different version of this is **targeted credits or subsidies** used in some municipalities, where people considered "indigent" get a subsidy amount credited to their bill every month.

The third method of targeting the Free Basic Water policy is **service level targeting**. This ensures that access to water is limited to the free basic portion. The most common form of service level targeting is the communal tap system, which should be available within 200 metres from every home without water on site. People are unlikely to carry larger quantities of water than the free basic portion. The service level targeting approach is commonly used by municipalities with a high proportion of poor consumers, such as the settlement of Nkanini in the urban *Means to Live* site, described in the accompanying case study.

How does the Free Basic Water policy work in practice?

The *Means to Live* research found that the Free Basic Water policy was not working as intended in the two research sites, an urban site in the Western Cape and a rural site in the Eastern Cape province. Two broad scenarios are discussed – one where municipal infrastructure was in place, and the other where the infrastructure was not in place for water to be delivered.

The informal settlement of Nkanini described in the case study is one of three settlements in the *Means to Live* urban site. The other two settlements, Kuyasa and Village 3, adjacent to Nkanini, have high proportions of people with access to free basic water through the taps in their houses or yards. But it was found that the rising block tariff targeting mechanism was not working well here.

CASE STUDY 4: The problem of services in the informal settlement of Nkanini

At the very furthest reaches of Khayelitsha, just a few hundred metres from the sea, is the informal settlement of Nkanini. From 12 shacks in 2000, local representatives from the South African National Civics Organisation estimate that, in mid-2006, about 14,000 households were living in the area.

Despite Nkanini's rapid growth, there has been no increase in the supply of basic services to the area. This is apparently because of a long-term plan to extend the railway line through the area. Households in the path of the railway line will be moved to a new settlement over the hill, while other parts of the settlement may be formalised. In the meantime, residents make do with the minimal services provided.

The settlement is cut by a single tarred road, along which communal toilets are clustered in groups of five at regular intervals. These are the only form of sanitation for the entire settlement, and those who live far from the road either have to walk a considerable distance to use the toilets, or else use buckets or the diminishing bush at the edges of the settlement.

Many of the communal toilets have been locked with padlocks, and residents must ask for the keys at nearby houses or *spaza* shops. The toilets have a manual flush system, which means the user must collect water from a nearby communal tap and carry it to the toilet to flush it. Many of the toilets are dysfunctional – drains are blocked or broken, with sewerage spilling out on the pavement. In at least one place, sewerage bubbled out of an open manhole in the middle of the road.

Communal taps are interspersed along the road, and a few are placed at occasional intervals through the site. There is no formal electricity supply, but electric wires criss-cross the road and the sandy paths throughout the settlement.

Source: Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

Consumption cannot be controlled

Some people from Nkanini who lived close to the adjacent formal settlement of Village 3 used these households' outside taps. As the taps were outside, the account-holders of Village 3 had no control over water use unless they bought locks for the taps. Furthermore, a lot of the water supplied to these areas was lost due to leaks. Account holders in Village 3 were charged for water, no matter that it leaked or was consumed by people from the adjacent settlement.

People won't pay for water

Lack of control over consumption was just one of the reasons for the poor success of the rising block tariff targeting mechanism in Village 3. Many households are simply too poor to pay off their arrears, which some report as high as R20 000 or more.

I am very poor to take my last money and pay for water. [CAREGIVER, URBAN SITE]

Other reasons cited for non-payment include irregularities in billing and account holding, and a lack of consequences for non-payment.

Arrears can be a barrier to housing

While municipalities are not allowed to deprive people of the right to water by cutting the water supply for non-payment, they also do not write off arrears and indeed have not written off debts that accumulated for years before free basic water was introduced. Residents spoke of the anxiety caused by living in debt and being unsure of the possible consequences. One consequence is an inability to legally buy and sell properties that are encumbered with old arrears, which in turn can constitute a barrier to accessing housing through a subsidy.

No infrastructure means poor services

In the *Means to Live* rural site there was no substantial water infrastructure, with two of the three villages entirely reliant on natural water from springs and rivers. But the water at the springs is often polluted and the rivers are far away. The biggest of the three villages had a rudimentary water service that was improved during the *Means to Live* research period. The municipal water service provider responsible for this area was not able to fund free basic water, and does not seem likely to do so in the near future.

How is the Housing Subsidy Scheme targeted?

The discussion on the implementation of the Free Basic Water policy shows how closely water and other basic services are linked to housing: those who are poor and without a house, are poor in terms of services too. In this section the discussion turns to what it actually takes for people to get a house through the Housing Subsidy Scheme. In other words, how is the HSS targeted and what implications does this have in practice?

The HSS is designed to reach only a certain sub-population who are poor and don't already own a house. Children cannot legally be home-owners, but they are implicitly included in the conceptualisation of the scheme in that it revolves around the family unit, in which children are defined as dependants.

In the case of the housing subsidy, targeting generally involves three main tiers of assessment:

1. **Determining the housing need across provinces** – this is calculated from national data, in line with national priorities, and informs the allocation of budgets to provinces.
2. **Geographic and community level targeting** – the identification of communities for *in situ* (on site) upgrading or new areas for housing by assessing the housing need, relative urgency, political imperative and broader development objectives.
3. **Screening of individual applicants** – applicants must meet all six of the following criteria:
 - **Citizenship** or permanent resident status in South Africa;
 - **Legal competence**, i.e. over 21 years or married/divorced and of sound mind;
 - **Dependants**: either a spouse or in a permanent relationship (cohabiting), and/or have one or more proven financial dependants;
 - **Income**: combined monthly income of R3,500 for the full subsidy;²
 - **No previous housing or land subsidies** received; and
 - **First-time property owner**.

What are the consequences of community level targeting?

In terms of the individual criteria, millions of poor people are eligible for a housing subsidy. At policy level there is a range of types of housing subsidies to choose from. But in practice there is not much choice: the focus of housing delivery has been largely on the development of subsidised housing in urban areas. The delivery has been achieved mainly through what is called the "project-linked" housing subsidy.

While the policy provides for individual housing subsidies, these account for only 6.5% of all the subsidies granted in more than 10 years of operation, and have been hampered by shortage of land and housing stock, long waiting lists and mismanagement. Other housing subsidy types that may be increasingly used are the institutional subsidy (used for some forms of rental housing and, in some cases, to provide accommodation for child-headed households) and the rural subsidy, which received specific mention in the "Breaking New Ground" policy, released by the Department of Housing in 2004.

According to the department's web site, project-linked housing subsidies account for 72% of the housing subsidies granted between 1994 and 2006. Discussion on the implementation issues below is therefore limited to project-linked subsidies. These implementation issues are mainly drawn from the research on the *Means to Live* urban site in an area of Khayelitsha in the Western Cape.³

Scale and rate of delivery

The project-linked housing subsidy is particularly effective in enabling the development of many housing units within a relatively short time. The economy of scale suits construction companies, which are often contracted by municipalities to undertake housing development. However, there are downsides to this pace and scale of delivery.

Lack of integrated planning

Housing policy stresses the need for inter-departmental planning and collaboration, which is necessary for the development of viable neighbourhoods. The urban subsidy development that formed part of the *Means to Live* site is one of the presidential development nodes intended as models for integrated planning.

² At the time of the *Means to Live* policy reviews, the income threshold was still set at R3,500 for a partial housing subsidy, and R1,500 for the full subsidy. Subsequent policy changes increased the income threshold so that all applicants with incomes under R3,500 were eligible for the full subsidy.

³ The full *Means to Live* report includes discussion of other types of subsidies found in the research sites.

However, subsidy beneficiaries at Kuyasa talked of being moved to a “desert” with no facilities, resources or meeting places. One clinic had been built on the perimeter, and some subsidy houses had been converted to spazas (informal shops). Less than two years after the construction of formal houses, children in the area were at risk of abuse and there had been multiple rapes. Caregivers felt this was partly because of the lack of public space that would encourage neighbourliness.

Individual and collective agency reduced

While individual households may qualify for a subsidy, whether or not they can access one is largely dependent on where they live. Those most likely to receive housing through the scheme are those who are part of a community that has been identified for upgrading or relocation. While the project-linked subsidy can in theory be accessed by communities through the People's Housing Process, in reality housing construction has tended to be undertaken by private developers with little scope for real participation.

Justification for substandard temporary arrangements

The housing policy prioritises the eradication or upgrading of informal settlements. In the meantime, poor services are justified by the fact that future upgrading or development is planned. An example of this is Nkanini in the urban site, where residents have endured inadequate service provision for years. In the rural site, housing beneficiaries are still waiting for services more than a year after houses were built.

Unwanted removals

Another downside of area-based targeting is that, if the intention is not to upgrade housing *in situ*, it may result in the removal of households and the dismantling of communities.

Fast-tracking can be disempowering

In a spatially targeted scheme, identified households are fast-tracked through the application process, sometimes with little understanding of what the process and its consequences are. Stories from the *Means to Live* suggest that beneficiaries had no control over where they were going to live and little discretion in how to deploy the once-off subsidy to which they were entitled.

Child mobility not always considered in planning

Qualitative evidence suggests that many rural children live with their grandmothers while their parents live in the cities where they work or try to find work. Some grandmothers in the *Means to Live* rural site described their adult children's urban homes as being temporary and inappropriate environments for children.

This has two big implications for children. Firstly, the individual screening requirement for proven dependants has been interpreted in at least one province to mean that the dependant should be living with the applicant at the time of application. As a result, single mothers who do not have adequate housing and who live away from their children cannot qualify for a housing subsidy. One way around this is to bring children to the city to prove they are dependants while risking the poor living environment and long delays with uncertain outcome for a housing subsidy.

Secondly, household sizes may increase if children and other family members join the household once houses have been built. Although lack of housing is not the only thing that keeps children apart from their mothers, the subsidy scheme may enable the reunification of children with their parents in urban areas. This in turn requires the necessary plans and resources to provide growing child populations with sufficient schools, clinics and places to play safely.

What are the project-linked subsidy housing developments like?

Even without accounting for child mobility, to what extent do the new housing developments take children and family life into consideration? Complaints of small and sub-standard houses have been well documented over the years. The assumption is that households are not only static but also model the nuclear family – which is often inconsistent with South African realities.

Despite mechanisms introduced by the Department of Housing to guarantee the quality of workmanship, there is often a trade-off between scale of construction and quality of housing. It was clear that many houses in the research sites were not adequately built. In both the urban and rural housing developments, some houses had cracks or leaks within the first year of being built, and some had collapsed entirely. In one case, a single mother was hospitalised and partially lost the use of her arm after the zinc roof of her

subsidy house blew off. Implementation of the rural subsidy in the rural site did not bring with it the promised services; so beneficiaries were left with a cement block house but no water or sanitation.

The Department of Housing has stressed on a number of occasions that the intention of the HSS is to provide beneficiaries with a starter home, a core dwelling that can be renovated and extended, or alternatively a tradable asset that they can use to trade up. In the context of stagnant property markets and low resale value in low income areas, however, trading up is not a feasible option for most, and so it is necessary to extend the house to accommodate families. In the *Means to Live* urban site of Kuyasa (and many other housing developments), the plots are so small that there is not much room for expansion.

What are the conclusions?

The Housing Subsidy Scheme has mainly catered for houses in urban areas through the project-linked subsidy scheme that identifies communities or areas for upgrading or development. This area-based targeting can result in unwanted removals, limiting of individual agency within the process, suburbs of houses without any services. Further, it does not always take child urbanisation into consideration in its planning.

Despite the huge achievements of the HSS in delivering houses to poor people, it has not managed to reduce the housing backlog – if anything, the rate of the growing housing need has outstripped the pace of delivery. This is particularly important as access to water and other basic services is closely tied to housing type.

The Free Basic Water policy has reached more of the non-poor than the poor because the poor are less likely to have access to water services in the first place. As the implementation of the policy relies on municipalities, the poorer and weaker municipalities are less able – both administratively and financially – to implement the policy as effectively as wealthier, better-resourced municipalities.

SOURCES

Bradshaw D, Bourne D & Nannan N (2003) *What are the leading causes of death among South African children?* Medical Research Council Policy Brief 3: December 2003. Viewed at: www.mrc.ac.za/policybriefs/childmortality.pdf.

Department of Local Government and Housing, Western Cape (2005) *Five-year Strategic and Performance Plan 2005 – 2009*. Cape Town: WC Department of Local Government and Housing.

Department of Water Affairs and Forestry (2003) *Strategic Framework for Water Services – Water is Life, Sanitation is Dignity*. Pretoria: DWAF.

Hall K (2005) *Accommodating the Poor? A review of the Housing Subsidy Scheme and its implications for children living in poverty*. In: Leatt A & Rosa S (eds) *Towards a Means to Live: Targeting poverty alleviation to make children's rights real*. Cape Town: Children's Institute, UCT. [CD-ROM]

Hall K, Leatt A & Rosa S (forthcoming) *The Means to Live: Targeting poverty alleviation to realise children's rights*. Cape Town: Children's Institute, UCT.

Mosdell T & Leatt A (2005) *On Tap: A review of the Free Basic Water policy*. In: Leatt A & Rosa S (eds) *Towards a Means to Live: Targeting poverty alleviation to make children's rights real*. Cape Town: Children's Institute, UCT. [CD-ROM]

National Department of Housing (2004) *Breaking New Ground: A Comprehensive Plan for the Development of Sustainable Human Settlements*. Pretoria: Department of Housing.

National Department of Housing (2006) *Housing Code*. Viewed at: www.housing.gov.za.

National Department of Housing (2006) *Housing statistics as at June 2006*. Viewed December 2006 at: www.housing.gov.za.

Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.



PART THREE

Children Count – The numbers



Introducing Children Count – *Abantwana Babalulekile*

Annie Leatt and Lizette Berry (Children's Institute)



According to the South African Constitution, everyone in South Africa has a right to adequate housing, health care services, sufficient food and water, social security and basic education. Children are specifically mentioned, and 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 are government and civil society doing in realising these rights for all children?*

The only way to answer that question is by monitoring the situation of children. Most data about the social and economic situation of people living in South Africa does not focus on children, but instead counts people, families or households. This is standard for national data collected by central statistics organs, such as Statistics South Africa. But it is of limited use for those interested in children's rights and well-being. Data is needed that specifically depicts the situation of children in South Africa, which can be used as a tool for measuring the realisation of their rights.

Child-centred data

In 2005, the Children's Institute launched a project called *Children Count – Abantwana Babalulekile* (isiXhosa for 'children are important'). The project presents child-centred data on basic demographics and care arrangements for children, as well as on many of the areas covered under socio-economic rights. It draws on the most recent national survey data and on administrative data from relevant government departments, as well as other credible data sources. There is still a lot of information that is not available, but we hope that this project is a good start towards monitoring the situation of children in South Africa and the realisation of their socio-economic rights.

Whenever new data is released, it is made available on the *Children Count – Abantwana Babalulekile* web site at: www.childrencount.ci.org.za. As this project continues and new data is included with the release of national surveys and other data sources, it will be possible to track changes in the conditions of children and their access to services

over time. This year, a second year of data extracted from the *General Household Survey 2005* was added. Therefore, two years' data is presented (2004 and 2005) for most of the indicators included in this publication. Caution must be applied however in comparing 2004 with 2005 because confidence intervals¹ for this data are not available.

The indicators in this *South African Child Gauge* are a sub-set of the *Children Count – Abantwana Babalulekile* indicators on demographics and socio-economic rights. The tables on the subsequent pages give basic information about care, health status, housing, water and basic services, social security, and education. Each table is accompanied by commentary that provides some context and gives a brief interpretation of the data. The data is presented for all children in South Africa where possible, and by province. More detailed information and a wider range of data – disaggregated by age, sex and race – and accompanying web links, documents and interpretation are available on the *Children Count – Abantwana Babalulekile* web site.

Data sources

A number of data sources have been used by this project. Some are administrative databases used by government departments to monitor the services they deliver. The administrative sources that have been used are from the Departments of Health, Education, and Social Development. 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 that are presented are unique to the project, and have been developed by using the *General Household Survey* conducted by Statistics South Africa. These data sets were analysed for the project by Debbie Budlender of the Centre for Actuarial Research at the University of Cape Town. Technical notes and definitions for all the indicators can be found on pages 83 – 86, while information about data sources are displayed on pages 86 – 87.

The theme of this *South African Child Gauge* is children and poverty. The multi-dimensional nature of poverty as it exists in South Africa, and its particular impact on children's access to services, care arrangements, and health status, is evident throughout many of the indicators and rights areas presented in this *Children Count – Abantwana Babalulekile* section.

Demography of South Africa's children (pages 67 – 69)

The section on demography provides a useful profile of South Africa's child population. In this section, and this publication as a whole, the population is referred to in the racial terms still customary in South Africa, i.e. 'coloured', 'Indian', 'African' and 'white'. These terms are used for the purposes of measuring and monitoring inequalities that still exist.

The demography section also details the number and distribution of children living in the country, as well as the number of orphans and children living in child-headed households in South Africa. Although many adult deaths – especially of men – are a result of violence, increases in the number of orphans can be understood in the context of the burgeoning HIV/AIDS pandemic. The same explanation applies to the prevalence of child-headed households, though the proportion of children living in these circumstances is small, and such households are often temporary.

Furthermore, the majority of children in South Africa experience severe poverty. Some 66% of children are living in income poverty, which is defined here as children living in households that have less than R1,200 per month to spend on the needs of all their members.

Children's access to social assistance (page 70 – 71)

The impact of the HIV/AIDS pandemic has made many children more vulnerable and in need of extra care and support – in particular financial support. One way in which the South African government is responding to the needs of children and families is by making social assistance, in the form of cash grants, available. There are three social grants for children, namely the Child Support Grant (CSG), the Care Dependency Grant (CDG), and the Foster Child Grant (FCG).

The CSG is the primary poverty alleviation mechanism for children. To date, some 84% of eligible children are accessing the grant, although a number of children eligible to receive the grant have yet to gain access.

The CDG is available to children with special care needs. It is aimed at children with severe disabilities. In July 2006, over 92,000 children were receiving the CDG.

The FCG is available to parents who look after a child who has been removed from his or her original family and placed

¹ A confidence interval is a statistical term that gives a level of confidence in the accuracy of the data.

in their care by an order of the court. This grant is increasingly being used to provide financial support to children who have been orphaned because of the HIV/AIDS pandemic or other causes. In July 2006, over 350,000 children were receiving a FCG.

These grants assist very poor households to meet the basic needs of their members and contribute towards living expenses. However, many children and families cannot access these grants due to eligibility criteria and administrative requirements.

Children's access to education (pages 72 – 73)

Education is critical for children's development and for employment opportunities later in life. It is encouraging that high attendance rates at educational facilities were reported in the *General Household Survey 2004* and 2005. However, these figures do not indicate the regularity of children's school attendance. The increase in the learner-to-educator ratio at public schools over the past few years is concerning. Furthermore, many children are travelling long distances or walking for a long time to get to schools – close to one-third (32%) of children of secondary school-age attend schools situated far from their homes.

Child health – the general context and HIV/AIDS (pages 74 – 77)

The health sections present data that shows that South Africa has a high child mortality (death) rate. This reflects the poor socio-economic conditions that children live in, issues related to women's access to antenatal, obstetric, and post-natal care and increasingly the impact of HIV/AIDS. Fifty-nine babies out of every 1,000 born alive die within a year of their birth, and 95 children out of every 1,000 born alive die before they turn five years old. Of those who do not live to their fifth birthday, 40% die as a direct consequence of HIV/AIDS. In the 0 – 5-year age group, 3.6% of children are estimated to be HIV positive in 2006, and some 360,000 children under the age of 18 years are estimated to be living with HIV infection. Estimates from the ASSA model further depict that nearly one-third (30%) of new cases of children who required antiretroviral treatment in 2005 were able to access treatment. Although access to treatment for children seems to be increasing at a rapid rate, much effort is still required to ensure that all children who need treatment are indeed receiving it.

Children's access to water, sanitation and electricity (pages 78 – 79)

There are numerous health and safety risks associated with poor access to water, sanitation and electricity as well as implications for the environment and issues around child labour in collecting water and fire wood. While the data shows that there has been improved access to water, sanitation and electricity in some areas, there are still millions of children without these basic services. In the Eastern Cape province alone, over two million children live without basic sanitation and water on site.

Children's access to housing (pages 80 – 82)

Housing has important implications for children's overall health, safety, privacy and personal space, and has bearing on their access to services. More than 4.8 million children live in overcrowded houses and approximately 2.7 million live in informal dwellings and backyard shacks on the periphery of cities and towns. In addition, more than half of South Africa's children (54%) live in rural areas. A strong racial bias is evident, as only 60% of all African children live in formal housing, while 98% of all white children live in formal housing.

In conclusion

A striking feature in many of these indicators is the great disparities between the provinces. The poorer children live in the poorer and more rural provinces, which face a historical backlog of under-development and consequently struggle with adequate service provisioning in terms of clinics, schools, housing and basic services. Furthermore, in nearly every indicator, the racist legacy of apartheid is evident in the heavy burdens of poverty and inequitable access to assets and resources by the majority of African children.

The *Children Count – Abantwana Babalulekile* data and this publication provide benchmarks against which improvements in children's living conditions can be monitored and serve as useful resources for those tasked with developing policy, laws and programmes that shape the lives of children in South Africa.

Demography of South Africa's children

Helen Meintjes, Annie Leatt and Lizette Berry (Children's Institute)

The United Nations General Guidelines for Periodic Reports on the Convention on the Rights of the Child, paragraph 7, says that reports made by States should be accompanied by "... detailed statistical information ... Quantitative information should indicate variations between various areas of the country ... and between groups of children ...".

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN SOUTH AFRICA

In 2005, there were over 18 million children in South Africa. Children constitute just over one-third (39%) of the country's population. Most children are living in either KwaZulu-Natal (21%) or the Eastern Cape (17%) provinces. A further 15% live in Gauteng and 14% in Limpopo provinces. Girl and boy populations are almost equal. Of all children, 39% are currently aged between six and 12 years old, while one-

third (33%) of all children are younger than six. These gender and age patterns apply nationally, as well as provincially. In presenting a demographic profile of South Africa's children, a breakdown by population group has been included although such breakdowns are only really useful when monitoring the extent to which inequalities still prevail. (For more details about this indicator refer to page 83.)

TABLE 1a: The number and proportion of children living in South Africa in 2004 and 2005, by province

Province	2004		2005	
	Number	%	Number	%
Eastern Cape	3,215,848	18	3,137,425	17
Free State	1,063,842	6	1,114,138	6
Gauteng	2,641,734	15	2,656,467	15
KwaZulu-Natal	3,792,376	21	3,841,255	21
Limpopo	2,615,605	15	2,614,998	14
Mpumalanga	1,307,862	7	1,351,142	7
Northern Cape	337,193	2	337,494	2
North West	1,488,648	8	1,461,484	8
Western Cape	1,558,710	9	1,572,127	9
South Africa	18,021,815	100	18,086,530	100

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 1c: The number and proportion of children living in South Africa in 2004 and 2005, by age

Age	2004		2005	
	Number	%	Number	%
0 – 5 years	5,949,840	33	6,047,373	33
6 – 12 years	7,124,436	40	6,998,372	39
13 – 17 years	4,947,539	27	5,040,785	28
South Africa	18,021,815	100	18,086,530	100

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 1b: The number and proportion of children living in South Africa in 2004 and 2005, by population group*

Population Group	2004		2005	
	Number	%	Number	%
African	15,070,504	84	15,171,869	84
Coloured	1,533,496	9	1,520,850	8
Indian	310,162	2	345,712	2
White	1,098,909	6	1,037,661	6
South Africa	18,013,071	100	18,076,092	100

* 'Other' and 'unspecified' categories have been excluded, therefore totals are not the same as in Tables 1a and 1c.

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 1d: The number and proportion of children living in South Africa in 2004 and 2005, by sex*

Sex	2004		2005	
	Number	%	Number	%
Female	8,525,502	47	8,595,335	48
Male	9,495,370	53	9,487,940	52
South Africa	18,020,872	100	18,083,275	100

* 'Unspecified' category has been excluded, therefore totals are not the same as in Tables 1a and 1c.

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

THE NUMBER AND PROPORTION OF ORPHANS LIVING IN SOUTH AFRICA

The *General Household Survey* indicates that, in South Africa in 2005, there were approximately 3.4 million orphans. This is equal to 18.6% of all children in South Africa at the time. The term 'orphan' includes children whose mother, father or both parents is/are dead (or whose living status was unknown). Half of all orphans were found to be resident in two provinces: 864,643 (23%) in KwaZulu-Natal; and a further 796,525 (25%) in the Eastern Cape.

The survey also suggests that there was an increase in the absolute number of double orphans between 2004 and 2005 to a total of 626,362 children, and a slight decrease in the absolute number of maternal and paternal orphans. However, the available data does not allow for the calculation of confidence intervals and, although the trends are unsurprising, they should be interpreted with caution. Despite the increase in the number of double

orphans, there is no apparent change in the proportion of maternal, paternal and double orphans relative to each other.

It is important to note that the death of one parent can have different implications for children to the death of both parents, as can the death of a mother relative to the death of a father. Research suggests that the absence of a mother in particular may have greater impact on children than the absence of a father (Case & Ardington 2004). The survey indicates that, in 2005, 12% of all children had lost only their father, whereas 3% of all children had lost only their mother. A further 3% of all children were documented to be 'double orphans', having lost both biological parents. The majority of all orphans in South Africa in 2005 – 12% – were paternal orphans, having lost only their biological father. (For more details on this indicator refer to page 83.)

TABLE 2a: The number and proportion of maternal orphans living in South Africa in 2004 and 2005

Province	2004		2005	
	Maternal orphans Number	%	Maternal orphans Number	%
Eastern Cape	97,878	3	118,254	4
Free State	40,938	4	38,867	3
Gauteng	62,319	2	40,746	2
KwaZulu-Natal	165,125	4	137,379	4
Limpopo	47,016	2	66,404	3
Mpumalanga	45,853	4	39,558	3
Northern Cape	9,556	3	9,720	3
North West	37,588	3	41,373	3
Western Cape	27,473	2	20,686	1
South Africa	533,746	3	512,987	3

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 2b: The number and proportion of paternal orphans living in South Africa in 2004 and 2005

Province	2004		2005	
	Paternal orphans Number	%	Paternal orphans Number	%
Eastern Cape	516,778	16	561,361	18
Free State	121,996	11	161,261	14
Gauteng	262,623	10	195,376	7
KwaZulu-Natal	515,584	14	527,641	14
Limpopo	304,330	12	307,974	12
Mpumalanga	145,875	11	170,440	13
Northern Cape	33,595	10	26,925	8
North West	213,956	14	171,914	12
Western Cape	125,171	8	98,264	6
South Africa	2,239,908	12	2,221,156	12

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 2c: The number and proportion of double orphans living in South Africa in 2004 and 2005

Province	2004		2005	
	Double orphans Number	%	Double orphans Number	%
Eastern Cape	101,057	3	116,909	4
Free State	42,628	4	66,722	6
Gauteng	47,231	2	64,475	2
KwaZulu-Natal	147,046	4	199,623	5
Limpopo	56,042	2	55,274	2
Mpumalanga	37,904	3	37,395	3
Northern Cape	8,593	3	7,514	2
North West	58,281	4	60,732	4
Western Cape	13,902	1	17,718	1
South Africa	512,684	3	626,362	3

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 2d: The total number and proportion of orphans living in South Africa in 2004 and 2005

Province	2004		2005	
	Total orphans Number	%	Total orphans Number	%
Eastern Cape	715,712	22	796,525	25
Free State	205,562	19	266,850	24
Gauteng	372,173	14	300,598	11
KwaZulu-Natal	827,754	22	864,643	23
Limpopo	407,389	16	429,652	16
Mpumalanga	229,631	18	247,393	18
Northern Cape	51,744	15	44,159	13
North West	309,825	21	274,018	19
Western Cape	166,546	11	136,667	9
South Africa	3,286,336	18	3,360,505	19

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004; General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

SOURCES

- Case A & Ardington C (2004) *The impact of parental death on school enrollment and achievement: longitudinal evidence from South Africa*. Cape Town: Centre for Social Science Research Working Paper No. 97, University of Cape Town.
- Committee on the Rights of the Child (1996) *General Guidelines for Periodic Reports: 20/11/96. CRC/C/58. Convention on the Rights of the Child*. Geneva: Office of the United Nations High Commissioner for Human Rights.
- Hill C, Ardington C & Hosegood V (2005) *Who is looking after children in the era of HIV and AIDS?* Presented at the South African AIDS Conference, Durban, 6 – 8 June 2005. [Poster]
- Meintjes H & Giese S (2004) Spinning the epidemic: the making of mythologies of orphanhood. *Childhood: A global journal of child research*, 13(3), 407–430.
- Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.
- Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN CHILD-HEADED HOUSEHOLDS IN SOUTH AFRICA

There is much concern that the number of children living in child-headed households will increase rapidly due to the HIV/AIDS pandemic. While there is currently little evidence to support this notion, and it seems that many such households exist only temporarily (Meintjes & Giese 2004; Hill, Ardington & Hosegood 2005), it is nonetheless crucial to monitor their prevalence and nature.

The *General Household Survey 2005* enables an analysis of child-headed households but the findings must be treated with extreme caution because of the small sub-sample size, and the absence of confidence intervals. The survey suggests that there

were 118,564 children living in 66,556 child-headed households in July 2005. The proportion of children in child-headed households relative to those living in adult-headed households is small: 0.7% of children were found to be living in child-headed households. Over three-quarters of children living in child-headed households were 11 years and older. Three-quarters (75%) of all children living in child-headed households were located in only three provinces at the time of the survey: Limpopo (39%) the Eastern Cape (23%), and KwaZulu-Natal (13%). (For more details on this indicator refer to page 83.)

TABLE 3: The number and proportion of children living in child-headed households in South Africa in 2004 and 2005

Province	2004		2005	
	Child-headed households Number of children	%	Child-headed households Number of children	%
Eastern Cape	28,718	0.9	27,280	0.9
Free State	3,773	0.4	5,306	0.2
Gauteng	1,850	0.1	4,590	0.2
KwaZulu-Natal	11,044	0.3	15,152	0.4
Limpopo	36,438	1.4	45,795	1.8
Mpumalanga	7,197	0.6	5,945	0.4
Northern Cape	14,680	1.0	9,156	0.6
North West	98	0.0	474	0.1
Western Cape	626	0.0	1,580	0.1
South Africa	104,423	0.6	118,564	0.7

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004*; *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN INCOME POVERTY IN SOUTH AFRICA

Income poverty levels are important because they indicate how many children may not be able to have their basic needs met. As money is needed to access a range of services, income poverty is often closely related to poor health, reduced access to education, and physical environments that compromise personal safety.

Child poverty in South Africa is exceedingly high. In 2005, two-thirds (11.9 million) of children in South Africa lived in households that had an income of R1,200 per month or less.

This measure includes all sources of income, including social grants. Rates of child poverty differ across the country. Limpopo province has the highest rate of child poverty – 83% in 2005. The Eastern Cape province follows closely at 80%. KwaZulu-Natal, Mpumalanga, and the North West provinces have higher rates of child poverty than the national average. Nearly all poor children (95%) in South Africa are African. (For more details about this indicator refer to page 83.)

TABLE 4: The number and proportion of children living in income poverty in South Africa in 2004 and 2005

Province	2004		2005	
	Poor children Number	%	Poor children Number	%
Eastern Cape	2,533,770	78.8	2,516,541	80.2
Free State	721,868	67.9	729,756	65.5
Gauteng	1,170,640	44.3	1,141,275	43.0
KwaZulu-Natal	2,623,460	69.2	2,651,938	69.0
Limpopo	2,118,486	81.0	2,169,415	83.0
Mpumalanga	910,900	69.6	938,461	69.5
Northern Cape	1,071,098	63.1	201,093	59.6
North West	212,735	72.0	1,056,026	72.3
Western Cape	542,192	34.8	567,235	36.1
South Africa	11,905,147	66.1	11,971,741	66.2

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004*; *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Children's access to social assistance¹

Annie Leatt, Helen Meintjes and Lizette Berry (Children's Institute)

The Constitution of South Africa, Section 27 (1) (c), says that "everyone has the right to have access to ... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance". The United Nations Convention on the Rights of the Child states that every child has the right to a standard of living adequate for his or her development (Article 27).

THE NUMBER AND PROPORTION OF ELIGIBLE CHILDREN (0 – 13 YEARS) RECEIVING THE CHILD SUPPORT GRANT (CSG) IN SOUTH AFRICA

The government is obliged to support children directly when their parents or caregivers are not able to support them adequately due to poverty. This is done primarily through social assistance programmes such as the CSG. The fundamental purpose of the right to social assistance is to ensure that persons living in poverty are able to access a minimum level of income sufficient to meet basic subsistence needs so that they do not live below minimum acceptable standards. The CSG is a cash grant to the value of R190 per month per child as of April 2006. In July 2006, the CSG went to over 7.4 million eligible children aged 0 – 13 years.

Using the *General Household Survey 2004*, Budlender calculated that some 8.8 million children are eligible for the CSG. This is 65% of all children under the age of 14 years (Budlender, Rosa & Hall 2005). Using this eligibility rate, it is estimated that 84% of all eligible children access Child Support Grants across the country. The extension to the age of 13 years began in April 2005 and between June 2005 and July 2006, over 1.5 million new children received the grant. By

these calculations, a little more than 1.4 million eligible children in 2006 had yet to access the financial support of the CSG.

In order to access the grant, children's caregivers make an application and pass an income test. Children are eligible for this grant if their primary caregiver and his/her spouse jointly have R800 per month or less in income and live in an urban area and formal house. Those who live in rural areas or informal housing in urban areas must earn R1,100 per month or less to qualify for this grant. There is substantial evidence that grants, including the CSG, are being spent on food, education and basic goods and services (Samson, Lee, Ndelebe, Mac Quene, Van Niekerk, Gandhi, Harigaya & Abrahams 2004). (For more details about this indicator refer to page 83.)

¹ Social assistance is made up of non-contributory social grants to adults and children, funded as part of the national social security budget. 'Non-contributory' means that grant recipients do not pay any monetary contributions toward the fund, as is the case with other social security schemes, such as social insurance.

TABLE 5: The number and proportion of eligible children (0 – 13 years) receiving the Child Support Grant in South Africa in June 2005 and July 2006

Province	June 2005		July 2006	
	Children receiving the CSG Number	Take-up rate %	Children receiving the CSG Number	Take-up rate %
Eastern Cape	1,078,442	67	1,413,830	87
Free State	361,318	71	417,076	82
Gauteng	723,432	72	862,346	86
KwaZulu-Natal	1,338,045	65	1,746,944	85
Limpopo	990,194	73	1,200,185	90
Mpumalanga	489,663	72	613,008	77
Northern Cape	101,728	65	121,332	89
North West	465,242	58	604,525	75
Western Cape	365,655	60	431,514	71
South Africa	5,913,719	67	7,410,760	84

Source: Department of Social Development (2005: 2006) *SOCPEN database*. Pretoria: Department of Social Development. Eligibility analysis by Debbie Budlender, Centre for Actuarial Research, UCT, using Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.

SOURCES

- Budlender D, Rosa S & Hall K (2005) *At all costs? Applying the means test for the Child Support Grant*. Cape Town: Children's Institute and the Centre for Actuarial Research, University of Cape Town.
- The Constitution of the Republic of South Africa. Act 108 of 1996.*
- Department of Social Development (2004) *SOCPEN database*. Pretoria: Department of Social Development.
- Department of Social Development (2005) *SOCPEN database*. Pretoria: Department of Social Development.
- Department of Social Development (2006) *SOCPEN database*. Pretoria: Department of Social Development.
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- Samson M, Lee U, Ndelebe A, Mac Quene, K, Van Niekerk I, Gandhi V, Harigaya T & Abrahams C (2004) *The Social and Economic Impact of South Africa's Social Security System*. Cape Town: Economic Policy Research Institute (EPRI).
- Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

THE NUMBER OF CHILDREN RECEIVING THE CARE DEPENDENCY GRANT (CDG) IN SOUTH AFRICA

Social assistance is available to children with special care needs in the form of a cash grant called the Care Dependency Grant. This grant is provided to caregivers of children with severe disabilities who require permanent care. The value of the grant was R820 per month from April 2006. Although the grant is targeted at children with severe disabilities, children with chronic illnesses are eligible for the grant once the illness becomes disabling. The grant can assist caregivers to care for children who are very sick with AIDS-related illnesses, for example.

It was not possible to develop a take-up rate of the CDG because there is little data on the number of children living with disability in South Africa, or on children who are severely disabled and in need of

full-time care. In July 2006, 92,853 children were receiving the CDG. This figure is up by 8% from 2005, when 85,698 children were receiving the grant.

The provincial figures also indicate interesting trends in the numbers of children receiving the CDG. The Limpopo province shows a slight increase between 2004 and 2005, and – surprisingly – decreases by more than half in 2006. Equally surprising, the Northern Cape province shows a huge increase between 2005 and 2006, with the 2006 figure being five times more than the previous year. The reasons for these unexpected trends are unclear, but may be influenced by lack of understanding regarding the eligibility criteria. (For more details about this indicator refer to page 84.)

TABLE 6: The number of children receiving the Care Dependency Grant in South Africa between June 2004 and July 2006

Province	June 2004	June 2005	July 2006
Eastern Cape	18,246	19,925	20,367
Free State	3,210	3,401	3,679
Gauteng	10,522	11,468	12,140
KwaZulu-Natal	20,510	20,994	24,098
Limpopo	8,844	9,609	4,532
Mpumalanga	4,188	4,273	2,582
Northern Cape	1,853	2,186	10,553
North West	6,424	6,961	7,791
Western Cape	6,290	6,881	7,111
South Africa	80,087	85,698	92,853

Source: Department of Social Development (2004; 2005; 2006) SOCPEN database. Pretoria: Department of Social Development.

THE NUMBER OF CHILDREN RECEIVING THE FOSTER CHILD GRANT (FCG) IN SOUTH AFRICA

The Foster Child Grant is available to foster parents who have a child placed in their care by an order of the court. The grant was initially intended as financial support for children removed from their families of origin and placed in foster care for protection against situations of abuse or neglect. However, it is increasingly being used to provide financial support to children whose parents have died. The FCG is a cash grant to the value of R590 per child per month as of April 2006.

At the end of July 2006, over 351,000 children from birth to the age of 18 years were receiving a FCG. This is nearly 80,000 more children than in June 2005 – a 29% increase. Take-up of the FCG varies substantially between provinces. The Northern Cape province shows a massive increase between 2005 and 2006 in the number

of children receiving the grant, with the number of recipients in 2006 almost three times more than in 2005. Similarly, 24,069 more children are receiving the grant in KwaZulu-Natal in 2006 than in 2005 – a 42% increase. The Limpopo province is the only province to show a decline of 7,363 in the number of children receiving the FCG between 2005 and 2006.

It is not possible to calculate a take-up rate for the FCG. However, when comparing the 351,702 children receiving the grant with, for example, only the double orphan figures, it is clear that only a small proportion of children who, under current policy would be eligible for the grant on the basis of their orphan status alone, are receiving the FCG. (For more details about this indicator refer to page 84.)

TABLE 7: The number of children receiving the Foster Child Grant in South Africa between June 2004 and July 2006

Province	June 2004	June 2005	July 2006
Eastern Cape	39,772	53,383	68,197
Free State	25,140	33,653	40,712
Gauteng	28,281	34,647	40,576
KwaZulu-Natal	49,462	57,351	81,420
Limpopo	18,718	25,615	18,252
Mpumalanga	7,642	12,662	11,462
Northern Cape	8,693	9,480	36,020
North West	14,154	19,000	27,737
Western Cape	23,903	26,026	27,326
South Africa	215,765	271,817	351,702

Source: Department of Social Development (2004; 2005; 2006) SOCPEN database. Pretoria: Department of Social Development.

Children's access to education

Lizette Berry and Norma Rudolph (Children's Institute)

Section 29 (1) (a) of the South African Constitution states that "everyone has the right to a basic education". Article 28 of the United Nations Convention on the Rights of the Child also obliges the State to "make primary education compulsory and available free to all".



THE NUMBER AND PROPORTION OF CHILDREN (AGED 7 – 17 YEARS) ATTENDING AN EDUCATIONAL INSTITUTION IN SOUTH AFRICA

Education is a critical socio-economic right that provides the foundation for children's life-long learning and work opportunities. At a national level, the high proportion (96%) of children of school-going age (7 – 17 years) attending some form of school or educational facility in 2005 is extremely positive. Unfortunately, this figure does not tell us about the regularity of children's school attendance.

At a provincial level, three provinces have attendance rates that are slightly lower than the national average: the Northern Cape, North West, and Western Cape each have rates of 95%. There appears to be very little variation in the provincial attendance rates between 2004 and 2005 – however, differences between the two years' data should be viewed with caution as confidence intervals¹ for the data are not available.

In July 2005, 10.6 million children (96%) of school-going age were reported to be attending an educational facility. Of the 417,705 children of school-going age who were not attending an educational

facility at the time of the *General Household Survey 2005*, the majority (74%) were children aged 13 – 17 years. Nearly half (44%) of the children who were out of school at the time of the survey lived in the Eastern Cape and KwaZulu-Natal provinces. Based on these figures, the large number of children of both primary and secondary school-age who appear to be out of school is very concerning.

It is encouraging to note that 1.3 million children (10%) younger than six years of age were attending some form of educational facility in 2005, of which nearly 1.2 million children were in the 3 – 5-year age group. This constitutes more than one-third (39%) of children aged 3 – 5 years. Given the importance of early childhood development, access to appropriate resources and facilities to enable caregivers to stimulate their children's development from an early age is essential. (For more details about this indicator refer to page 84.)

¹ A confidence interval is a statistical term that gives a level of confidence in the accuracy of the data.

TABLE 8: The number and proportion of children (7 – 17 years) attending an educational facility in South Africa, by province

Province	2004		2005	
	Number	%	Number	%
Eastern Cape	1,910,252	94.9	1,916,531	95.6
Free State	609,839	95.8	643,289	96.6
Gauteng	1,523,850	97.9	1,462,991	97.0
KwaZulu-Natal	2,277,356	95.6	2,324,628	96.0
Limpopo	1,656,163	98.0	1,627,458	97.8
Mpumalanga	778,961	97.4	793,600	96.9
Northern Cape	176,497	93.7	195,262	95.2
North West	876,120	96.0	822,961	94.7
Western Cape	907,255	94.9	890,380	94.7
South Africa	10,716,294	96.3	10,677,100	96.2

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004*. *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

THE LEARNER-TO-EDUCATOR RATIO FOR CHILDREN ENROLLED IN PUBLIC SCHOOLS IN SOUTH AFRICA

Educators are key resources in the learning process. The number of children per educator in a classroom setting contributes directly to the individual attention an educator is able to give each child. In the context of HIV/AIDS, it is necessary for educators to be in touch with individual children's circumstances and to offer care and support to children in need of assistance. This becomes increasingly difficult if an educator has large numbers of children to attend to. In addition, high rates of educator absence in the context of HIV/AIDS exacerbate the situation.

South Africa has seen a slight increase in the learner-to-educator ratio for public schools between 2000 and 2004 (Department of Education 2005). As can be expected, there are huge differences in the learner-to-educator ratio between public and independent schools. The ratio also tends to be higher in primary schools than in secondary schools. While the national learner-to-educator ratio (34.5) is considerably high, four provinces – KwaZulu-Natal, Limpopo, Mpumalanga and Western Cape – have higher ratios than the national average. (For more details about this indicator refer to page 84.)

TABLE 9: The learner-to-educator ratio for children enrolled in public schools in South Africa in 2004

Province	2004
	Ratio
Eastern Cape	33.6
Free State	30.2
Gauteng	34.2
KwaZulu-Natal	36.3
Limpopo	35.6
Mpumalanga	35.7
Northern Cape	34.0
North West	30.0
Western Cape	37.7
South Africa	34.5

Source: Department of Education (2005) *Education statistics in South Africa at a glance in 2004*. Pretoria: Department of Education.

THE NUMBER AND PROPORTION OF CHILDREN RELATIVE TO THE DISTANCE TRAVELLED TO SCHOOL IN SOUTH AFRICA

The location of a child's school in relation to his or her home can pose a barrier to accessing education. In addition to distance travelled, availability of transport, safety in the community and environmental barriers should also be considered. Young children are most vulnerable and in danger of falling victim to foul play if travelling to school by themselves. Children who travel far distances are also likely to be physically tired from their long journey to school, which impacts negatively on their ability to learn.

According to an analysis of the *General Household Survey 2005*, of the 6.9 million children of primary school-age living in South Africa, 1.3 million attended schools that are far from their homes, i.e. more

than 30 minutes travelling time. The majority of these children live in the KwaZulu-Natal (30%) and the North West (26%) provinces. Slightly more than five million children in South Africa are of secondary school-age. Close to one-third of these children (32%) attend schools that are situated far from their homes.

On the whole, one-quarter (25%) of South African school-aged children travelled far distances to reach their schools in 2005. Of the nine provinces, the Eastern Cape (34%), KwaZulu-Natal (34%), North West (30%), and Mpumalanga (25%) provinces have one-quarter or more of their children attending far-away schools. (For more details about this indicator refer to page 84.)

TABLE 10a: The number and proportion of children relative to the distance travelled to primary school in South Africa in 2004 and 2005

Province	2004		2005	
	Primary school is far from home		Primary school is far from home	
	Number	%	Number	%
Eastern Cape	294,047	22	295,102	24
Free State	57,121	14	58,343	14
Gauteng	97,073	10	111,303	12
KwaZulu-Natal	458,942	30	464,891	30
Limpopo	190,542	18	157,204	15
Mpumalanga	117,235	24	100,357	19
Northern Cape	19,350	16	14,870	12
North West	118,851	20	135,848	26
Western Cape	43,579	7	28,872	5
South Africa	1,396,740	20	1,366,791	20

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004*. *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

TABLE 10b: The number and proportion of children relative to the distance travelled to secondary school in South Africa in 2004 and 2005

Province	2004		2005	
	Secondary school is far from home		Secondary school is far from home	
	Number	%	Number	%
Eastern Cape	422,408	49	450,307	49
Free State	72,755	25	59,708	19
Gauteng	101,301	14	105,567	15
KwaZulu-Natal	444,882	41	427,329	40
Limpopo	255,826	33	255,135	35
Mpumalanga	134,362	37	125,392	35
Northern Cape	22,119	27	18,770	20
North West	130,539	33	148,949	36
Western Cape	53,343	13	39,575	9
South Africa	1,637,535	33	1,630,732	32

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004*. *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

SOURCES

- *The Constitution of the Republic of South Africa. Act 108 of 1996.*
- Department of Education (2005) *Education statistics in South Africa at a glance in 2004*. Pretoria: Department of Education.
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.
- Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

Child health: The general context

Kashifa Abrahams, Lizette Berry (Children's Institute) and Michael Hendricks (Child Health Unit, University of Cape Town)

Section 27 of the Constitution of South Africa guarantees everyone's right to have access to health care services. In addition, Section 28 (1) (c) gives children "the right to basic nutrition ... basic health care services ...". The United Nations Convention on the Rights of the Child says that State Parties should recognise "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" (Article 24).

THE INFANT MORTALITY RATE AND UNDER-FIVE MORTALITY RATE IN SOUTH AFRICA

The number of child deaths in South Africa remains unacceptably high and most of these deaths are preventable. Based on credible data sources available, there are indications that child mortality rates in South Africa continue to increase. One of the critical factors influencing the child mortality rates is the HIV/AIDS pandemic. Key scientists in the field of child mortality have noted at a recent roundtable particular concerns about a surge in post-neonatal deaths – deaths of babies older than one month (Abrahams 2006). The findings indicate that early and post-neonatal death rates are driving the infant mortality rate (IMR), which in turn is driving the under-five mortality rate (U5MR). The main cause of these deaths is HIV/AIDS.

In reflecting on the country's performance on child survival, it is evident that during the early 1990s, South Africa's previous downward trend in child mortality was reversed, meaning that more children younger than five years of age were dying. The 1998 *Demographic and Health Survey* (DHS) yielded reliable estimates on infant and child mortality. The data indicated an increase in child mortality, and this finding was supported by 1996 Census data.

The overall child mortality trend is supported by findings from the Arguin-Court and Hlabisa Demographic and Health Survey sites – these surveillance sites reported an increase in the under-five mortality rate. National modelled projections support these findings, as does the South African Medical Research Council's Under-5 healthcare Perinatal Problem Identification Programme (U5PIP) which indicates an increase in HIV/AIDS-related deaths for children younger than five years of age (Child PIP group and MRC Research Unit for Maternal and Infant Health Care Strategies 2005). It is clear that the HIV/AIDS pandemic is the primary reason for the rising trends in child mortality witnessed over the past few years.

Concerns about child mortality data

No new data on child mortality has been released since the *South African Child Gauge 2005* was published. Available statistics on child mortality are based on empirical data (e.g. administrative systems of the Departments of Home Affairs, Health, and Social Development; the *Demographic and Health Survey* and Census, etc.) and/or on modelled estimates (e.g. the National Burden of Disease Study of the South African Medical Research Council).

There are key issues that influence the reliability of data on child deaths. The 1998 DHS was the last survey that provided reliable national statistics on child mortality. Since then, the 2001 Census and the 2003 DHS have not yielded good quality estimates (such as the IMR) for varied reasons. Information on child mortality over the past eight years has been conflicting, which creates a high level of uncertainty about the extent of child survival in the country. Post-1998 estimates are based on models with varying assumptions (for example, estimates by the Actuarial Society of South Africa model of 2003, the United Nations Development Programme, the World Health Organisation, the South African Medical Research Council, and Statistics South Africa).

The need for co-ordinated data sources and quality data must be taken seriously if Millennium Development Goal 4 on child survival is to be met by 2015. Furthermore, a lack of timely and reliable information on child deaths means that the country cannot adequately address the inequality that exists across the provinces through planned interventions. This inequality is most evident in the wide-ranging IMR and U5MR across the different provinces. (For more details on these indicators see page 84).

TABLE 11: The infant mortality rate and under-five mortality rate in South Africa in 2000

Province	Infant mortality rate	Under-five mortality rate
	Deaths per 1,000 live births	Deaths per 1,000 live births
Eastern Cape	71.0	105.0
Free State	62.0	99.0
Gauteng	44.0	74.6
KwaZulu-Natal	68.0	116.4
Limpopo	52.0	80.7
Mpumalanga	59.0	99.8
Northern Cape	46.0	68.1
North West	55.0	88.5
Western Cape	32.0	46.3
South Africa	59.0	95.0

Source: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.



THE PROPORTION OF CHILDREN AGED 1 – 9 YEARS WHO ARE UNDERWEIGHT AND SEVERELY UNDERWEIGHT IN SOUTH AFRICA

No recent primary data exists on the nutritional status of children in South Africa. However, a recent report highlights the extent to which children suffer from nutritional deficiency due to South Africans' poor eating habits (Steyn 2006). Evidence from secondary data analyses indicates that overweight and obesity in children is as much a risk factor in children's health as under-nutrition, particularly in urban formal areas (Hendricks, Eley & Bourne 2006).

Children's access to nutritious food in the context of food insecurity is a major factor influencing their health status. Due to the high levels of poverty in South Africa, caregivers are often unable to access adequate and nutritious food for their dependants. Children who are underweight generally lack essential nutrients in their diet. Mild to moderate

and severe forms of under-nutrition in children are closely related to childhood death, a higher risk of infection and impaired development. Under-nutrition also affects children's physical growth. One of the easiest ways of determining under-nutrition is by weighing a child regularly.

A study undertaken in 2000 revealed that nationally, one out of every 10 children (10.3%) was found to be underweight, while 1.4% of children were severely underweight. The 1 – 3-year age group had the highest proportion of children who were underweight in comparison to the 7 – 9-year age group (Labadarios 1999). Provincially, the Northern Cape had the highest proportion of children who were underweight (23.7%) and severely underweight (8.9%). (For more details about this indicator refer to page 84.)

TABLE 12: The proportion of children aged 1 – 9 years who were underweight and severely underweight in South Africa in 2000

Province	Underweight	Severely underweight
	%	%
Eastern Cape	7.1	1.0
Free State	14.3	1.0
Gauteng	8.8	0.5
KwaZulu-Natal	6.0	0.6
Limpopo	15.0	1.6
Mpumalanga	4.2	2.1
Northern Cape	23.7	8.9
North West	15.3	1.3
Western Cape	8.3	0.9
South Africa	10.3	1.4

Source: Labadarios D (ed) (1999) *The National Food Consumption Survey (NFCS): Children 1 – 9 years, South Africa, 1999*. Pretoria: Department of Health, Directorate: Nutrition.

SOURCES

- Abrahams K (2006) *Child Survival Roundtable Report*. Cape Town: Children's Institute, UCT. [CD-ROM]
- Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.
- Child PIP group and MRC Research Unit for Maternal and Infant Health Care Strategies (2005) *Saving Children 2004: A survey of child healthcare in South Africa*. Pretoria: Child PIP group and MRC Research Unit for Maternal and Infant Health Care Strategies.
- The Constitution of the Republic of South Africa. Act 108 of 1996*
- Hendricks M, Eley B & Bourne L (2006) Child Nutrition. In: Ijumba P & Padarath A (eds) (2006) *South African Health Review 2006*. Durban: Health Systems Trust.
- Labadarios D (ed) (1999) *The National Food Consumption Survey (NFCS): Children aged 1 – 9 years, South Africa, 1999*. Pretoria: Department of Health, Directorate: Nutrition.
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- Steyn N (2006) Nutrition and Chronic Diseases of Lifestyle in South Africa. In: Steyn K, Fourie J & Temple N (eds) (2006) *Chronic Diseases of Lifestyle in South Africa: 1995 – 2005. Technical Report*. Cape Town: South African Medical Research Council.

Child health: HIV/AIDS

Maylene Shung-King, Kashifa Abrahams and Lizette Berry (Children's Institute)

Section 27 of the Constitution of South Africa guarantees everyone's right to have access to health care services. In addition, Section 28 (1) (c) gives children "the right to basic nutrition ... basic health care services ...". The United Nations Convention on the Rights of the Child says that State Parties should recognise "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" (Article 24).

THE LEADING CAUSES OF DEATHS AMONG CHILDREN UNDER-FIVE YEARS OF AGE IN SOUTH AFRICA

The South African Medical Research Council's National Burden of Disease Study found that the leading causes of death for children under-five years of age for the year 2000 was due to HIV/AIDS, diarrhoeal disease, lower respiratory infection and low birth weight (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Norman, Pieterse & Schneider 2004). The latter three causes of deaths fall in a category commonly referred to as diseases of poverty. These conditions are directly attributable to poor living conditions and account for nearly 30% of all under-five child deaths (Bradshaw, Bourne & Nannan 2003).

Injury-related causes of death feature more prominently as a

leading cause for older children (Bradshaw, Bourne & Nannan 2003). Statistics South Africa's latest mortality report (2006) shows an increase in the number of reported deaths, as well as changing patterns of natural versus non-natural (injuries) causes of death. The level of non-natural causes of death decreased from 17.0% of all deaths in 1997 to 11.1% in 2001 (Statistics South Africa 2006).

Vital interventions such as prevention of mother-to-child transmission and antiretroviral (ARV) treatment for children; neonatal care as well as comprehensive primary health care and poverty reduction initiatives are required to enhance child survival prospects in South Africa. (For more details about this indicator refer to page 85.)

TABLE 13: The proportion of leading causes of deaths among children under-five years of age in South Africa in 2000

Province	HIV/AIDS		Diarrhoeal diseases		Lower respiratory infections		Low birth weight	
	% Male	% Female	% Male	% Female	% Male	% Female	% Male	% Female
Eastern Cape	27	30	15	17	7	7	5	6
Free State	40	43	11	10	8	8	7	7
Gauteng	46	49	5	6	5	5	5	5
KwaZulu-Natal	49	52	10	10	6	5	5	4
Limpopo	37	40	16	15	6	5	7	6
Mpumalanga	47	50	11	11	6	6	7	4
Northern Cape	25	28	17	15	5	8	10	9
North West	40	43	11	13	8	9	7	6
Western Cape	20	23	10	11	7	6	11	6
South Africa*	40		10		6		11	

* The national estimates do not correspond exactly with the provincial estimates.

Source: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojlana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.

SOURCES

- Actuarial Society of South Africa (2005) *ASSA2003 AIDS and Demographic Model*. Available: www.assa.org.za.
- Bradshaw D, Groenewald P, Laubscher R, Nannan, Nojlana B, Norman R, Pieterse D & Schneider M (2004) Initial estimates from the South African National Burden of Disease Study, 2000. *MRC Policy Brief 1 of 2004*. Cape Town: South African Medical Research Council.
- Bradshaw D, Bourne D & Nannan N (2003) What are the leading causes of death among South African children? *MRC Policy Brief 3 of 2003*. Cape Town: South African Medical Research Council.
- The Constitution of the Republic of South Africa. Act 108 of 1996*.
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- Statistics South Africa (2006) *Mortality and causes of death in South Africa, 2003 and 2004: Findings from death notification*. Pretoria: Statistics South Africa.

THE HIV-PREVALENCE RATE AMONG CHILDREN IN SOUTH AFRICA

The HIV-prevalence rate refers to the proportion of children, at a given period, who have HIV infection. South Africa is currently experiencing an overwhelming HIV pandemic. Many children are infected with HIV or have become ill and died due to AIDS. The majority of children are infected before and during the birth process, and during breast-feeding. Children may also become infected through being sexually abused by an HIV-positive person or through sexual intercourse. It is of critical importance to know the number of children that are infected with HIV.

The estimates from the ASSA2003 model suggest an overall prevalence of 1.2% in 2000 has almost doubled to 2.1% in 2006 for children under the age of 18 years. The prevalence rates differ across age groups and it is clear that the younger children in the 0 – 5-year age group are most at risk of infection. The rate in the 0 – 5-year olds is 1.8 times more (almost double) than the overall rate for all children (0 – 17 years).

The HIV-prevalence rate in the 0 – 5-year age group increased from 2.2% in 2000 to 3.6% in 2006. For children in the 6 – 12-year age group, the prevalence increased from 0.1% to 1.0% during the same time period. The prevalence rate for the 13 – 17-year age group stayed almost the same for this period – 1.0% in 2000 and 1.1% in 2006. Based on the demographic statistics of 2005, approximately 215,000 children under the age of five years and close to 55,000 children between the ages of six and 12 years are currently living with HIV infection. In total the model estimates that approximately 360,000 children are living with HIV infection.

HIV-prevalence rates across provinces differ quite substantially, with KwaZulu-Natal having the highest rates. The lowest prevalence is in the Western Cape in the 0 – 5-year age group, which is an indication of a well-functioning prevention of mother-to-child transmission programme in the province. (For more details about this indicator refer to page 85.)

TABLE 14: The HIV-prevalence rate among children in South Africa from 2000 to 2006

Province	2000	2001	2002	2003	2004	2005	2006
	%	%	%	%	%	%	%
Eastern Cape	1.0	1.2	1.4	1.6	1.7	1.9	2.0
Free State	1.5	1.7	2.0	2.2	2.3	2.5	2.6
Gauteng	1.4	1.7	1.9	2.1	2.2	2.4	2.5
KwaZulu-Natal	2.1	2.4	2.6	2.8	3.0	3.1	3.2
Limpopo	0.8	0.9	1.1	1.2	1.3	1.3	1.4
Mpumalanga	1.8	2.0	2.2	2.4	2.5	2.6	2.6
Northern Cape	0.5	0.6	0.7	0.8	0.9	1.0	1.1
North West	1.3	1.5	1.7	1.9	2.0	2.1	2.2
Western Cape	0.4	0.4	0.5	0.6	0.7	0.7	0.8
South Africa	1.2	1.5	1.6	1.8	1.9	2.0	2.1

Source: Actuarial Society of South Africa (2005) ASSA2003 Aids and Demographic Model. Available: www.assa.org.za.

THE PROPORTION OF CHILDREN STARTING ANTIRETROVIRAL THERAPY (ART) IN SOUTH AFRICA

The HIV pandemic is the most serious infectious disease affecting children in South Africa and many children are themselves infected. Infected children need antiretroviral medication to delay the onset of AIDS. This indicator shows how many children who should be accessing ART do in fact receive the treatment.

While the ART programme has been in place for three years, the roll-out began much later in some provinces than in others. The modelled estimates indicate that the ART roll-out has escalated remarkably after 2003, as the estimates for the proportion of new children who received ART in 2004 and 2005 were 23% and 30% respectively. This estimate stood at only 8% in 2003.

There are also wide provincial variations in this indicator, with the estimates indicating that 61% of new cases of children requiring treatment in the Western Cape are getting it. This province is

followed by Gauteng and the Northern Cape, who are estimated to be providing ART to 39% of new cases of children in need of it. The government's *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment* and the escalation in ART provision from 2003 are commendable, though much hard work is still required to get treatment to all the children who need it.

Children, unlike adults, do not have a long window period for progressing from HIV-infection to AIDS, and most children who are unable to access treatment die before their second birthday. Therefore, the roll-out rate for children should be much higher than for adults. The ASSA model suggests that the current roll-out rate is similar for children and adults. Monitoring the extent to which children are prioritised in the ARV roll-out is a critical child rights issue. (For more details about this indicator refer to page 85.)

TABLE 15: The proportion of children starting antiretroviral therapy in South Africa from 2000 to 2005

Province	2000	2001	2002	2003	2004	2005
	%	%	%	%	%	%
Eastern Cape	1	2	4	4	22	27
Free State	2	5	7	8	17	25
Gauteng	3	5	8	9	28	39
KwaZulu-Natal	2	3	4	5	19	26
Limpopo	4	7	10	11	22	29
Mpumalanga	3	5	8	9	16	24
Northern Cape	1	2	3	6	37	39
North West	1	2	2	3	22	27
Western Cape	3	6	9	39	57	61
South Africa	2	4	6	8	23	30

Source: Actuarial Society of South Africa (2005) ASSA2003 Aids and Demographic Model. Available: www.assa.org.za.

Children's access to water, sanitation and electricity

Annie Leatt and Lizette Berry (Children's Institute)

Section 27 (1) (b) of the South African Constitution provides that "everyone has the right to have access to ... sufficient ... water". Article 24 (1) (c) of the United Nations Convention on the Rights of the Child states that States Parties should "recognise the right to the enjoyment of the highest attainable standard of health ... through the provision of clean drinking-water".

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN HOUSEHOLDS WITH BASIC SANITATION IN SOUTH AFRICA

Good sanitation is essential for safe and healthy childhoods. There are a number of negative consequences for children and youth who are not able to access proper toilets. It is very difficult to maintain good hygiene without water and toilets, and children are exposed to worms and bacterial infection which compromise nutrition. Using public toilets and open bush can be dangerous because of crime and a lack of adequate sanitation undermines human dignity. The use of buckets and open *veldt* (fields) is also likely to have consequences for water quality in the area, and can lead to the spread of disease. In South Africa there are large numbers of under-18-year-olds without access to basic sanitation. In 2005, just over half (54%) of South Africa's children had access to adequate toilet facilities, while the other 8.4 million were using inadequate facilities – including unventi-

lated pit toilets, the bucket system or open fields.

Provincial disparities are also evident with regards to children's access to basic sanitation. In the Eastern Cape province, just over one-third (36%) of children had access to basic sanitation in 2005, whereas in Limpopo province less than one-quarter (24%) of children were accessing adequate sanitation facilities in that year. Inadequate sanitation is also linked to informal and traditional housing.

According to an analysis of the *General Household Survey 2005*, a large number of African children – 8.29 million children – are using inadequate sanitation facilities. This constitutes more than half (55%) of all African children living in South Africa, and 99% of all children having to use inadequate sanitation facilities. (For more details about this indicator refer to page 85.)

TABLE 16: The number and proportion of children living in households with basic sanitation in South Africa in 2004 and 2005

Province	2004		2005	
	Children with access to basic sanitation Number	%	Children with access to basic sanitation Number	%
Eastern Cape	869,424	27	1,129,150	36
Free State	644,280	61	728,611	65
Gauteng	2,357,434	89	2,328,739	88
KwaZulu-Natal	1,555,960	41	1,799,918	47
Limpopo	755,390	29	628,436	24
Mpumalanga	570,765	44	584,581	43
Northern Cape	268,431	80	280,446	83
North West	783,443	53	736,782	50
Western Cape	1,462,033	94	1,461,549	93
South Africa	9,267,160	51	9,678,213	54

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004*. *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

SOURCES

- *The Constitution of the Republic of South Africa. Act 108 of 1996.*
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.
- Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

THE NUMBER AND PROPORTION OF CHILDREN WITH ACCESS TO DRINKING WATER ON SITE IN SOUTH AFRICA

Across South Africa in 2005, there were some 7.5 million children whose families had to rely on unsafe or distant sources of drinking water. They made up 42% of all children in South Africa. There is a significant racial bias in the distribution of drinking water as 99% of children without access to drinking water on site were African.

Some areas have performed well in delivering safe drinking water to children. Ninety percent or more of the child populations in the provinces of Free State, Gauteng, Northern Cape and Western Cape were able to access drinking water on site. In contrast, more than half of the children in some other provinces were exposed to poor

drinking water sources.

The Eastern Cape province was home to over two million children (68%) living under such circumstances in 2005. In the Limpopo province, more than 1.7 million children (68%) were living without drinking water on site, and over two million children (53%) in KwaZulu-Natal were living in similar conditions. This means that these children are exposed to health risks, or may be responsible for fetching and carrying drinking water to their homes. Lack of access to adequate water is also closely related to poor sanitation and hygiene. (For more details about this indicator refer to page 85.)

TABLE 17: The number and proportion of children with access to drinking water on site in South Africa in 2005

Province	2005	
	Number	%
Eastern Cape	990,924	32
Free State	1,005,294	90
Gauteng	2,390,761	90
KwaZulu-Natal	1,806,640	47
Limpopo	848,007	32
Mpumalanga	873,587	65
North West	900,595	62
Northern Cape	306,612	91
Western Cape	1,457,465	93
South Africa	10,579,885	58

Source: Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN HOUSEHOLDS WITH AN ELECTRICITY CONNECTION IN SOUTH AFRICA

Access to electricity in the physical structure of a house is important for a range of reasons. Where there is no electricity, families use fuels for heating and cooking. These pose health hazards, for example, wood or dung fires can result in chest infections, and burns due to open fires are a common cause of injury and death. Where families do not have access to fridges, they are also less likely to be able to keep food fresh.

There are a number of time-use consequences to not having electricity. It is usually women and children who collect wood and other fuels, and more effort is required in cooking and heating with these fuels. Also, the lack of adequate electric lighting is a contributing factor in children not being able to study after dark.

In June 2005, 76% of children in South Africa lived in households that were connected to electricity. Across most of the provinces, more than 60% of the respective child populations have access to electricity. There are some provinces, however, where large numbers of children still do not have access to electricity in their homes. In the KwaZulu-Natal province, 1.5 million children (40%) do not have electricity connections on site. Another 1.2 million children (38%) in the Eastern Cape province are in the same situation.

Since most electricity connections operate on a pre-paid meter system and require payment, access to electricity in the physical structure by no means guarantees continuous use of electricity in the household. (For more details about this indicator refer to page 85.)

TABLE 18: The number and proportion of children living in households with an electricity connection in South Africa in 2004 and 2005

Province	2004		2005	
	Number	%	Number	%
Eastern Cape	1,688,944	53	1,931,602	62
Free State	919,071	86	1,010,785	91
Gauteng	2,392,998	91	2,232,584	84
KwaZulu-Natal	2,364,591	62	2,312,375	60
Limpopo	2,054,565	79	2,125,848	81
Mpumalanga	1,092,454	84	1,124,532	83
Northern Cape	297,029	88	304,182	90
North West	1,374,988	92	1,279,505	88
Western Cape	1,450,041	93	1,480,377	94
South Africa	13,634,683	76	13,801,788	76

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004. General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Children's access to housing

Katharine Hall and Lizette Berry (Children's Institute)

Section 26 of the South African Constitution provides that everyone has the right to have access to adequate housing. In addition, Section 28 (1) (c) of the Constitution gives children "the right to ... shelter". Article 27 of the United Nations Convention on the Rights of the Child states that "every child has the right to a standard of living adequate for his/her development".

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN URBAN OR RURAL AREAS IN SOUTH AFRICA

The most recent data on children's urban/rural status is taken from the *General Household Survey 2004*, and there are no comparative figures available. It is useful to know where children are living because the nature of services and facilities, and access to such services and facilities, relates closely with the type of residential area in which children live. In addition, the location of children in urban or rural areas directly influences their access to formal housing. More than half of South Africa's children (54%) live in rural areas. This equates to almost 10 million children.

There are marked provincial differences in the rural and urban distribution of the population. The Eastern Cape, KwaZulu-Natal and Limpopo provinces are home to about three-quarters (74%) of all rural

children in South Africa. Children living in Gauteng province are almost entirely urban based and 87% of children in the Western Cape are in urban areas.

Adults living in rural areas often move to urban centres in search of work, while their children remain in rural areas. Babies younger than one year are more likely to be living in urban areas than older children, suggesting that babies born in urban areas initially remain with their mothers. According to an analysis of the *General Household Survey 2004*, the proportion of babies older than one year in urban areas drops from 53% to 49%. (For more details about this indicator refer to page 85.)

TABLE 19: The number and proportion of children living in urban or rural areas in South Africa in 2004*

Province	2004			
	Urban		Rural	
	Number	%	Number	%
Eastern Cape	753,285	23	2,462,562	77
Free State	718,994	68	344,848	32
Gauteng	2,547,854	96	93,882	4
KwaZulu-Natal	1,386,456	37	2,405,919	63
Limpopo	302,005	12	2,313,601	88
Mpumalanga	454,835	35	853,029	65
Northern Cape	254,097	75	83,094	25
North West	497,296	33	991,349	67
Western Cape	1,348,411	87	210,297	13
South Africa	8,263,234	46	9,758,581	54

* Variable unavailable for 2005.

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN FORMAL OR INFORMAL HOUSING OR TRADITIONAL DWELLINGS IN SOUTH AFRICA

Children's right to adequate housing means that they should not have to live in informal dwellings. Traditional dwellings are not regarded as informal although they may lack the services and infrastructure that accompany formal housing developments. Children who live in formal areas are likely to have better access to facilities than those in informal settlements, where children are also exposed to more hazards such as shack fires and paraffin poisoning.

In South Africa in 2005, nearly 2.7 million children lived in backyard dwellings or shacks in informal settlements. It appears that the number of children living in informal housing has increased across

most of the provinces between 2004 and 2005, particularly in the North West and Western Cape. Conversely, the number of children living in formal housing has decreased in seven of the nine provinces, with the North West showing a decline of 11% over the same time period. However, variance between 2004 and 2005 figures should be regarded with caution.

Housing provides the context for family life. Since migrant labour often leads to children living apart from their parents in rural areas, access to formal housing enables children to live with their parents in urban areas. Nevertheless, the greatest proportions of

inadequately housed children are in the provinces with large metropolitan centres, since it is in these areas that rapid urbanisation leads to the growth of informal settlements. Nearly a third of all children (30%) living in informal and backyard housing are in the Gauteng province.

According to an analysis of the *General Household Survey 2005*, there is great racial inequality in children's housing: 98% of all white

children live in formal housing, while only 60% of all African children live in formal housing, and 16% of African children are inadequately housed. The Eastern Cape (53%) and KwaZulu-Natal (37%) provinces have the largest proportions of children living in traditional dwellings in 2005. These children often have less access to basic services than those living in formal dwellings in urban areas. (For more details about this indicator refer to page 85.)

TABLE 20a: The number and proportion of children living in formal housing in South Africa in 2004 and 2005

Province	2004		2005	
	Formal housing		Formal housing	
	Number	%	Number	%
Eastern Cape	1,065,495	33	1,241,426	40
Free State	772,107	73	829,871	74
Gauteng	1,976,132	75	1,829,946	69
KwaZulu-Natal	1,970,586	52	1,905,624	50
Limpopo	2,240,498	86	2,207,529	84
Mpumalanga	1,056,842	81	1,042,565	77
Northern Cape	308,952	92	289,588	86
North West	1,335,873	90	1,148,504	79
Western Cape	1,304,895	84	1,171,553	75
South Africa	12,031,381	67	11,666,607	65

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004. General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Table 20b: The number and proportion of children living in informal housing in South Africa in 2004 and 2005

Province	2004		2005	
	Informal housing		Informal housing	
	Number	%	Number	%
Eastern Cape	194,295	6	214,500	7
Free State	197,868	19	210,601	19
Gauteng	632,261	24	798,857	30
KwaZulu-Natal	353,776	9	498,065	13
Limpopo	78,507	3	136,419	5
Mpumalanga	145,457	11	167,995	12
Northern Cape	22,167	7	38,638	11
North West	119,615	8	263,201	18
Western Cape	236,082	15	357,822	23
South Africa	1,980,028	11	2,686,098	15

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004. General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Table 20c: The number and proportion of children living in traditional dwellings in South Africa in 2004 and 2005

Province	2004		2005	
	Traditional dwelling		Traditional dwelling	
	Number	%	Number	%
Eastern Cape	1,948,109	61	1,672,185	53
Free State	91,306	9	68,970	6
Gauteng	10,655	0	12,471	0
KwaZulu-Natal	1,468,012	39	1,432,913	37
Limpopo	294,888	11	267,996	10
Mpumalanga	103,506	8	136,821	10
Northern Cape	5,422	2	5,006	1
North West	33,157	2	46,962	3
Western Cape	0	0	1,392	0
South Africa	3,955,055	22	3,644,716	20

Sources: Statistics South Africa (2005; 2006) *General Household Survey 2004. General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

THE NUMBER AND PROPORTION OF CHILDREN LIVING IN OVERCROWDED DWELLINGS IN SOUTH AFRICA

Over 4.8 million children – more than a quarter of all children in South Africa – lived in overcrowded households in 2005. A dwelling is overcrowded when there is a ratio of more than two people per room (excluding bathrooms but including kitchens and living rooms). Overcrowding is related to a shortage of housing. Although the government has been providing new housing, it is not enough to keep up with the pace of population growth and urbanisation.

Overcrowding is a problem because it can undermine other needs, like privacy. Children in crowded households may struggle to negotiate space for their own activities. Overcrowding also places

children at greater risk of sexual abuse, especially where boys and girls have to share beds, or children have to sleep with adults. Children under the age of six years are marginally more likely than older children to live in overcrowded households.

Overcrowding is also a problem when services and other programmes do not take into account the size of the household. Children who live in crowded households not only have less living space, but may also have poorer services. (For more details about this indicator refer to page 86.)

Table 21: The number and proportion of children living in overcrowded dwellings in South Africa in 2004 and 2005

Province	2004		2005	
	Overcrowded dwellings		Overcrowded dwellings	
	Number	%	Number	%
Eastern Cape	983,080	31	1,014,754	32
Free State	316,466	30	324,778	29
Gauteng	623,892	24	792,040	30
KwaZulu-Natal	880,827	23	936,564	24
Limpopo	494,894	19	441,662	17
Mpumalanga	309,242	24	342,272	25
Northern Cape	102,113	30	109,631	32
North West	409,174	27	388,785	27
Western Cape	442,052	28	502,030	32
South Africa	4,561,740	25	4,852,515	27

Sources: Statistics South Africa (2005: 2006) *General Household Survey 2004*. *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

SOURCES

- *The Constitution of the Republic of South Africa, Act 108 of 1996*.
- Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, United Nations General Assembly Resolution 44/25*. Geneva: United Nations.
- Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.
- Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.



Technical notes

Technical notes on the indicators

The number and proportion of children living in South Africa (Tables 1a – 1d): This indicator refers to the number and proportion of children under the age of 18 years who were living in South Africa at the time of the *General Household Survey (GHS)* in 2004 and 2005. The proportions are calculated by dividing the number of children per category (e.g. male) by the total number of children in the population. The provincial proportions are calculated by dividing the number of children per category (e.g. male) in a province by the total number of children in the population.
Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of orphans (Table 2): An orphan is defined as a child under the age of 18 years whose biological mother, biological father or both parents have died. This indicator measures the number and percentage of children younger than 18 years whose parent(s) had died by July 2004 and July 2005 respectively.

For the purpose of this indicator, different kinds of orphans are defined as follows: a maternal orphan is a child whose mother has died, or whose living status is not known, but whose father is alive; a paternal orphan is a child whose father has died, or whose living status is not known, but whose mother is alive; a double orphan is a child whose mother and father have both died, or whereabouts are unknown.

Orphans as a proportion of the child population is calculated by aggregating the number of children whose mother, father or both parents are dead or whose living status is unknown, and dividing this by the total child population.

The proportion of orphans by type is calculated by dividing the number of orphans for each category (maternal, paternal, double) by the total orphan population. This indicator does not include the numbers of double orphans when calculating the numbers of maternal and paternal orphans.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children living in child-headed households (Table 3): A child-headed household is defined as a household where everyone who lives there is under 18 years old, i.e. a child-headed household is a household consisting only of children. This indicator reflects the number and proportion of children who were living in child-headed households in South Africa in 2004 and in 2005.

The proportion of children living in child-headed households in South Africa is calculated by identifying the number of children living in households where the oldest resident is younger than 18 years, and dividing this figure by the total child population in South Africa.

The proportion of child-headed households is calculated by dividing the number of households where the oldest resident is younger than 18 years by the total number of households in South Africa. The calculations in the previous edition of the *South African Child Gauge* used the recorded age of the household head to determine child-headed households. However, it subsequently emerged that some of these households included persons aged 18 years or older. It was therefore decided to calculate child-headed households on the basis of the ages of all members. On this basis, the proportion of child-headed households presented in this edition decreased by 17%.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children living in income poverty (Table 4): One way of identifying how many children live without enough resources to meet their needs is to use a poverty line and measure how many children live under this poverty line. In this indicator, children (aged 0 – 17 years) are identified as poor when they live in households with an income of less than R1,200 per month for all the household members combined.

The income data in the GHS is collected in question 4.71 which asks, “What was the total household expenditure in the last month?” The bands break at R399, R799 and R1,199. Children living in households in these three bands were included as poor for the purposes of this indicator. The R1,200 per month poverty line is used because it is as close as the GHS data gets to R1,100 per month which is used by the Treasury and the Department of Provincial and Local Government in determining funding for poverty alleviation programmes.

An assumption has also been made that households pool their income. All sources of income, including social grants income, were therefore included when making the calculations for this indicator.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of eligible children (0 – 13 years) receiving the Child Support Grant (CSG) (Table 5): This indicator is defined as the number and proportion of eligible children under 14 years old who were receiving the CSG at the end of June 2005 and July 2006 respectively.

Sources: Department of Social Development (2005) *SOCPEN database*; Department of Social Development (2006) *SOCPEN database*. (These figures are taken from the daily reports for June 2005 and July 2006). The take-up rates were calculated using the eligibility figures calculated by Budlender based on the 2004 GHS (Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa). The eligibility calculations were sourced from: Budlender D, Rosa S & Hall K (2005) *At all costs? Applying the means test for the Child Support Grant*. Cape Town: Children’s Institute and the Centre for Actuarial Research, University of Cape Town.

The number of children receiving the Care Dependency Grant (CDG) (Table 6): This indicator reflects the number of children (aged 0 – 17 years) who are accessing the CDG. The Department of Social Development's SOCPEN database records the CDGs paid out per month according to the number of children and their caregivers (beneficiaries). Figures are taken from the SOCPEN daily reports for the last working day in June 2004, June 2005 and July 2006.

Sources: Department of Social Development (2004) *SOCPEN database*; Department of Social Development (2005) *SOCPEN database*; Department of Social Development (2006) *SOCPEN database*.

The number of children receiving the Foster Child Grant (FCG) (Table 7): This indicator reflects the number of children (aged 0 – 17 years) receiving the FCG as of the end of June 2004, June 2005 and July 2006. The SOCPEN database records the FCGs paid out per month according to the number of children and their caregivers (beneficiaries). Figures are taken from the SOCPEN daily reports for the last working day in June of 2004 and 2005, and in July 2006.

Sources: Department of Social Development (2004) *SOCPEN database*; Department of Social Development (2005) *SOCPEN database*; Department of Social Development (2006) *SOCPEN database*.

The number and proportion of children attending an educational institution (Table 8): This indicator reflects the number and proportion of children attending a school or educational institution as at July 2004 and July 2005. The data reflects the attendance of children aged 7 – 17 years at a public or private educational facility. The *General Household Survey* (2004:8¹) asks, "Is ... (name) ... currently attending school or any other educational institution?" A simple 'yes' or 'no' reply is required.

Younger children's attendance at an educational facility (e.g. pre-school or early childhood development centre) was also analysed, specifically children younger than six years of age.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The learner-to-educator ratio for children enrolled in public schools (Table 9): The learner-to-educator ratio is the number of learners per educator for a specific type of school, in a given school year.² This ratio is calculated by dividing the number of learners by the number of educators at public schools.

Source: Department of Education (2005) *Education statistics in South Africa at a glance in 2004*. Pretoria: Department of Education.

The number and proportion of children relative to the distance travelled to school (Tables 10a – 10b): This indicator reflects the distance that children (aged 6 – 17 years) travel from their homes to the school that they attend. The distance is regarded as far if children travel more than 30 minutes to reach the school. This indicator is defined by school-going age and not by school attendance. Children are therefore categorised according to their ages and corresponding level of schooling – primary or secondary school.

The indicator is based on the *General Household Survey* (2004:8³) question, "How long does it take ... (name) ... to get to the school/educational institution where he/she attends?" Where

respondents indicated that children spent more than 30 minutes travelling to their school, the distance to school was categorised as 'far'. Where children spent 30 minutes or less travelling to their school, the distance was categorised as 'not far'.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

Infant mortality rate (IMR) (Table 11): The IMR is defined as the number of children younger than one year who have died in a year, per 1,000 live births during that year. This indicator presents data on the probability of a child dying in the first year of his/her life, for every 1,000 live births within that given year. The ASSA2000 model was used to determine overall mortality, the population size and the number of deaths due to HIV/AIDS for each province. Estimates of the number of deaths refer to the 12-month period that started in mid-2000 and are referred to as 2000. The national estimates are from the *South African National Burden of Disease Study 2000* and differ slightly from the sum of the provincial estimates.

Sources: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.

Under-five mortality rate (U5MR) (Table 11): The U5MR is defined as the number of children younger than five years old who have died in a year, per 1,000 live births during that year. It is a combination of the infant mortality rate, plus the 1 – 4 years mortality rate.

This indicator presents data on the probability of a child dying before reaching five years of age. The ASSA2000 model was used to determine overall mortality, the population size and the number of deaths due to HIV/AIDS for each province. Estimates of the number of deaths refer to the 12-month period that started in mid-2000 and are referred to as 2000. The estimates for South Africa are from the *South African National Burden of Disease Study 2000* and differ slightly from the sum of the provincial estimates.

Sources: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.

The proportion of children aged 1 – 9 years who are underweight and severely underweight (Table 12): This indicator refers to children aged 1 – 9 years whose weight is below a cut-off weight (i.e. the third percentile or Z-score < -2SD) for their age. A child whose weight falls below this cut-off is referred to as being underweight for age. The third percentile represents a 60% of expected weight-for-age growth curve. If the child's weight is below 60% of expected weight (Z-score < -3SD) the child is considered to be severely underweight.⁴

Weight was determined for all children, using electronic scales. The average of two readings was used. If the two readings varied by more than 100g, the procedure was repeated.

Source: Labadarios D (ed) (1999) *The National Food Consumption Survey (NFCS): Children aged 1 – 9 years, South Africa, 1999*. Pretoria: Department of Health, Directorate: Nutrition.

1 Statistics South Africa (2004) *General Household Survey Questionnaire 2004*. Pretoria, Cape Town: Statistics South Africa.

2 UNESCO Institute for Statistics (2005) *Interpreting the Country Profiles*. Accessed 27 October 2006: www.uis.unesco.org/profiles/selectCountry_en.aspx.

3 Statistics South Africa (2004) *General Household Survey Questionnaire 2004*. Pretoria, Cape Town: Statistics South Africa.

4 Hendricks M & Hussey G (2004) The field assessment of nutrition. In: Gershwin M, Nestel P & Keen C (eds) (2004) *Handbook of nutrition and immunity*. Tottowa: Humana Press.

The proportion of leading causes of deaths among children under-five years of age (Table 13): This indicator shows the leading causes of death among children younger than five years old. The ASSA2000 model was used to determine overall mortality, the population size and the number of deaths due to HIV/AIDS for each province. Estimates of the number of deaths refer to the 12-month period that started in mid-2000 and is referred to as 2000. The estimates for South Africa are from the *South African National Burden of Disease Study 2000* and differ slightly from the sum of the provincial estimates.

Source: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.

The HIV-prevalence rate among children (Table 14): This indicator shows the proportion of children, at a given period, who have HIV infection. It is calculated by dividing the number of children from age 0 – 17 years with proven HIV infection in a given time period by the total number of children in the child population (0 – 17 years) during that same time period.

By its very nature, updated prevalence data can only be obtained through surveys. The difficulty with doing these surveys on children is that taking blood in young children is a very difficult task, and other diagnostic procedures such as tests using saliva are not effective in young children. Hence the necessity of continued reliance on modelled estimates, such as those produced by the ASSA, and the need to ensure that the underlying model assumptions are adapted according to changes in the pandemic.

Source: Actuarial Society of South Africa (2005) *ASSA2003 AIDS and Demographic Model*. Available: www.assa.org.za.

The proportion of children starting antiretroviral therapy (ART) (Table 15): This indicator reflects the number of new cases of children in any given year who are progressing to AIDS and receiving antiretroviral therapy as a proportion of the total number of new cases of children in the same year who are progressing to AIDS. This indicator is calculated by dividing the number of new cases of children progressing to AIDS who are receiving antiretroviral (ARV) treatment by the number of new cases of children who are progressing to AIDS (it includes all HIV-positive children, namely those who are on antiretroviral therapy and those who are not).

The difficulty with this data is that the denominator is not known. The actual number of children that are HIV positive, as well as the number of those children who are in need of ARV treatment, are not known nationally. Thus all the figures, both prevalence and need, are based on modelled estimates.

Source: Actuarial Society of South Africa (2005) *ASSA2003 AIDS and Demographic Model*. Available: www.assa.org.za.

The number and proportion of children living in households with basic sanitation (Table 16): This indicator includes the number and proportion of children (aged 0 – 17 years) living in households with basic sanitation. Basic or adequate sanitation includes facilities that are safe, reduce odours and are within or near a house. Inadequate sanitation includes a wide range of poor toilet facilities including pit latrines that are not ventilated, chemical toilets, buckets, or no facilities at all.

The *General Household Survey* asks about each household's sanitation facilities. The following facilities are included in the category of adequate sanitation: 'flush off-site', 'flush on-site', and 'VIP', standing for ventilated improved pit toilet. Inadequate sanitation includes the following: 'chemical' toilets, 'other pit', 'bucket', 'none' and a small number of 'unspecified'.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children with access to drinking water on site (Table 17): For the purposes of this indicator, children (aged 0 – 17 years) have access to adequate drinking water if they have access to a clean and reliable water supply that is at their house. All other water supplies, including rivers and communal taps, are considered inadequate.

The *General Household Survey* asks what the household's main source of water is – a specific response is required with respect to drinking water. There are 13 options. The first four water sources are considered adequate in this indicator and include a piped tap in the dwelling or on the site or yard, a borehole on site or a rain-water tank on site. The remaining water sources are considered inadequate because of their distance from the house or the likelihood that the water is of poor quality. These inadequate water sources include public taps or those at other houses, rivers, dams, and springs.

Source: Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children living in households with an electricity connection (Table 18): The number and proportion of children (aged 0 – 17 years) that live in households that are connected to the mains electricity supply. The *General Household Survey* asks, "Does this household have a connection to the mains electricity supply?" This indicator is calculated according to the number and proportion of children in households that answered 'yes' (connected) and 'no' (not connected).

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children living in rural or urban areas (Table 19): This indicator shows the number and proportion of children (aged 0 – 17 years) living in urban and rural areas. The classification between urban and rural is described by Statistics South Africa as 'rather fluid', and some areas have been reclassified in the past few years. This is mostly because the 'semi-urban' category was removed in the 2001 Census, resulting in a slightly more inclusive 'urban' classification. Unfortunately, this variable was not available in the 2005 *General Household Survey*, hence only 2004 data is presented here.

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children living in formal or informal housing or traditional dwellings (Tables 20a – 20c): This indicator shows how many children (aged 0 – 17 years) live in formal housing, which is used as a proxy for adequate housing. It also reflects how many children live in inadequate or informal housing – this includes informal dwellings in informal settlements and backyard dwellings. 'Traditional' housing in rural areas is a third category, which is not necessarily adequate, but is not always defined as 'inadequate' in official estimates of the housing need.

South African housing policy has no clear or consistent definition of adequate housing since 'adequate' includes a range of attributes. Some of these are very technical, for instance relating to the quality and size of the dwelling. There are also qualitative descriptors of 'adequate' housing. However, the main attribute used to determine the housing backlog is the type of dwelling. This indicator provides a fairly crude measurement of adequacy, calculated purely on the basis of housing type.

For the purposes of this indicator, 'formal' housing is made up of the following housing types: dwelling or brick structure on separate stand, flat or apartment, town/cluster/semi-detached house, unit in retirement village, room or flatlet on a larger property. 'Informal' housing consists of the following housing types: informal dwelling or shack in backyard, informal dwelling or shack in informal settlement, dwelling or house/flat/room in backyard, caravan or tent. (These housing types are listed as options in response to the housing question in the GHS.)

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

The number and proportion of children living in overcrowded dwellings (Table 21): Children (aged 0 – 17 years) are defined as living in overcrowded dwellings when there is a ratio of more than two people per room (excluding bathrooms but including kitchen and living room).

There is no standard measure of overcrowding in South Africa, but there are many international definitions. The definition used here is derived from the United Nations Human Settlement Programme (UN-HABITAT) definition, which is a maximum of two people per habitable room. 'Habitable' excludes bathroom and toilet. The data is taken from the *General Household Survey*: number of rooms occupied (excluding bathrooms and toilets). The overcrowding ratio is obtained by dividing the total number of household members by the total number of rooms occupied by the household.

Sources: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa; Statistics South Africa (2006) *General Household Survey 2005*. Pretoria, Cape Town: Statistics South Africa.

Technical notes on the data sources

General Household Survey: The *General Household Survey* is an annual survey conducted by the national statistics body, Statistics South Africa (www.statssa.gov.za). The sample used is based on the enumeration areas established during the Census demarcation phase and therefore covers all parts of the country. The sample of 30,000 dwelling units ensures as much representivity as possible by stratifying by province, and then by urban and rural area. The resulting estimates should be representative of the total population of South Africa. A weighting process is also applied to improve the representivity of the estimates. These weighted results are used for the *Children Count – Abantwana Babalulekile Project*.

However, over- and under-estimation appears to have occurred in the weighting process. In the 2004 results, it seems that the numbers of children aged 7 – 12 has been over-estimated by 6%, as well as the numbers of persons aged 13 – 22 years. The number of very young children appears to be under-estimated. The patterns of over- and under-estimation appear to differ across population groups. For example, the number of white children appears to be over-estimated by 14%, while the number of coloured persons within the 13 – 22 years age group appears to be 9% too low.⁵

In 2005, the GHS weights seem to have produced an over-estimate of the number of males within each five-year age group. The extent of the over-estimation is particularly severe for the 10 – 14 years age group. In contrast, the weights produce an under-estimate of the number of girls – the error seems greatest in respect of the younger age groups. These patterns result in

male-to-female ratios of 1.06, 1.13, 1.10 and 1.09 respectively for the four age groups covering children. It is highly unlikely that the ratios suggested by the GHS weights are accurate. The apparent discrepancies will affect the accuracy of the *Children Count – Abantwana Babalulekile* data. Where, for example, the male and female patterns in respect of a particular characteristic vary, the total estimate for this characteristic will be somewhat slanted toward the male pattern. A similar slanting will occur where the pattern for 10 – 14-year-olds differs from that of other age groups. Furthermore, there are likely to be different patterns across population groups.

Further error may be present due to methodology, i.e. the questionnaire is administered to only one respondent in the household who is expected to provide information about all other members of the household. Not all respondents will have accurate information about all children in the household. In instances where the respondent could not provide an answer, this was recorded as 'unspecified' (no response) or 'don't know' (the respondent stated that they didn't know the answer).

The survey does not cover other collective living-quarters such as students' hostels, old-age homes, hospitals, prisons and military barracks. It does cover workers' hostels. The exclusions should not have a noticeable impact on the findings in respect of children.

The survey is conducted annually, and datasets are therefore available on a yearly basis. Confidence intervals⁶ for the two years of data presented in this publication are not available. Differences between the two years of data should therefore be treated with caution as apparent trends in the data have not been proven to be reliable.

SOCPEN database, Department of Social Development:

There has never been a published, systematic review of the SOCPEN database, and the extent of the limitations of validity or reliability of the data has not been quantified. However, it is regularly used by the department and other government bodies to monitor grant take-up. This administrative dataset is constantly updated by Department of Social Development employees when entering application and payment data. Take-up data and selected reports are available from the department on request throughout the year. Grants data will be updated regularly for the *Children Count – Abantwana Babalulekile Project*.

Education statistics in South Africa at a glance, Department of Education:

This data is based on the department's annual survey and SNAP ('snap-shot') survey, taken on the tenth day of the school year. The data capturing and processing of this survey are known to be problematic and erroneous. The accuracy and reliability of this data is therefore questionable.

As this survey is conducted annually, data should be available on a yearly basis. However, data processing systems differ across the provinces, and some are more efficient than others. The most recent dataset that has been released is for 2004. The department's current information management system, known as the Education Management Information System (EMIS), is presently under review.

South African National Burden of Disease Study, Medical Research Council:

This study makes use of vital registration data (number of official births and deaths) but adjusts for under-registration, as large numbers of births and deaths of younger children in particular are unreported. A modelling approach, developed by the Actuarial Society of South Africa (ASSA), was thus used to estimate the total number of deaths since vital statistics are incomplete. The ASSA2000 model was used to determine overall mortality, the population size, and the number of deaths due to HIV/AIDS for each province.

⁵ Dorrington R & Kramer S (2004) *The 2004 mid-year estimates: Method, reliability and implications*. Paper presented at a Centre for Actuarial Research seminar, University of Cape Town.

⁶ A confidence interval is a statistical term that gives a level of confidence in the accuracy of the data.

The basic mortality assumptions for children were as follows: "Child mortality estimates from the 1996 Census and the 1998 *Demographic Health Survey* (SADHS) both show a reversal of the downward trend, although there are differences in the estimated levels (Nannan et al, 2000). Adjustments are made to both sets of estimates due to differences and inherent biases in the different methodologies. A small upward adjustment is made to the DHS and a downward adjustment to the Census data which appear too high due to the inclusion of stillbirths incorrectly classified as live births who have died (Moultrie and Timæus, 2002)."

The ASSA-modelled estimates are made available on a yearly basis.

National Food Consumption Survey (NFCS): This was a cross-sectional survey in children aged 1 – 9 years in South Africa. A nationally representative sample with provincial representation was drawn using the Census 1996 data. The number of children included in the study was 3,120, allowing for over-representation of children from high-risk areas.

A total of 156 randomly selected Enumerator Areas (EA) were included in the survey. A qualifying household was defined as any household with at least one child aged between 1 – 9 years. A snowball sampling technique was used to establish a sampling frame in each EA of households with children in the prescribed age group. From the list of qualifying households, the required number of households for the survey in a given area was randomly selected. Five questionnaires were used in the study, and anthropometric assessments were carried out on each child in the study by trained fieldworkers. Standardised and internationally recognised methods were used for these assessments.

The results of the survey appear to be accurate, within the sampling framework used, at national and at provincial levels.

ASSA2003 AIDS and Demographic Model: Currently the only available data on HIV-related indicators are estimates based on modelling. The underlying assumptions of the model, however, are well accepted nationally and these are thus the best estimates that we have at present.

Estimates are obtained by using mathematical models. These models give an indication of the proportion of adults and children affected by HIV/AIDS. The demographic model is based on a wide range of available empirical evidence, for example, regular survey data and vital statistics, such as the antenatal clinic survey results and number of deaths from the population register (Dorrington, Bradshaw, Johnson & Budlender 2004). Data and modelled results are available at www.assa.org.za.

Sources

Dorrington RE, Bradshaw D, Johnson L & Budlender D (2004) *The Demographic Impact of HIV/AIDS in South Africa. National Indicators for 2004*. Cape Town: Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa.

Moultrie T & Timæus I (2002) *Trends in South African fertility between 1970 and 1998*. Cape Town: South African Medical Research Council, Burden of Disease Unit.

Nannan N, Bradshaw D, Timæus I & Dorrington R (2000) *The impact of HIV/AIDS on infant and child mortality in South Africa*. Abstract of poster MoPeD2507. XIIIth International AIDS Conference, Durban, South Africa, 8 – 13 July 2000.



About the contributors

Kashifa Abrahams is a senior researcher with the Child Health Services Programme at the Children's Institute, University of Cape Town. She has an MSc and a BSc in Occupational Therapy. Her research interests are health and development and her current research focus is on child survival.

Lizette Berry is a researcher in the Child Poverty Programme at the Children's Institute, University of Cape Town. She has an MA in Social Policy and Management. Her experience includes co-ordinating support services for children with physical and intellectual disabilities and conducting research on social security for children. She is currently developing a database of indicators on child rights and well-being as a tool for monitoring the situation of children in South Africa.

Debbie Budlender is a specialist researcher with the Community Agency for Social Enquiry (CASE) and is currently seconded to the Centre for Actuarial Research at the University of Cape Town. She has a BA Honours in Economics, an MA in Industrial Sociology and a BSc in Computer Science and Mathematics. She is overall co-ordinator of South Africa's Women's Budget Initiative and has served as a consultant to the Department of Finance, non-governmental organisations and other governments and donors in various countries. She serves on South Africa's Employment Conditions Commission and on the Council of the University of Cape Town.

Katharine Hall is a senior researcher in the Child Poverty Programme at the Children's Institute, University of Cape Town. She studied music and anthropology and has worked in applied social research for the past 10 years. Her research has spanned a range of sectors including health and health promotion, education, small, medium and micro enterprise (SMME) development, low-cost housing, housing finance and land tenure. Since joining the Children's Institute in 2004 her work has focused on the targeting of government services and poverty alleviation programmes for children.

Annie Leatt was the Child Poverty Programme manager at the Children's Institute, University of Cape Town until October 2006. As a social scientist, Annie has worked in university and non-government settings on issues of gender-based violence, HIV/AIDS, and poverty. Her research interests in the area of child poverty include social security, policy development and water and sanitation. She has taken up a research fellowship at the Wits Institute for Social and Economic Research (WISER) from 2007.

Prinslean Mahery is a researcher in the Child Rights Programme at the Children's Institute, University of Cape Town. She has a BA LLB and is currently completing her Masters degree in Constitutional Litigation. Her main research interests are children's rights, particularly children's right to health care services.

Double-Hugh Marera is a demographer in the Child Poverty Programme at the Children's Institute, University of Cape Town. He has a BSc Honours in Statistics and is currently finishing an MPhil in Demography with the Centre for Actuarial Research at the University of Cape Town. His research interests are in the mathematical modelling of HIV/AIDS and poverty and measuring the impact of antiretrovirals in reducing infant and child mortality. He is currently working with national survey and administrative data to develop indicators on the situation of children in South Africa.

Helen Meintjes is a senior researcher in the HIV/AIDS Programme at the Children's Institute, University of Cape Town. She has an MA in Social Anthropology and has worked primarily in policy research. Currently her main focus is on exploring issues relating to the provision of care and support to children in the context of the HIV/AIDS pandemic.

Jo Monson works as a materials development specialist at the Children's Institute, University of Cape Town. She has an MA in Drama and has worked extensively in the development sector across a range of communication fields including drama, radio, video and publishing. Her current focus is on making research findings accessible to a variety of different stakeholders.

Professor Njabulo S. Ndebele is Vice-Chancellor and Principal of the University of Cape Town. An established author, Ndebele served as President of the Congress of South African Writers for many years. He has done public service in South Africa in the areas of broadcasting policy, school curriculum in history, and the use of African languages as a media of instruction in higher education. He is a key figure in higher education both within South Africa and beyond. He recently became Chair of the Southern African Regional Universities Association and, after being on the Executive for many years, President of the Association of African Universities.

Archbishop Njongonkulu W. H. Ndungane is the Anglican Archbishop of Cape Town and Metropolitan of the Province of Southern Africa. An outspoken leader in building an inclusive society, he has also been deeply involved in campaigns to abolish third world debt, combat poverty, and tackle HIV/AIDS. In 2006 he launched African Monitor, a pan-African not-for-profit body harnessing the voice of the continent's civil society in monitoring and promoting the effective implementation of promises made by the international community, and African states' governments, for the continent's development.

Paula Proudlock has a BA (LLB) and a BA degree and is in the final stages of an MA in Public Law. She has nine years of experience in project and network management, children's rights and advocacy. Her particular interest is on promoting the participation of civil society in the policy and law-making process. She is a founding member of the Alliance for Children's Entitlement to Social Security (ACCESS) and currently serves on its board. She is also the manager of the Children's Bill Working Group and the Child Rights Programme at the Children's Institute, University of Cape Town.

Norma Rudolph is a senior researcher who is currently leading the Caring Schools Action Research Project at the Children's Institute, University of Cape Town. She has an MA in Education. Her research interests are communication for social change, child rights, teacher development, early childhood development and evaluation.

Maylene Shung-King is the acting director of the Children's Institute and until recently also managed the Child Health Programme at the Children's Institute, University of Cape Town. She is a medical doctor with further training in public health and has worked in the field of child health policy research for the past 10 years. Her current focus is on improving health services for children.

Charmaine Smith is the communication manager of the Children's Institute, University of Cape Town. She holds a National Diploma in Journalism, and a post-graduate diploma in writing and production for the media. After working in radio for several years, she moved to the development sector, where she has a special interest in communication for social change. She is the chairperson of the Board of Trustees of the Southern African Media and Gender Institute.

This 2006 issue of the *South African Child Gauge* focuses on children and poverty. It reviews some of the government's programmes and policies designed to relieve the poverty experienced by the majority of children in South Africa. A special data section presents a set of child-centred statistics on the demographics of children, and their access to social assistance, education, housing, health and other services.

The *South African Child Gauge 2006* is accompanied by a pull-out map of South Africa that provides a provincial portrait of a few key child-centred socio-economic indicators.

The *South African Child Gauge* is produced annually by the Children's Institute, University of Cape Town, to track government and civil society's progress towards realising child rights. The Children's Institute aims to contribute to policies, laws and interventions that promote equity and realise the rights and improve the conditions of all children in South Africa, through research, advocacy, education and technical support.

ISBN: 978-0-7992-2368-2

46 Sawkins Road, Rondebosch
Cape Town, 7700, South Africa
Tel: +27 21 689 5404
Fax: +27 21 689 8330
E-mail: info@ci.org.za
Web: www.ci.org.za

