



Biennial Report

2023 - 2024

RESEARCH | ADVOCACY | EDUCATION



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD
FACULTY OF HEALTH SCIENCES



**CHILDREN'S
INSTITUTE**



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“The CI’s trajectory inspires confidence in the ambitions set out in its new strategic plan, toward becoming a hub of excellence for child-centred research, education and advocacy in the Global South.”

Associate Professor Tracey Naledi

Message from our Chairperson

Effecting positive change for children

As the evidence put forward by the Children’s Institute (CI) over the past two years shows, the situation of children in South Africa is worsening in many ways. Young children in South Africa are more likely to live in poverty, suffer from food insecurity and malnutrition, and die before their fifth birthday than they were before the COVID-19 pandemic.

The rise in these adverse outcomes demands urgency, and collective and innovative evidence-based action. The CI is uniquely placed to lead these efforts, thanks to its continued strengths: interdisciplinary and intersectoral methodologies; the leveraging of a range of advocacy strategies that include knowledge translation and technical support; and the development of a children’s workforce through education and training.

This 2023 – 2024 edition of the CI’s biennial report highlights how those strengths are translated into major wins in effecting positive change for children. Among the achievements, which also address the UN Sustainable Development Goals, were the building of an early childhood development community partnership to strengthen safety, inclusion and participation, through an international research consortium; and the provision of technical support to the national government that helped to grow the monthly Child Support Grant by R30 in 2023 – adding R4.6 billion to social assistance for children.

In addition to the many substantive achievements (read about these on page 8), the CI welcomed new leadership in 2023. Associate Professor Wiedaad Slemming took the mantle of Director from Professor Shanaaz Mathews, who had led the CI for over a decade. The Advisory Board is appreciative to Professor Mathews for her tenure, and the many milestones achieved during that period, including the accreditation of the CI as a research unit within the University of Cape Town.

On that note, I’m pleased to congratulate the CI team on securing reaccreditation by the University Research Committee in 2024. I share with pride that the reviewers recognised that the CI’s child-centred approach and social responsiveness are major strengths; that the CI is a leader in engaged scholarship and knowledge translation to address systemic barriers and effect positive transformation for children in South Africa and beyond; and that the CI is methodologically innovative, leading discussions with global partners in ethical participatory and decolonial methodologies.

The CI’s trajectory inspires confidence in the ambitions set out in its new strategic plan, toward becoming a hub of excellence for child-centred research, education and advocacy in the Global South. I look forward to sharing the progress in this regard in the next edition of the biennial report, as well as then reflecting on the long-term impact of the CI as it marks its 25th anniversary in 2026.

Welcome to the new members of our Advisory Board (meet them on page 49), who will support and oversee the work of the CI for a three-year term. My sincere thanks to the staff of the CI, as well as its partners, funders and supporters, for your contribution to the realisation of a society in which children are valued, nurtured, and protected, and in which they can participate, develop, and thrive.

Tracey

Associate Professor Tracey Naledi

CI Advisory Board Chairperson

Deputy Dean: Faculty of Health Sciences,
University of Cape Town

Message from our Director

Sharpened strategies and expanding capacity



It has been an eventful and fulfilling two years since I was appointed as the Director of the Children's Institute (CI). Over this time we have sharpened our strategies, started to expand our capacity and have secured major gains in advancing children's rights.

Thank you to Professor Shanaaz Mathews and the CI Board for their support in making the leadership transition as seamless as possible during a particularly busy time for the organisation. At the start of my tenure, the CI was preparing for its first University Research Committee (URC) review since accreditation as a research unit of the University of Cape Town (UCT). This was an important milestone to reflect on achievements and receive guidance to overcome challenges and strengthen the CI's work. The feedback from the external reviewers and the URC was constructive and encouraging, and will aid our efforts to enhance and expand our research footprint within and outside of UCT.

“At a time when South Africa and the world are seeking solutions to complex societal challenges, the evidence reminds us that the answers lie in early childhood.”

Associate Professor Wiedaad Slemming

This process has informed our strategy for the next five years, steering us into new directions. We now have an additional thematic area on 'Securing Futures for Children', recognising that children are growing up in a time of polycrisis. To ensure that our research agenda remains relevant and responsive to emerging challenges facing children and families, we are creating spaces to share evidence, innovations in theory, ethical practice, and research methods. We want to equip policymakers, practitioners, civil society, children and youth with the knowledge and tools to maximise opportunities to address challenges for children and youth, in a changing world. Over the next five years, we will continue to intensify our efforts toward becoming a hub of excellence for child-centred research, education, and advocacy in the Global South – firmly rooted in the African continent and actively engaging with the pressing challenges facing South Africa's children.

In 2023 and 2024, our work and its impact were showcased on several platforms:

- Lori Lake, as the commissioning editor and CI representative for the *South African Child Gauge*, was selected as a finalist for the NSTF-South32 Awards ('the science Oscars') in 2023 – a prestigious acknowledgement of the scientific contribution of the *Child Gauge*.
- Our work on page 20 and page 34 was profiled in the [2023 UCT Sustainability and the SDGs report](#).
- We contributed to a Presidency-led process to draft a National Strategy for Accelerated Action for Children (NSAAC). The CI co-led two working groups on child poverty, and health and nutrition. We also drafted an overarching framing document on early childhood development to inform the process.
- For the multi-country Group Care for the First 1000 Days project, the CI led the development of a toolkit which is a resource to guide the introduction and implementation of group-based antenatal care in new settings. The toolkit and the CI have been commended for excellence in innovation by the European Commission.
- Through the International Canadian Child Rights Partnership (ICCRP), South African children and

youths met with their peers at a conference in Canada to discuss and review research methods – uniquely including them in the design phase of multi-country research on intergenerational partnerships to advance their rights.

In collaboration with our partners, we launched the fourth edition of the *Early Childhood Review* in July 2024 – an overview of data and commentary on over 50 carefully selected indicators on the status of children under six, as well as service delivery progress across five domains. The following month, we launched the 17th issue of the *South African Child Gauge*, which focused attention on early childhood development – from conception until the start of formal school. At a time when South Africa and the world are seeking solutions to complex societal challenges, the evidence reminds us that the answers lie in early childhood.

At the same time, we also launched our new visual identity. While the focus of our work is often of a difficult nature, our new branding conveys hope, and the vibrance of childhood and youth. The icon within our new logo symbolises a transformation from the current reality of crises to a future in which all children thrive. We are steadfastly working toward the realisation of that future.

I extend my gratitude to the CI Advisory Board, our funders and many partners who have supported us through these important processes and milestones. And to the CI staff – your work ethic, commitment to the cause and constant striving for excellence is inspiring. A heartfelt congratulations to Dr Marsha Orgill for completing her PhD in 2024 and to Leanne Jansen-Thomas, our communications strategist, for achieving her Honours in Media Theory and Practice.

Through our collective efforts, I look forward to actioning our new strategy, fortifying our partnerships, and growing our impact.

Wiedaad

Associate Professor Wiedaad Slemming

Director: Children's Institute, University of Cape Town



We combine the rigour of academic enquiry and the energy of civil society activism to promote the design and implementation of laws and services that enable all children to thrive.

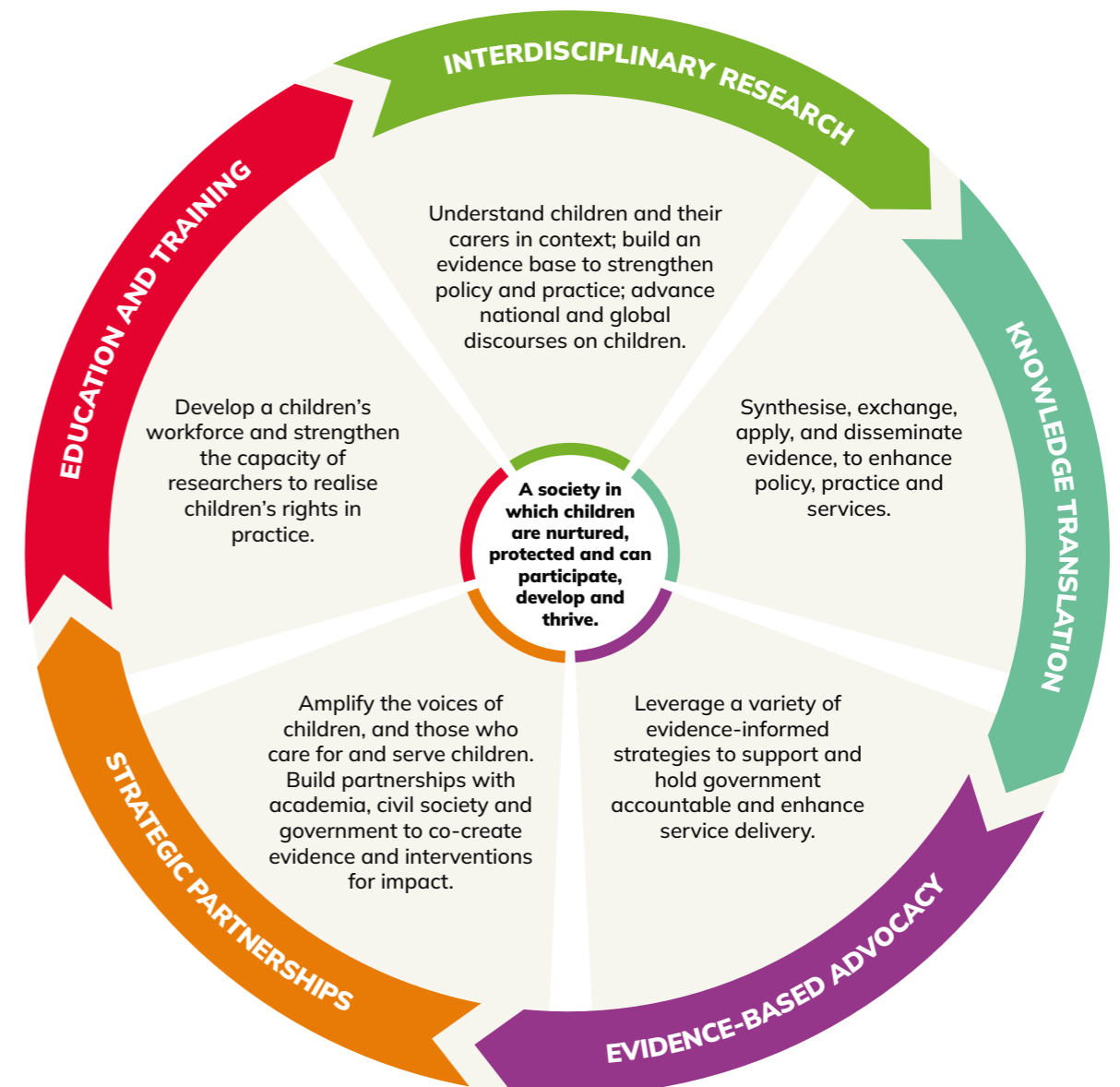
Who we are and how we work

We are an applied research unit, proactively engaged in addressing the challenges facing children in South Africa through interdisciplinary and child-centred research, advocacy and education. We combine the rigour of academic enquiry and the energy of civil society activism to explore the tensions between policy, practice and children's lived realities; and to promote the design and implementation of laws and services that enable all children to thrive.

Our thematic areas of work:

- Monitoring advancement of children's rights
- Reducing poverty and inequality
- Protecting children from violence
- Enhancing health and development
- Promoting children's voice and agency
- Securing futures for children

How we work:



Some of our impacts in 2023 and 2024



We are **improving awareness** – among the public, paralegals, social workers, child and youth care workers, and South African Social Security Agency officials – that children without birth certificates are eligible for social grants.



Our shadow reports to the UN Committee on the Rights of the Child (UNCRC) **contributed to the UNCRC recommendation** that the State should “ensure that the sectors relevant for children’s rights are not affected by inflation, budget cuts or adverse economic conditions”.



By **introducing group antenatal care** into the South African public health system, we are testing new models of care that can contribute to improving the health and well-being of pregnant women.



By providing **technical support to national government**, we helped grow the monthly Child Support Grant by R30 in 2023 – adding R4.6 billion to social assistance for children.



We contributed to the development of a **World Health Organization model policy** (template) that health professional associations across the world may use when drafting their own policies aimed at ensuring that sponsorship from the formula milk industry does not introduce conflicts of interest that may compromise their primary commitment to clinical care.



We built an **early childhood development community partnership** through establishing a community advisory board, as part of the SIPP international research project. Throughout this project, the board and the research team worked together to strengthen safety, inclusion and participation in education for young children.



We contributed to a court order obliging the South African Council for Educators **to revise its mandatory sanctions document for teachers** found guilty of assaulting learners, and to promote rehabilitation of teachers prior to returning to the classroom.



We helped child protection NGOs in the Western Cape **to advocate for increased funding in the context of stagnant government subsidies**, resulting in an additional R20 million allocation and a 10% increase in subsidies from 2023/24 onwards.



Our child rights teaching continues **to build leadership for child health** – with 48 health professionals completing our child rights and advocacy courses in 2023 and 2024.



Our legal advocacy has **increased the number of children without birth certificates who are benefitting from grants**, from 30,000 in 2019 to 50,000 in 2023.



We secured a court order **protecting children from being denied birth registration or identity documents (IDs)** when their parents’ IDs have been blocked by the Department of Home Affairs.



Monitoring advancement of children's rights

- The South African Child Gauge 2024
- Children Count
- The Early Childhood Review
- Shadow reports



Monitoring advancement of children’s rights



The 2024 *Child Gauge* editors, authors and contributors alongside Professor Lionel Green-Thompson, Dean of UCT’s Faculty of Health Sciences (far left, back row).

The South African Child Gauge 2024: Enhancing early childhood development

Lori Lake, the commissioning editor for the *South African Child Gauge*, was selected as a finalist for the 2022/2023 NSTF-South32 Awards. This situates our flagship publication as a leader in scientific communication. The National Science and Technology Forum (NSTF) Awards are the most prestigious science, engineering, technology research awards in South Africa. Being selected as a finalist is an important acknowledgement of the scientific contribution of the *Child Gauge*. The *Child Gauge* was notably the only child-focused initiative in the communication category.



The *South African Child Gauge* is the flagship publication of the Children’s Institute and the 2024 issue brought together over 50 contributors from across the country to track progress since the inception of the National Integrated Early Childhood Development (ECD) Policy in 2015 and set an agenda for 2030. The editorial team was led by our Director, Associate Professor Wiedaad Slemming, and Dr Linda Biersteker with support from the broader advisory committee that included national and global thought leaders in the field, as well as representatives from the Departments of Health and Basic Education, and the National Planning Commission, to ensure our thinking was informed by – and aligned to – the needs of policymakers. In the same way, the convening of the authors provided an opportunity to transcend disciplinary silos and engage in deep discussion about what is needed to enhance ECD.

This 17th issue of the *Child Gauge* was published in partnership with UNICEF South Africa; the DSI-NRF Centre for Excellence in Human Development, University of the Witwatersrand; the Standard Bank Tutuwa Community Foundation; and The LEGO Foundation.

The [series of 12 chapters](#) help unpack the science of ECD, outlining the policy vision and the status of ECD, before identifying opportunities to enhance healthcare, early learning and support for families and caregivers, and for strengthening the building blocks of the ECD system to address the systemic challenges that so often hamper implementation.

We were honoured to have the First Lady of South Africa, Dr Tshepo Motsepe, deliver the opening address at the launch, with her presence helping to elevate and

amplify our call to action. The high-profile launch and media campaign generated over 110 news headlines and news items in [print](#), [broadcast](#) and [online media](#) with a combined reach of 156 million, valued at over R4 million, and helped to reframe national dialogue about the development of our youngest children.

A series of ongoing policy engagements are helping ensure that the findings and recommendations gain traction with key decision makers.

Key findings and recommendations

The 2024 *Child Gauge* highlights critical gaps in services that are compromising the health and development of our youngest children: one in five infants are not fully immunised by their first birthday; one in six children living in poverty do not receive a Child Support Grant (CSG); only two in three children aged three to five-years-old are accessing an early learning programme; and less than half of four to five-year-olds attending early learning



South Africa’s First Lady and SACSoWACH Patron, Dr Tshepo Motsepe, delivered the opening remarks at the launch of the *South African Child Gauge* 2024.



The launch secured a significant amount of media attention, with live coverage by SABC News.

programmes are developmentally on track for their age. In recent years we have also seen an increase in child poverty, malnutrition and under-five mortality, with one in 25 children dying before their fifth birthday. These adverse outcomes are likely to intensify as austerity cuts further erode children’s access to health, education and social services.

It is therefore of grave concern that the suite of ECD interventions remain chronically underfunded, with investments skewed towards older children. Urgent action is needed to reverse these trends and safeguard children’s health, survival and development.

Key recommendations include:

- Strengthening care and support for pregnant women – by intervening early through the health system to address challenges such as domestic violence and introducing income support to improve maternal nutrition and mental health as well as foetal growth and brain development.
- Enhancing support for parents and caregivers – by ensuring early access to the CSG, introducing affordable childcare, and encouraging men to play an active role in the care of young children.

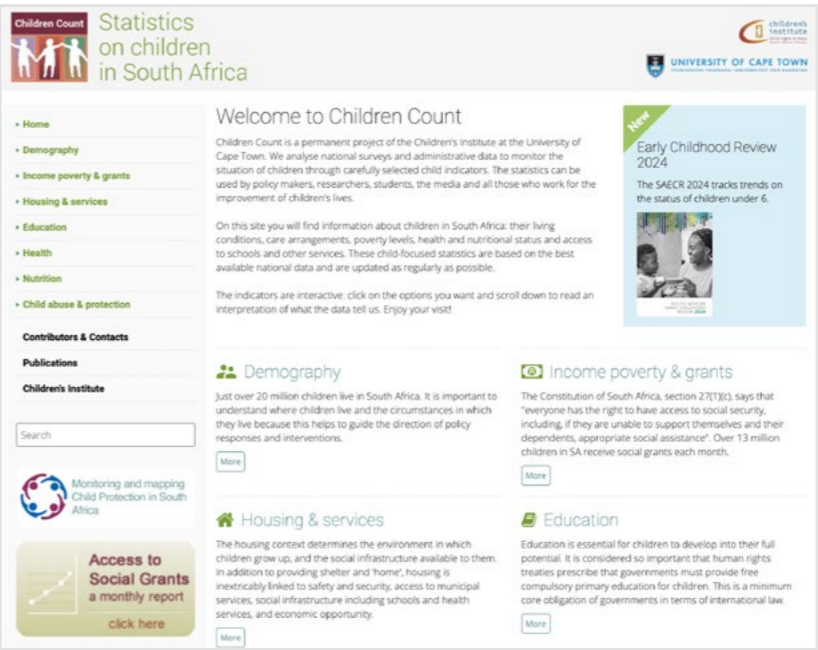
- Addressing the growing burden of under- and overnutrition – by increasing the value of the CSG to the food poverty line so that it meets the costs of feeding a child.
- Improving the quality of early learning programmes – by streamlining the registration of early learning programmes, increasing the value of the ECD subsidy, and investing in the professional development of ECD practitioners and principals.
- Intervening as early as possible to support children in need of extra care and protection – by building the capacity of frontline workers to respond to danger signs and strengthening referral systems to address multiple forms of adversity.

At a time when South Africa is seeking solutions to complex societal challenges, the findings of the 2024 *Child Gauge* remind us that the answers lie in early childhood – as it is these early investments that offer the highest returns.



The launch of the 17th issue of the *Child Gauge* held at UCT’s Hasso Plattner d-school Afrika, gathered a community of researchers, policymakers and practitioners committed to enhancing the development of young children.

Children Count



Our [Children Count](#) project draws on national household surveys and administrative data to monitor the realisation of children’s rights by analysing trends in child indicators. Children Count covers 40 indicators in six domains linked to children’s socio-economic, education, health, nutrition, care and protection rights.

The statistics are updated annually, allowing for trend analysis, and are published on the Children Count website and in the *Child Gauge*. They are used in shadow reports to human rights treaty bodies, are frequently quoted in government strategy and planning documents, and are useful tools for advocacy campaigns. The Children Count website recorded 11,000 active users in 2023 and over 15,000 in 2024, with 62,000 page views over the two years.

The main data used for Children Count are from the General Household Survey (GHS), which is conducted annually by Statistics South Africa. We analyse the raw data to derive child-centred estimates for the Children Count indicators. The GHS survey sample was reduced during the COVID-19 lockdown years of 2020 and 2021 when interviews had to be conducted telephonically. This resulted in some sample bias. Fortunately, the full face-to-face sample was resumed in 2022, and those

results were analysed and published in the 2024 *Child Gauge*.

Children Count has tracked statistics on children since 2002. In 2022 there were over 20 million children in South Africa – a third of the population being under 18 years. Compared with the adult population, children have always been over-represented in the more rural provinces where they can be cared for, but processes of urbanisation are also visible in rising child population shares, particularly in the Western Cape and Gauteng. Given concerns about the reliability of the 2022 Population Census data due to a substantial under-count, it has

not been possible to calibrate the GHS demographic estimates against the Census results.

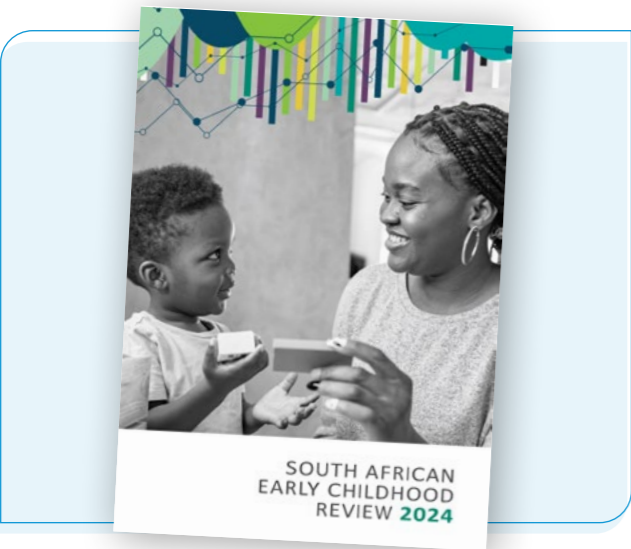
Recent trends suggest that the lockdown had significant and potentially far-reaching impacts for children, setting the country back on its development path.

The 2022 analysis showed recovery in many areas – for example, early learning attendance rates, which had plummeted in 2020, recovered to 91% among five to six-year-olds. However, the child poverty rates remained substantially above pre-COVID levels while child malnutrition and mortality rates continued to rise.

In 2023 and 2024 we analysed the GHS data on food security in preparation for expanding the nutrition and food security indicators, and we analysed vital registration data to develop indicators on birth registration rates.

The Early Childhood Review

The Early Childhood Review (ECR) is a statistical report on young children in South Africa. It draws on and expands Children Count indicators, and is developed in collaboration with Ilifa Labantwana, DataDrive2030, Grow Great, the Department for Planning, Monitoring and Evaluation in the Presidency, and the Department of Basic Education.



The ECR highlights the need for investment in early childhood development (ECD), and promotes awareness and dialogue among key government, donor and civil society stakeholders who lead planning and policy development processes. The publication tracks progress in the delivery of a cross-sectoral ‘Essential Package’ of services to children in the first six years of their life. It is widely used by government officials, researchers and practitioners working in the early childhood sector. We published the [fourth edition of the ECR](#) in July 2024.

The ECR highlights that poverty rates among young children rose sharply during the COVID-19 pandemic and then remained high – with 70% of children under six years below the upper bound poverty line. A chapter on **maternal and child health** highlights the impact of the pandemic on health service utilisation and health outcomes. Uptake of antenatal and postnatal care declined in 2020, but recovered subsequently, as did early immunisation, where the under-one coverage rate is now approaching the national target of 90%.

The nutrition chapter points to a possible rise in malnutrition. Substantial numbers of young children live in households that run out of food or reduce the diversity of their diet due to lack of money.

The findings point to the urgent need for comprehensive and multi-sectoral interventions to address malnutrition. Income support and social services are vital for ensuring that households with young children can provide the necessary nutrition, care and support. The **social protection** chapter discusses the erosion in the value of the Child Support Grant, the declining number of infants receiving it, and the associated decline in early birth registration. It also draws attention to the low capacity of the social welfare system, which is inadequately resourced, and limited in both the responsive service delivery it can provide and systematic data systems to enable monitoring of demand and response.

The **early learning** chapter discusses recent advancements in the early learning sector, including improved systems to monitor provisioning and outcomes. Drawing on the Thrive by Five index, the ECR reports that only 46% of children aged 50 – 59 months who attended early programmes were ‘on track’, in that they can perform learning tasks expected of their age. Access and outcomes remain highly inequitable, and static budget allocations need to be addressed. The 2024 ECR also considers the needs and situation of **caregivers**, as their well-being profoundly influences children’s early development.

All of this indicator work has led to an opportunity to develop an ECD dashboard for the Department of Basic Education (DBE) to use in tracking outcomes and services for young children. Ilifa Labantwana invited us and others to partner with them in the development of the database and data visualisation (dashboard) for the DBE.

Shadow reports

We led two shadow reports to the United Nations Committee on the Rights of the Child (UNCRC), [one in our own name](#) and [a second as part of the Network of Child Health Advocates](#). We provided evidence of rising child poverty, malnutrition and mortality since COVID-19 amid increased budget austerity, and requested the UNCRC to recommend that children’s services and grants should be adequately funded and protected from budget cuts. Our submissions drew on children’s constitutional rights to social assistance, basic nutrition, and basic health care services; recent South African case law on the right to basic nutrition; and guidance from the UNCRC’s General Comment 19 on Public Budgeting for Children’s Rights which stipulates that even in times of economic crisis “regressive measures may only be considered after assessing all other options and ensuring that children are the last to be affected, especially those in vulnerable situations”.

This argument was repeated by the UNCRC when it met with the South African government delegation in January 2024, where UNCRC member Phillip Jaffe urged that “children should be exempted from fiscal tightness, or at least prioritised”.

This argument was included in the UNCRC’s Concluding Observations issued in February 2024, in which it stated that South Africa should: “Allocate adequate budgetary resources, in accordance with article 4 of the Convention, for the implementation of children’s rights, in particular the social sectors, to ensure that the sectors relevant for children’s rights are not affected by inflation, budget cuts or adverse economic conditions”.





Reducing poverty and inequality

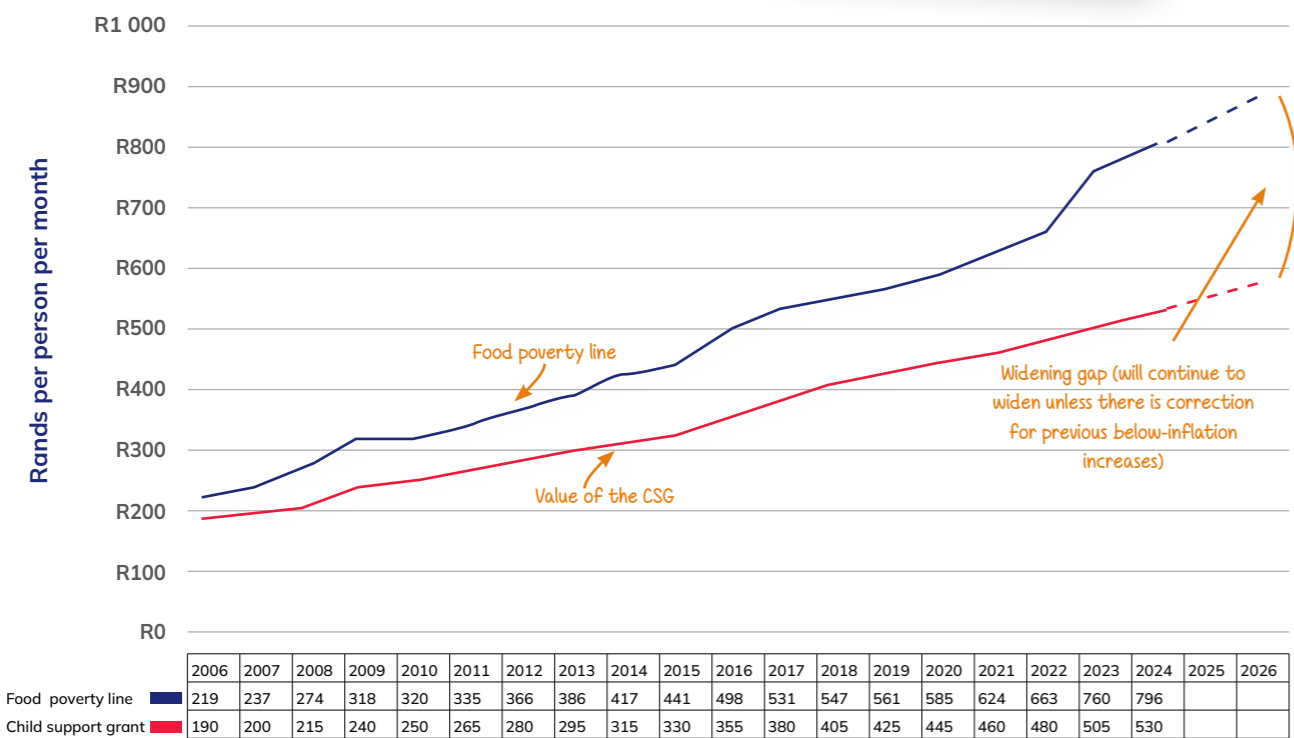
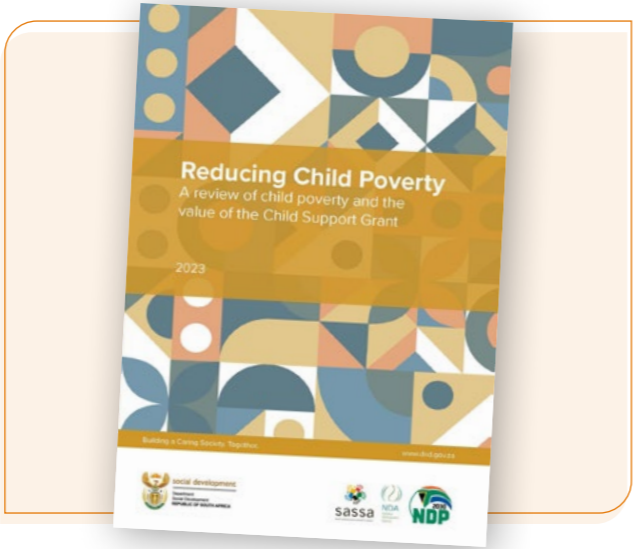
- Child poverty reduction through social assistance
- The CSG Top-Up for orphans
- LifeStart: Addressing exclusions in birth registration and social grants
- Invisible children: Legal services for children and their families



Reducing poverty and inequality

Child poverty reduction through social assistance

The Child Support Grant (CSG) is acclaimed for being strongly pro-poor and a key poverty alleviation strategy in South Africa's social protection system. The CSG reaches approximately 13 million children each month. Previous studies have shown that it not only reduces child poverty but also improves outcomes for children in the areas of health, nutrition, birth registration and education.



Key speakers at the launch of the report that we prepared for government on reducing child poverty: former Minister of Social Development Lindiwe Zulu, Children's Institute researchers Dr Katharine Hall and Paula Proudlock, and Mastoera Sadan from the Department of Planning, Monitoring and Evaluation.

But the impact of the CSG is limited because its monthly value, which was initially linked to the cost of basic food and clothing, has been eroded over time and no longer meets the costs of survival. Child poverty rates spiked during the lockdown but did not recover to pre-COVID-19 levels in the subsequent years, despite the expansion of social assistance to include unemployed adults. There were signs that child malnutrition has continued to rise too.

Our calls to increase the CSG gained traction in 2023 and 2024: following our submission to the South African Human Rights Commission it recommended that the CSG be restored to the value of the food poverty line, and following our shadow report to the UN Committee on the Rights of the Child, its concluding observations recommended that further resources be added to the social assistance programme to address child hunger.

The national Department of Social Development (DSD) commissioned us to prepare a [report on child poverty trends](#), including evidence on the impact of social grants, South Africa's constitutional obligations, and recommendations for options to increase the value of the CSG based on scenario modelling. The report was launched by the Minister of Social Development at a high-level event hosted by the Nelson Mandela Foundation in October 2023.

Our models show that food poverty among children could be eliminated entirely if the CSG were increased to the upper bound poverty line (R1,634 per month in 2024 Rands). However, this would have cost an additional R161 billion in the 2022/23 financial year and was not regarded

as a feasible option in a time of fiscal austerity. Restoring the CSG to the food poverty line would have cost a much lower R23 billion in 2022/23 Rands. This would reduce the child food poverty rate from 38% to 25% and substantially reduce the depth of poverty for those below the poverty line. It would also reach 70% of the poorest households, and 72% of unemployed working-age women. We also modelled a phased approach to increasing the CSG, starting with the youngest children and gradually rolling out the increase.

During 2024 we contributed to a Presidency-led process to draft a National Strategy for Accelerated Action for Children (NSAAC). We worked with the DSD in drafting a discussion paper on child poverty and policy options, and co-led the Child Poverty Working Group. The NSAAC, finalised in late 2024, includes restoring the CSG to the food poverty line as one of the key cross-cutting 'game-changers' that could accelerate the achievement of several child well-being outcomes. We undertook budget analysis and provided technical support to the DSD for sustained and expanded social assistance for children, which culminated in the CSG being increased by R30 in 2023, instead of the planned zero-increase. This amounted to an additional budget investment of R4,6 billion in the financial year and prevented further erosion of the grant value.

The initial CSG modelling work was funded through a contract with the DSD. Additional funding from the ELMA Foundation, together with the RAITH Foundation, enabled us to extend and amplify our efforts to protect children's rights in a time of social spending cuts.

The CSG Top-Up for orphans in the care of relatives

Following years of litigation, advocacy and technical support to government, led by us and the Centre for Child Law (CCL), the Social Assistance Act was amended in 2022 to provide a higher value Child Support Grant (called the CSG Top-Up) for orphans living with relatives. This was aimed at preventing families caring for orphans from having to obtain a foster care order from a Children's Court before they could access adequate social assistance for the child's basic needs.

During 2023, we focused our attention on the regulations to the Children's Act. The regulations represented an opportunity to provide guidance to social workers and children's courts on how to refer the relatives of orphans immediately to SASSA for the CSG Top-Up, rather than taking the Children's Court route which delays access to desperately needed poverty relief. We made a [joint submission](#) with CCL and the Children in Distress Network

on the draft regulations, motivating for substantive changes to enable this shift in practice.

Many of the problematic draft regulations were removed in the final regulations because of our advocacy but the final regulations unfortunately do not expressly direct social workers toward the CSG Top-Up option.

However, limited social work resources and lengthy court processes – as compared to the easy availability of the CSG Top-Up directly from SASSA – is resulting in a continued decline in the reach of the Foster Child Grant (FCG), while access to the CSG Top-Up is increasing. The CSG Top-Up was reaching 80,000 orphans by September 2024, while the FCG had declined by 50,000 children over 2023 and 2024.

LifeStart: Addressing exclusions in birth registration and social grants

Numerous studies have shown the positive effects of the Child Support Grant (CSG), especially if it is accessed early and continuously. However, the benefits of the CSG do not reach all who are eligible to receive it. Between 2.2 million and 3.1 million eligible children are estimated to be excluded. Lack of documentation (IDs of caregivers and birth certificates of children) is cited as the most common barrier to early CSG access.

Uptake of the CSG for infants (children younger than one) has been a long-term challenge, being substantially lower than for other age groups. Our ongoing tracking of grant beneficiary numbers shows that, after gradual improvement in the decade leading up to 2020, the number of infants benefiting from the grant decreased again and continued to fall ever since, reversing years of progress. In 2024, the number of infants reached by the CSG sank to its lowest level in over a decade. Simultaneously, there has been a decline in both early and late birth registration in the years following the COVID-19 outbreak, although

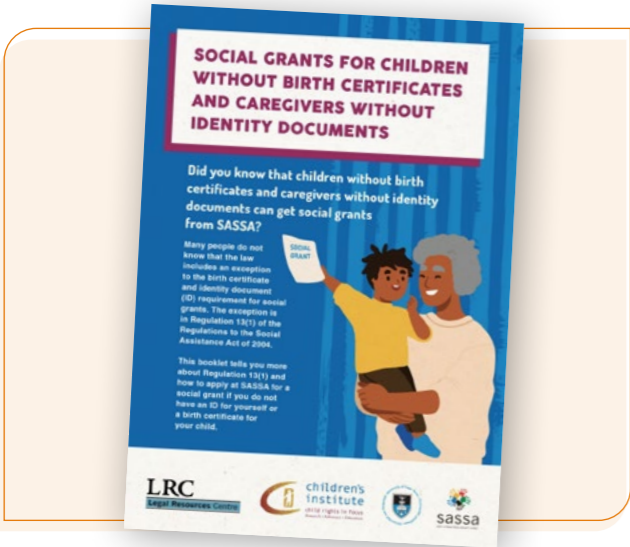
births have increased from around 200,000 per year to over 300,000.

In 2024 we developed the LifeStart project, which aims to leverage systems that are already planned to be implemented at scale (for example, birth registration desks in maternity facilities), and to develop, pilot and evaluate new system innovations to increase both early birth registration and early uptake of the CSG. The formative phase of the project began in 2024 and includes scoping the extent and nature of barriers, reviewing best practice, conducting systems mapping processes and stakeholder engagements. Because of the intersectoral nature of the challenge, we aim to work in partnership with the relevant government departments – Health, Home Affairs, Social Development and SASSA.

The first phase of the LifeStart project is partially funded by the DG Murray Trust, with additional support from the Millennium Trust in 2024 and 2025.



Invisible children: Legal services for children and their families



There is a little-known proviso in the law that enables people without identity documents (IDs) or birth certificates, who are otherwise eligible for social grants, to apply for grants using alternative identifying documents. This option is difficult to achieve in practice as it is not publicised or encouraged, and SASSA has in the past implemented a practice of terminating these ‘Regulation 13(1)’ grants after three months. As a result of our legal interventions and advocacy work, in 2020, the Minister of Social Development issued a moratorium on the three-month cancellation practice, which has been extended every year until March 2025.

In partnership with the Legal Resources Centre, we created a [user-friendly guide](#) (in English and isiXhosa) on how to apply for a social grant for a child without a birth certificate using the Regulation 13(1) procedure. We disseminated the guide through [social media](#) (complemented by radio interviews) and ran training workshops for paralegals, attorneys, legal advice offices, non-governmental organisations and government officials.

Our legal services project, ongoing since 2018, continues to provide legal services to families with unregistered children – supporting over 300 caregivers and children across the country to apply for their IDs and birth certificates, and access social grants while awaiting their documents from Home Affairs.

We have established an intersectoral forum in the OR Tambo District in the Eastern Cape to promote access to social grants for unregistered children and improve referral systems between relevant government departments.

We worked through Parliament to obtain information on the size of the backlog in late registration of birth (260,000 undecided applications) and we identified the categories of children who tend to be excluded from birth registration and the systemic barriers causing this exclusion. These include children born to young mothers who cannot obtain their own IDs because they were orphaned or abandoned when they were children, children being cared for by unmarried fathers, children who have a non-South African parent, children who have moved across provinces, and children whose parents’ IDs have been blocked.

Through this work we can identify a range of systemic and procedural obstacles and compile detailed evidence for public interest litigation.

Litigation

In mid-2023, Lawyers for Human Rights launched a court case to have the Department of Home Affairs’ practice of blocking IDs declared unconstitutional. We joined the case as an amicus (friend of the court), represented by the Centre for Child Law. The case was not focused on children specifically, so the purpose of [our intervention](#) was to demonstrate how blocking an adult’s ID deprives their children of birth registration. Our evidence was based on the experiences of clients in our legal services project.

The case was heard in September 2023 and judgment was delivered in January 2024. The court ordered Home Affairs to:

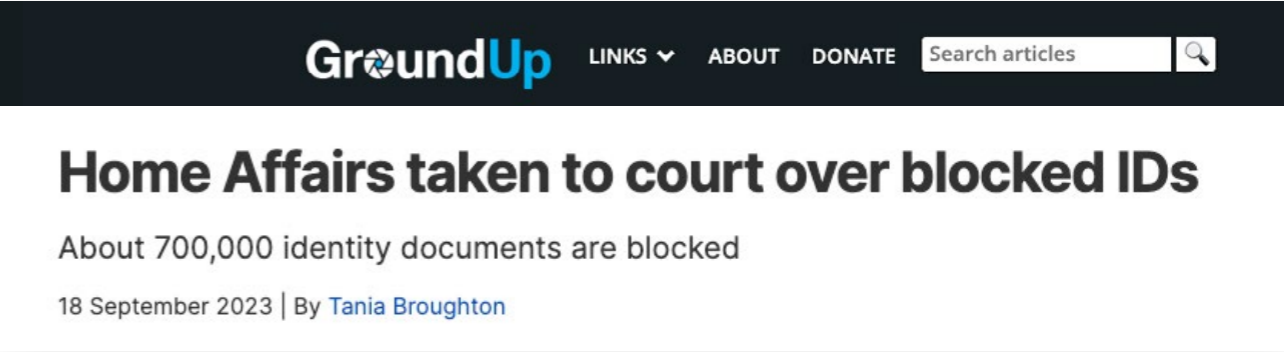
- a. unblock the IDs of children immediately and report to the court within 12 weeks that it has done so;
- b. stop preventing birth registration of children while their parents’ IDs are being investigated by Home Affairs; and
- c. refrain from blocking a child’s ID unless having obtained a court order allowing it to do so.

We prepared three other cases in 2024 to challenge unlawful exclusions from birth registration and will launch litigation proceedings in 2025.

Our Invisible Children work is funded by the Millennium Trust as well as our primary donors the ELMA Foundation, RAITH Foundation and the Constitutionalism Fund.



Children's Institute Researcher, Mbonisi Nyathi, alongside Centre for Child Law Senior Attorney, Liesl Muller, at the September 2023 hearing of the 'blocked IDs case' against the Department of Home Affairs.



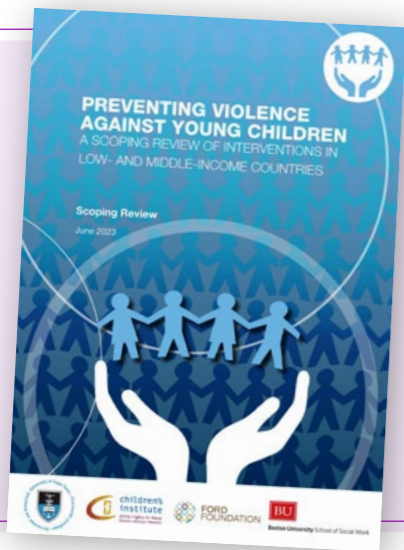


Protecting children from violence

- Violence prevention in early childhood
- Child protection and the intersections of violence
- Preventing corporal punishment in schools
- Supporting street youth to be resilient – 2REST



Protecting children from violence



Violence prevention in early childhood

Experiences in the early years of life lay the foundation for a child's future health and well-being, making this a crucial window of opportunity for supporting children's cognitive, social, emotional and physical development. Young children need safe, stable and stimulating environments that are sensitive to their cognitive, health and nutritional needs, and consistent and responsive care to thrive.

Poverty and adverse childhood experiences have long-term effects on brain development and cognition, and an accumulation of adversities can disrupt brain development, attachment and early learning.

In partnership with Boston University's Centre for Innovation in Social Work and Health, as well as ECD resource and training organisation True North, we undertook [a scoping review](#) seeking to address a gap in the evidence base regarding interventions to prevent violence against young children, particularly in high-burden contexts like South Africa.

This scoping review maps promising programmatic approaches and interventions to prevent violence against children in the early years in low- and middle-income countries (LMIC) and synthesises the lessons for developing, implementing or scaling up such initiatives in low-resource settings. The review forms part of a broader initiative to inform the development of innovative, evidence-based, and community-informed interventions to prevent violence against young children in South Africa.



The National Strategic Plan on Gender-Based Violence and Femicide does not adequately integrate children's needs.

In memoriam



Carol Bower

In December 2024, we mourned the passing of Carol Bower, a pioneering advocate for survivors of sexual violence and a tireless champion for children's rights. She leaves a legacy of compassion, resilience and unwavering dedication to gender justice.

In addition to her work with Rape Crisis, Carol was a founding member and Director of RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect). Through RAPCAN, she worked tirelessly to protect vulnerable children and their rights, ensuring their voices were heard and needs met.

Carol played a pivotal role in the campaign to end corporal punishment in the home in South Africa. She led the Children's Bill Working Group on Corporal Punishment, and organised campaigners across the country to participate in public hearings. She consistently highlighted the negative impacts

of corporal punishment on children's development and well-being, drawing on a growing body of research showing its harm. One of her most significant contributions was her involvement in a complaint lodged with the SA Human Rights Commission (SAHRC) in 2013. Alongside other activists and organisations, Carol objected to the Joshua Generation Church parenting manual, which promoted the use of corporal punishment on young children. The investigation led to the SAHRC calling for a ban. Her dedication has left a lasting impact on child protection policies in South Africa, contributing to a safer and more nurturing environment for children.

Carol's legacy is one of courage, empathy and relentless pursuit of justice. She will be remembered not only for her significant contributions to the fields of sexual violence prevention and child protection but also for her kindness, laughter, strength, and unwavering belief in the power of community and advocacy.

Her memory will live on in the hearts of those who knew her and in the continued efforts to create a safer, more compassionate world.

Rest in peace, Carol Bower. Your light and leadership will continue to guide us.

Child protection and the intersections of violence

Rates of child abuse and neglect are extremely high in South Africa.

Unfortunately, over the past two years government budget freezes and austerity measures have significantly reduced resources for child protection services. The high burden of violence against women (VAW) exacerbates the situation, as many children witness domestic

violence, increasing their risk of abuse. Efforts to address these issues are hampered by fragmented government planning and funding, with the National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF) failing to integrate children's needs adequately. Political disputes and leadership crises within the national Department of Social Development have further stalled progress, leading to reduced funding for NGOs providing essential child protection services.

South African Child Gauge 2024/25 on the intersections between VAW and VAC

The 2024/25 edition of the South African Child Gauge will focus on the intersections between violence against women (VAW) and violence against children (VAC), and the need for joint planning and programming to address these issues.

The process of developing the Child Gauge partnerships, chapters and key messages will promote awareness and stimulate debate and dialogue among key target stakeholders and audiences.

Sustaining investment in child protection services

In the Western Cape, government subsidies to NGOs were frozen for five years from 2018 to 2023, effectively reducing funding by 25% for child protection services. In 2023, alongside the Western Cape Children’s Commissioner (WCCC), we helped NGOs to advocate for increased funding, resulting in an additional R20 million allocation and a 10% increase in subsidies for 2023/24, with further increases promised. Despite cuts to the allocation from National Treasury, the provincial Department of Social Development has honoured these commitments, providing a 10%



increase in service level agreements for the next two years. In Gauteng and KwaZulu-Natal, NGOs faced similar budget cuts and delayed payments, leading to closures and the reducing of services. We supported the Gauteng Care Crisis Committee to quantify the impact of the budget cuts on child protection services, for use in its litigation aimed at reversing budget cuts to NGOs providing care and protection to children, women and other vulnerable groups.

Women’s movement activism to transform GBV policy in South Africa: WEAVE

Along with fellow Lancet Commissioners on GBV, our former Director and continued collaborator, Professor Shanaaz Mathews, established the WEAVE Collective. The Collective brings together activists from Nicaragua, India, Australia and South Africa to tell their stories of how feminist movements in these countries have contributed to GBV policy, tracing the achievements and hurdles along the way.

The WEAVE Collective launched the South Africa country report, which the Children’s Institute contributed to at the SVRI foun in 202410 This case study explores how activism, policy, and resistance intersect within a decolonial feminist framework to address GBV in South Africa. It traces how women’s movements, over three key periods (apartheid, post-apartheid and contemporary context)

have influenced the GBV policy context. It also explores how historical context and specific political moments in the country’s history shape the gains, struggles and backlash.

Successes include the establishment of institutional mechanisms for gender equality, such as the Commission for Gender Equality, and a suite of laws and policies that not only introduced greater equality and rights within the family (including within customary law) but also recognised women’s bodily autonomy and provided for positive measures to support women’s employment. Despite significant policy gains, there is a long way to go to address the structural nature of women’s oppression and the gendered violence that results.

Strengthening policies to prevent corporal punishment in schools

According to Statistics South Africa, over a million children experience corporal punishment in schools every year. We have continued to advocate for the promotion of non-violent discipline, and for training and awareness-raising within schools.

Mandatory Sanctions. The revised sanctions and disciplinary guidelines should ensure that teachers are held to higher standards of accountability and that the educational environment in South Africa is safe, supportive, and violence free.

In April 2024, the Supreme Court of Appeal (SCA) ruled in the case of Centre for Child Law and Others v South African Council for Educators and Others, in which we were a friend of the court. The SCA reaffirmed the prohibition of corporal punishment in schools and emphasised the need for rehabilitative and corrective measures for teachers rather than purely punitive ones.

The SCA found that the South African Council for Educators (SACE) failed to consider the best interests of the children during disciplinary proceedings and instructed the SACE to work with us and with the Centre for Child Law to revise the SACE

Additionally, the South African Human Rights Commission, in collaboration with the Department of Basic Education, has drafted a Model Code of Conduct for Schools. The first draft was heavily criticised due to the lack of guidance on disciplinary procedures for learners. The Children’s Institute, as part of a team of experts, was invited to redraft the code. We used the opportunity to include measures to support positive discipline and restorative justice, ensuring that the code is compliant with children’s rights.



Sunday Times, March 2024

Supporting street youth to be resilient – 2REST

The lived realities for children and young people in many African cities are of rising inequality and poverty, with the number and proportion of young people in African countries increasing. Street youth remain hidden in policy debates as they transition into adulthood in situations of vulnerability, and chronic and acute stress. Policy approaches often fail to address their precarity or can exacerbate it. Responsibilities for Resilience Embedded in Street Temporalities (2REST) is a two-year project working with policymakers, NGOs, academics, resilience experts, street youth, and early career researchers in eight countries to deliver an evidence base on the lived realities of street youth and the multisystemic resilience support required from policy and practice.

The 2REST team is analysing secondary data from the participatory longitudinal research project Growing up on the Streets. The data reveals that resilience on the streets is complex, where young people apply individual capabilities to navigate everyday stress. However, they also draw on multiple resources in their social networks (trusted adults, peers, street families), institutional resources such as street work services, markets, clinics and environment to overcome problems and solve daily challenges. Our aim is to expose the risks that street children face, and the multiple systems involved in overcoming difficulties over space and time as they transition to adulthood on the streets.



Enhancing health and development

- Safe, Inclusive, Participative Pedagogy (SIPP)
- Group Care during the first 1000 days
- The commercial determinants of child health
- The Healthy Life Trajectories Initiative (HeLTI)

Photograph kindly provided by True North, a community partner organisation of the Children's Institute.



Enhancing health and development

Safe, Inclusive, Participative Pedagogy (SIPP) in early learning for young children

In 2024 we concluded a multi-country research project, funded by UK Research and Innovation, titled **Safe, Inclusive, Participative Pedagogy (SIPP)**. The project began in 2020, and the findings informed ideas on learning and teaching strategies that are safe, inclusive and participative for children from birth to age six. We adopted a participatory research methodology and worked with community members in the Vrygrond community in Cape Town. We partnered with True North, an early childhood development (ECD) resource and training organisation in Vrygrond, and with them we established a community advisory board to inform an understanding of safety, participation and inclusiveness in early learning through research. As part of the overall participatory methodology, we also adopted a [unique methodology using persona dolls](#) as a tool for engaging with young children in research.

Through the research project, we produced a range of outputs, including:

- A [community report](#) titled Improving Early Learning for Children in Vrygrond, Cape Town, which sets out our insights into inclusive early childhood learning, and participation, and creating a safe environment for young children in early learning settings.
- A [community action plan](#), co-created alongside the community advisory board, that details priorities and



strategies that can support the development and well-being of young children in Vrygrond.

- An [information leaflet](#) and accompanying video that were developed together with our community NGO partner, explaining how to discuss the concepts of safety, inclusion and participation with young children through book sharing and reading. The leaflet includes a web link to access free books, and a set of key questions that can be used to enable discussion.
- A short guide for parents/guardians, also jointly produced with our NGO partner, on what to look for when selecting an ECD centre for their child.
- A short video aimed at parents/guardians, that illustrates the qualities of a good quality early



Toward the end of 2024, the SIPP project partners and stakeholders convened to discuss the results of the research and future priority actions to promote early learning in the Vrygrond community. Pictured are: our Director, Associate Professor Wiedaad Slemming; Senior Researcher and SIPP principal investigator (South Africa) Dr Marsha Orgill; Researcher Malibongwe Gwele; and trained persona doll facilitator Victoria Dlomo – alongside the persona dolls used to engage with young children as part of the research process.



learning centre through interviews with parents, principals, and young children.

- A joint case study write-up with True North for the 2024 *Child Gauge*, on creating spaces for community engagement through research. The case study illustrates that by bringing people together,

safe places for children to play can be identified (in this instance, at the community centre and the community library). The first space has already been transformed into a play area where ECD centres can now reserve time for children to play.

The Healthy Life Trajectories Initiative (HeLTI)

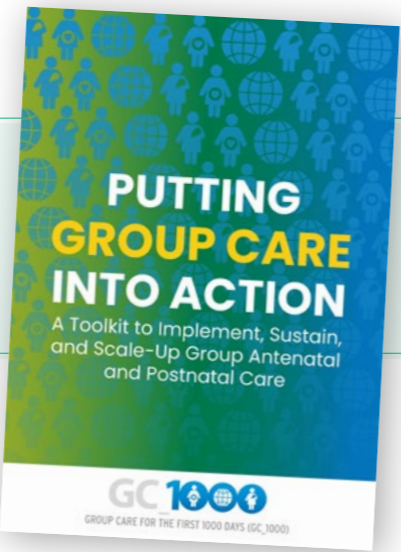


Bukhali is the first individual randomised controlled trial in Africa to test the efficacy of a complex continuum of care intervention. The trial forms part of the Healthy Life Trajectories Initiative ([HeLTI](#)), which is an international consortium formed as a ten-year initiative funded jointly by the Canadian Institutes of Health Research, Department of Biotechnology (India), Medical Research Council (South Africa) and the National Natural Science Foundation (China), and in collaboration with the World Health Organization (WHO) to address the increasing burden of non-communicable diseases around the world. Starting preconception and continuing through pregnancy, infancy and childhood, the intervention is designed to improve nutrition, physical and mental health, and health behaviours of young South African women to offset obesity-risk (adiposity) and improve the development of their offspring.

Bukhali is a Zulu word meaning smart/powerful, signifying the beneficial potential of optimising a woman's health for herself and her future offspring. The study considers the delivery of 'smart' interventions in a continuous and longitudinal manner across the lifecourse: adolescent or young women to ensure they approach pregnancy in optimum health; in pregnant women to ensure a healthy pregnancy and safe delivery; and in infancy and childhood to prevent excessive childhood adiposity and promote child development. In addition to supporting intervention development and implementation, particularly during pregnancy and infancy, the Children's Institute has been responsible for convening regular high-level stakeholder engagement meetings with government policymakers and programme managers and other key experts from academia, United Nations organisations and funding bodies.

Group Care during the first 1000 days: GC_1000

The GC_1000 toolkit, which we were the lead editors of, has gained recognition from the European Commission Innovation Radar as an “excellent innovation”. The toolkit and the Children’s Institute will be showcased on the Innovation Radar platforms.



Group antenatal care has been recommended by the World Health Organization, in the context of rigorous research, to promote a positive pregnancy experience that may be offered as an alternative to individual care where there are trained providers and sufficient resources. Through our research, in partnership with a maternity hospital site in Cape Town, we supported the implementation of group antenatal care within routine antenatal care services, and tested, and evaluated the intervention. We sought to determine the acceptability of group-based antenatal care for pregnant women and health care providers, and to understand the feasibility of the approach when integrating it into an existing service platform in a public health facility. We adopted the principles of engaged scholarship – intentionally working in partnership with the hospital to develop and implement the intervention to ensure that we gained direct implementation insights from those delivering and managing services.

We implemented ten groups of six sessions each, with a total of 46 women. Group antenatal care has proven to be acceptable to pregnant women, with benefits including improvements in health literacy and the development of peer support systems that extended beyond their participation in the group. Women felt more comfortable about the birthing process, and healthcare providers enjoyed being able to meaningfully engage with women in a group setting. Supporting factors for effective implementation included a committed hospital site and manager, training of facilitators through experiential learning, a midwife champion, and getting buy-in and support from hospital management.

Three components of group care



As part of the overall project, the Children’s Institute served as the lead editors for an [implementation toolkit](#) that provides guidance and practice-based lessons on how to prepare for and implement group-based antenatal and postnatal care in other country contexts. We also contributed to a [publication aimed at midwives and health professionals](#) on the implementation results and the lessons learned from all country partners, as well as a [policy brief](#) to support countries who seek to test, implement or scale-up group care. In addition, we

have shared our knowledge through [a podcast](#) series, speaking on our experience of implementing group antenatal care in the South African context.

There has been significant interest in the research project and our implementation findings from national and provincial policymakers and practitioners, and this has facilitated discussions to support continued research in this area.

The commercial determinants of child health

In addition to interventions to strengthen the delivery of healthcare services for children, it is vital to address the commercial determinants of health – and the ways in which the food, alcohol and tobacco industries have a negative impact on child health.

For example, the International Code of Marketing of Breastmilk Substitutes (1981) and local Regulation R991 of the Foodstuffs and Cosmetics and Disinfectants Act (2012) aim to promote and protect breastfeeding by removing commercial pressures from the infant feeding arena. This includes strict guidelines around industry sponsorship of conferences and scientific meetings, to ensure that financial support for health professionals does not create conflicts of interest that may compromise patient care.

Our ongoing efforts to address conflicts of interest have led to [collaborations with local and international scholars](#), including an invitation to serve on the World Health Organization (WHO) Working Group of Physicians in Healthcare Against Sponsorship by Formula Industry, and the development of a [WHO model policy](#) to help healthcare professional associations implement WHO’s call to end sponsorship from the formula milk industry.

In addition, multinational food companies are targeting children as consumers, flooding local markets with cheap, ultra-processed foods that are high in sugar, salt, and fat, which are helping to fuel a dramatic increase in obesity.

We have therefore supported [civil society calls](#) for the strengthening of regulatory frameworks, including draft Regulation R3337 of the Food, Cosmetics and Disinfectants Act 54 of 1972, which will introduce food labels and protect infants and children from the marketing of foods that are harmful to health.

It has been established that the over-consumption of alcohol contributes to a wide array of harms in societies and families across the world, including health, social, and economic harms. In 2024, we concluded supporting a research project in Uganda and Malawi that investigated the policy processes involved in the removal of small alcohol sachets from the market and learnt how and why these policy processes were successful or not. The research consortium has presented findings to policy stakeholders in Uganda and Malawi to enable further conversation about alcohol regulation in these countries. In 2025, in South Africa and Botswana, we will be working with another research consortium that will generate new evidence to support the revitalisation of the policy and law reform aimed at reducing the harmful effects of alcohol in South Africa and Botswana. This includes, but is not limited to, examining the global political economy of alcohol policy, including political, commercial, cultural and regulatory influences on harmful alcohol use as well as mapping the local alcohol environment.



Promoting children's voice and agency

- The International Canadian Child Rights Partnership
- Amplifying the voices of young people in out-of-home care



Promoting children's voice and agency

The International Canadian Child Rights Partnership

The International Canadian Child Rights Partnership (ICCRP) brings together children and young people with lived experience; researchers; non-governmental organisations (NGOs); human rights institutions; and governments in Canada and in multiple countries across the Americas, Africa, Europe, Asia, and Oceania. We are examining how intergenerational relationships contribute to, challenge, and transcend barriers to realising child rights.

We work intergenerationally, where children and young people are involved in the governance of the partnership and in all phases of research – from design and data collection to analysis and dissemination of results.

The Children's Institute is involved in four of the ICCRP case studies:

- The Youth Engagement in Analysis project, led by one of our honorary professors, in which school-going children were trained to conduct secondary data analysis of an excerpt of the [Growing Up on the Streets](#) study data set. Their analysis was incorporated into a conceptual model of intergenerational trust partnerships between stakeholders and street youth.
- In two of the case studies, the Western Cape Children's Commissioner and the Nelson Mandela Legacy Academy are adopting a participatory action research approach. Researchers work in partnership with children to co-produce



Our Senior Researcher Lucy Jamieson, and Research Assistant Delreeze Moshopane, speaking with young advisors (John-Lee Plaatjies and Kristen Jooste) of the Western Cape Commissioner for Children about their activism, during a research workshop.

research, analyse data and apply the learnings from the research. In 2023 and 2024 we recruited co-researchers, ran protocol development and conducted research skills training workshops in which we tested innovative participatory methods and working reflexively to reduce power imbalances.

- The recruitment of a new case study is in partnership with Kings College, Canada: Rx Radio children as change makers. The new study will support the ICCRP's research stream three: developing relational practices in research and public policy initiatives. [Rx Radio is a unique, award-winning radio station](#) that is by and for children, based at the Red Cross War Memorial Children's Hospital in Cape Town. Rx Radio gives children a platform for expression, information and participation. By enabling children to 'join the conversation', Rx Radio seeks to legitimise marginalised voices, break down social barriers and catalyse the transformative relationships needed to build a cohesive network of support. The goal of this case study is to co-produce research on the



Lilitha Kopano showcasing the work of the Child Government Monitors as part of the case study on the Western Cape Commissioner for Children, at the ICCRP conference in Canada.

meaning of participation for children, Rx Radio staff and the wider community at the hospital, and to explore intergenerational partnerships to improve services for children.

Amplifying the voices of young people in out-of-home care

We have continued to support children and young people who have lived in foster care or child and youth care centres in Cape Town and Belfast to engage in dialogue about their experiences of alternative care and leaving care. With colleagues at Queen's University Belfast and expert practitioners, the youth co-produced a research agenda aligned to the common interests of care-experienced youth in both communities.

Comparative reflection on care brought insights that would not have been gained through youth participation in a single country: frequency of social worker rotation, social inclusion, opportunities for being heard, and intersecting identities of care-experienced youth in post-conflict societies. As a priority they wished to challenge a stereotyped 'care' identity and to express their commonalities and differences in an unequal world.

To promote youth aspirations for visibility and voice, the Economic and Social Research Council in the UK funded

an in-person exchange and the co-production of a film presenting the young people's insights on alternative care and leaving care.



Delegates from Voice of Young People in Care (VOYPIC) in Northern Ireland and Queen's University Belfast, visited Cape Town as part of a country exchange opportunity and for the co-production of a film presenting the young people's insights on alternative care and leaving care.

Education

Teaching in paediatrics

We have continued to contribute to formal teaching in the Department of Paediatrics and Child Health: introducing fourth year medical students to children's rights and the contexts in which children live (course code PED4149X); convening a postgraduate course on child rights and advocacy (course code PED4008F); and teaching Optimising Care for Long Term and Disabling Conditions (course code PED4006F) within the Postgraduate Diploma in Community and General Paediatrics.

The shift to an online format has enabled us to attract health professionals from across South Africa and the

broader African region. The Child Rights and Advocacy (CRA) course draws on a mix of child law, children's voices, child-centred data, qualitative case studies and the student's own experience to explore children's rights as both a 'language of critique' and a 'language of possibility'. It includes a series of practical tasks that promote student participation and critical reflection to shift thinking and practice – starting small at the level of individual patient care and extending outwards to encompass the design and delivery of health care services, and the broader social determinants of health – in order to build students' capacity to advocate for child health.

Continuous professional development for health professionals

The CRA course builds on our original short course on Child Rights and Child Law for Health Professionals (CRACL), which takes the form of a five-day intensive course accredited by the Health Professionals Council of South Africa and the South African Council of Social Services Professionals.

In 2023 we revitalised the CRACL course, drawing on feedback from students, faculty and experts in child

health and health professional education. We were then invited to run the course with the child health team from Southern and Western Districts of the Cape Metropole, in the Western Cape. This marks a departure from previous courses which have drawn students from across the country and creates the opportunity to build a common understanding and vision for child health and to strengthen systems at district level. We hope to build on this model moving forward.



Pictured are the health professionals who were enrolled in the CRACL course in 2023. The course aims to build a network of health professionals interested in promoting children's rights and sharing best practice.

MSc in Global Health Ethics

Through funding from an NIH Fogarty grant, we are contributing to the development of a new MSc in Global Health Ethics. The team, led by colleagues from the University of Cape Town Neuroscience Institute, is focusing on the decolonisation of ethics scholarship and propose to revolutionise ethics teaching in African health research by foregrounding African experiences, needs and worldviews. While we await accreditation with the Council for Higher Education and the Qualifications Authority, the team has been testing materials by presenting guest lectures and seminars on participatory methods and institutional ethics requirements when conducting research with children with other programmes and writing on bioethical issues affecting children.

Student supervision

Over 2023 and 2024, several of our staff have continued to supervise master's and PhD students across a range of disciplines, including paediatrics, public health, psychology, law and politics.

Our students are enrolled at various universities within and outside of South Africa. Student supervision, alongside internship programmes, builds the capacity of junior staff or students to conduct child-centred research as well as bolstering our internal capacity.

Master of Laws course

With a member of our team being invited to serve as co-convenor, two of our staff lectured on the University of Cape Town's Master of Laws course on International Rights of the Child (course code PBL5628F), on the topics of children's rights to nutrition, education, social assistance, health care services, participation and protection.

They used their experiences of advocating for the realisation of children's rights in the South African courts, Parliament and in regional and international human rights processes, to enrich the lectures with real world examples of child rights in action.

A poster created by a student enrolled for the Postgraduate Diploma in Community and General Paediatrics, as part of an advocacy project. The poster is aimed at encouraging the involvement of children in their healthcare.



Partnerships and collaborations



As well as continuing to build strong relationships across the University of Cape Town to foster the growth of our research agenda, we collaborate with colleagues at several universities across the country to advance our work. In the co-creation of research and interventions, we partner with civil society organisations and provide technical support to government departments, including serving on national and international technical advisory and steering committees. We advocate alongside a wide range of civil society organisations and are represented by public interest law firms in systemic litigation.

In terms of regional and international partnerships, we are founding members of multi-country research projects and collaborate with international organisations to build an evidence base to inform our efforts to effect positive societal change for children.

Meet our team

Outgoing Director



Professor Shanaaz Mathews
Research interests: Children and violence, child protection, child abuse, gender policy, gender-based violence, and evidence-based programming

Current Director (from April 2023)



Associate Professor Wiedaad Slemming
Research interests: Maternal and child health and nutrition, early childhood development (ECD), child disability, and health systems strengthening

Senior researchers



Dr Katharine Hall
Research interests: Social policy, child poverty and inequality, social grants, households and mobility, and indicators



Lucy Jamieson
Research interests: Child rights, child protection and violence, participatory methodologies, children's activism, democracy, and law reform



Dr Shlaine L'Etang
Research interests: Health systems strengthening, health policy research, implementation research, and social development



Dr Marsha Orgill
Research interests: Health policy and systems research, implementation research, commercial determinants of health, early childhood development, and leadership and management in health systems



Paula Proudlock
Research interests: Child rights, legislative review, law reform, democracy and governance, and socio-economic rights for children

Researchers and Junior Research Fellows



Malibongwe Gwele
Research interests: ECD, ECD policy and programming, local and indigenous knowledge, perspectives and practices in the early years, and monitoring and evaluation research



Dr Rizwana Mallick
Research interests: Intersections, early childhood, social justice, inclusion, and violence



Dr Phiwe Babalo Nota
Research interests: Sexual and reproductive health among adolescents and young adults, school-based health interventions, and health communications



Mbonisi Nyathi
Research interests: Administrative and constitutional law, birth registration law reform, and socio-economic rights for children

Communications



Leanne Jansen-Thomas
Communications Specialist
Expertise: Strategic communication



Lori Lake
Communications and Education Specialist
Expertise: Knowledge translation, teaching, child health advocacy and children's rights



Sadie-Lee Paulse
Communications Assistant (2024)
Expertise: Information management

Administration and support



Kevin Ernstzen
IT Liaison Officer



Zerina Matthews
Administrator



Zelda Warrin
Executive Administrator

Honorary staff



Honorary Professor Tara Collins
School of Child and Youth Care,
Toronto Metropolitan University
Research interests: Child rights, human
rights, child and youth participation,
monitoring and child protection



Honorary Professor Ria Reis
Amsterdam Institute for Global
Health and Development, Leiden
University Medical Centre and
University of Amsterdam
Research interests: Children and
violence, child protection, child abuse,
gender policy, gender-based violence,
and evidence-based programming



**Honorary Professor
Lorraine van Blerk**
School of Humanities, Social Sciences
and Law, University of Dundee
Research interests: Social justice,
inequalities and poverty reduction, refugee
livelihoods, co-produced research and
participatory methodologies, children,
youth and families, street children and
youth, and resilience

Sincere gratitude to the part-time researchers who contributed to the work of the Children's Institute in 2023 and 2024:

- | | | |
|----------------------|------------------------|------------------------|
| • Taryn Camden-Smith | • Ntuthuko Hlela | • Winnie Nkoana |
| • Sheldon Caruana | • Sinozuka Juta | • Ntsakisi Ntsekhe |
| • Dr Jessica Dutton | • Robin Katzen | • Fulufhelo Ramabulana |
| • Zandile Joy Dywati | • Donna Le Roux-Jacobs | • Neo Segoneco |
| • Michelle Flowers | • Marit Looye | • Sachi Shukul |
| • Dr Mumta Hargovan | • Phethile Madlophe | • Lisanne Wolsink |
| • Sumaiyah Hendricks | • Delreeze Moshopane | |
| • Junita Henry | • Amanda Mpedi | |

Our Advisory Board

The Children's Institute Director is accountable to the Head of the Department of Paediatrics and Child Health of the University of Cape Town, and to an Advisory Board chaired by the Dean of the Health Sciences Faculty or his representative. Board membership includes our Director and staff representatives, senior members of the university drawn from a range of faculties and disciplines, as well as international, regional and national experts in child rights and child policy research.



**Associate Professor Tracey Naledi
(Chairperson)**
Deputy Dean, Faculty of Health
Sciences, UCT



Nurina Ally
Senior Lecturer, Faculty of Law, UCT
Director: Centre for Law and Society, UCT



Professor Benyam Dawit Mezmur
Faculty of Law, University of the
Western Cape
Member of African Committee of
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In addition to our Director, the Children's Institute staff who are currently on the Advisory Board are Dr Katharine Hall (finance portfolio) and Dr Marsha Orgill (staff representative).

Finances

As a soft-funded research unit, continuity of our work is dependent on a stable funding base to cover staff salaries, and organisational and programme costs. The University of Cape Town's Faculty of Health Sciences contributes one third of our Director's salary from its general operating budget, and a small amount of university income is generated from teaching, publications and other internal awards. All other costs are covered by grants and donations.

As a university-based unit, all donations and grants to us are paid directly into the university's bank accounts and allocated to our cost centres. Finance administration and management support is provided by the faculty's finance hub. An internal finance team, including our Director, senior staff and two faculty finance officers, checks all income and expenditure transactions each month and meets at least quarterly to review our global income-expenditure and sustainability assessments. Our Advisory Board reviews the finances twice a year and approves the organisational budget.

We endeavour to limit our liabilities and avoid deficits. Assets purchased are registered to the faculty and we are audited as part of the university. We therefore do not include a statement of financial position for the Children's Institute as a separate entity. Where funders permit, we contribute cost recovery towards the running expenses of the university. In return, we do not pay rent and benefit from the resources and services provided by the university, including Human Resources, the Finance Department, contracts office, legal services, information and communication technology services, and the university libraries.

As a soft-funded unit that is committed to responsive social justice work yet must continuously strive to ensure its own financial sustainability, we are fortunate to benefit from core grants. The ELMA Foundation has provided core support to us since 2006, and the RAITH Foundation since 2017. The Constitutionalism Fund provided core funding for six years from 2019 to 2024. It wound down its funding operations at the end of 2024 and awarded us an exit grant to support our sustainability while we identify a new core funder.

We received a substantial European Union grant as part of a multi-country consortium to test the feasibility of group-based antenatal care for pregnant women in the South African public health system. The Millennium Trust supports our Invisible Children project to address systemic barriers to late birth registration, grants, education and health services.

Our long-term partners in the *South African Child Gauge* continue to support this flagship publication. They are UNICEF South Africa, the DSI-NRF Centre of Excellence in Human Development at the University of the Witwatersrand, the Standard Bank Tutuwa Community Foundation and the LEGO Foundation.

2023 Income and expenditure

Total income for the year 1 January to 31 December 2023 was R13.8 million. Of this, R12.7 million came from grants and donations. Income from university support, teaching and publications amounted to just over half a million Rand. A further R538,000 was generated from interest on investments. Expenditure was R12.9 million, of which R9.1 million was spent on staff salaries, R2.5 million on direct project costs and nearly R830,000 on university levies. Organisational operating costs came to R467,000. This included around R200,000 spent on communications and organisational rebranding.

2024 Income and expenditure

Total income for the year 1 January to 31 December 2024 was R18.6 million. Of this, R16.4 million came from grants, contracts and donations. Income from university support, teaching and publications amounted to R1.5 million. This included funding for a Junior Research Fellow granted by the university's Research Office. A further R617,039 was generated from interest on investments. Total expenditure in 2024 was R14 million, of which R9.7 million was spent on staff salaries, R463,187 on all other operating expenses, nearly R3.2 million on direct project activity costs and R664,145 on university levies.

Statement of comprehensive income and expenditure for 2023/24

	2024	2023
Income	18 611 969	13 758 356
Grants and donations	16 369 739	12 709 792
University support	1 504 092	510 073
Child rights training course fees	121 100	-
Interest earned	617 039	538 491
Expenditure	14 012 309	12 913 756
Personnel costs	9 716 029	9 118 107
Regular operating expenses	92 870	91 380
IT equipment & maintenance	72 073	80 370
Organisational development	122 578	73 411
Communication products	110 565	202 521
Travel, fundraising and networking	28 610	6 892
Contingency (temps, building maintenance, insurance)	36 490	12 701
Direct project activity costs	3 168 948	2 499 075
UCT overheads (levies on contracts)	664 145	829 300

Balances and reserves

The opening balances in January 2023 stood at R9.6 million, with R6 million held in unrestricted funds (sustainability reserve and operating funds), and R3.6 million in project balances for funded projects continuing into 2023. The opening balances in January 2024 stood at R10.5 million, with R6.3 million held in unrestricted funds, and nearly R4.2 million in project balances for funded projects continuing into 2024. Our sustainability outlook continues to improve, and as at end December 2024 we held 6.8 months of projected staffing and operating costs in the reserve and unrestricted funds. This exceeds our minimum target of six months. We plan gradually to extend the target to 12 months.

	2024	2023	2022
Year-end balances in funds	15 070 040	10 470 379	9 589 483
Sustainability reserve	3 849 245	3 534 113	2 873 659
Operating funds (unrestricted)	3 070 396	2 752 874	3 121 895
Project funds carried forward to following year	8 150 399	4 183 391	3 593 929

At the end of 2024 we had a total of R6.9 million in reserves and unrestricted funds, and R8.1 million in project funds carried forward for expenditure in 2025. The reason for the unusually large year-end balance in project funds is that a substantial portion of funding was received in December, too late for expenditure within the year.

Note of gratitude

The Children’s Institute is deeply grateful to all the donors, development partners, organisations and individuals for the support that makes our work possible.

Financial contributions that helped support our work in advancing children’s rights and well-being during 2023 and 2024 included the following:

- The ELMA Foundation
- The RAITH Foundation
- The Constitutionalism Fund
- The Millennium Trust
- European Commission (Horizon 2020)
- Standard Bank Tutuwa Community Foundation

- UKRI Global Challenges Research Fund
- DSI/NRF Centre of Excellence in Human Development (University of the Witwatersrand)
- The DG Murray Trust
- UNICEF South Africa

- The LEGO Foundation
- Toronto Metropolitan University
- University of Dundee
- Ilifa Labantwana
- Boston University
- Stirling University
- The Conrad N. Hilton Foundation



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