Our children are the rock on which our future will be built, our greatest asset as a nation.

Nelson Mandela (3 June 1995)
## Context

### National legal and operational child related framework

- The South African Constitution
- The Children’s Act (Act No. 38 of 2005)
- South African Schools Act (Act No. 84 of 1996)
- Maintenance Act (Act No. 99 of 1998)
- Social Assistance Act (Act No. 13 of 2004)

### National plans related to ECD

- The National Development Plan: Vision for 2030

### International agreements and protocols

- The United Nations Declaration on Human Rights
- Sustainable Development Goals
Approved by cabinet in 2015, the ECD Policy emphasises 6 essential components to promote optimal child development from conception to 9 years.

This release illustrates the current status utilising the General Household Survey and Administrative records.
SA POPULATION

Total SA population in 2016: *55.9 Million

15% of the total population were children aged between 0-6

*8.2 Million 0-6 Year Olds

* Note: Due to the differences in methodology used, mid-year population estimates are higher than population estimates produced from household surveys

*Source: Mid year population estimates, 2016
Geographic Location

4 out of 7 young children lived in urban areas

Source: GHS, 2016
Children aged 0-6 by level of overcrowding, 2016

By Population Group
Coloured: 38%
Black African: 35%
White: 9%
Indian/Asian: 6%

* Overcrowding: more than two persons-per-room in a dwelling regardless of the size of the dwelling units.

Source: GHS, 2016
Households connected to the mains

Children aged 0–6 in households connected to the mains electricity supply by province, 2016

- EC: 84%
- KZN: 86%
- GP: 86%
- WC: 89%
- FS: 90%
- NW: 90%
- MP: 91%
- NC: 94%
- LP: 97%

RSA Average at 88.6%

Households with children aged 0-6 by main source of water

Households with children aged 0-6 by main source of water (piped water in dwelling/on site) and province, 2016

- EC: 35%
- LP: 46%
- KZN: 57%
- NW: 67%
- RSA: 72%
- MP: 78%
- NC: 87%
- FS: 89%
- WC: 94%
- GP: 94%

RSA Average at 67.2%

Source: GHS, 2016
Households with children aged 0-6 with access to improved sanitation, 2016

**Nearly 8 children out of 10 (81.4%) aged 0–6 had access to * improved sanitation.**

<table>
<thead>
<tr>
<th>Province</th>
<th>Access Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC</td>
<td>95.8%</td>
</tr>
<tr>
<td>GP</td>
<td>93.0%</td>
</tr>
<tr>
<td>EC</td>
<td>91.5%</td>
</tr>
<tr>
<td>NC</td>
<td>87.3%</td>
</tr>
<tr>
<td>FS</td>
<td>82.3%</td>
</tr>
<tr>
<td>RSA</td>
<td>81.4%</td>
</tr>
<tr>
<td>KZN</td>
<td>78.2%</td>
</tr>
<tr>
<td>NW</td>
<td>73.7%</td>
</tr>
<tr>
<td>MP</td>
<td>66.8%</td>
</tr>
<tr>
<td>LP</td>
<td>57.2%</td>
</tr>
</tbody>
</table>

* Flush-toilets connected to public sewerage; flush-toilets connected to a septic tank; pit latrine/toilet with ventilation pipe; and ecological sanitation systems are recognised as better improved sanitation in terms of the criteria.

Source: GHS, 2016
Marital Status of Fathers and Mothers

Almost half of all mothers in South Africa are single

Source: South Africa’s young children: their family and home environment, 2012
Number of children aged 0–6 living with their biological parents, 2016

- With Mother: 46%
- With Father: 2%
- With Both: 40%
- With Neither: 12%

Source: GHS, 2016
Number of children aged 0–6 living with their biological parents by Population group 2016

<table>
<thead>
<tr>
<th>Population Group</th>
<th>With Mother</th>
<th>With Both</th>
<th>With Father</th>
<th>With Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black African</td>
<td>49%</td>
<td>35%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td>39%</td>
<td>53%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>8%</td>
<td>89%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>11%</td>
<td>86%</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Source: GHS, 2016
Children aged 0-6 by the number of employed household members and main source of income, 2016

One third of large (more than 6 members) households with young children aged 0-6 did not have a single employed member.

**Main source of household income:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>51%</td>
</tr>
<tr>
<td>Grants</td>
<td>34%</td>
</tr>
<tr>
<td>Other income</td>
<td>7%</td>
</tr>
<tr>
<td>Remittance</td>
<td>7%</td>
</tr>
<tr>
<td>Pension</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Source: GHS, 2016*
Children aged 0-6 by monthly household income quintile and population group, 2016

Large household income inequalities by population group

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Quintile 1</th>
<th>Quintile 2</th>
<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2%</td>
<td>9%</td>
<td>13%</td>
<td>11%</td>
<td>66%</td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>4%</td>
<td>5%</td>
<td>13%</td>
<td>10%</td>
<td>67%</td>
</tr>
<tr>
<td>Coloured</td>
<td>13%</td>
<td>16%</td>
<td>24%</td>
<td>19%</td>
<td>28%</td>
</tr>
<tr>
<td>Black African</td>
<td>22%</td>
<td>24%</td>
<td>18%</td>
<td>21%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: GHS, 2016
Early childhood nutrition, child and maternal health
Nutritional Support: Children who are still breastfed by age, 2016

73% of babies less than one year were still breastfed; 32% were exclusively breastfed.

Source: GHS, 2016
Nutritional Support: Stunting, Underweight and Wasting

Around a third of children in GP and the FS were stunted, NW had the highest rates of Wasting and Underweight children

**Height-for-age (stunted)**
- GP: 34.2%
- FS: 33.5%
- KZN: 28.5%
- NW: 27.4%
- EC: 24.8%
- WC: 22.9%
- LP: 21.9%
- MP: 21.5%
- NC: 21.4%

**Weight-for-age (underweight)**
- NW: 12.6%
- WC: 11.9%
- NC: 8.4%
- FS: 8.0%
- GP: 5.8%
- LP: 4.9%
- MP: 4.7%
- KZN: 3.8%
- EC: 3.4%

**Weight-for-height (wasted)**
- NW: 5.9%
- FS: 4.6%
- LP: 4.1%
- KZN: 2.5%
- NC: 2.1%
- WC: 1.7%
- EC: 1.5%
- GP: 1.3%
- MP: 0.5%

Source: SADHS 2016
Nutritional Support: Stunting, Underweight and Wasting

Stunting

Gauteng and Free State have the highest percentage of children who were stunted; 34.2% and 33.5% compared to other provinces.

Underweight

North West and Western Cape have the highest percentage of children who are underweight; 12.6% and 11.9% compared to other provinces.

Wasting

North West, Free State, and Limpopo have the highest percentage of children who are wasted; 5.9%, 4.6%, and 4.1% compared to other provinces.

Source: SADHS 2016
**Nutritional Support: Vitamin A dose 12-59 months coverage**

*Deficit in vitamin A in infants may cause blindness and make infants susceptible to infections and to life-threatening illnesses*

```
KZN: 28%; LP: 49%; MP: 54%; NC: 52%; NW: 44%; FS: 47%; WC: 46%
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Source: DHIS 2016
Percentage of households with children aged 0-6 who skipped any meal by gender of the household head, 2016

Past 12 months

- Male headed households: 17.3%
- Female headed households: 25.5%
- RSA: 21.1%

Female headed households were more likely to have members of the household who skipped a meal.

5 days or more in past 30 days

- Male headed households: 34.3%
- Female headed households: 36.8%
- RSA: 35.7%

Source: GHS, 2016
One of the main implications of the integrated ECD policy in South Africa is its emphasis on child nutrition starting from the womb.
Antenatal and postnatal care for pregnant women, 2015-2016

The MTSF seeks to achieve higher targets by 2019

- First antenatal visit before 20 weeks: 61% (2016 Status), 70% by 2019 (2019 MTSF Targets)
- Mother postnatal visit within 6 days: 76% (2016 Status), 80% by 2019 (2019 MTSF Targets)
- Antenatal women on ART: 93% (2016 Status), 98% by 2019 (2019 MTSF Targets)

Source: DHIS, 2016
In spite of the progress achieved in child survival both the UMR and the IMR were still very high by developed countries standard.

The MTSF targets under 5 mortality rate at 33 per 1000 livebirths by 2019.

The MTSF targets infant mortality rate at 23 per 1000 livebirths by 2019.

Source: Health and Vital Stats, 2016
The underlying causes of deaths (aged 0–6), 2015

*The common underlying cause of death amongst young children was respiratory and cardiovascular disorders specific to the perinatal period*

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory and cardiovascular disorders specific to the perinatal period</td>
<td>11.4%</td>
</tr>
<tr>
<td>Intestinal infectious diseases</td>
<td>10.0%</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>8.3%</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>4.5%</td>
</tr>
<tr>
<td>Disorders related to length of gestation and fetal factors</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other disorders originating in the perinatal period</td>
<td>3.9%</td>
</tr>
<tr>
<td>Infections specific to the perinatal period</td>
<td>3.5%</td>
</tr>
<tr>
<td>Fetus and newborn affected by maternal factors</td>
<td>2.7%</td>
</tr>
<tr>
<td>Congenital malformations of the circulatory system</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other acute lower respiratory infections</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other viral diseases</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other bacterial diseases</td>
<td>1.6%</td>
</tr>
<tr>
<td>Other natural causes</td>
<td>9.1%</td>
</tr>
<tr>
<td>Non-natural causes</td>
<td>35.8%</td>
</tr>
</tbody>
</table>

Source: Causes of death, 2015
Immunisation coverage for children aged 12 - 23 months, 2016

The lowest percentage of full immunisation was achieved in Gauteng 52%

Source: SADHS 2016
Social Services and ECD Interventions
Social Services: Delivery in health facility rate, 2016

2 out of 3 births took place at health facilities

EC is significantly below the SA average for delivery in facility

Source: DHIS, 2016
Children aged 0-2 with or without birth certificates, 2016

Overall, 7.5% of young children aged 0-2 did not have birth certificates

By age two 34.9% of those that did not receive a birth certificate indicated they had still not applied.

Source: GHS, 2016
Extent of late birth registration, 2011-2015

Source: Recorded live Births, 2016
Number of crimes committed against children 18 years and younger and conviction rate, 2015/2016

*Data for age bracket 0–6 only was not available for analysis

Sexual offences were the largest crime committed against children

<table>
<thead>
<tr>
<th>Crime Type</th>
<th>Complaints reported</th>
<th>Complaints in court</th>
<th>Convictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>884</td>
<td>1 835</td>
<td>248</td>
</tr>
<tr>
<td>Attempted murder</td>
<td>906</td>
<td>758</td>
<td>128</td>
</tr>
<tr>
<td>Sexual offences</td>
<td>20 254</td>
<td>20 048</td>
<td>3 007</td>
</tr>
</tbody>
</table>

Source: SAPS, 2015/2016
Percentage of grant recipients children aged 0-6 by province, 2017

Limpopo, Free State and Northern Cape have the highest percentage of grant recipients

RSA 69%

GP 52%
LP 89%
MP 72%
NW 66%
FS 80%
KZN 73%
NC 80%
EC 77%
WC 54%
FS 80%
NW 66%
NC 80%

Source: SOCPEN 2017, Own Calculations
Orphanhood among children aged 0-6, 2016

- Double orphan: 0,4%
- Maternal orphan: 0,9%
- Paternal orphan: 3,1%
- Not orphan: 95,6%

Source: GHS, 2016

- Maternal Orphan: Mother deceased
- Paternal Orphan: Father deceased
The majority of households in traditional areas had a disproportionately large burden of care for young children by grandparents and other family members.
### Parenting techniques utilised for children aged 0-6 years by population group, 2016

*Physical punishment was mostly practiced amongst Black Africans and Coloureds*

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Indian/Asian</th>
<th>Coloured</th>
<th>Black - African</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Nothing</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Isolate the child</td>
<td>28%</td>
<td>20%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Physical</td>
<td>19%</td>
<td></td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Shout at him/her</td>
<td>33%</td>
<td>41%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>Distract him/her</td>
<td>51%</td>
<td>58%</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td>Talk to him/her</td>
<td>76%</td>
<td>89%</td>
<td>81%</td>
<td>74%</td>
</tr>
</tbody>
</table>

*Source: GHS, 2016*
Attendance of ECD and school, by children aged 0-6

49 out of 100 children aged 3 did not attend any ECD facility

Percentage

Age 0  Age 1  Age 2  Age 3  Age 4  Age 5  Age 6

None  85%  76%  63%  49%  29%  13%  13%

Edu-care  10%  5%  5%  10%  20%  30%  33%

Pre-school  5%  5%  5%  5%  20%  30%  33%

Grade R  0%  0%  0%  0%  0%  0%  0%

Source: GHS, 2016
Inequalities in early learning opportunities. Close to half of the children in the lower income quintiles did not participate in any learning activity

Source: GHS, 2016
Attendance of ECD facility by population group 0-6, 2016

44% of white children attended out-of-home early learning programmes.

Black/African children, close to 32% attended out-of-home early learning programmes.

Source: GHS, 2016
### Type of stimulation received by children aged 0–6 by monthly households’ income quintile, 2016

36% of children within highest income quintiles were told stories or read to daily, as opposed to only 20% of children in the lowest income quintiles.

<table>
<thead>
<tr>
<th>Income Quintile</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest income quintile</td>
<td>37%</td>
<td>31%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Quintile 2</td>
<td>34%</td>
<td>32%</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>Quintile 3</td>
<td>34%</td>
<td>29%</td>
<td>14%</td>
<td>22%</td>
</tr>
<tr>
<td>Quintile 4</td>
<td>33%</td>
<td>32%</td>
<td>12%</td>
<td>23%</td>
</tr>
<tr>
<td>Highest income quintile</td>
<td>22%</td>
<td>26%</td>
<td>16%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Source: GHS, 2016
Type of stimulation received by children 0-6 year olds, 2016

Differences in population groups regarding the type and frequency of stimulation received by children aged 0-6 can be observed

Response: often or everyday

<table>
<thead>
<tr>
<th>BA</th>
<th>C</th>
<th>I/A</th>
<th>W</th>
<th>BA</th>
<th>C</th>
<th>I/A</th>
<th>W</th>
<th>BA</th>
<th>C</th>
<th>I/A</th>
<th>W</th>
<th>BA</th>
<th>C</th>
<th>I/A</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>46%</td>
<td>58%</td>
<td>59%</td>
<td>61%</td>
<td>52%</td>
<td>63%</td>
<td>69%</td>
<td>73%</td>
<td>34%</td>
<td>53%</td>
<td>67%</td>
<td>75%</td>
<td>63%</td>
<td>79%</td>
<td>77%</td>
<td>78%</td>
</tr>
</tbody>
</table>

Encouraged to do/imitate daily activities
Read/tell story to child
Explanation given when points to ask
Someone talk/have a conversation with the child
Someone sing to child

Source: GHS, 2016

BA= Black African C= Coloured I/A= Indian/Asian W= White
The Children of 1996 Generation provide insight into importance of long term planning
Age structure based on CS 2016
First demographic wave: Children of 1996

The life circumstances of first demographic wave have not achieved full potential
High Unemployment/Poor Educational outcomes

Second demographic wave

Need to invest in second demographic wave to achieve outcomes not seen in their parents generation

Source: Community Survey 2016
Malnutrition at very young age needs immediate attention (North West, Free State and KwaZulu-Natal had most young children who were underweight and stunted).

Government feeding programmes target mostly primary and secondary schools with limited service to only some ECD centres.

More targeted feeding scheme interventions need to be done either through the primary health care system or through social services to reach all children at risk of malnutrition.

Nutrition interventions needed for pregnant women at risk.

Infant and under five mortality need interventions aimed at prevention.

Improvement required in birth registrations so that households with young children are able to receive their children’s birth certificates within the required 30 day period.

Access to electricity in Eastern Cape, KwaZulu-Natal and Gauteng has to be improved to avoid unsafe source of energy for cooking.

Access to piped water onsite for households need to be improved in Eastern Cape and Limpopo. Access to improved sanitation for households need to be improved in Limpopo, Mpumalanga and North West.

Increased efforts are needed to strengthen the protection and safety of children.

Access to ECD programmes for young children need to be expanded.
Ndzi hela kwala!