



THE NATIONAL STRATEGY TO ACCELERATE ACTION FOR CHILDREN

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ACKNOWLEDGEMENTS

The National Strategy to Accelerate Action for Children (NSAAC) is the outcome of a process initiated in the Presidency. It represents a response to the call for accelerated action for children.

The development of the NSAAC involved a participatory process that engaged a broad range of stakeholders with an interest in and commitment to promoting the wellbeing of children and adolescents. These included the children and adolescents themselves, government departments, child rights and child protection organisations, academics, research institutes, and national and international NGOs.

The writing of the NSAAC would not have been possible without the commitment of the technical task team organised into the three teams and several technical working groups. The design team provided the thought leadership on the changes needed to improve the wellbeing of the children and adolescents. The Technical Working Groups, led by government departments in partnership with civil society stakeholders, provided the substantive content that shaped the NSAAC and laid the foundation for collaborative partnerships going forward. The governance team assisted in crafting the elements of the institutional arrangements and child rights governance framework for the country that provide for the enabling environment required for the realisation of child rights. The collaboration and interdepartmental synergy across government has been exceptional and has laid the foundation for the hard work that lies ahead. Special mention is given to the role of the Department of Performance, Monitoring and Evaluation (DPME) and other government departments in ensuring that departmental plans are aligned with the vision of the NSAAC and are ultimately captured in the Medium-Term Development Plan, the NPAC 5 and the Annual Performance Plans of departments.

The outcomes and priorities contained in the NSAAC were further shaped and refined through sector consultations at national and provincial levels that included children and adolescents, government departments, NGOs and the private sector. The consistent calls of children and adolescents to be included, heard and taken seriously are the impetus for this call to action. Their empowered, continued, and meaningful participation in this process – and all matters that impact their lives – remains imperative and highly valued.

The Presidency and government are appreciative of the opportunity to partner with DG Murray Trust to realise the vision of the NSAAC and are acknowledged with sincere thanks. Special thanks also go to ELMA Philanthropies, Ilifa Labantwana, SRHR Africa Trust Regional, UNICEF South Africa, Save the Children South Africa, Nelson Mandela Children's Fund, Children's Institute at the University of Cape Town (UCT), the Centre for Social Science Research at UCT, and the South African National Child Rights Coalition for walking the extra mile and providing in-kind and financial resources to support this endeavour. Without their contribution, the development of the NSAAC would not have been possible.

ABBREVIATIONS

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
APP	Annual Performance Plan
CoGTA	Cooperative Governance and Traditional Affairs
CHW	Community Health Worker
CLPA	Child Labour Programme of Action
CRC	United Nations Committee on the Rights of the Child
CRG	Child Rights Governance
CRPD	Convention on the Rights of Persons with Disabilities
CSG	Child Support Grant
CYCC	Child and youth care centre
DALRRD	Department of Agriculture, Land Reform and Rural Development
DBE	Department of Basic Education
DCDT	Department of Communications and Digital Technologies
DEL	Department of Employment and Labour
DFFE	Department of Forestry, Fisheries and the Environment
DoH	Department of Health
DHA	Department of Home Affairs
DHS	Department of Housing and Settlements
DoCS	Department of Community Safety
DoD	Department of Defence
DoJ&CD	Department of Justice and Constitutional Development
DoT	Department of Transport
DPME	Department of Planning, Monitoring and Evaluation
DSAC	Department of Sports, Art and Culture
DSD	Department of Social Development
DWS	Department of Water and Sanitation
DWYPD	Department of Women, Youth and Persons with Disabilities

ECD	Early Child Development
ELP	Early Learning Programme
FPL	Food Poverty Line
GCIS	Government Communication and Information System
HDI	Human Development Index
IMC	Inter-Ministerial Committee
ISHP	Integrated School Health Policy
MTDP	Medium-Term Development Plan
MTSF	Medium-Term Strategic Framework
NDP	National Development Plan
NEET	Not employed or in education or training
NIECD	National Integrated Early Childhood Education Policy
NGO	Non-Governmental Organisation
NPA	National Prosecuting Authority
NPAC	National Plan of Action for Children
NPO	Non-profit organization
NSAAC	National Strategy to Accelerate Action for Children
NSP-GBVF	National Strategic Plan on Gender-Based Violence and Femicide
NT	National Treasury
ORC	Office on the Rights of the Child
PMNCH	Partnership for Maternal, Newborn, Child and Adolescent Health
RCL	Representative Council of Learners
RtHB	Road to Health Book
SAM	Severe acute malnutrition
SAPS	South African Police Service
SASSA	South African Social Security Agency
SDGs	Sustainable Development Goals
TTT	Technical Task Team
TWG	Thematic Working Group
UNCRC	United Nations Convention on the Rights of the Child
WHO	World Health Organization

FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT

It is with great pride and sense of responsibility that I introduce the National Strategy to Accelerate Action for Children (NSAAC). A first for South Africa, this Strategy reflects the Government of National Unity (GNU)'s unwavering commitment to safeguard the rights and wellbeing of our nation's most precious resource, our children.

The NSAAC represents a significant milestone achieved through the collaborative efforts of a diverse array of key stakeholders and partner organisations, including government departments and agencies, civil society, faith and community-based organisations, and development agencies. All these stakeholders have devoted their time and resources to ensure that every child in South Africa, irrespective of their family circumstances, is granted the protection and opportunities they rightfully deserve to reach their full potential.

As a country, we acknowledge that the health and development of our children are fundamental to our national shared future. Children are not only our most valuable assets but also the leaders of a South Africa we want, especially considering that children under the age of 18 make up 34% of the population. This represents a significant demographic dividend that we must invest in now for a better future because the foundations of a South Africa we want is built with education, health and guarantee of safety and wellbeing for every child.

The NSAAC is informed by and builds upon numerous existing legal and policy frameworks, as well as the impressive progress South Africa has made in improving the lives of children since the dawn of democracy. As we celebrate three decades since the adoption of the Constitution which entrenched distinct civil and socio-economic rights of children in South Africa, we take great pride in the fact that we have significantly reduced the under-five child mortality. This means that millions more children are reaching their fifth birthday. Child food poverty has declined from 53% in 2003 to 38% in 2022, and access to early learning for children aged 5 to 6 has expanded as shown in the 2022 census data. This can be attributed to expanded primary health care services and the social assistance programme, especially the Child Support Grant which currently reaches over 12 million eligible children.

Despite this impressive progress, key challenges remain with an alarming increase in reported cases of child malnutrition and unacceptably high levels of violent crimes against children. These challenges pose significant threats not just to their individual children's lives but to the overall fabric of our society. Therefore, it is imperative that we take urgent action to accelerate measures to confront these issues by ensuring that every child in South Africa has the chance to thrive and realise their potential.

That is exactly what the NSAAC seeks to achieve. Arising from President Cyril Ramaphosa's 2024 State of the Nation Address and incorporating valuable lessons from local and best practice from around the world, NSAAC emphasises the need for a whole-of-government and whole-of-society approach, recognising that the survival, development, protection, and participation of children require a concerted effort from all key sectors of our society. The NSAAC identifies ten key priorities that will drive cross-government work, inform investment decisions and support us to measure progress. Key amongst others, these include accelerating actions to strengthen families, reduce infant and child mortality, improving child nutrition, prevent children and teens from all forms of abuse, violence and harmful substances, preventing disabilities in children and giving children with disabilities same opportunities as able-bodied peers. In this regard, inclusive education is the most effective way to give children with disabilities a fair chance to learn and develop skills they need to thrive.

The NSAAC is a product of an inclusive participatory process involving a broad range of stakeholders, government, child rights and child protection organisations, academics, research institutes, national and international NGOs. In keeping with Article 12 of the Convention on the Rights of the Child (CRC), the consultative process included the participation of children and adolescents themselves.

As we move forward, it is essential that we sustain this collaboration to ensure successful implementation to make child rights protection and development a reality across all sectors in South Africa.



MS DINA PULE, MP
MINISTER OF SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

FOREWORD BY THE ACTING DIRECTOR GENERAL OF SOCIAL DEVELOPMENT

The National Strategy to Accelerate Action for Children (NSAAC) is a high-level shared vision that places children's interests at the centre of decision making in addressing declining progress and gaps in child wellbeing. It is a public statement that as a nation, we value our children and adolescents. Children are the bedrock of our country's social and economic prospects and investment in their rights and wellbeing is our national obligation and our collective pride and joy in seeing them thrive.

This strategy recognises that we can and must accelerate our efforts to meet this obligation. Despite the investments that we are making in their social protection, health, education, and development, it is evident that now we are failing our children. Today, as government we are unable to tell what the real impact of our collective programmes, across government and civil society stakeholders, for children are. This is because our work is happening through different departments, each working separately in silos losing significant opportunities to leverage and gain from the demographic dividend.

The NSAAC presents an overarching investment for children's wellbeing facilitated by a clear national strategy to:

- i. Mobilise a national leadership for children and teenagers.
- ii. Define a clear set of national priorities to accelerate progress, which identifies gaps and opportunities and clearly defines departmental mandates.
- iii. Clarify mechanisms for combined action by government, civil society, trade unions and the private sector.

The development of the NSAAC involved a participatory process that engaged a broad range of stakeholders with an interest in and commitment to promoting the wellbeing of children and adolescents. This included children and adolescents themselves, government departments, child rights and child protection organisations, academics, research institutes, and national and international NGOs.

The outcomes and priorities contained in the NSAAC were further shaped and refined through sector consultations that included children and adolescents, government departments, NGOs and the private sector. The consistent calls of children and adolescents to be included, heard and taken seriously are the impetus for this call to action. Their empowered, continued, and

meaningful participation in this process and all matters that impact their lives, remains imperative and highly valued.



ADV. GUGULETHU THIMANE
ACTING DIRECTOR-GENERAL: SOCIAL DEVELOPMENT



EXECUTIVE SUMMARY

“

This is a moment of fundamental consequence in the life of our nation. It is a moment when we must choose to either move forward together or risk losing all we have built. In this moment we must choose to move forward; to close the distances between South Africans and to build a more equal society; to translate the promise of our Constitution and the vision of the Freedom Charter into a reality for all.

”

Address by President Cyril Ramaphosa at the Presidential Inauguration,
Union Buildings, Tshwane, South Africa, 19 June 2024.

1.1 Children and Adolescents Live on the Edge of Possibility and Risk

In his 2024 Presidential Inauguration, President Cyril Ramaphosa said “[this] is a moment of fundamental consequence in the life of our nation. It is a moment when we choose to either move forward together or risk losing all that we have built.” The consequences of our actions now have the greatest bearing on our children and adolescents who, in the metaphor of the Indlulamithi Scenarios 2035, may end up being part of a ‘recrimination nation’ characterised by indecisiveness and constant blaming, a ‘desperation nation’ of self-enrichment and patronage, or a ‘cooperation nation’ where all sectors of society work together to respond to unemployment, inequality and poverty.

Our children and adolescents will not only live with the consequences of our actions today, but it is their experience of childhood that will largely determine which form of nation emerges by 2035. If there is any age group in which both the risks and the possibilities of our nation are concentrated, it is our children.

If they grow up nutritionally stunted, exposed to violence in their homes and on the streets, and inadequately educated, South Africa will end up as a nation of recrimination and desperation. If our children and adolescents grow up nourished, nurtured and educated, they will thrive, and substantial inroads will be made into the alleviation of poverty, enabling South Africa to break out of the inequality trap and emerge as a flourishing cooperation nation.

Considerable progress has been made since 1994, but there are now worrying signs that some

of the gains made in reducing child poverty and mortality are starting to reverse. The past five years have seen a contraction of services due to the effects of the COVID-19 pandemic and a constrained fiscal environment. If current trends are allowed to continue, it is likely that there will be a steady erosion of the gains of the past thirty years.

If we protect, improve and expand the delivery of our current basket of support interventions for children, we could stop the erosion of the gains of the past and continue to make significant progress. However, that will not be enough to escape the inequality trap characterised by structural unemployment, high levels of income inequality, and low physical growth and brain development among our children, which results in learning deficits, leading to school dropout and perpetuation of high levels of unemployment. In addition to protecting existing child programmes and services and doing things better, we must accelerate progress by expanding successful programmes and by introducing catalytic interventions that can lead to exponential improvements in child outcomes. The question to be asked and answered is “What will accelerate child and adolescent development over the next five years?”

1.2 Accelerating Progress for Children

International experience shows that leadership and coordination from the centre of government are key to creating momentum for children and adolescents’ development. While individual government departments continue to hold their respective mandates, their work should be framed within a national programme of accelerated action. In countries that have made substantial progress, this is typically driven as a strong brand that mobilises the nation and clearly defines a set of common priorities and catalytic interventions that prioritise and enhance delivery, fill gaps and build synergy.

A critical recognition is that the government cannot drive the agenda alone – especially because so much child vulnerability is shaped by circumstances in communities and in homes. Civil society (including non-profit organisations), labour and the private sector are vital partners with the government in children and adolescents’ development. Progress will be accelerated by the creation of effective collaboration mechanisms that enable non-government participation in governance and facilitation of the national programme of accelerated action.

I.3 Our Statement of Change

- If South Africa prioritises its investment in children and adolescents, and
- If all role players commit to achieving the same shared priorities and catalytic interventions, informed by evidence-based development frameworks and existing national strategies, policies and plans, and
- If government adopts a child rights approach to embed child rights in governance processes and systems; THEN
- All children and adolescents will have access to the services and support they need, relevant to their state of development, for improved outcomes, and
- All children and adolescents can grow to their full potential.

I.4 The Vision and Purpose

The vision of the National Strategy to Accelerate Action for Children (NSAAC) is that all children in South Africa achieve optimal wellbeing and grow to their full potential.

This requires an entire societal approach and sustained investments in maternal health and the earliest years of childhood through to adolescence to improve and accelerate development outcomes for children across all stages of their lives.

The purpose of the national strategy is three-fold:

- Firstly, it builds a common understanding of national priorities for children and adolescents. A clear set of priorities will mobilise the country to put children and adolescents at the centre of development, provide clear frameworks for strengthening existing programmes for accelerated and concerted action, and guide the development of the National Plan of Action for Children (NPAC 5th).
- Secondly, it seeks to establish effective interfaces with civil society and the private sector to enable participation in child rights governance and to support the implementation of national priorities that do not fit neatly into single departmental mandates and that require a high degree of intersectoral collaboration.

- Lastly, it aims to strengthen institutional mechanisms and accountability, responding in part to the concluding observations and recommendations of the United Nations Committee on the Rights of the Child and the African Committee of Experts on the Rights and Welfare of the Child.

The purpose is elaborated below:

I. Build a common understanding of national priorities for children and adolescents

The Bill of Rights in the South Africa Constitution provides for the rights of all who live in South Africa. Internationally, South Africa has ratified the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, which assert that children have multiple, interconnected rights and set out the standards by which states should treat every child to ensure their wellbeing. South Africa has also ratified the Convention on the Rights of Persons with Disabilities, which establishes the fundamental human rights of people with disability. At national level, the National Development Plan (NDP) is the long-term action plan for securing the constitutional rights of all in South Africa. These instruments, together with the NSAAC and the NPAC, include proposals for improving outcomes for children and adolescents by 2030 and constitute South Africa's Child Rights Governance System.

In addition to existing frameworks and plans, this strategy draws on two international frameworks developed by the World Health Organization (WHO), UNICEF and other partners, which are consistent with these rights. These frameworks, namely, the Nurturing Care Framework and the Adolescent Wellbeing Framework, are supported by the Global Leaders Network aimed at significantly reducing maternal, newborn, child, and adolescent mortality globally by elevating women's, children's and adolescents' health to the highest political agenda and galvanising action to protect the most vulnerable individuals. These frameworks are further supported by the INSPIRE strategies for preventing violence against children, the WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children under the age of 18 years and the UNICEF Parenting Support Framework for the Early Years.

Both the Nurturing Care Framework and the Adolescent Wellbeing Framework define key outcomes or domains for child and adolescent wellbeing. These outcomes and domains are outlined below.

NURTURING CARE FRAMEWORK DOMAINS	ADOLESCENT WELLBEING FRAMEWORK DOMAINS
1. Responsive caregiving	1. Good health and optimum nutrition
2. Good health	2. Learning, competence, education, skills and employability
3. Good health	3. Safety and a supportive environment
4. Safety and security	4. Connectedness, positive values and contributions to society
5. Opportunities for early learning	5. Agency and resilience

The five domains in each of these developmental frameworks form the basis for identifying national priorities to accelerate child and adolescent development. The NSAAC is also aligned with the strategic approach to development articulated by the NDP and builds upon existing national strategies, policies and plans that aim to promote inclusive growth and support the full realisation of the rights of children, adolescents and their families.

A systematic overview of the identified catalytic interventions for each of the priority outcomes is also provided and these serve as the basis for a national programme of action for children. However, these priority outcomes have been further distilled into a list of ten strategic priorities likely to make the biggest impact in the short to medium term, which must be used to galvanise an urgent national response, both from government departments and non-government actors. These ten priorities are listed in Figure 1 below.

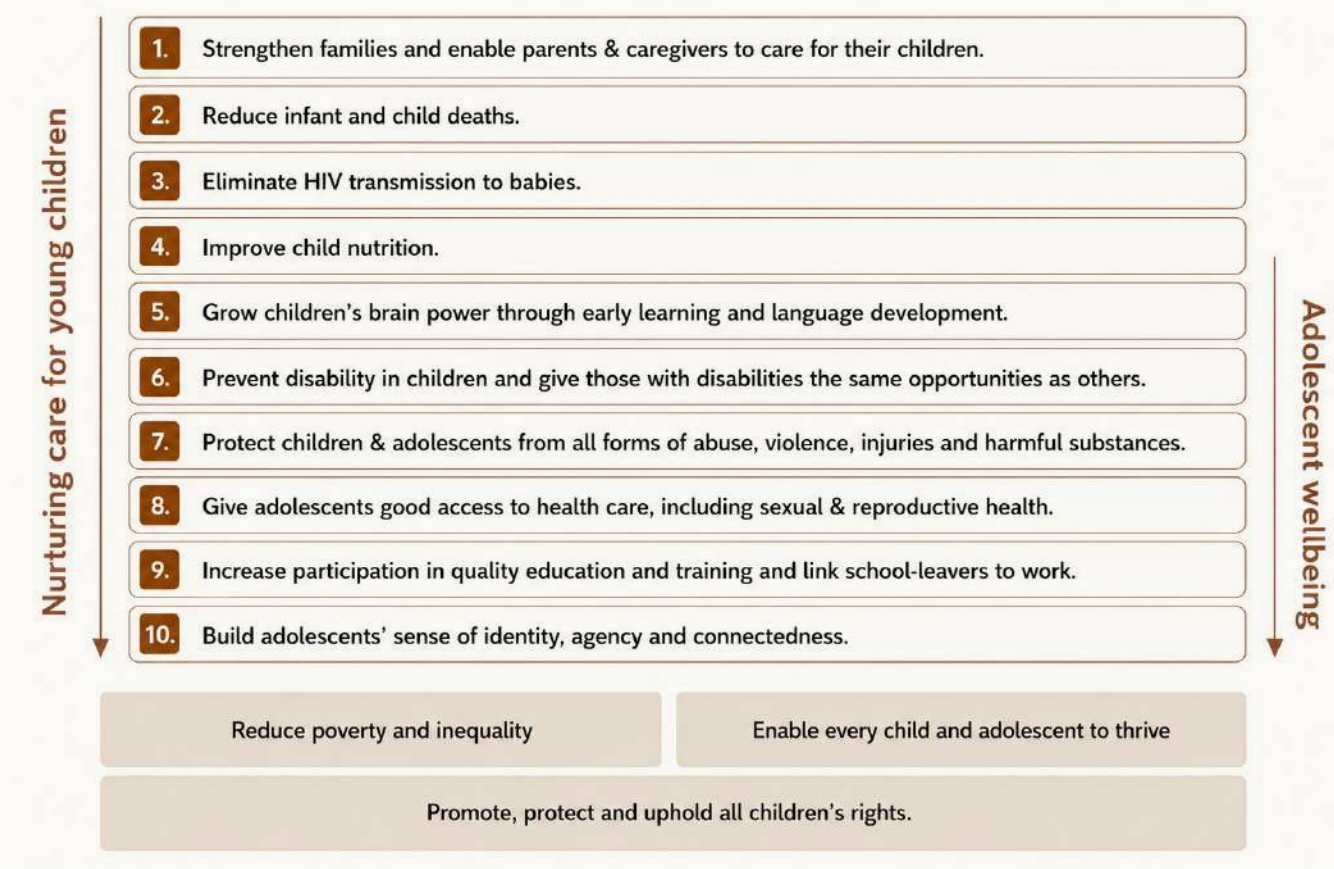


Figure 1: Ten strategic priorities to accelerate progress for children and adolescents

These ten strategic priorities are a synthesis of the priority outcomes identified in the NSAAC. Key strategies or interventions for achieving priority outcomes are discussed further below.

The NSAAC recognises that the future holds three possible prospects namely; erosion of gains made over the past 30 years. The second is an upward linear progress that brings about incremental improvements through doing more of the same but better. The third is also an upward trajectory, but it is exponential in nature through a combination of improved action and catalytic interventions.

For these reasons, the NSAAC identifies the following: Urgent interventions that will prevent reversal of progress, Existing interventions that need to be improved to achieve incremental progress, and Catalytic interventions that, combined with improved existing interventions, can yield exponential progress.

The starting point is to ensure that we stop the reversal of progress on key indicators of child wellbeing, particularly those related to levels of child mortality, poverty, malnutrition and child protection. At the same time, we must

(a) ensure that other existing interventions that are already in place are protected from further erosion, are fully and effectively implemented, and are expanded to reach all children and adolescents and;

(b) identify catalytic interventions that can accelerate progress by achieving exponential change. Some of the proposed catalytic interventions will require policy review, processes of approval or legislative change where necessary.

CATALYTIC INTERVENTIONS

• HEALTH •

- Make maternal and child health the core of community health workers' scope of work and strengthen multi-disciplinary collaboration.
- Train health workers to screen for developmental delays, disabilities and long-term conditions across all settings, including clinics, early learning programmes and schools.
- Strengthen early identification, referral pathways and interventions (including rehabilitation) for young children with disabilities, mental health challenges and other long-term conditions.
- Establish a national screening programme for newborn hearing loss (<3 months old), following DoH policy and guideline development processes.
- Establish a national vision impairment screening guide, capacity building and intervention plan in ECD centres and schools for Grade R learners.

The role of parents, caregivers and families is essential to child and adolescent development. Responsive caregiving is vital to a young child's development, and primary caregivers must be empowered to ensure that South Africa's children and adolescents receive the care they need to survive and thrive. Family strengthening programmes, including those that address caregiver mental health and take an integrated approach to addressing violence against women and children, are key prevention and early intervention strategies.

In the health domain, progress has been made in achieving improved outcomes for young children. For example, South Africa is close to eliminating paediatric HIV and has made good progress in implementing high-quality antenatal, neonatal and infant care, although the COVID-19 pandemic has reversed some of these gains. Immunisation must be improved to achieve at least 95% coverage across childhood, and all child deaths must be investigated

to understand the underlying causes. One of the challenges facing the South African health system is the early identification, screening and referral of children with disabilities.

CATALYTIC INTERVENTIONS

• NUTRITION •

- Restore the child support grant to the value of the food poverty line, starting with young children.
- Introduce a maternity support grant of equal value to the child support grant.
- Ensure early identification of moderate and severe acute malnutrition in children <2 years and strengthen the implementation and resourcing of the Nutrition Therapeutic Programme.
- Strengthen multiple micronutrient supplementation for pregnant women to reduce low-birth weight as per DoH guidelines.
- Subsidise 10 best buy high-protein foods in partnership with food industry.
- Strengthen regulation of the food industry to prohibit promotion of formula milk and ultra processed foods.

The triple burden of childhood malnutrition remains a major issue. We must eliminate severe acute malnutrition by investing in social assistance for children and mothers, support for breastfeeding, and early identification and management of acute malnutrition. Furthermore, micronutrient deficiencies and childhood obesity rates must also be addressed. Improved growth monitoring is critical to prevent, identify and respond to children at risk of stunting while maximising opportunities to link the efforts of the government, civil society and industry together to stimulate local food production and supply.

Safety and security, which include care and protection from all forms of harm and the exploitation of children, remain areas of great concern. The first step is to implement and resource the National Child Care and Protection Policy, which identifies strategies for prevention, early intervention and response to all forms of abuse, neglect, violence and exploitation. Children's rights to child protection cannot be separated from social economic rights, for example, birth registration and access to basic services. Furthermore, the links between violence against women and violence against children, particularly in the home, are well documented. By addressing violence against children and gender-based violence (GBV) through the strategies identified in the National Strategic Plan on Gender-based Violence and Femicide (GBVF) and the Integrated Crime and Violence Prevention Strategy, we can create stronger families and positive environments for children to grow and develop. The implementation of the National

Drug Master Plan will address the substantial threats to the safety and wellbeing of children and adolescents posed by substance abuse in communities.

CATALYTIC INTERVENTIONS

• SAFETY AND SECURITY •

- Strengthen the childcare and protection system by resourcing the implementation of the continuum of care strategies in the National Child Care and Protection Policy.
- Strengthen prevention and response to violence against children by implementing and resourcing strategies identified in the National Strategic Plan on GBV and Femicide and the Integrated Crime and Violence Prevention Strategy and adopting integrated approaches (in line with INSPIRE framework) to prevent violence against children.
- Identify barriers to late registration of birth and adopt a plan for law and system reforms to support universal birth registration.
- Strengthen regulatory frameworks that reduce access to alcohol through reduced trading hours, minimum unit pricing, and reduced alcohol availability and advertising.
- Strengthen and continue with social behaviour change strategies that prevent, raise awareness about and decrease the occurrence of harmful substance abuse.
- Implement traffic calming measures and reduce speed in and around school zones.
- Implement environmental strategies to address the effects of lead poisoning and air pollution on children.
- Increase opportunities for child participation in the monitoring of environmental indicators impacting their health.
- Increase school curriculum components designed to educate and build skills for personal online safety.
- Finalise the funding policy for the NGO sector.
- Prioritise funding of NPOs providing child care and protection services by moving them to category 2.

The Department of Basic Education has published a strategy for the universal participation of young children in early childhood development (ECD) programmes. This requires rapid expansion in access to quality early learning programmes and a substantial increase in the per capita subsidy. This sector is largely operated within civil society organisations, and the government will not be able to achieve its goal without support for resources, training and service delivery platforms that create opportunities for both scale and quality improvement. In a fiscally constrained environment, additional funding will need to be unlocked, and public employment programmes such as the Social Employment Scheme provide opportunities for building the ECD workforce and increasing women's participation in the economy. While there

is now a greater definition of early learning strategies for 3–6-year-olds, the same attention has not yet been given to early language development and cognitive stimulation for very young children, which would need to be supported in the home.

CATALYTIC INTERVENTIONS

—• OPPORTUNITIES FOR EARLY LEARNING •—

- Restore the value of the ECD subsidy to account for inflation erosion and expand it to reach all eligible children.
- Support early language and cognitive stimulation in the home for children <3 yrs.
- Launch a public campaign to generate demand for ECD programmes and learning and language stimulation materials.
- National book drive to ensure that every ECD programme has >20 age-appropriate books.
- Develop guidelines and incentives for inclusion of children with disability in ECD programmes, supported by teacher/practitioner training and learning materials to accommodate various disabilities.

Regarding adolescents, the suite of responses for adolescent wellbeing in South Africa is not as well formulated as that for younger children. A starting point is to develop a comprehensive picture of the state of adolescent health and wellbeing. This is needed to inform the development, adoption and monitoring of a national framework for adolescent wellbeing. Services for adolescents are piecemeal and need to be consolidated into a national programme with coverage at national, provincial and local levels.

In terms of adolescent health, suicide and intentional violence remain common causes of death, and we must significantly increase the capacity for helplines and support adolescent-centric services. High numbers of births among adolescent women continue to be a major concern, and dual contraception must be made even more accessible to adolescents. The harms associated with alcohol, tobacco and other substances must be substantially reduced, and access to rehabilitation services must be improved. The incidence of HIV has declined in younger people over the past decade but remains high. Community-based education must be expanded, as must the distribution and supply of contraceptives, including through mobile outreach services, pharmacies, and school- or workplace-based services.

CATALYTIC INTERVENTIONS

—• GOOD HEALTH AND OPTIMAL NUTRITION •—

- Adopt a national adolescent well-being framework with high level indicators to guide programming and service delivery.
- Implement a national system of routine preventative screening and monitoring of adolescent wellbeing based on the Integrated School Health Policy.
- Strengthen early identification, referral pathways and interventions (including rehabilitation) for adolescents with disabilities, mental health challenges and other long-term conditions.
- Ensure the interoperability of datasets on adolescents between departments of health, education, and social development.
- Continue to support nutrition-support strategies described for young children.
- Strengthen and scale up evidence-based programmes providing parents and caregiver support to improve caregiver and adolescent relationships as a protective factor against risky behaviour, including alcohol and substance abuse.
- Develop strategies to reduce adolescent access to alcohol, tobacco, and vaping products.
- Alcohol harms reduction measures described above.

While South Africa has a high participation rate in primary schooling, the dropout rate has increased, especially in the last three years of schooling. Without effective linkages with vocational training, many adolescents fall out of the educational system and fail to find connections in the world of work. The participation of adolescents in formal and non-formal education and training must be increased by changing systemic incentives that promote dropout and improve monitoring and response systems. There are several prevention and early intervention school and community-based after-school programmes, and these should be scaled up. Business, civil society and the school system must work together to facilitate structured work exposure. Care and support strategies for improved teaching and learning, introduced by the Department of Basic Education, must be sustained.

CATALYTIC INTERVENTIONS

LEARNING, COMPETENCE, SKILLS AND EMPLOYABILITY

- Implement the three-stream secondary education strategy to allow for multiple pathways (academic, vocational and occupational) that enable learners to make choices in their schooling.

The ability of children to learn is also heavily influenced by their home and community environments. One-third of children report exposure to violence, including high levels of sexual and gender-based violence. In addition, a high proportion of adolescents put themselves in harm and damage their brain development through heavy drinking and substance abuse (narcotic drugs and harmful substances). However, there is evidence of the protective nature of good caregiver/adolescent relationships to prevent risky behaviour, highlighting the importance of strengthening and supporting families. Building on the national response to gender-based violence and to crime and violence prevention more broadly, community-based responses to violence must be enhanced, together with substantial improvements in the policing and justice systems. Children are especially exposed to violence and abuse online, and national laws must be updated to protect all children and adolescents from both predatory online commercial practices and abuse. A specific concern is the persistence of early and forced marriages, and these practices must be stopped through stronger engagement with traditional leadership and effective intervention by social workers. At community level, adolescents are not spared the harmful effects of climate change and environmental pollution, and they must be included more fully in the actions developed by the Presidential Climate Commission.

CATALYTIC INTERVENTIONS

SAFETY AND SUPPORTIVE ENVIRONMENTS

- Implement court orders aimed at preventing children from becoming stateless.
- Strengthen the child care and protection system by resourcing the implementation of the continuum of care strategies identified in the National Child Care and Protection Policy.

- Strengthen the prevention of and response to violence against children through the implementation and resourcing of strategies identified in the NSP GBVF and the Integrated Crime and Violence Prevention Strategy and adopt integrated approaches (in line with the INSPIRE framework) to prevent violence against children.
- Strengthen strategies to reduce heavy drinking.
- Strengthen and continue with social behaviour change strategies that prevent, raise awareness and decrease the occurrence of harmful substance abuse.
- Increase school curriculum components designed to educate and build skills for personal online safety.
- Increase support for parents and caregivers of children, including through schools.
- Strengthen strategies to reduce injuries to children.
- Strengthen participation of young people in the monitoring of environmental indicators impacting their health.
- Finalise the funding policies for the NGO sector and prioritise the funding of NPOs providing childcare and protection services by moving them to category 2 (funding by the state at the level of 'reasonable core costs').

Although the digital age poses a threat to adolescents, it can also be a powerful public good. While data costs continue to constrain their connectivity, schools should increasingly link to local and national resources for wellness promotion, knowledge sharing, and civic and children's meaningful participation. To counter these risks, a regulatory framework obligating service providers and the government to minimise the risk of exposure to harmful content should be established. In addition, support for adolescents in special circumstances and in need of care and protection needs to be strengthened.

CATALYTIC INTERVENTIONS **CONNECTEDNESS, POSITIVE VALUES** **AND CONTRIBUTIONS TO SOCIETY**

- Ensure that the policy to zero-rate the digital content of government benefit organisations and government is fully implemented.

Apart from digital connectivity, adolescents also need softer forms of connection to have a sense of being cared for, supported and belonging through and with protective relationships. The components of the school curriculum designed to build interpersonal skills, agency, skills and protective relationships should be expanded and enhanced. Similarly, the school curriculum should be enhanced to build practical, real-life engagement with democracy and civic institutions so that they feel that they are part of the nation's decision-making processes.

If adolescents are to grow into leaders of the 'cooperation nation' envisaged in the Indlulamithi Scenarios, they need to develop a strong sense of agency and resilience. Again, the schooling system plays a critical role in developing evidenced-based socio-emotional learning and scaling up successful after-school programmes based on mentorship and peer support. Equally important is adolescent awareness of gender equality, human rights and specific adolescent rights and capacities. Their sense of inclusion and scope for their participation in matters that affect them is critical, and the work of key national institutions must be reviewed to ensure greater alignment with adolescent needs. This includes a review of processes and accountability mechanisms at municipal, provincial and national levels to better involve adolescents.

2. Create effective interfaces with civil society and the private sector

CATALYTIC INTERVENTIONS

• AGENCY AND RESILIENCE •

- Public communication and a national network of support building a sense of collective agency and identity.
- Community-based prevention and early intervention programmes for adolescents and caregivers, including a basket of integrated programmes that includes a focus on human rights, gender-transformative norms and family strengthening support for children and parents.

Many of the catalytic interventions described above require systematic engagement and collaboration with civil society and the private sector. The National Strategy describes the development of an Accelerator mechanism through public–private collaboration. Its functions are to boost public communication, strengthen the analysis and presentation of information related to national priorities for children and adolescents, fill the gaps in service delivery, create synergies across implementing agencies, and help mobilise both public and private resources for children. Its first task will be to promote a highly visible national brand that will mobilise the nation (“Hold My Hand”). In response to the ten national strategic priorities, it will work with the government and other role players to do the following:

- Close the food gap
- Support responsive caregiving and language development for very young children
- Protect children and teens by reducing heavy drinking
- Provide early hearing and vision screening and referral for young children, and
- Build identity, agency and connectedness for teenage

These are interventions that are currently neglected, require a high level of intersectoral collaboration, and can be effectively facilitated through innovative partnerships such as the Accelerator.

3. Strengthen institutional mechanisms and accountability

The third objective of the NSAAC is to identify the high-level changes necessary to support an effective child rights governance (CRG) system. CRG is a deliberate process of organisation planning, provisioning, and accounting by all members of the national child rights community to advance a shared vision for children and adolescents. It aims to establish and strengthen the governance system necessary to effectively implement child rights, as enshrined in the South African Constitution and in the international and regional child rights instruments that South Africa has ratified. In particular, the United Nations Committee on the Rights of the Child (CRC) has developed a CRG framework to guide the government through the adoption of the 12 General Measures of Implementation.

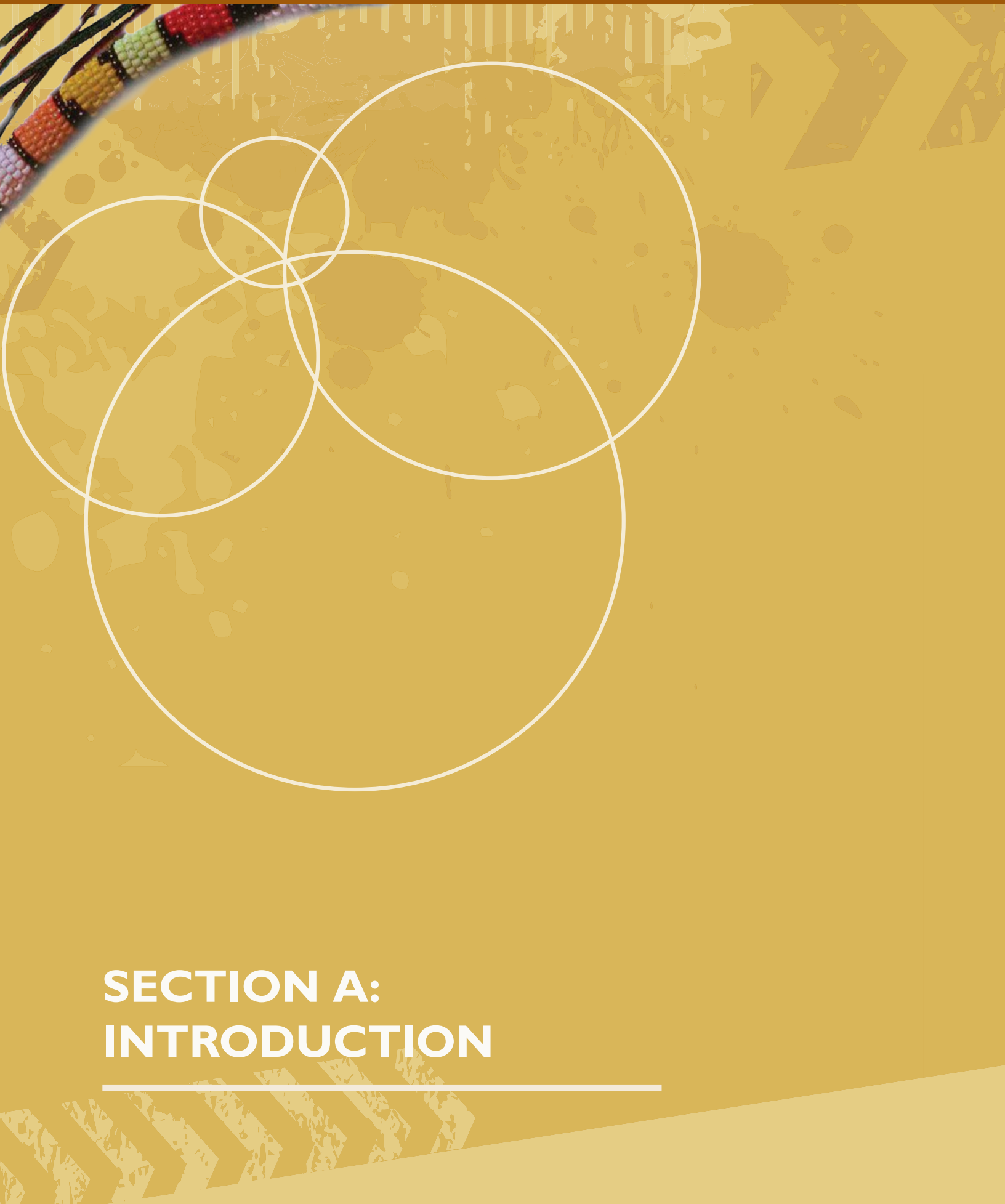
Within this context, the NSAAC identifies four high-level child rights governance priorities to focus on during the 7th Administration.

- I. Sustained political leadership: Political and strategic leadership and oversight by the Presidency, supported by an Inter-Ministerial Committee (IMC) on children and effective parliamentary oversight.
- II. Galvanising the whole of society around the NSAAC vision, purpose, principles and ten priorities and public communication strategy: Inter-sectoral and multi-disciplinary leadership is required to galvanise the whole of society around understanding and supporting the implementation of the strategic ten priorities and catalytic interventions to accelerate action for children through a national branded communication strategy – “Hold My Hand”.
- III. Strengthened evidence-based implementation: The collection and analysis of data to assess progress and measure, monitor and report on the impact of strategies, plans and programmes to accelerate better child rights and wellbeing outcomes.
- IV. Strengthened institutional mechanisms and capacity building for child rights governance: It is not possible to achieve the purpose of and desired outcomes of the NSAAC without a deliberate plan focused on the institutional mechanisms that must be in place for child rights delivery.

To address the challenge of the weak and crumbling institutional mechanisms, strong institutional arrangements are necessary to:

- Provide the sustained strategic leadership, oversight and governance framework required for the development of the NPAC (5), which is the implementation arm of the NSAAC.
- Strengthen institutional arrangements, including the IMC, the National Intersectoral Steering Committee, the Technical Task Team, the Office on the Rights of the Child (ORC) and sub-national institutional mechanisms.
- Monitor responsive child rights implementation of the MTDP, the NSAAC priorities as aligned with the Strategic Plans, and the Annual Performance Plans of government departments and their implementing partners.

By working together towards common national priorities, doing things better and implementing catalytic interventions, we can drive an exponential trajectory of child and adolescent development over the next decade.



SECTION A: INTRODUCTION

“

If we secure the health of every woman, child and adolescent, we will fundamentally improve the health and wellbeing of all humanity. We will lift millions of people out of poverty and advance the cause of human progress.

”

President Cyril Ramaphosa at the High-Level Partnership for Maternal,
Newborn and Child

I.I Accelerating Progress for Children: The Opportunity

A nation is made in childhood when the brain, body and mind are growing fastest.¹ The conditions of childhood chart a course for the rest of life, and thriving children grow into a thriving nation.² For a society to be healthy and prosperous, its children must be able to reach their developmental potential. Children under 18 years of age constitute 34% of South Africa's population. This is the demographic dividend our nation must seize.

Realising children's potential is South Africa's greatest opportunity to break out of its inequality trap, which is currently characterised by poor social outcomes and low economic growth (see Figure 2). Like in most developing countries, human capital formation is the key to greater productivity,³ and ECD represents the most powerful investment in human capital that a country can make. For example, if we could eliminate stunting among children under five, the South African economy (gross domestic product) would be at least 1% – approximately R90 billion – bigger.⁴ The economic benefit of extending early learning programmes to all poor children would outweigh the costs by at least ten times.⁵ A fully literate population would promote economic growth and enable South Africa to participate fully as a knowledge economy.

Adolescence also provides a window of opportunity to reset negative behavioural trajectories that lead to risk-taking behaviours and gender-based violence, among others. With the necessary support, encouragement, and policy changes to reduce the harms of alcohol and substance abuse, adolescence can become a critical period for building social competence, executive planning and decision-making,⁶ supporting young people in becoming more ready to contribute economically and socially to the development of our country.

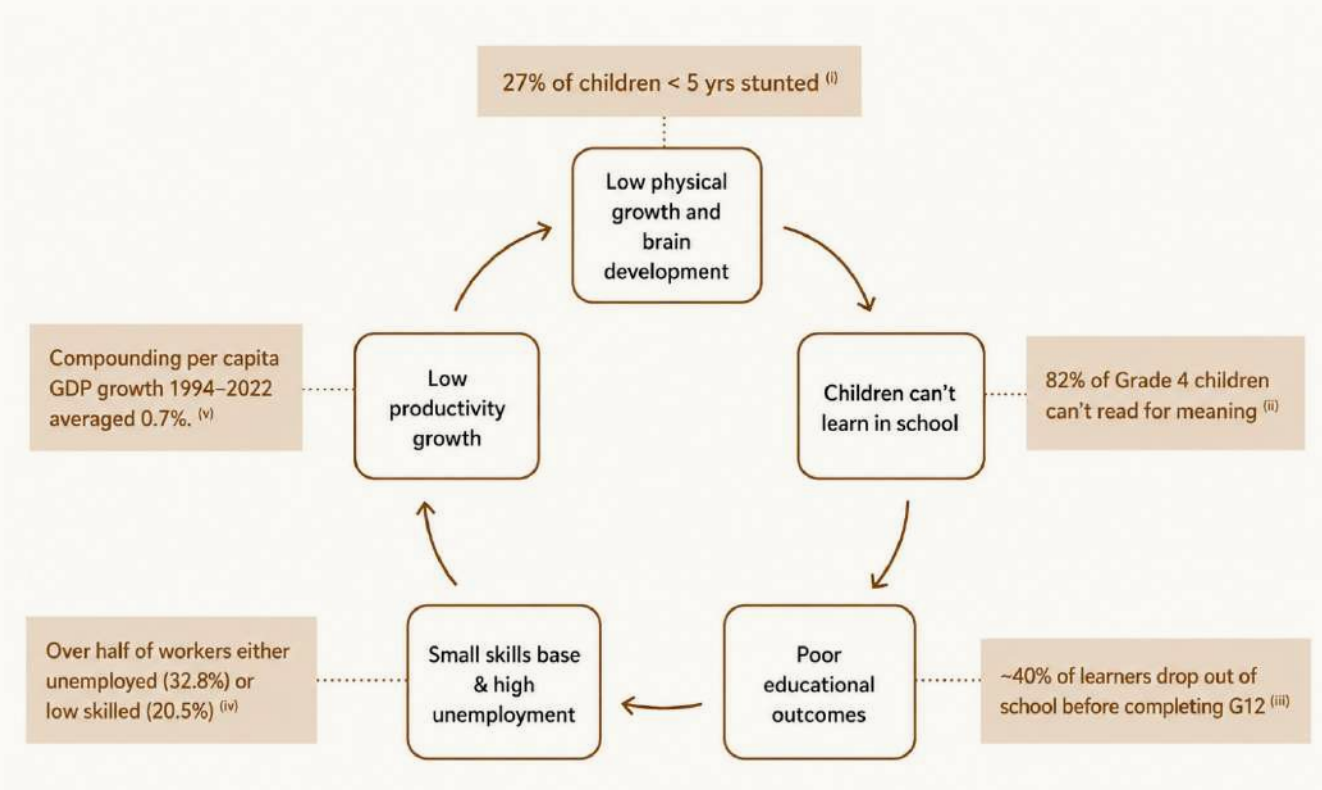


Figure 2: Securing the potential of our children and adolescents will drive economic growth and national development

If we hold and nurture every child conceived today as they grow up, we will transform our society within a generation and build a winning nation. The challenge is to seize this opportunity by putting children at the centre of national development to prioritise their needs and allocate budgets accordingly. This cannot be done overnight or even in a three-year budget cycle. However, if we start taking bold and definitive steps towards putting children at the centre, as outlined in this national strategy, we will begin to break the cycle of inequality and low growth.

¹ i) Simelane T, Mutanga S, Hongoro C, Parker W, V M, Zuma K, . . . Marinda E. National Food and Nutrition Security Survey: National report. Pretoria: Human Sciences Research Council. 2023. (ii) Spaul N, Pretorius L. Background Report: 2023 Reading Panel. 2023. https://www.readingpanel.co.za/files/ugd/b385b77476724ee8a74ba8be_8320a3be46b5cc.pdf. (iii) Zero-Dropout Campaign. School Drop-Out: Context Counts. 2022. <https://zerodropout.co.za/school-dropout-context-counts/>. (iv) Statistics South Africa. Quarterly Labour Force Surveys (QLFS) Q2 2021. Pretoria: Stats SA. (v) Khuluvhe M, Bhorat H et al. Skills Supply and Demand in South Africa: Labour Market Intelligence research programme. Dept of Higher Education. 2022.

1.2 The Call to Action

Recognising the need for acceleration, President Cyril Ramaphosa has challenged global leaders to agree on bold steps to accelerate the actions needed to achieve the Sustainable Development Goals (SDGs) related to women's, children's and adolescents' health and wellbeing worldwide.⁷ Such bold steps – both globally and nationally – require increased investment in interventions in their health and development that will yield social and economic benefits that continue throughout life and for generations to come.⁷

This call to action comes at a critical time. In South Africa, significant progress was made in the early years of democracy in advancing child rights and addressing inequities, as shown by reviews of the socio-economic transformation over the last thirty years.⁸ Children today are more likely to have their births registered⁹ and have greater access to education (including Grade R)¹⁰ and health care⁵ than children thirty years ago are. Child mortality rates have declined over this period,¹¹ the Child Support Grant provides a critical measure of social protection,¹² and access to clean water and basic sanitation¹⁰ has gradually increased. Digital technology, social media and artificial intelligence are now a fact of life for children in ways that many could not have imagined thirty years ago.

However, the progress made in realising children's rights and sustainable development in the first 20 years of democracy has slowed in the past decade – and in some cases, it is showing signs of reversal. Child food poverty has increased since the COVID-19 pandemic¹² and the rates of stunting among children under five years of age, which remained relatively high prior to the COVID-19 pandemic,¹³ increased from 27% nationally in 2016¹⁴ to 29% in 2021-23.¹³ Preliminary estimates suggest a sharp increase in infant mortality and under-five mortality rates in 2021 and again in 2022.¹⁶ Only 43% of children aged 4 to 5 years who attend an early learning programme are developmentally on track in terms of both their growth and early learning,¹⁷ with long-term implications for education, health, and employment outcomes. The quality of services that children and adolescents can access continues to vary depending on where they live, and violence against children and adolescents is at epidemic proportions.

There are three possible outcomes for children and adolescents over the next decade:

- The gains of the past three decades will continue to erode or
- Incremental improvements will continue at a slow pace; or
- Exponential progress will be achieved through a combination of incremental and catalytic strategies.

² In his capacity as chairperson of the Global Leaders Network for Women's, Children's and Adolescents' Health.

Maternal health, nutrition and early childhood development are critical springboards for human capital development, without which economic productivity growth will remain low. The erosion of key child programmes and services needs to be stopped, and this will help to get us back on track. Furthermore, slow-but-sure improvements in the current range of interventions must continue; however, they are inadequate to enable South Africa to escape the inequality trap in which poor child outcomes significantly impact economic participation and youth development.

Priority actions must be identified, and new ways of working are required to get back on track and to accelerate gains for children and adolescents. To get back on track, the most critical issues to address are worsening poverty and continuing inequality, persistent malnutrition, and inadequacies in the child protection system. In addition, to accelerate gains, there needs to be intensified focus on early brain development, early screening and interventions for disabilities (including hearing and vision), action to prevent the harm of alcohol and other toxins, expanded sexual and reproductive health services and networks of support for adolescents that build a sense of agency, identity and connectedness.

1.3 Presidential Leadership and Coordination

International experience shows that accelerated action for children requires strong central leadership in convening a national ‘programme of action’ across all sectors of society. This programme of action involves both political mobilisation and accountability and the designation of responsibility to government departments and other sectors of society.

Child development is nurtured in the home and in communities through developmental social services and in health and educational facilities and therefore requires the active mobilisation of all sectors of society. The primary duty bearers responsible for providing children with care and support are their parents and families, but the whole government is responsible for providing the combination of services and support that they need to fulfil their responsibilities.

In the case of South Africa, the government has acknowledged children’s equal and optimal development as a national priority and made a firm policy commitment to realising this outcome through a whole government response.

Most government departments hold clear and specific mandates for discrete aspects of children wellbeing such as birth registration, health, education or protection. The starting point for advancing children’s rights and wellbeing is to ensure the full delivery of each department’s service mandates, as discussed in Section D. However, while this is a necessary foundation, it is insufficient for the full realisation of a child’s potential given that:

- I. Many critical aspects of child development, such as nutrition and food security, need a high level of collaboration across government departments and call for synergies across departments and across sectors (government, civil society, and the private sector).
- II. There are several crucial gaps in government mandates. For example, no department has a funded mandate to support early language development for 0- to 2-year-olds.
- III. There are crucial human attributes that must be nurtured and that are not part of departmental mandates because their development begins in the home and in communities. Such attributes include the development of personal identity and agency, creative problem-solving, imagination and empathy, the mitigation of trauma, and aversion to risky behaviour, which develop in late childhood and adolescence.

The South African experience, as well as comparative international experiences, show that coordination that enjoys the political support of the country's executive authority – namely the Presidency and his Cabinet – can withstand and overcome coordination challenges and secure country-wide systemic commitment and integration at a sectoral level and vertically across levels of government. The role of the Department of Social Development, therefore, is to provide overall leadership and support existing coordination mechanism – identifying shared priorities for organs of state to pursue child wellbeing, ensuring defined mandates for respective government departments in relation to children, and enabling cross-sectoral mobilisation in support of children. This will be accomplished through the existing National Children's Rights Intersectoral Coordination Committee as enshrined in the National Plan of Action for Children.

In response to the call for bold action and aligned with this central role of leadership and support for existing coordination mechanisms, the Presidency, with the support of other departments, initiated a process to fast-track essential child rights delivery through the strengthening of institutional mechanisms and intersectoral collaboration on key priorities. It aimed to:

- build a common understanding of the national priorities for children and adolescents and what is required to achieve these priorities.
- establish an effective interface with civil society and the private sector in the fulfilment of these priorities, including in the form of an accelerator mechanism for children.
- strengthen institutional mechanisms for child rights governance and ensure effective accountability by respective departments.

This was achieved in the following ways:

1.3.1 Build a common understanding of national priorities for children

Thematic Working Groups (TWGs) - comprising representatives from government departments and civil society – were established to drive a participatory process for collaboration in key child rights thematic areas. The TWGs were tasked with (a) developing discussion papers on nine thematic areas and (b) identifying key strategic interventions or specific high-impact initiatives that would accelerate positive child and adolescent wellbeing outcomes. These are referred to in this strategy as catalytic interventions.

This process resulted in a set of national priorities for consideration (see Section E). These identified priorities will guide the development of detailed operational plans, including the National Plan of Action for Children (NPAC), and provide a basis for engagement and collaboration with other sectors of society. They will also guide planning processes at the provincial and local levels through their inclusion in Provincial Strategic Plans and municipal Integrated Development Plans to ensure implementation and impact at a local level.

1.3.2 Establish an effective interface with civil society and the private sector in the fulfilment of these priorities

This includes (i) active participation by civil society organisations in the strengthened child rights governance framework and (ii) the establishment of an accelerator mechanism to expedite the national priorities identified in the strategy that does not fit neatly into departmental mandates and that requires active collaboration between the government, civil society, and private sector.

1.3.3 Support institutional mechanisms for child rights governance and ensure effective accountability by respective departments

The strategy defines leadership and governance structures that can strengthen existing programmes and accelerate action through Presidential support, clear departmental mandates flowing from priority outcomes, and mechanisms for children's participation. On inclusion in the Medium-Term Development Plan (MTDP), the Medium-Term Strategic Framework (MTSF) and the fifth NPAC, the national priorities specified in this strategy should find expression in the performance plans of the respective government departments. Where there is a need for interdepartmental operational collaboration (e.g., in support of nutrition and food security, child protection, etc.), this should be clearly defined in the operational plans.

The NSAAC is therefore a reflection of a commitment from the highest level to improved developmental outcomes for children. It comprises a shared set of national priorities for action in support of children, a set of strategies for strengthening existing interventions and for accelerating positive change for children that flow from these priorities, a framework for strengthening child rights governance and mutual accountability.

The NSAAC sets the direction and overarching principles for implementation. It defines the priorities that will guide the NPAC (5), which will provide a detailed roadmap for achieving the objectives set in the NSAAC. Together, the strategy (NSAAC) and the plan (NPAC (5)) are essential instruments for effective child rights governance and sustained investment in the development of children.

I.4 South Africa's Child Rights Governance Framework

Through the struggle against apartheid and in the early days of democracy, there was a recognition that the successful transition to a just, democratic, and inclusive society required reversing the denial of children's rights and enabling the equitable and optimal development

of all children. This was articulated by the former President of the African National Congress, Oliver Tambo, in a statement in 1987.

“

We cannot be true liberators unless the liberation we will achieve guarantees all children their rights to life, health, happiness and free development, respecting the individuality, inclinations and capabilities of each child. Our liberation would be untrue to itself if it did not, amongst its first tasks, attend to the welfare of the millions of children whose lives have been stunted and turned into a terrible misery by the violence of the apartheid system

”

Oliver Tambo

In 1994, the first democratic president, Nelson Mandela, “confirmed the needs of children as paramount and pledged the government’s commitment to prioritise children’s rights and development at the highest level of government.”¹⁹ South Africa has committed to a child-centred, rights-based development agenda, and additional protections for children are enshrined in Section 28 of the Bill of Rights. These special protections recognise children’s vulnerability as well as their status as rights holders. Section 7 affirms the democratic values of human dignity, equality, and freedom and obliges the state not only to respect and protect but also to promote and fulfil children’s constitutional rights.

South Africa ratified the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) in 1995 and 2000, respectively. It also ratified the Convention on the Rights of Persons with Disabilities, which sets out the fundamental rights of people with disabilities.

These international instruments assert that children have multiple, interconnected rights, including social, economic, cultural, civil, and political rights. Their provisions set out the standards by which states should treat every child to ensure their wellbeing, building on four overarching principles: (i) non-discrimination, (ii) the best interests of the child, (iii) the right to survival, protection and development, and (iv) child participation.

These instruments create legal obligations on State Parties to implement and protect the rights of all children. They commit states to achieving transformation by ensuring the realisation of the rights of all children, especially the most vulnerable, and enabling them to develop their potential so that they become actively engaged participants and leaders of inclusive, sustainable economies and democratic and peaceful societies. As empowered parents and caregivers, they will provide their children and adolescents with the nurturing care and protection needed to develop their potential, thus breaking the cycle of poverty, inequality and violence by creating a positive, intergenerational cycle of rights-based development.

The SDGs and regional development agendas provide strategic directions for achieving this transformation. For example, members of the African Union, including South Africa, have endorsed Africa's Agenda 2063 and Africa's Agenda for Children 2040. In so doing, they have committed to prioritising and ensuring the use of national resources to re-build the continent's human capital by realising children's rights, as protected by the ACRWC and the UNCRC.

Domestically, the National Development Plan (NDP) is a long-term action plan for securing the constitutional rights of all in South Africa, including eliminating poverty and reducing inequality by 2030.²⁰ To achieve these goals, the NDP calls for "drawing on the energies of its people, growing an inclusive economy, building capabilities, enhancing the capacity of the state, and promoting leadership and partnerships throughout society".

The NDP asserts that by 2030, children should be benefitting from:

- Services and benefits aimed at facilitating access to nutrition, health care, education, social care and safety; and
- The elimination of problems such as hunger, malnutrition and micronutrient deficiencies that affect physical growth and cognitive development.

The NDP also states that vulnerable groups such as children, orphans, the elderly, children living with HIV, people with chronic illnesses and people with disabilities should enjoy the full protection provided for under the constitution and that cash grants should be used to ensure that their income is above the poverty line.

Adopting a CRG approach enables the entire government to place children and adolescents at the centre of all its governance processes to be able to realise child rights. In this way, the best interests of children and adolescents can be mainstreamed within all processes, systems and implementation strategies of government as well as within the processes of other actors that serve children, such as civil society organisations and the private sector. CRG is a deliberate process of organisational planning, provisioning, and accounting by all members of the national child rights community to advance shared objectives.

A CRG approach is used to guide the institutionalisation of the government's child rights commitments. The state has established the Office on the Rights of the Child to ensure the adoption of the general measures of implementation (GMIs) provided by the above Treaty Bodies to State Parties. The ORC is further mandated to develop the country's National Plan

of Action for Children and monitor the implementation of the UNCRC's general measures of implementation. The GMIs – or the CRG pillars – work in tandem to create an enabling environment where children's rights are respected, protected, and fulfilled. As the pillars are interlinked, a holistic approach to implementing the framework is required.

Box 1: UNCRC General measures of implementation to support child rights governance

Ratification

- **Legislation** – ensuring that legislation is fully compatible with the Constitution and Treaties and removing reservations and ratifying optional protocols and other human rights instruments for children.
- **Impact assessment** – ensuring that there is a systematic process of assessing new laws, policies, and programmes for their impact on children's rights (Child Rights Impact Assessments).
- **National agenda** – developing a detailed, comprehensive national strategy or agenda for children, based on the Constitution, the UNCRC and the ACRWC.
- **Budget for children** – ensuring adequate resource allocation and making children 'visible' in budgets.
- **Coordination** – developing permanent mechanisms in government to ensure the effective coordination, monitoring, and evaluation of implementation.
- **Training and capacity building** – developing training, education, and capacity-building for all those involved in the implementation process.
- **Non-state service providers** – creation of a mechanism or process to ensure all state and nonstate service providers (e.g. private sector, faith organisations, NGO/civil society) respect the UNCRC and ACRWC.
- **Co-operation with civil society** – promoting cooperation with civil society, professional associations, NGO, children, etc.
- **Data collection and monitoring** – ensuring the development of appropriate indicators and sufficient data collection on the state of children.
- **International cooperation** – promoting international cooperation in implementation.
- **Children's Ombudsperson** – creating statutory children's rights institutions/ombudsperson offices.

1.5 Understanding Child Development: A Life Course Approach

Achieving optimal child development and building human capital in practice requires investing in sustained, age- and developmental-stage-responsive interventions across the full life cycle of every child, starting before birth and continuing into adolescence, which will address their specific risks and adversities and build resilience.

The NSAAC has adopted a life course approach, recognising that investing in childhood lays the foundation for future development and wellbeing. This approach understands development as a dynamic, interdependent, and cumulative process. Each phase or age band is understood as scaffolding the next, and it is necessary to ensure that gains made in one phase of development become the building blocks for the next phase. Sustained, age- and developmental-stage-responsive investments are therefore needed from preconception through to adolescence to 'bank' positive outcomes at each stage and to set children and adolescents on an upwards life trajectory.

At the same time, there are growth phases of rapid human development that represent important windows of opportunity for accelerated action. These phases should be times of concentrated focus. They are:

- The first few years of life, where investments in early childhood development set the rate of return for all further inputs; and
- Adolescence, which is a dynamic time that shapes adult patterns of healthy or risk-taking behaviour.

Furthermore, parent and caregiver support is necessary to provide children with nurturing care. UNICEF's Parenting Support Framework for the early years recommends that consideration should be given to three areas of parent behaviour, namely, caregiving, self-care and support seeking, to empower families to care for themselves and their children (see Figure 3).²²



Figure 3: UNICEF's Parenting Support Framework

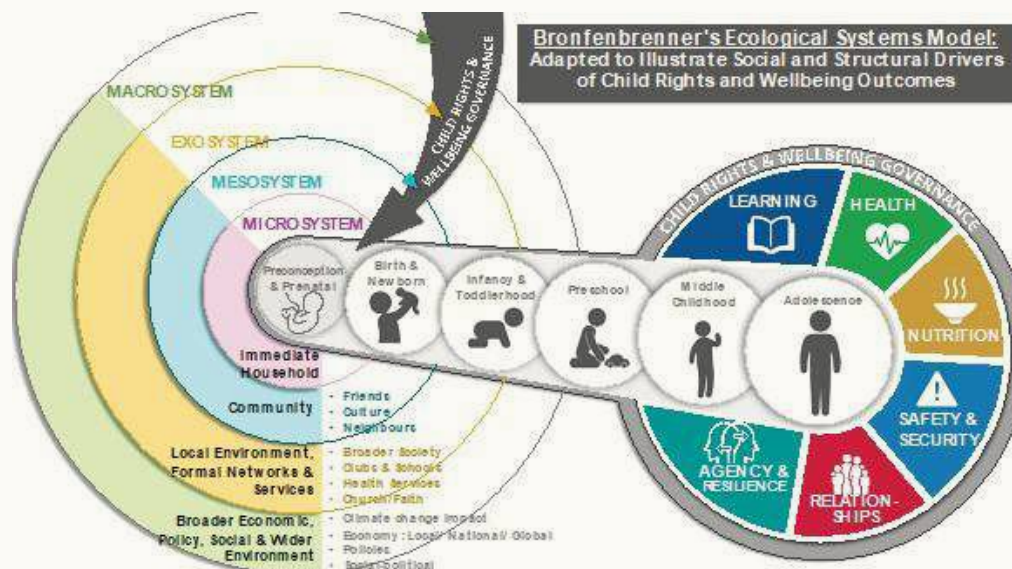


Figure 4: Illustration of a life course approach to children and adolescents' development and wellbeing

There is now abundant evidence of what is required to support optimal child development as well as of the potential returns on the investment of public resources in children's rights and wellbeing. This evidence has informed the development and use of planning, intervention, and measurement frameworks globally. The NSAAC draws specifically on the Nurturing Care Framework^{23,24} and the Adolescent Wellbeing Framework²⁵. These evidence-based frameworks provide a roadmap for realising child rights and mobilising different levels of society to support children.

Our vision is that all children in South Africa achieve optimal wellbeing and can grow to their full potential. This requires sustained investments in children from preconception through adolescence to improve development outcomes for children across all stages of their lives.

This vision is aspirational and, as shown in Section C, the country has a long way to go to achieve it for all children. Collective effort is needed to support each child as effectively as possible while developing the best environment for them to survive, thrive and live a good life. Children, however, live in families and communities; both biological and social determinants that impact their lives must be recognised. Therefore, achieving this vision also means supporting the wellbeing of parents, caregivers, families and broader communities so that the ecosystem surrounding them has a positive and supportive influence on them and creates the conditions for children to thrive.

I.6 Purpose

The NSAAC sets out a high-level shared vision for children. It articulates a coherent, multi-sectoral strategic framework to coordinate accelerated action by the government of South Africa and the country as a whole to improve development outcomes for children.

I.7 Core Values of the NSAAC

The way we treat children and the way we look after their wellbeing and ensure that their lives are full of opportunity reflect the type of country we want to promote or build. The NSAAC is thus premised on these eight core values:

³ The Nurturing Care Framework was developed by the World Health Organization, UNICEF and the World Bank in collaboration with the Partnership for Maternal, Newborn, Child and Adolescent Health (PMNCH), the Early Childhood Development Action Network and other partners. The Adolescent Wellbeing Framework has been developed and promoted by PMNCH and the United Nations H6 Technical Working Group on Adolescent Health and Wellbeing.

- a) Children are assets to their families, communities, and our country.
- b) Children's wellbeing needs holistic and comprehensive approaches that respond to the social determinants of wellbeing.
- c) Children have valuable contributions to make.
- d) Children wellbeing is interwoven with family and community wellbeing.
- e) Children's rights need to be respected and upheld.
- f) Change requires action by all of us: caregivers, families, communities, government, civil society, NPOs, the private sector and individual South Africans, including children.
- g) All the children deserve to live a good life and have high aspirations for their lives.
- h) Actions must deliver better life outcomes.

These core values drive decisions and activities throughout the strategy, from its design to its implementation. The NSAAC upholds the principle of “best interest of the child”, as enshrined in the Constitution.

1.8 Guiding Principles for the NSAAC

The following principles guide the development and implementation of the NSAAC. They encapsulate the values described above and are consistent with the constitutional imperatives, international commitments, and domestic legislation that protect children.

- A CRG approach to transform multi-sectoral state and social systems to enable effective implementation.
- A Life Course Approach to sustained investments from the pre-conception through to adolescence to protect outcomes at each stage of childhood.
- Agency of households and families: The need to recognise the role of families and households is central to improving child wellbeing outcomes.
- Universal and situational packages of integrated services that will enable children to survive and thrive.
- Identification of priorities and investment of sufficient resources in them to accelerate measurable impact.

1.9 Doing Things Differently to Accelerate Action

The following are key transformational drivers that need to be in place to accelerate action towards the realisation of children's rights:

1.9.1 Leadership

The President, as the Head of State, carries the ultimate accountability for ensuring that the promises and commitments to children and adolescents are upheld, hence the call for action and the ensuing process of developing the NSAAC within the highest office namely, the Presidency.

1.9.2 Galvanising the whole of society

The NSAAC provides a framework to align the work of all those involved directly and indirectly in the care, development and protection of children and adolescents and the opportunity to encourage and enable greater collective investment in the lives of children and adolescents.

1.9.3 Mutual accountability

The integrated approaches of the NSAAC strengthen coordination vertically (between national and subnational levels), horizontally (between different departments and non-government role players), across age groups (such as antenatal and postnatal, preschool, school age, and tertiary), and across different groups or areas of focus (such as parenting support and family violence). A supporting coordination mechanism will increase system capacity and value for money, improve strategic planning and reduce demand for crisis services.

1.9.4 Strong governance and implementation mechanisms

The NSAAC is dependent on having the authority with which to guide its execution, sufficient leadership to drive the implementation, appropriately trained and competent staff to undertake its implementation, and a robust information management system that will allow for progress to be measured and corrective action taken should objectives not be achieved.

1.9.5 Active child participation

Children and adolescents are rights holders and, as such, are both stakeholders in and beneficiaries of the NSAAC. To achieve the identified wellbeing outcomes for children and adolescents, we need to understand the barriers and opportunities from their perspectives and be guided by their needs and ideas. The strategy recognises and upholds child participation as a key governance principle and significantly strengthens the mechanisms and channels for child-led approaches at the national, provincial and local/community levels.

I.10 Structure of the NSAAC

The key components of the strategy are discussed in each section as follows:

Section A: Introduction – provides an overview of the rationale for the strategy, how it was developed and the core elements that make up the design of the strategy.

Section B: Pathways for child developments – provides insight into how children develop as they grow and into the critical developmental outcomes that – based on the best international evidence – need to be supported for children to thrive.

Section C: Situation analysis – is an appraisal of the current situation of children in South Africa, which reviews the trends in child and adolescent health and wellbeing in the democratic era and provides the context for the selected national priorities and actions to be accelerated, referred to here as catalytic interventions.

Section D: Review of role players and institutional imperative provides an overview of the role players and identifies high-level changes needed to strengthen the implementation of child rights governance in South Africa.

Section E: Strategic priorities and catalytic interventions – outlines what the strategy aims to achieve and how this will be done. This section presents the national priorities and provides further detail on the interventions that need to be implemented to achieve the strategy's goals.

Section F: Introducing the Accelerator for Children – introduces a new public–private collaboration to strengthen public communication and information about national priorities and to promote a subset of catalytic interventions (accelerator strategies) to fast track and amplify the impacts for children and adolescents.

Section G: Implementation of the NSAAC – provides a roadmap for implementation.

Section H: Conclusion – concludes the national strategy.



SECTION B: PATHWAYS TO CHILD DEVELOPMENT

2.1 Compounding Benefit or Deepening Adversities: Which Will It Be?

Childhood entails a period when incremental inputs lead to exponential outputs. Skills beget skills, and consistent support from conception onwards continues to compound the positive impact on child outcomes. This promise of exponential benefit creates an opportunity for South Africa to substantially improve its development prospects over the next twenty years. If we provide sufficient nurturing support to the 3 000 babies conceived today and everyday going forward, we will change the trajectory of national development.

Conversely, failure to provide this support will lead to continued and substantial life-long deficits. Negative experiences can form cumulative disadvantage and adversity, setting young children on a trajectory of compromised development that is difficult to rectify as they mature.

Risk factors prevalent in South Africa include poverty, malnutrition, violence and severe psychosocial deprivation, which have been shown to have detrimental effects on both short- and long-term child outcomes.⁵ A combination of risks may be present, including those that are individual (such as disability, disease or birthweight), caregiver related (including illness, depression, or harsh parenting), family related (such as interpersonal violence, child abuse and neglect, or substance abuse), and related to broader life circumstances (for example, structural unemployment, poor service access, community violence and crime, or inadequate implementation of policies). This pathway of compounding adversity is illustrated in Figure 5.



Figure 5:
Cumulative
adversities in early
childhood can have
lifelong effects

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (n.d.). Adverse childhood experiences presentation graphics: The ACE pyramid. Retrieved from <https://www.cdc.gov/violenceprevention/aces/about.html>.

2.2 Pathways to Development

To ensure that our children are on exponential pathways of growth and development, we need to understand their processes of brain, body and psychosocial development.

2.2.1 Very young children

The early years of life, when the brain is developing rapidly and is particularly susceptible to environmental influences, provides the greatest opportunity for human capital development. ECD interventions are most effective during pregnancy and in the first three years of life, a vulnerable period when the critical foundations for health, overall wellbeing and productivity are developed. Rapid, sensitive brain development occurs during this early phase, which is significantly influenced by the quality of the developing child's experiences of their world, including the extent to which children are protected from risk factors and excessive stress. Later development and skills building are dependent on these early formative processes. Young children's experiences are facilitated by the primary caregivers and adults present in the child's environment. These early experiences therefore extensively shape life-long health, learning, productivity, and social and emotional wellbeing, and influence the development and wellbeing of the next generation.

2.2.2 Tweens

Increasing independence is a hallmark of the tween years, as children grow socially and emotionally. They place increasing importance on relationships beyond their families. It is a time of embedding social norms, where attitudes and values transmitted by parents and other adults are either contested or reinforced through peer socialisation. Automatic stereotyping is evident from an early age and is firmly in place by approximately 11 years of age. This is therefore a critical age for intervention aimed at transforming norms with respect to gender and other dimensions of identity.

2.2.3 Childhood

Childhood is a critical period in which many of the abilities or attributes that contribute to lifelong wellbeing are acquired or solidified. Younger children see puberty and reproduction-related changes as well as changes to the brain. Changes in cognitive development and thoughts start taking a more abstract form. Egocentric thoughts decrease, allowing an individual to think and reason more widely. Executive functions strengthen, and selective attention, working and long-term memory, mental processing speed, and thought organisation all improve significantly. Younger children are neither 'small adults' nor 'big children'. They are living through a period of the most explosive change they and their bodies will ever experience. These children are exposed to a phase in which children develop more independence; assert more challenges to adults, particularly parents; and become more susceptible to influences outside the family.

In the childhood stage, the parts of the brain involved in socio-emotional development and executive planning and decision-making mature. It is also a stage of heightened risk-taking, notably, sexual risk taking and experimentation with alcohol and drugs, which can lead to life-long patterns of destructive behaviour if it is not properly channelled. Perhaps, above all, it is the last good chance to rehabilitate for certain early childhood outcomes caused by inequality and poverty and enable meaningful participation in the socio-economy.

2.3 Developmental Frameworks for Improved Wellbeing Outcomes

Drawing on international evidence, the NSAAC has adopted the Nurturing Care Framework to bring coherence to national development issues in early and young childhood and the Adolescent Wellbeing Framework to further understand developmental issues.

These frameworks are further supported by the INSPIRE strategies for preventing violence against children, the WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children, and the UNICEF Parenting Support Framework for the Early Years.

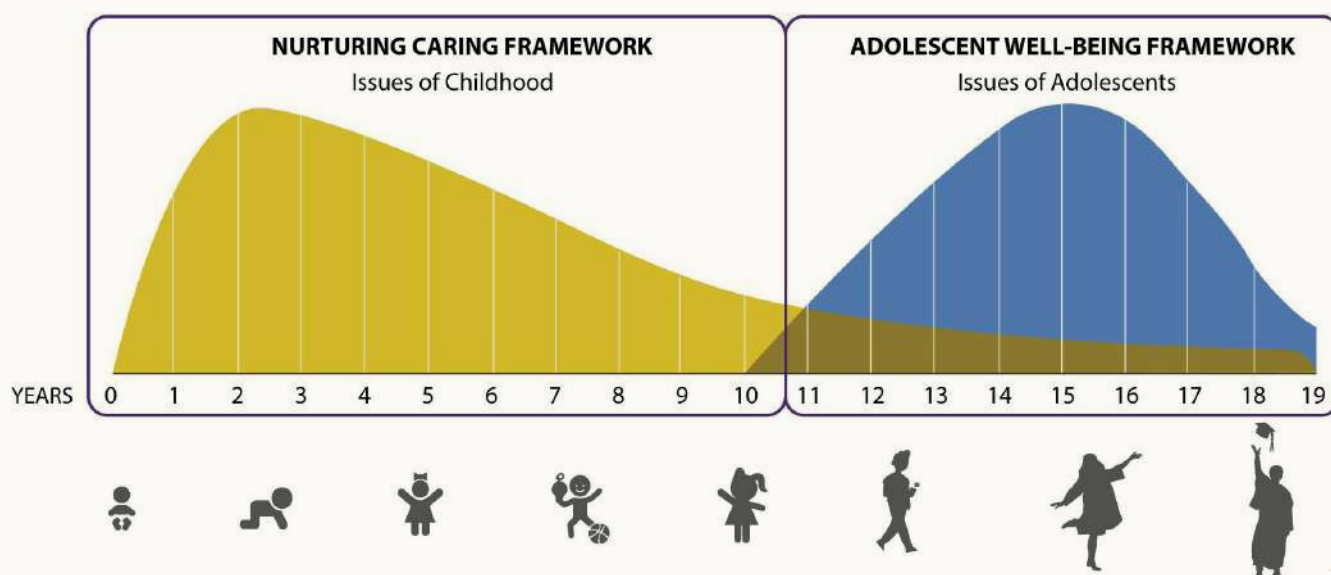


Figure 6: Age-appropriate frameworks for young children

Source: SRHR Africa Trust Regional, own illustration

The Nurturing Care Framework comprises five interrelated domains (or components) essential for young children's healthy growth and development. The domains are as follows:

Drawing on international evidence, the NSAAC has adopted the Nurturing Care Framework to bring coherence to national development issues in early and young childhood and the Adolescent Wellbeing Framework to further understand developmental issues.

These frameworks are further supported by the INSPIRE strategies for preventing violence against children, the WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children, and the UNICEF Parenting Support Framework for the Early Years.

- Responsive caregiving is the caregiver’s ability to notice, understand and respond to their child’s signals. This is considered foundational because a responsive caregiver is better able to support the other four domains. Parents and caregivers play a key role in this stage of life and need additional support. Good boundaries, good communication and appropriate parental involvement are protective. As noted in the Nurturing Care Handbook,³¹ responsive care forms the basis for (a) protecting children from injury and the negative effects of adversity; (b) recognising and responding to illness; (c) enriched learning through enjoyable interactions; and (d) building trust and social relationships.
- Good health refers to the physical and mental health of the child as well as the caregiver, since the health and wellbeing of caregivers impact their ability to care for their children.
- Adequate nutrition applies to both the mother and the child. The nutritional status of the mother during pregnancy affects her health and that of her unborn child, as well as her ability to breastfeed and care for the child after birth. Exclusive breastfeeding, followed by nutritious complementary feeding, is essential for an infant’s health and development, and all children and adolescents need access to sufficient amounts of nutritious foods to grow, develop and learn.
- Safety and security refer to ensuring safe and secure environments for children and their families in which they are protected from harms such as injuries, physical dangers, violence, and environmental risks. The INSPIRE framework provides seven evidence-based strategies to prevent violence against children, with the strongest evidence base relating to the importance of strengthening caregiver/child relations at all ages. The seven INSPIRE strategies are (1) the implementation and enforcement of laws; (2) norms and values; (3) safe environments; (4) parent and caregiver support; and (5) income and economic strengthening; (6) response and support services; and (7) education and life skills.

- Opportunities for learning are any opportunities for an infant or young child to interact with a person or their environment that is developmentally enriching. These opportunities take place from birth, in homes and other child care spaces, laying the foundation for later learning.

The principles of the Nurturing Care Framework apply across the life course and support the development of long-term human capital.²⁴ The Adolescent Wellbeing Framework contributes to this work, recognising that as young children grow into adolescents, some needs (e.g., for health and adequate housing) remain the same, while other issues change or emerge (e.g., sexual and reproductive health or economic preparedness), leading to new support needs and new appropriate ways of engaging with them.

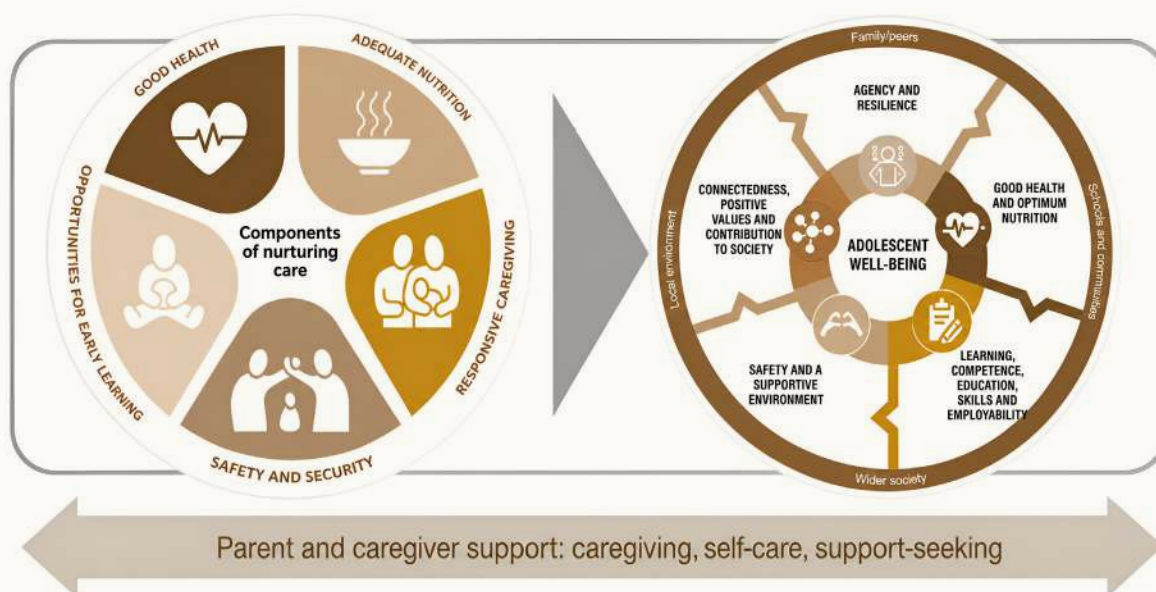


Figure 7: The domains of the Nurturing Care Framework and the Adolescent Wellbeing Framework

The Adolescent Wellbeing Framework also comprises five interconnected domains for adolescent wellbeing. The five domains in support of younger children's wellbeing are as follows:²⁵

- Good health and optimum nutrition align with the domains in the Nurturing Care Framework and include physical health and capacity, mental health and capacity, and optimal nutritional status and diet.
- Learning, competence, education, skills, and employability: This domain is aligned with the Nurturing Care Framework's learning domain; however, it is framed in an age-responsive way that includes a focus on education, skills acquisition and employability.
- Safety and a supportive environment align with the Nurturing Care Framework and include emotional and physical safety, material conditions, equity, equality, non-discrimination, privacy and a responsive or enriching environment.
- Connectedness, positive values, and contribution to society: Connectedness means being part of positive social and cultural networks and having positive, meaningful relationships with others. This component also refers to being responsible, caring and having respect for others and being equipped to contribute to change and development in their own lives and/or in their communities.
- Agency and resilience highlight the importance for children of having a sense of agency (feeling able to make meaningful choices and influence their environments), identity, purpose, resilience and fulfilment. This is strengthened and enabled by good relationships with parents and caregivers

Both frameworks emphasise the understanding that children's rights must be realised in combination and in age-responsive ways across their life course. Taken together, they provide the basis for the NSAAC (Figure 8). The base or foundation depicts the need for an enabling environment based on a child rights governance approach that must be activated to strengthen institutional mechanisms that place child rights at the centre.

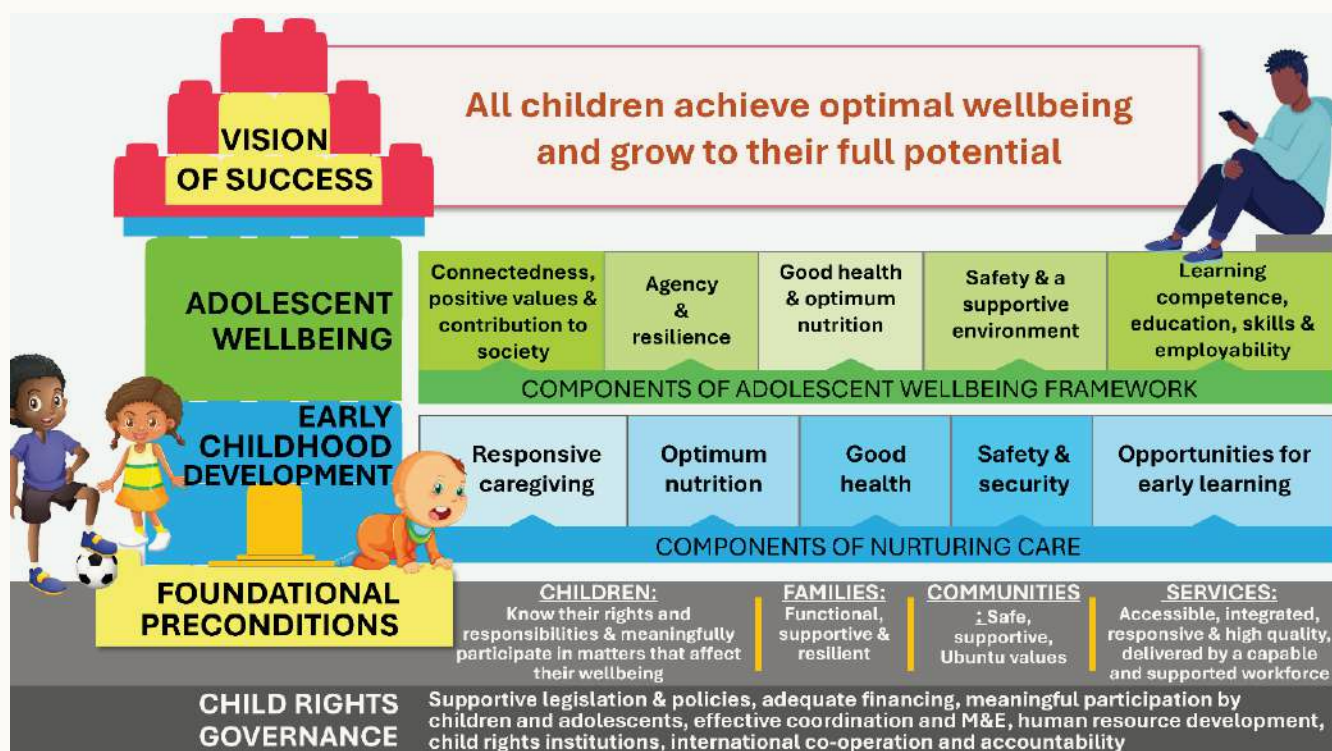


Figure 8: Pathways to realise the full potential of children

Building upon this base are the ‘foundational preconditions’, which are informed by the social-ecological model of development described in Figure 2.

The articulation of these developmental pathways is the beginning of a blueprint for service delivery. This clearly shows that multiple stakeholders are needed to meet the developmental needs of children. These frameworks help identify what each stakeholder is responsible for and what types of interventions would be most appropriate at which stage of development. Drawing on these developmental frameworks will also allow for better planning, monitoring and evaluation of interventions, as they are linked to globally accepted frameworks for advancing the rights and wellbeing of children.



SECTION C: SITUATIONAL ANALYSIS

This section considers the current situation of children in South Africa and the trends in child and adolescent development. A review of trends in child and adolescent development over the past three decades indicates that, while progress has been made in improving outcomes for children, some key areas appear to have stalled and, in others, there are indications of reversal. For example:

- Mortality rates of infants and babies aged below 5 years have declined in recent decades, but recent unpublished analyses suggest that these rates have risen sharply since the COVID-19 pandemic.¹⁹
- The child food poverty rate has fallen significantly from 53% in 2003 but has levelled off at approximately 33% for several years before increasing again since COVID-19 to 38% in 2022.¹²
- A systematic review of stunting in South Africa over a 40-year period revealed that stunting among young children has remained persistently high,¹³ and was estimated at 27% of children under five years in 2016.¹⁴ The results from the National Food and Nutrition Security Survey conducted by the Human Sciences Research Council in 2021-23 suggest that this has risen to 29%.¹⁵ South Africa also faces a triple burden of child malnutrition of micronutrient deficiencies, persistently high rates of undernutrition (stunting and wasting) and high rates of childhood obesity.^{14,15}
- Access to early learning opportunities for 5- to 6-year-olds has increased since 2002,¹⁰ but there are still inequalities in access for younger children and in the quality of care and education that is provided.³² Only 43% of 4- to 5-year-olds are on track in terms of both growth and early learning.¹⁷
- The national response to HIV has made substantial progress in controlling the HIV epidemic,³³ and the goal of eliminating paediatric HIV is in reach. The incidence of HIV has declined among young people over the past decade,^{33, 34} but it remains high. Young women are particularly vulnerable to HIV acquisition.

The COVID-19 pandemic and the associated lockdowns disrupted public services and adversely affected child and adolescent wellbeing. This was followed by a prolonged period of electricity load shedding and continued fiscal consolidation that negatively affected service delivery. State spending on basic education, health care services, birth registration and child protection services has declined in real terms compared with population growth because of the policy of fiscal consolidation that started before COVID-19 and continues today. Government departments and NPO delivery partners are required to do more with significantly fewer human and financial resources.

In addition, the challenges of corruption have exacerbated the high levels of poverty and inequality, as corruption siphons resources away from public services. Vulnerable groups – such as children, people with disabilities and women – who are dependent on public services to meet their needs are most likely to bear the brunt of corruption, which hinders the realisation of national development goals. Furthermore, longer-term challenges such as climate change – which is already evident in the form of extreme weather – magnify existing challenges, vulnerabilities and inequalities, infringing on child rights in multiple ways.

All of this underscores the need for a national strategy to strengthen and accelerate action for children and adolescents so that the gains made to date are not lost and that outcomes for children and adolescents continue to improve. The following subsection provides an appraisal of the status of children and adolescents in South Africa and informs the actions that need to be strengthened and accelerated to improve child outcomes and wellbeing.

3.1 The Situation of Children in South Africa

This subsection provides an overview of the demographics of children and their living arrangements. It also discusses contextual, cross-cutting themes – namely, poverty and deprivation, disability, and child participation – and then draws on the domains identified in the developmental frameworks to discuss the status of children and adolescents and the trends in their development.

3.1.1 Context and cross-cutting themes

3.1.1.1 Demographics, birth registration and living arrangements

South Africa has an estimated 20.9 million children under the age of 18 years, accounting for 34% of the total population.³⁵ Approximately 1.1 million births occur in South Africa every year.³⁶ All children are entitled to a name and nationality, conferred by the state through birth registration and a birth certificate. Birth registration provides children with a legal identity and is the gateway to a range of public services that are critical for healthy growth and development. South Africa has made substantial progress in increasing early (within 30 days of birth) and current year (within a year of birth) birth registration over the past two decades.⁹ In 2023, a total of 932 138 births were registered with the Department of Home Affairs, of which 752 412 were registered within the legally mandated 30-day period, while 116 335 births were registered within 31 days

to a year.³⁷ A total of 80.7% of all births were registered⁴. The South African Constitution defines children as persons under the age of 18 years in 2023 were registered within 30 days, which reflects an overall improvement in timely registration.³⁷ However, challenges remain, particularly for adolescent mothers (aged 10–19) and older mothers (aged 50–54), for whom registration rates within the 30-day window remained below 60%.³⁷

However, a significant number of children do not have birth certificates. Approximately 200 000 children born each year are not registered in their year of birth,³⁸ thus potentially delaying their access to services and care. The parents of these children must navigate the onerous and lengthy process of late registration. Older children also face challenges accessing other documents such as IDs and refugee permits. This is exacerbated by parents or caregivers who themselves may not have the required documentation, limiting their ability to access services and provide for their children. While the exact number of unregistered children is unknown, it is clear that children without documentation face an increased risk of exclusion from social grants, education, and health care services and are at greater risk of multi-dimensional poverty.³⁹ Looking forward, the digitisation of identity documents from birth – and the progressive building of digital wellbeing profiles for all children – could address some of the challenges associated with the significant fragments of data between departments.

A feature of childhood in South Africa is the number of children who do not live consistently with their parents.⁴⁰ There are many reasons for this, including labour migration, low marriage rates, dual housing arrangements (e.g., a home in the city and another in rural areas) and the role of extended family in child-rearing. A third of the children (33%) live with both biological parents, whereas 44% live with their mother (44%) and 4% live with their father.¹⁰ Twenty per cent do not live with either parent.¹⁰ Children in the poorest 20% of households are least likely to live with both parents.¹⁰ However, this does not mean that children do not receive care or do not have contact with at least one parent. Virtually all children live with at least one adult in the household.¹⁰

In 2022, there were 2.8 million orphaned children in South Africa, defined as children without a living biological mother or father or both.¹⁰ While orphaning rates increased notably between 2002 and 2009, they then began to fall again, most likely because of significantly improved access to antiretrovirals.¹⁰ COVID-19-associated deaths left nearly 150 000 children as orphans.⁴¹ Most orphans in South Africa are paternal orphans (with a deceased father and living mother, 8.8% of all children), compared to maternal orphans (2.5% of all children) or double orphans (2.4% of all children).¹⁰ Studies suggest that compared with paternal orphans, maternal orphans are at risk of poorer outcomes.³⁵

3.1.1.2 Child poverty and deprivation

As identified in the NDP, the issues of high unemployment, poverty and inequality are key challenges facing South Africa. In 2022, almost 8 million children were estimated to be living below the food poverty line, representing 38% of all children in South Africa.⁴² The number and rate have increased

⁴The South African Constitution defines children as persons under the age of 18 years.

⁵ The upper-bound poverty line allows just enough money for basic nutrition and other essentials such as by 1.4 million children and 5% of all children since 2019, indicating a regression in the NDP goal of eliminating food poverty by 2030.

A 2023 study by Deloitte and the Nelson Mandela Children's Fund on the economic impact of children growing up in poverty concluded that the direct cost of child poverty is approximately 9% of South Africa's GDP.⁴³ The study also estimated the indirect cost or loss of economic potential, which was estimated to be approximately 18% of GDP, although it was noted that the true cost of child poverty could run even higher.⁴³

The food poverty line (FPL) represents the amount of money required to purchase food that provides the minimum number of calories required for daily energy to survive. It does not allow for a diverse diet that is high in nutritional content and should therefore be regarded as an absolute minimum. Children living below this poverty line are likely to experience hunger and will certainly be undernourished. Children who are mostly at risk of the effects of a lack of adequate nutrition are younger children, especially those under five years of age. Nutritional deficiencies in early childhood can have life-long consequences. Child poverty and inequality are exacerbated by flooding, drought and other climate-related weather events.^{44, 45}

- **Social assistance for children living in poverty**

South Africa provides social assistance to children through three targeted grants, namely, the Child Support Grant (CSG), the Care Dependency Grant and the Foster Child Grant. The CSG was implemented in 1998 as a poverty alleviation grant. From 2002 to 2013, child food poverty (i.e., the share of children living in households with income below the national food poverty line) decreased from 53% to 33%.⁴⁶ This was a period during which the CSG reach expanded rapidly as the age threshold extended from 7 to 18 years. It was also a period in which the monthly value of the CSG was closer to the FPL, although its real value (relative to the FPL) was already starting to erode. From 2013 to 2019, the child food poverty rate remained stagnant for one-third of all children (33%).⁴⁶ Since the COVID-19 pandemic, child food poverty rates have increased to 38% by 2022 and have not recovered to pre-COVID-19 levels.

In 2023, 13 million children were receiving the CSG valued at R500 (which increased to R530 in April 2024). The CSG has contributed to improve child outcomes in several other areas in addition to poverty rates, notably in education, health, and reduced risk behaviour among younger children.¹⁶ However, its buying power has been reduced, as the annual increases have not kept pace with inflation. The value of CSG is too low to reduce child food poverty further or to counter rising poverty. At R530 in October 2024, the CSG was 33% below the 2024 FPL of R796.

While the CSG provides good coverage, it does not reach all children living in poverty. Research commissioned by UNICEF estimated that approximately 2.2 million eligible children were excluded in 2017.⁴⁷ Children in the 0-1 and 15-17 age cohorts were disproportionately affected by exclusion. Geographical disparities were also noted: the Western Cape and Gauteng provinces display the highest exclusion rates nationally, and formal urban and metro areas

tend to have higher exclusion rates. The most cited reason for exclusion was a lack of required documentation.⁴⁷ An option to access grants without an ID or birth certificate does exist in the law [Regulation 13(1) of the Social Assistance Act], but this mechanism is not well known or widely implemented. More recently, evidence is emerging of a declining take-up rate for infants under one, especially in the Western Cape and Gauteng.¹⁶

Owing to rising child poverty rates, the Department of Social Development (DSD) commissioned a review of child poverty in South Africa and the potential impact of increasing the value of the CSG.⁴⁶ This study demonstrated that restoring the value of the CSG value to the FPL would significantly reduce child food poverty and, in turn, improve a range of other child wellbeing indicators.

● Unemployment and poverty

High rates of food poverty are driven by high levels of inequality and unemployment – both persistent and structural problems. In 2022, 32% of children in South Africa (6.7 million children) lived in households where no adults were employed in either the formal or informal sector.⁴⁶ Of these 6.7 million people, more than half (4 million) live in rural former homelands.⁴⁶

The Government of South Africa acknowledged the binding right to work through the ratification of the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 2015. However, structural unemployment is a long-standing challenge in South Africa, and job creation has been firmly situated as a cornerstone of the development agenda for the past three decades. Despite the policy goals and various programmatic interventions (such as the Expanded Public Works Programme and the Presidential Employment Stimulus), the rate of unemployment has increased over the past decade.⁴⁸ The unemployment rate is higher for women than for men and higher in rural areas than in urban areas, where many children continued to be raised. In recent years, rising food poverty has also been driven by food inflation, low economic growth and reduced social spending (e.g., below food inflation increases to the CSG and no inflation increase for the ECD subsidy for five years). These challenges highlight the importance of establishing linkages between the NSAAC and the recently drafted Acceleration Plan to Achieve NDP Targets by 2030, as proposed by the Interdepartmental National Working Group on Poverty Alleviation (2024). This strategy refers to a “no poverty guarantee”, which is achieved through a combination of comprehensive social protection, income livelihood pathways and enabling ecosystems. The resourcing and implementation of this strategy contributes to the resilience of families and their ability to provide and care for their children.

● Multi-dimensional poverty

A study published by Statistics South Africa in 2020 measured multidimensional and money-metric poverty among children in South Africa.³⁹ Children who were deprived of three

⁴⁶ As of April 2024, the Foster Child Grant was R1 180 per month, while the Care Dependency Grant was R2 180 per month. A higher CSG (at the level of the FPL) was introduced in mid-2022 for orphans in the care of relatives. The CSG Top-up is an additional R250, for a total grant value of R780.

or more of the seven dimensions (nutrition, health, education, child protection, water and sanitation, housing and access to information) were defined as being multidimensionally poor. The study revealed that 62% of children in 2014/15 were multidimensionally poor, meaning that even if they were not experiencing income poverty, they were deprived of at least three dimensions likely to impact their development. The highest rates of multidimensional poverty were found among black African children, those in rural areas, and those in households with no employed adults and were also disproportionately high among young children whose births were not registered.

Individual indicators can also provide insights into different types of deprivation. In 2022, 28% of children did not have access to piped water, and 21% were without adequate sanitation, increasing the risk of infections such as diarrhoea and pneumonia, while approximately 17% of children in South Africa lived in overcrowded dwellings.¹⁰ Historical spatial segregation policies have left a legacy of inequality, especially in relation to living environments, housing, and access to basic services such as water and sanitation. Progress has been made in addressing this legacy, as seen in the national average trends, but there are still stark inequalities in most of the measures, especially when comparing income groups, race, and urban/rural areas.

3.1.1.3 Children with disabilities

The effects of poverty and inequality are also evident when considering children with disabilities. As stated in the Convention on the Rights of Persons with Disabilities (CRPD, ratified by South Africa in 2007), disability arises from the interaction between long-term physical, mental, intellectual or sensory conditions or impairments and an unaccommodating environment that hinders their full and effective participation in society on an equal basis with others. The CRPD establishes the fundamental human rights of people with disabilities, while the South African Constitution protects the rights and dignity of all citizens, including people with disabilities.

However, many children with disabilities are still being left behind because they lack access to inclusive environments and support services that respond to their particular needs and enable them to participate fully in activities.⁴⁹ In addition, children with disabilities are a highly diverse group, but measures of disability have historically focused on physical and sensory functioning, whereas those related to psychosocial functioning and those that are more difficult to diagnose without adequate assessment of age-appropriate functioning have been largely overlooked.^{49, 50} Monitoring the inclusion of children with disabilities in development efforts is limited by the lack of reliable and comprehensive data.

Families of children with disabilities often face significant financial and emotional burdens. In South Africa, the care dependency grant is available to support caregivers, but eligibility is limited to caregivers of children who require and receive permanent care or support services because of their physical or mental disability, which must be confirmed by a medical assessment. This reflects a continued focus on a narrower medical model of disability, despite the support for the social model of disability expressed in the White Paper on the Rights of Persons with Disability (2016).⁵⁰

Children with disabilities require environments and interventions that respond to their special needs. As noted in subsequent sections, the inclusion of children with disabilities is uneven across services, further marginalising these children. A life course perspective and human rights approach is vital to ensuring that children with disabilities enjoy their fundamental rights and freedoms on an equal basis with other children.

3.1.1.4 Child participation

Children, including those with disabilities, have the right to actively participate in decisions and processes that affect their lives. Both the UNCRC and ACRWC uphold the right of children to participate in decision-making processes that affect their lives and for their voices to be heard. Article 31 of the ACRWC also expressly recognises that children are also bearers of responsibilities. Section 10 (chapter 2) of the Children's Act (38 of 2005) further provides for children's participation in decisions concerning their future in ways that are appropriate for their age, maturity and stage of development.

A national child participation framework (2018) has been developed and undergoing review for South Africa to provide a common framework to guide and promote the meaningful participation of children.⁵¹ This framework states that children are recognised as “subjects of rights who are entitled to be involved, in accordance with their evolving capacities, in decisions that affect them, and are entitled to exercise growing responsibility for decisions they are competent to make for themselves.”⁵¹ However, a recent analysis of South Africa's legal framework revealed that while the law provides spaces for children to participate, “there are limited measures to build children's capacity to express themselves or ensure that children have an audience willing to engage them”.⁵² It also noted that the laws set out specific processes that children should be part of but that this may have the unintended consequence of limiting their participation to those areas only. The review further revealed that the law fails to place a statutory obligation on the executive arm of government to provide the services, programmes, human resources, and infrastructure necessary to give full effect to this right; subsequently, child participation is not prioritised when it comes to allocating resources.⁵² The review concluded that South Africa has domesticated its international obligations under the UNCRC and the ACRWC to a limited extent.

One example of an existing mechanism for child participation in practice is national representation through the Representative Councils of Learners (RCLs). The South African Schools Act (84 of 1996), as amended, directs all schools offering Grade 8 or above to establish RCLs and affirms that such councils are the only recognised and legitimate representative learner body at public schools. The RCL is an elected council of learners and, by law, seats learner representatives on the School Governing Body (SGB). This platform allows learners to play a significant role in school governance but also paves the way for academic and personal development. The RCLs are the voice of learners and have the mandate to speak to key issues affecting learners at schools, online, and in the community. The DBE is institutionalising child participation in public schools and has a capacity-building programme that supports elected learners in taking on this function. This opportunity enables members of RCLs to build a sense of agency, connectedness, purpose, resilience, gender equality and many other components of adolescent wellbeing, both inside and outside the classroom. In addition, this architecture for adolescent participation must

be recognised for its potential for building the civic engagement of children and learners in South Africa's democracy. Connecting district RCL structures to local governments, provincial RCL structures to Provincial Offices on the Rights of the Child and the national RCL structure to the national Office of the Rights on the Child will facilitate meaningful participation.

3.1.2 Responsive caregiving

A nurturing, stable and protective environment is vital for helping children feel safe and supported and for promoting children's healthy growth and development. The Nurturing Care Framework identifies responsive caregiving and early learning opportunities for children from birth as key areas for promoting early childhood development.²³ Both the NDP and the National Integrated Early Childhood Development Policy (NIECD, 2015) call for the provision of a comprehensive package of early childhood services that includes, among others, parenting and family support programmes. However, relatively few national programmes are currently in place to support parents and caregivers in providing responsive care.

The mental and physical health and emotional wellbeing of caregivers are key to enabling responsive care. Life changes during pregnancy can increase women's vulnerability to mental illness, with 1 in 3 women living in adversity in South Africa experiencing a mental illness, primarily depression, during or after pregnancy.⁵³ In addition, for many families in South Africa, a combination of structural factors, such as the stresses of limited income, living in communities with high levels of crime and violence, and limited access to services or support, impact their ability to care for their children. It is therefore important for services to integrate psychosocial interventions (both screening and support) as well as other forms of support for families into ECD services, with support for caregivers spanning the life course of children.⁵⁴ Strengthening the capacity of family-based care is also critical for helping reduce the need for institutional care.

As an example of an initiative to support responsive caregiving in early childhood is the Department of Health's (DoH) phone messaging service, MomConnect, which provides increased access to information for pregnant women and caregivers of children under two years (based on the child's developmental stage) as part of the national under-five Side-by-Side campaign. The campaign aims to provide information and supporting materials for both caregivers and health workers to promote the nurturing care of young children. In another example, the DSD's RISIHA programme, a community-based prevention and early intervention programme launched in 2022, seeks to strengthen families and communities as the first line of response in the child protection system.

Parenting support programmes (particularly those that focus on positive discipline) have shown promise in increasing positive parenting and reducing harsh parenting in low-income settings in South Africa.^{55, 56} A recent South African study that explored how local parenting programmes for adolescents worked to reduce violence highlighted the importance of bolstering family processes and supporting self-care and positive coping for caregivers in challenging contexts.⁵⁷ Given that parents are more likely to provide supportive and nurturing care to their children when they (parents) receive support for their own wellbeing, a parenting support framework for

the early years developed by UNICEF recommends that parent support programmes should include a focus on caregiving, self-care and support seeking among caregivers.²²

There are also several promising programmes involving community health workers (CHWs): home visiting by CHWs in the Philani Mentor Mother programme in Cape Town townships had positive effects on maternal and infant wellbeing,⁵⁸ whereas the Grow Great programme has demonstrated how CHWs can be supported as champions for children, supporting nurturing care in homes and running mom and baby classes for women. Promising programmes such as these need to be evaluated and scaled-up where they show success in supporting parent and caregiver wellbeing and resilience, and responsive care in the home and healthy child growth and development, including for children with disabilities.

3.1.3 Health

Over the last thirty years, South Africa has adopted a wide range of legislative and other measures to realise the right to access health care services. The DoH has made progress in ensuring that all mothers and children have access to a package of essential services, which are provided mainly through primary health care facilities.

3.1.3.1 Maternal, infant and child health

Child mortality rates are recognised as an important outcomes indicator of child health and of how a country is progressing in upholding children's rights, including their rights to life, health care services, nutrition, water, sanitation and protection. It is concerning that there has been a recent increase in infant mortality – 30 out of every 1 000 infants born alive did not survive their first year in 2022, which is the highest infant mortality rate since 2010.¹⁶ The under-5 mortality rate is estimated at 35 per 1 000 live births in 2022,¹¹ with recent unpublished analysis by the South African Medical Research Council suggesting that the rate was closer to 40.59 Governance structures (ministerial committees) have been put in place to advise the Minister of Health on steps required to reduce mortality and morbidity among mothers, newborns and children. However, many of the underlying causes (e.g., food poverty and inadequate sanitation) do not fall within the DoH's mandate and require a complete government response.

There have been improvements in coverage of antenatal and postnatal care, with more than two-thirds of pregnant women now attending their first antenatal visit before 20 weeks of gestation (69% in 2022, compared with 52% in 2014) and most mothers and newborns (81% in 2022) receiving postnatal care within six days of birth.⁶⁰ Approximately 14% of infants are born at low birthweight,⁶⁰ which is an important risk factor for stunting among children under two years of age and puts them at higher risk of mortality.

The rate of mother-to-child transmission of HIV has declined significantly – from 6.7% nationally in 2014 to 2.7% in 2022⁶⁰ – due to South Africa's successful Prevention of Mother-to-Child Transmission programme. Children of adolescent mothers are particularly vulnerable to HIV exposure or acquisition. While antiretroviral coverage in children has increased,⁶⁰ it continues to lag behind adult coverage.

In terms of immunisation, there has been some increase in the proportion of children under one year of age who are fully immunised against preventable diseases (standing at 86% in 2022), but further efforts are required to reach universal coverage.⁶⁰ In addition to reducing childhood morbidity and mortality, there is some evidence that timely routine childhood immunisation is associated with lower odds of stunting.^{61, 62} Universal health protection for adolescents with HPV vaccinations should be sustained as part of the package throughout the life course.

While the health sector provides a well-defined package of preventive and curative services that address the leading causes of child mortality, a well-defined and coordinated approach to providing integrated services that promote survival and nurturing care of young children through the health and social development system is lacking. The DoH has therefore begun the process of re-engineering child health service provision, with support from partners with experience in ECD, child health and communication. While currently focused primarily on behaviour change communication, the revised Road to Health Book (RtHB) and Side-by-Side initiative provide a structure for health workers to promote and support a more comprehensive approach to child health and wellbeing. However, ensuring optimal use of the RtHB remains an ongoing challenge, particularly for services not currently provided at scale, such as developmental monitoring.

Another aspect of prevention and early intervention that requires strengthening is early identification and referral systems for children with developmental delays and disabilities, including those with mental health difficulties and long-term conditions. Building robust referral pathways and ensuring access to multidisciplinary rehabilitation services are needed to improve the wellbeing and development of children with disabilities.

3.1.3.2 Integrated school health

In the school setting, the Integrated School Health Policy (2012) serves as a framework for inter-departmental collaboration in schools to address barriers to learning and improve child and adolescent health, including mental health. The programme is jointly implemented by the DoH, DBE, and DSD. However, challenges have been noted in the coordination and resourcing of the implementation of the policy,^{63, 64} and the programme does not currently reach all targeted learners for screening.⁶⁵ Further gaps include consistent screening for mental health in all school settings and ensuring sufficient resourcing and capacity for the social support available to schools. Considering ways to support and promote integrated, multisectoral approaches to supporting child health and wellbeing at schools (including drawing on resources outside of the schools) would help address the current challenges.⁶⁶

3.1.3.3 Adolescent health

The DoH has developed the National Adolescent and Youth Health Policy (2017), which acknowledges that despite progress, adolescents still face several risks. South Africa is perhaps unique in its extraordinarily high adolescent HIV rates. Adolescents – and particularly girls and young women – are at increased risk of HIV infection.⁶⁷ Key social drivers for adolescent infection include high-risk sexual behaviours, being sexually active before 15 years, and age-disparate relationships.⁶⁸ As noted by the Global Alliance to end AIDS in children by 2030, the

decline in new infections in children⁶⁸ is no longer on track, and children and adolescents are far less likely to be receiving treatment than adults are. A South Africa Global Alliance action plan outlines key strategies for ending paediatric HIV and AIDS, in line with the targets of the SDGs and the priority actions for children defined in the new Global AIDS Strategy 2021–2026. South Africa also has a high rate of adolescent pregnancies. Approximately 132 000 deliveries to adolescents younger than 20 years of age were recorded in public facilities in South Africa in 2022/23, comprising 14% of all facility-based deliveries.⁶⁵ Almost all (97%) occurred among adolescents aged 15–19 years, with adolescents aged 10 to 14 years accounting for 2.6% of adolescent deliveries. This suggests that adolescents may face challenges accessing the sexual and reproductive health services they need and that dual contraception must be made even more accessible to adolescents in youth-friendly service environments. While adolescent pregnancy is a health concern, it is also a social and child protection issue, with adolescent mothers and their children making up a highly vulnerable group in need of additional protective measures.⁶⁹ Adolescent pregnancy is associated with an increased risk of pregnancy complications and maternal death. It is also associated with unfinished education and fewer opportunities for socio-economic advancement for the adolescent mother,⁶⁹ and increased the vulnerability of her child, including a higher infant mortality rate,⁶⁵ a lower early birth registration rate,³⁷ and child protection concerns.

3.1.3.4 Mental health

Children and adolescents in South Africa are clearly exposed to high levels of adversity. Mental health is impacted by the environment, and the more risk factors or adversities children and adolescents are exposed to, the greater the potential impact on their mental health. According to the WHO, factors that contribute to stress during adolescence in particular include exposure to adversity, pressure to conform with peers and exploration of identity, with media influence and gender norms also potentially exacerbating the disparity between an adolescent's lived reality and their aspirations for the future.⁷⁰ Other important risks to mental health include the quality of their home life and relationships with peers; exposure to violence (including sexual violence and bullying); and harsh parenting, discrimination or exclusion, and socioeconomic challenges, which include a lack of access to quality support and services.⁷⁰ Climate anxiety is also a factor that negatively affects children's and adolescents' mental health.⁷¹

Although prevalence figures are not available for South Africa, it is estimated that mental disorders account for 13% of the global burden of ill health among 10- to 19-year-olds.⁷² Cumulative adverse experiences in childhood are also associated with mental health problems in adulthood.⁷³ Prevention and early intervention (including with young children) are more effective than treatment, but many children and adolescents are unable to access the care and support they need to cope with the stresses that they face. The DoH developed policy guidelines on child and adolescent mental health in 2003, but child mental healthcare services in South Africa remain severely understaffed and underfunded.^{72, 74, 75}

As noted previously, caregivers and other family members often face a number of stressors, with adverse effects on their mental health and emotional wellbeing. Support the mental health and wellbeing of caregivers and families can be addressed through integrated screening for mental health and referrals during times of family severe stress and adversity.

3.1.3.5 Alcohol and substance abuse

Alcohol consumption levels in South Africa are among the highest in the world.⁷⁶ Heavy episodic drinking – or binge drinking – is common,⁷⁷ and is a risk factor for a range of types of alcohol-related harm, including traffic-related accidents and deaths, interpersonal violence, foetal alcohol spectrum disorder (FASD), crime and sexual risk behaviour, among others.⁷⁷ South Africa has a concerning high prevalence of FASD, with significant negative consequences for children's development.⁷⁸ Recent events such as the Enyobeni Tavern disaster in 2022 (where 21 underaged patrons died) have also placed the spotlight on the issue of underage drinking and substance abuse. In addition, a recent meta-analysis of tobacco use among young people in South Africa revealed that 22% of young people aged 12–24 years smoke tobacco, with boys (26%) being twice as likely to use tobacco as girls are (13%).⁷⁹ Smoking tobacco poses significant health risks for young people, both immediately and later in life. The abuse of other substances also has the same effect as smoking tobacco, leading to negative health consequences and a heavy financial burden on individuals and families. A further challenge is that access to rehabilitation services for alcohol and substance abuse is limited. The 2024 Global State of Harm Reduction report noted that the lack of youth-specific harm reduction services in South Africa means that when they are able to access services, young people (and young women in particular) often end up in general rehabilitation centres that are not designed to meet their needs.⁸⁰ The implementation of the National Drug Master Plan will address the substantial threats to the safety and wellbeing of children and adolescents posed by substance abuse in communities.

3.1.4 Nutrition

Despite improvements in the reduction in mortality among children and the incidence of infectious diseases, malnutrition among children remains a challenge. Each year, approximately 15 000 children are hospitalised with severe acute malnutrition (SAM), and 1 000 die from it.⁸¹ Approximately one-quarter of children under the age of five are stunted – a persistent statistic in South Africa.^{13, 14} The most recent National Food and Nutrition Security Survey (NFNSS, 2023) estimates that the prevalence of stunting among children under five is 29%.¹⁵ Stunting refers to low height-for-age and is a significant indicator of child development more broadly, including cognitive and social development.⁸² Among the same age group, wasting is estimated at 5%, underweight at 8%, and overweight at 23%, or one in five children.¹⁵ The prevalence of overweight in children under five years has increased since 2016 (when it was estimated at 13%)¹⁴ and is notably higher than the global average (5.6%)⁸³. Overweight increases across the life course, driving a growing burden of adult non-communicable diseases, and as such, interventions should start early in childhood. The high rates of child hunger and the triple burden of malnutrition (undernutrition, micronutrient deficiencies and obesity) were highlighted as concerns in the Concluding Observations of the CRC and the ACERWC in 2023/24.

Adequate nutrition in early childhood begins with exclusive breastfeeding for the first six months of a child's life. Only 45% of South Africa's infants are exclusively breastfed (measured at 14 weeks),⁶⁰ and only 23% of children aged 6–23 months consume a minimum acceptable diet.¹⁴

Nutrition during the first 1000 days affects not only a child's growth, cognition, and subsequent school attainment but also the lifelong risk of developing chronic disease. Aggressive marketing of formula milks and a range of cheap ultra-processed foods, coupled with low rates of breastfeeding, low rates of continued breastfeeding to 24 months, and the inadequate and sub-optimal quality of the complementary diet, are factors that fuel high rates of stunting and obesity. Barriers to breastfeeding in the workplace also need to be addressed.

In 2021, 11% of children aged 0–17 years lived in households that reported child hunger,¹⁰ which places them at risk of infections, malnutrition and impaired development. Progress has been made in reducing child hunger since 2002 through the expansion of the CSG, among other grants, and the National School Nutrition Programme, which by 2020 reached approximately 9.7 million learners at the primary and secondary school levels with at least one meal a day during term time.¹⁰ Food distribution centres linked to community nutrition and development centres are also in place at the provincial level to meet the immediate nutritional needs of a small proportion of the most vulnerable and food insecure communities. However, hunger and malnutrition continue to be a reality for many children, as child food poverty, hunger and food prices have continued to rise, and social grant values have not kept pace with rising food prices. The NFNSS survey revealed that only 37% of households were food secure from 2021–23.¹⁵ South Africa is confronted with complex food and nutritional security challenges resulting from a combination of historical, socioeconomic, and environmental factors.⁸⁴ In response, the National Food and Nutrition Security Plan (2018–2023) was developed to provide a coherent framework for addressing malnutrition in the country, but it has suffered from delays in establishing a structure to coordinate efforts across the food and nutrition system.⁸⁴ It would be important for the realisation of the NSAAC priority outcomes for the nutritional security of children to be championed in the next iteration of the plan, which is in process.

3.1.5 Early learning and formal education

3.1.5.1 Early learning

Babies begin learning from their earliest days, with some evidence indicating that learning may begin in the womb. The interactions between parents and children during the first few years of life are especially important for early language, cognitive, and socio-emotional development.³² Maternal responsiveness and cognitive stimulation during the first two years have been shown to be associated with increased cognitive development at age five for children in low socioeconomic status homes in a South African birth cohort.⁸⁵

Most children under two years (78% in 2022) do not attend a group programme and are likely in the care of their mothers or other family members at home.¹⁶ A South African study revealed that many caregivers do not engage in activities that are likely to improve early learning outcomes, such as reading, telling stories or playing with their children.⁸⁶ Low-income families in particular have little time or resources available for such activities. A recent South African study on play-based learning for children under seven years of age revealed that the importance of play is not widely understood among caregivers and noted that children from birth to two years of age were considered too young for books and play.⁸⁷

Among older children, slightly more than two-thirds of children aged 3–5 years (68%) were enrolled in some form of group early learning group programme (ELP) in 2022, such as a school (Grade R), preschool, nursery school, crèche, ECD centre or playgroup.¹⁶ However, there are variations in access across provinces, and little is known about the quality of these programmes. Several studies have shown that poorer children are more likely to receive poorer-quality programmes.^{20, 88, 89} In addition, children from lower income groups are less likely to access an early learning programme, highlighting the likely role that the payment of fees plays in hindering access and further entrenching inequality.³² However, national delivery programmes such as SmartStart, which employs a social franchise model, have shown how early learning programmes can be extended into informal spaces and homes to reach children who would otherwise be excluded from early learning programmes. This expansion is supported by the DBE's ECD 2030 strategy, which recognises the importance of enriching the early learning experience for children who are not in formal centres.

Uptake of ELPs is very low for children with disabilities, despite the importance of inclusion and support for young children with disabilities being recognised in the NIECD policy. Recent research has shown that the identification of children with developmental delays and disability is limited, and few referrals from ELPs exist for this reason.⁹⁰ Furthermore, services for children with disabilities and long-term health conditions remain sub-optimal and inequitable.

The COVID-19 pandemic has had lasting effects on ELP enrolment – levels have not returned to what they were pre-pandemic and has increased the access gap between the richest and poorest children. In addition, the financial and resource impacts of COVID-19 on the sector have been long-lasting, further impacting access. Only one-third of the ELPs included in the 2021 ECD Census report received a government subsidy.⁹¹ The vast majority of ELP income is raised through monthly parent fees, further increasing the burden on parents and deepening the potential exclusion of the poorest children. Furthermore, the 2021 Thrive by Five Index revealed that fewer than half (46%) of children aged 50 to 59 months attending an ELP in South Africa can perform the learning tasks expected of a child their age, with 28% of children falling far behind the expected standard.⁹² This means that a significant number of children attending ELPs are not on track to meet their development milestones across several developmental domains, including emergent numeracy and literacy.

The DBE's 2030 Strategy for ECD Programmes is intended to serve as a roadmap towards the goal of providing universal access to early childhood development services by 2030. The achievement of the strategy's goals will depend on collaboration and coordination across departments and spheres of government, as well as with the ECD sector, social partners, business and donors, and families and communities. Efforts are also underway to strengthen the role of municipalities in enabling the provision of ECD services by testing the potential of including ECD matters in local-level strategic and development plans through the district development model. In addition, DBE is seeking to strengthen the role of provinces and districts in enabling parents and teachers to access parenting support. Evidence-based parenting programmes have been shown to reduce parental stress and children's aggression and depression across age categories.

The importance of responsive caregiving and opportunities for early learning is evident when language development and literacy are considered. The first five years of a child's life are pivotal in developing the language skills and vocabulary that will help them to learn to read and write when they go to school. However, the Thrive by Five Index 2021 revealed that only 55% of children who attended early learning programmes achieved the standard for emergent language and literacy.¹⁷ This lays the foundation for the language and literacy challenges seen in primary school, where only 19% of Grade 4 learners were able to read for meaning in 2021.⁹³

3.1.5.2 Formal basic education

Improving foundational skills in literacy and numeracy is a key priority for DBE, with a focus on reading with understanding from ECD to Grade 6. The DBE has developed an integrated National Reading Sector Plan (2019–2024) and a Reading Literacy Strategy: 2024–2030, which emphasises teaching reading in African languages as well as the development and procurement of age-appropriate and culturally relevant learning and teaching support materials in African Languages.

More broadly, basic education is compulsory in grades 1–9 or for children aged 7 to 15 years. With the enactment of the Basic Education Laws Amendment Act of 2024, the compulsory starting age and grade changed to age 6 years and Grade

Attendance at school or an educational facility is high among children aged 7 to 17 years, standing at 98%.¹⁰ However, attendance rates alone do not capture the frequency of school attendance, the quality of the education they receive, or their progression through school. Inequality and poverty still shape educational outcomes for many children across the country. Approximately 40% of the learners who start school in Grade 1 will exit the schooling system before they finish matric,⁹⁴ adversely affecting their ability to seek further education and skills training and hindering their access to the labour market. Strengthening the social support available to schools to support learners, families and teachers could assist with addressing some of the barriers to learning that children and adolescents face.

Furthermore, additional efforts are required to ensure that the education system is inclusive at all stages, from early childhood through adolescence. Specific guidelines and resources are needed to ensure that children with disabilities can access quality education in mainstream schools or specialised settings where necessary. There is a need to expand inclusive ELPs with proper guidelines for children with disabilities, and this must be further supported by teacher training, accessible learning materials, and infrastructure improvements in ELPs and formal schooling to accommodate various disabilities.

Schools can be a setting for violence against children (by adults and other children), but they also provide important opportunities for prevention and early intervention. Research into school-based interventions in the global south shows that multicomponent strategies and whole-school approaches are most effective at addressing violence in schools.⁹⁵ The DBE's National School Safety Framework is designed as a comprehensive framework to guide a common approach to achieving safe and violence-free learning environments in schools. It empowers schools to

identify and manage all safety threats in schools, establish school safety committees, develop incident reporting mechanisms, establish collaborations with external stakeholders such as the South African Police Service (SAPS), the DSD and civil society organisations, develop school safety plans and policies, and monitor progress over time. The WHO's INSPIRE framework identifies education and life skills as among seven key prevention strategies and calls for increasing children's access to more effective, gender-equitable education, social-emotional learning and life-skills training and ensuring that school environments are safe and enabling.²⁸

3.1.6 Further education and employment

Children and young people in South Africa continue to be disadvantaged in the labour market, with unemployment rates higher than the national average. An analysis of youth unemployment in 2022 revealed that the unemployment rate was 63.9% for those aged 15–24, whereas the official national unemployment rate was 34.5%.⁹⁶ Furthermore, while the national absorption rate was 37.3% for the country as a whole it stood at only 9% for young people aged 15–24.⁹⁶

However, the unemployment rates tell only part of the story. In the first quarter of 2024, more than one-third (36%) of young people aged 15 to 24 years were not employed or in education or training (NEET) and were therefore excluded from participating in the economy.⁴⁸ The poor educational outcomes outlined above and social and economic disadvantages are the primary factors driving the high rates of youth unemployment and the significant proportion of NEET youth in South Africa.⁴⁸

According to the World Bank Group Human Capital Index, children born in South Africa in 2020 could only expect to be 43% as productive when they grow up as they could be if they enjoyed complete education and full health.⁹⁷ This is considerably below the average for upper middle-income countries (56%).⁹⁷

The consequences of these human capital deficits contribute to numerous unintended outcomes that have slowed South Africa's economic growth since 2010. Many macro initiatives are underway to address the challenges faced by NEETs, but reversing these trends requires increased focus on supporting early learning and education in the foundation years to ensure that young people are better prepared to continue with further education or to enter the workforce. The 'Three Stream Model' developed by the DBE also aims to respond to these challenges by creating multiple learning pathways (academic, vocational and occupational) and providing learners with a greater diversity of choices in their schooling.

3.1.7 Safety, care and protection

The South African Constitution protects children's right to survive, to family care or parental care (or to appropriate alternative care when removed from the family environment) and to be protected from maltreatment, neglect, abuse or degradation. The Children's Act (2005) gives effect to certain children's rights as set out in the Constitution. It sets out principles relating to children's rights to care, protection and social services. It also defines parental responsibilities and rights. The Act provides for a continuum of care from prevention and early intervention programmes through to child protection services, alternative care options such as foster care and residential care in child and youth care centres, and family reunification programmes.

The Children's Act is supported by other laws, policies and protocols that provide for a national child protection system. However, in practice, the implementation of the law and supporting policies is weak and uneven.⁹⁸ The safety, care and protection of all children requires collaboration and concerted effort across sectors, but the fragmented and under-resourced services that make up the child protection system in South Africa have long been flagged as unresponsive and ineffective, with the result that children are being unnecessarily exposed to harm and are not adequately protected.⁹⁸

In response to these challenges, the National Child Care and Protection Policy (2019) provides a framework for coordinated and integrated child care and protection programmes and emphasises prevention and the promotion of children's development. The policy emphasises that the care and protection of children is critical for sustainable development, but it also acknowledges the gap between South Africa's child care and protection commitments and current outcomes for children. In response, the policy adopts a developmental approach and articulates the continuum of developmental care and protection services that children and adolescents require to survive and develop to their full potential; be protected from violence, abuse, neglect, exploitation and discrimination; and participate in decisions that affect them.⁹⁹

The continuum comprises the following services:

- a universally available, comprehensive package of promotive child care and development programmes and services;
- a package of targeted preventative and early intervention programmes and services for vulnerable children and families exposed to risk factors; and
- a package of quality-responsive protective services and programmes for children who need care and protection against all forms of violence, abuse, neglect and exploitation.

This policy encapsulates NDP goals for children and recognises the need to address the root causes of poor development among vulnerable children, including violence, poverty, fractured families, malnutrition, poor education, and substance abuse. Within its promotive band, the policy identifies strategies for strengthening families and empowering parents. It recognises the centrality of prevention and early intervention programmes and aspires to scale these programmes to reach all vulnerable children, with particular emphasis on those in receipt of CSG. It also promotes a “cash plus care” approach, in which community-based prevention and early intervention programmes would deliver a package of services essential for strengthening family resilience and interrupting the intergenerational cycle of poor development.

For the third dimension, namely, the provision of quality-responsive protective services and programmes for children who need care and protection against all forms of violence, abuse, neglect and exploitation, a host of system strengthening strategies have been identified to strengthen the child protection system and ensure that an appropriately qualified workforce is in place to offer these services. This policy is complemented by the Integrated Crime and Violence Prevention Strategy, which similarly adopts a broad and integrated understanding of prevention and early intervention to strengthen the care and protection of children and ensure safe environments.

The following sections identify specific areas of care and protection that require further attention. However, these issues are discussed with the understanding that, as stated in the Child Care and Protection Policy, systematically reducing the number of children in need of care and protection requires prioritising the provision of universal promotive services for all families and parents and focusing on providing targeted prevention and early intervention services for vulnerable children to build the resilience of the family and enable their continued provision of responsive and nurturing care.

3.1.7.1 Alternative care

Many children remain in Child and Youth Care Centres (CYCCs) despite the fact that both the ACERWC (2023) and the CRC (2024) – in their Concluding Observations reports – advocated for deinstitutionalisation and the promotion of a more family-centred approach for children in need of care and protection. The figures provided by the DSD in March 2022 indicate that there were 16 313 children in South African care facilities: 13 240 in CYCCs, 2 522 in temporary safe care, and 551 in secure facilities.¹⁰⁰ There were also approximately 2 000 children living in 115 unregistered facilities.¹⁰⁰ In 2022 there were, approximately 44 000 children living in child-only households (or 0.2% of the child population) who were likely to be in need of care and protection.¹⁰ In addition, in April 2024, 253 000 children were receiving the Foster Child Grant (down from a peak of 536 000 children in 2012).¹⁰

Adoption is another alternative care placement option that forms part of a comprehensive child protection system. It comprises a family-based, permanent care and protection option (either by extended family – to afford them a permanent, legal familial relationship – or by unrelated families) for children in need of care. However, adoption remains under-utilised in South Africa.

Between April 2010 and March 2024, the DSD recorded 16 593 national adoptions (within South Africa) and an additional 2 239 inter-country adoptions, with an average of 1 345 adoptions per year over this period.¹⁰¹

3.1.7.2 Violence against children

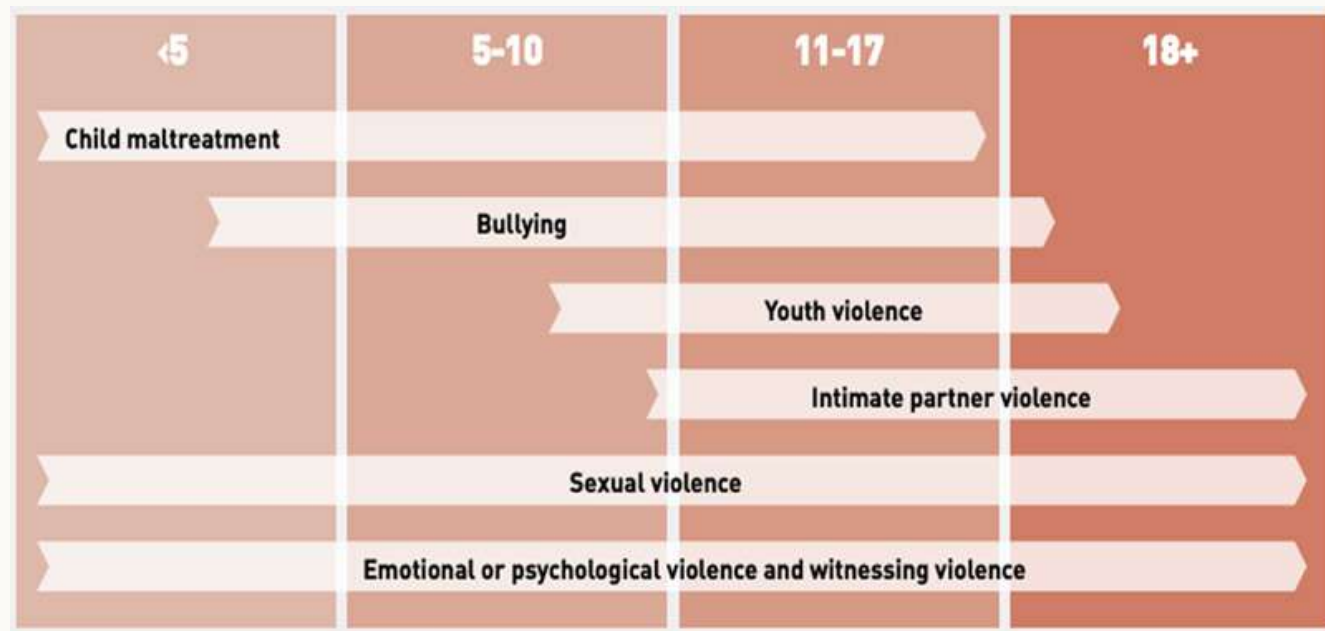
Another aspect impacting the need for strengthened child protection in South Africa is the country's high levels of interpersonal violence, rooted in historical policies of discrimination and persistently high levels of inequality and poverty. GBV has been described by President Cyril Ramaphosa as a second pandemic in the country. The National Strategic Plan on Gender-Based Violence and Femicide (NSP GBVF, 2020) serves as a cohesive strategic framework to guide the national response to the GBVF crisis in South Africa and includes children as well as women. Furthermore, the Integrated Crime and Violence Prevention Strategy (2022) adopts a whole of government and whole of society approach to violence prevention and includes a focus on the comprehensive and integrated delivery of early interventions. It also acknowledges the need for differentiated violence prevention interventions for young children and their caregivers, ensuring a safe and supportive home, school and community environment for children and youth and developing context-appropriate child and youth resilience programmes.

In addition, the INSPIRE framework provides seven evidence-based strategies to prevent violence against children, with the strongest evidence base relating to the importance of strengthening caregiver/child relations at all ages.²⁸ The seven INSPIRE strategies are as follows:

(1) the implementation and enforcement of laws; (2) norms and values; (3) safe environments; (4) parent and caregiver support; (5) income and economic strengthening; (6) response and support services; and (7) education and life skills.

Violence against children is a global problem that violates children's right to freedom from violence and negatively affects their development, health, wellbeing, and survival. If not addressed, it can have long-term consequences for affected individuals. Violence against children refers to all forms of violence, including abuse, exploitation, neglect, and maltreatment – whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers – against children under the age of 18 years. As indicated in Figure 9, children who face multiple intersectional factors are more predisposed to the risk of violence.

Figure 9: Violence against children across childhood



Source: WHO, INSPIRE: 7 strategies for ending violence against children, 2016, <https://inspire-strategies.org/sites/default/files/2020-06/9789241565356-eng%20%283%29.Pdf>

A 2015 nationally representative study on the prevalence of child maltreatment in South Africa revealed that one-third of children aged 15–17 years had experienced physical abuse (34.8%).¹⁰² The same study revealed that 14.61% of girls and 9.99% of boys in this age group reported some lifetime sexual victimisation.¹⁰³ An analysis using the Birth to Twenty (Bt20) longitudinal cohort data on children born in Soweto, Gauteng, reported that 99% of the children in this sample had experienced or witnessed acts of violence in their home, school or community during their childhood.¹⁰⁴ This analysis also revealed that close to half of preschool children were reported to have been victims of violence, most often through physical punishment by a parent or caregiver.¹⁰⁴ Crime statistics show that reported rape and sexual assault against children increased between 2015/6 and 2019/20.¹⁰⁵ While the number of murders and common assaults on children (per 100 000 population) have decreased slightly since 2015/6, the statistics reflect a nation in which violence against children is rife.¹⁰⁵

Experiencing violence during childhood impacts life-long health and wellbeing.¹⁰⁶ Children who are exposed to violence, abuse and exploitation, either directly or indirectly, are at increased risk of being physically injured or harmed; experiencing impaired brain and nervous system development; and developing negative coping strategies, such as alcohol and/or drug use; and engaging in high-risk sexual behaviours.¹⁰⁷ They are also more likely to experience low self-esteem and suffer from anxiety, depression and other mental health problems that can lead to self-harming and suicidal behaviours. Children who are exposed to violence, abuse and exploitation are at increased risk of learning difficulties, performing poorly at school, dropping out of school, and facing difficulties finding and keeping a job.

In addition, they are at heightened risk for later victimisation and/or perpetration of interpersonal and self-directed violence,¹⁰⁸ and using harsh parenting on the next generation of children.

Violence against children cannot be seen in isolation. Evidence supports the links between violence against women and violence against children, particularly in their homes.¹⁰⁹ Women and children share common risk factors, such as social norms that condone physical discipline, frequently occur in the same household and are linked through the long-term, intergenerational effects of violence in the home. The social and economic costs of violence against children, in terms of lost potential and future social and economic wellbeing, are also well documented. A study aimed at estimating the economic burden of violence against children in South Africa arrived at a total estimated cost of physical and emotional violence against children of ZAR 238.58 billion, or 6% of South Africa's gross domestic product (GDP), in 2015.¹¹⁰

3.1.7.3 Online safety

Growing up in the digital age presents many opportunities for children and young people as they connect with others through smartphones and social media. However, engaging online also involves a range of potential risks. There is a growing body of research documenting the mental health harms associated with too much passive use of social media, such as feelings of envy, depression, anxiety and loneliness among young people, while the effects of cyberbullying are also too real.¹¹¹⁻¹¹³ There are also risks of sexual exploitation in the real world arising from internet use. Protecting children and adolescents from online threats requires a coordinated strategy that includes various stakeholders – educating children about health social media habits and how to recognise online threats is only one aspect. Parents also need to be actively involved, and legislation is required that places obligations on service providers and the government to minimise the risk of exposure to harmful content. A 2022 report on online child sexual exploitation and abuse (OCSEA) in South Africa revealed that South Africa's legislation is fairly comprehensive with respect to OCSEA but that the implementation of laws was noted as a key stumbling block by the government representatives interviewed for the study.¹¹⁴

3.1.7.4 Child labour

Another area of concern regarding the exploitation of children is that of child labour. The Department of Employment and Labour (DEL) is leading the development of the fifth Child Labour Programme of Action (CLPA), which is the country's action plan for the prevention, reduction and eventual elimination of child labour.¹¹⁵ The CLPA identifies action steps to be taken towards the elimination of child labour and assigns responsibilities for these actions to different departments, with DEL as the lead department to coordinate and monitor these steps. The CLPA was developed through a consultative process that involved a broad spectrum of role players working collaboratively on a wide range of intervention strategies aimed at eliminating child labour.¹¹⁵ This process coincides with the review of the NPAC; therefore, synergies between the CLPA and NPAC are possible.

3.1.7.5 Children on the move

A further group in need of care and protection is children on the move. Global data show that South Africa is a major route for migration in the region.¹¹⁶ In 2017, there were 642 000 migrant or displaced children living in South Africa,¹¹⁶ although the number of unaccompanied and separated migrant children in South Africa is not definitive due to a lack of effective documentation and systematic registration. Children on the move struggle to access basic and comprehensive services, mainly because of an inadequate documentation system and weak knowledge and understanding of existing protective laws among frontline workers across sectors, resulting in challenges for these children in accessing education, health care and other important services. During their migration and on arrival at their destinations, children on the move are at risk of abuse, violence, and exploitation.¹¹⁶ A lack of proper documentation makes it difficult for the government and other actors to detect, identify and provide children on the move with care and protection, and a fear of detention may deter migrant children from seeking services. In cases where they seek certain social services, migrant children are confronted by other challenges, such as stigma and discrimination by service providers or even denial of services.

3.1.7.6 Street-connected children

There are limited data on the number of children and adolescents who are living on the street. However, in 2014, approximately 250 000 children and adolescents were reported to be living on the street.¹¹⁷ Most are in large cities and are driven to homelessness through several factors, such as poverty, the death of a parent or caregiver, abuse and neglect, substance abuse, mental health challenges and discrimination. The DSD has developed programmes and a policy to manage street-connected children, but as with many policies, there is a need for improved resourcing for its implementation.

3.1.7.7 Children in conflict with the law

Similarly, several factors may lead to children coming into conflict with the law, including exposure to violence,¹¹⁸ maltreatment, and mental health problems, among others. Despite increasing concerns about violent behaviour by children, including sexual violence, most criminal justice responses tend not to respond to the links between violence experienced and violence committed by children.¹¹⁹

While the number of children detained in correctional facilities has decreased significantly since the implementation of the Child Justice Act (75 of 2008) in April 2010, the number of children detained in CYCCs has increased because of efforts to avoid detaining children in correctional facilities. From 1 April 2022 to 31 March 2023, 28 931 children were charged with crimes covering assault with the intent to cause grievous bodily harm, rape, common assault, malicious damage to property and theft.

Many children who have committed crimes are sentenced to compulsory residence in CYCCs. However, a major gap in the legislation is the absence of a provision that allows for the

early release of children. Guidelines have been provided by international instruments for the protection of the rights of children deprived of their liberty and include factors that can be taken into consideration when contemplating the imposition of a compulsory residential sentence.¹²⁰ To address this issue and ensure uniformity in the application of early release processes in the provinces, the DSD developed a Policy on Sentenced Children that was presented to the National Intersectoral Committee for Child Justice in 2017. According to the DSD, this policy is currently being presented to the Department's internal structures for final approval. This policy needs to be implemented across provinces to meet the principle of best interest for a child to live with his or her family within a community setting.

In addition, the CRC Concluding Observations raise the concern that the quality of care at CYCCs is subpar and that many centres are understaffed. The CRC recommended the finalisation of the draft monitoring tool to guide in assessing the efficacy of the CYCCs. In relation to the administration of juvenile justice, the CRC recommended the continuation of efforts to ensure pre-trial diversion of children in conflict with the law and for children in conflict with the law who are placed in Secure Care Centres who have access to developmental services. A further recommendation was to finalise the review of the Policy on Offenders with Disabilities and ensure the protection of the rights of children with disabilities in conflict with the law.

3.1.7.8 Environmental risks and climate change

The right to safety, care and protection also applies to children's environments. Everyone in South Africa has a constitutional right to an environment that is not harmful to their health or wellbeing (Section 24(a)). For children and their families, safe and secure environments include, inter alia, safe spaces to play and protection from injury and violence, as well as access to clean water and sanitation, and clean air, among others. A recent study on caregiver knowledge, attitudes and practices for play-based learning for children under 7 years of age revealed that a "lack of social cohesion and safe spaces for children to play severely restricts play opportunities", with three-quarters (76%) of the caregivers surveyed indicating that their child mainly plays inside.⁸⁷

A significant cause of injury and death to children is road traffic accidents, with children up to the age of 14 years accounting for 10% of traffic fatalities in 2023.¹²¹ The Department of Transport (DOT) plays a pivotal role in enhancing road safety in South Africa through policy development and implementation, funding for road safety initiatives, ensuring the construction and maintenance of safe road infrastructure, collaborating with local and provincial governments to improve road conditions and safety, conducting public awareness and education in partnership with NGOs and the private sector to enhance road safety awareness, and developing and enforcing traffic laws to ensure compliance and reduce road traffic injuries and fatalities. Road safety around schools through traffic calming zones and speed reduction and safe scholarly transport are critical areas for urgent attention.

Section 24(b) of the Constitution also provides for the right to have “the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that prevent pollution and ecological degradation, promote conservation, and secure ecologically sustainable development and use of natural resources, while promoting justifiable economic and social development”. The right encompasses children’s right to a healthy environment both now and in the future. Children – and especially young children – are highly vulnerable to exposure to environmental hazards as they develop; therefore, there is a need for differentiated responses in policies and plans addressing environmental and climate change concerns to adequately consider the needs of children and adolescents.¹²² UNICEF classifies South Africa as a medium- to high-risk country for children in relation to climate change (72 of 163 countries worldwide).¹²³

Air pollution and issues related to water, sanitation and hygiene are among the environmental hazards that disproportionately impact children’s current and future health and wellbeing. Coal-powered energy generation is the largest contributor to air pollution in South Africa. Air pollution has immediate, short-term, and long-term effects on children’s health, including respiratory and cardiovascular issues. Furthermore, air pollution during pregnancy can lead to developmental challenges in children.¹²⁴ Respiratory infections are among the two leading causes of death in children under five years of age.¹²⁵ In addition to air pollution caused by electricity generation (such as the burning of coal), ambient air pollution is also caused by industrial processes (brick and cement manufacturing), mining, agricultural practices, poor waste management (open burning of garbage, etc.) and transportation. Health implications for children include acute lower respiratory infections, nasal irritation, coughs, headaches, cardiovascular disease and lungs and other forms of cancer. Pollution may also increase the likelihood of cognitive and environmental diseases.¹²⁶

Another common childhood toxin in South Africa is lead, which can affect brain development and cause damage to the liver and kidneys. New regulations were published in May 2024, reducing the permissible threshold for lead in paint from 0.06% to 0.009%. However, South Africa continues to be a major importer of lead chromates, importing 713 tonnes from India alone in 2022.¹²⁷

The WHO estimates that 25% of recorded deaths of children under 5 years are preventable by reducing environmental risks.¹²⁸ The government at all levels and the business sector have obligations to safeguard children from the harmful consequences of pollution and climate change.¹²⁴

As noted in a recent analysis of children in South Africa, “climate change impacts, including rising temperatures and increased frequency and intensity of extreme events such as floods and droughts, are exacerbating the impacts of environmental hazards on children, increasing exposure risk, particularly in rural and impoverished communities, and in cities that rely on effective storm water drainage as a flood management solution”.¹²² The Climate Change Act (2024) acknowledges that children have special needs, but there is a need to further integrate children’s needs, rights and voices into national policies and programmes on environmental and climate change issues. The right to a healthy environment must be read with the child’s right to dignity, life, and equality and their right to be heard.

3.1.8 Conclusion

Taken together, the situation and trends discussed here across the domains of child and adolescent development illustrate that while progress has been made in improving child and adolescent outcomes in South Africa over the past few decades, this has been uneven and unequal, and more work is needed.

While infant and child mortality have decreased, there are indications that there has been an increase that will require close scrutiny and urgent interventions to ensure that gains are not lost.⁶⁵ Insufficient progress has been made in meeting children's nutritional needs, with the value of the CSG being eroded so that it is no longer able to reduce child food poverty,¹² and the prevalence of the triple burden of child malnutrition.^{14, 15} Tackling the challenges of child nutrition requires greater coordination across the food and nutrition security system to bring about changes in child malnutrition rates. There are promising programmes that support responsive caregiving in the early years, but these and similar programmes need to be scaled up to address vulnerability in the home. While access to early learning opportunities has increased, including through the introduction of a compulsory Grade R year, a significant number of children aged 3 to 5 years are not receiving any form of early learning programme, and access continues to be closely associated with income levels and their locations. However, even those who are accessing early learning programmes may miss out on the benefits of early learning if the programmes are of poor quality. Adolescence provides another window of opportunity to realise positive trajectories for young people, but adolescents continue to face challenges such as mental health issues, alcohol and tobacco use, engaging in risky sexual behaviours, and a sense of disconnectedness as they enter adulthood in the face of high levels of unemployment. However, the success of the country's response to the HIV epidemic, particularly among adolescents, is an example of how, through a whole-society response, it is possible to turn the tide.

The trends outlined here suggest that as a country, we are at an inflection point, where the child development gains that have been achieved since 1994 could be starting to reverse. The gaps in the provision of services for children and adolescents described above and the persistence of unequal outcomes determined by family income and where children were born all point to an urgent need to get back on track and to accelerate improved child outcomes.

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The National Strategy calls for action from the full spectrum of role players in society to accelerate improved outcomes for children and adolescents and the creation of an enabling, rights-based environment to achieve this. How this will be achieved must be informed by an understanding of the existing institutional arrangements, as discussed in the next section.



SECTION D: REVIEW OF ROLE PLAYERS AND INSTITUTIONAL IMPERATIVES

This section provides an overview of the role players that are part of the collective effort required to realise children's rights and outlines an analysis of the priority shifts that are required to strengthen child rights governance in the South African context.

The realisation of the rights of children and adolescents requires massive collective effort from all sectors of society, from parents and caregivers in the home to the public services provided through government initiatives and institutions and services and support provided by civil society and the private sector. While the primary duty bearers responsible for providing children and adolescents with care and support are their parents and families, the whole government is responsible for providing the combinations of services and support that they need to fulfil their responsibilities. This requires a strong child rights governance approach.

Table 1: Overview of the different sectors involved in realising children's rights

RIGHT	SERVICE	GOVERNMENT	CIVIL SOCIETY	PRIVATE SECTOR	HOME
Name, identity and nationality	Birth certificate and identity documents	DHA, DoH, DSD			
Family care, or parental care or alternative care	Family care, programmes to strengthen family care, alternative care including foster care and child and youth centres	DSD, DoJ			
Family care, or parental care or alternative care	Agriculture, food supply, social assistance, identification and remediation	DALRRD, DSD, DBE, DoH			
Social Security	Social insurance, social assistance, disaster relief	DEL, DSD, SASSA			

RIGHT	SERVICE	GOVERNMENT	CIVIL SOCIETY	PRIVATE SECTOR	HOME
Shelter and adequate housing	Provision of housing	DHS			
Sufficient clean water and adequate sanitation	Provision of drinking water, water and sanitation infrastructure	DWS, CoGTA (local government)			
Basic health services including reproductive health services	Provision of maternal, neonatal, child health and reproductive health services for adolescents	Provision of housing			
Social services and protection from abuse neglect and degradation	Prevention and early intervention programmes, child protection services, police and prosecutorial services	DSD, DBE, SAPS, DoH, DEL, DoJ, NPA, DFFE, DCAS, DCDT, DoT			
Prevent exploitative labour	Monitoring and evaluation and child protection	DEL, DPME			
Fair trials and limits on detention	Diversion, legal aid Appropriate detention when needed	DoJ, DoCS, NPA DSD			

RIGHT	SERVICE	GOVERNMENT	CIVIL SOCIETY	PRIVATE SECTOR	HOME
Not to be used in war	National legislation and child protection	DoD, DSD			
Equal opportunity for people with disability	Primary/secondary prevention, access to services	All, DWYPD			
Development and basic education	Early childhood development programmes and basic education	DBE, DoH			
Not to be discriminated against	Promoting, training monitoring and restitution	All, DPME			
To participate and have their views considered	Child participation	All, DPME			

4.1 The Role of Parents, Caregivers and Families

A child's home environment largely determines whether a child is well, cognitively stimulated, and happy. Strong families are key to healthy human development, but they need support and a safe and enabling environment in which to flourish. Strengthening and supporting families to care for their children is critical across the life course of children and adolescents, as it plays a protective role and reduces the need for alternative care.

The resilience of households and families to overcome the severe everyday challenges that confront our society should not be underestimated. Economic development is closely tied to family wellbeing, and children and young people thrive when families do well. When families earn a living, manage their income, and accumulate assets, they contribute to stable, prosperous and supportive community environments.

Greater investment in high-quality and affordable child care, for example, is linked to greater opportunities for women's economic advancement and empowerment, and increased investments in women's health and wellbeing are directly linked to improved child wellbeing outcomes, contributing positively to economic growth and social cohesion.

As illustrated in Table 1, many activities and services to realise the rights of children and adolescents are initiated in the home and community in conjunction with service providers and public facilities. This underscores the importance of supporting the social systems that surround children, adolescents and their families.

The rationale for the development of a White Paper on Families stems from the White Paper on Social Development (1996), which provided a policy approach to how families could be viewed and supported. The aim was to mitigate the detrimental effects of the policies of colonisation and apartheid on families (for example, land disposessions and the migrant labour and homeland systems), the negative effects of which are considered to be among the drivers of multiple social challenges in contemporary South Africa. The functions of a family include providing membership and family formation; nurturance, supports and socialisation; and economic support and protection for vulnerable members. Through its instrumental and affective roles, the family can enhance the socio-economic wellbeing of individuals and society at large. The nexus between the policy on families and the NSAAC can be found in the adoption of the life course approach to child development and wellbeing. The socio-ecological systems framework that the NSAAC has adopted to illustrate the social and structural drivers of child rights and wellbeing outcomes – and the inclusion of responsive care and supportive environments in international evidence-based frameworks – makes the case for the importance of stable and strong families and supporting caregiver and child relationships to protect and promote the wellbeing of children and adolescents.

The following three strategies form the bedrock of family policy:

- **Promoting family wellbeing:** The approach to achieving family wellbeing is to monitor how service delivery across government departments leads to families' access to the resources and assets they need to achieve wellbeing, and develop strategic plans based on these priorities.
- **Family relationship strengthening:** This strategy relies on the accessibility and use of a range of services and programmes to improve family communication relationships, to enable families to manage conflict positively, and to provide support during times of distress. The implementation approach for this strategic priority is to create the conditions for the flourishing of good practice programmes.
- **Treatment and support for vulnerable families:** This strategic priority relies on empowering families to seek help and for key community stakeholders (including religious organisations and civil society organisations) to provide appropriate support, referrals, and treatment.

4.2 Government Departments and Institutions

Government departments and institutions are responsible, through their mandates, for the realisation of children's constitutional rights. At the national and provincial levels, relevant government departments have clear and specific mandates for aspects of child health, care and protection, education, and development, among others. A first step in improving child and adolescent outcomes is to ensure the full and effective delivery of these mandates. Table 1 also provides an overview of the functions and roles of government departments in relation to broad categories of children's rights.

While these mandates complement one another, uneven implementation and the siloed nature of service provision for children and adolescents undermine the potential synergies and increased impact that greater collaboration would provide. The starting point is a clear policy on how government departments need to work together. In this regard, there are several existing laws and policies that require intergovernmental collaboration between departments and spheres of government. The Intergovernmental Relations Framework Act of 2005 provides a general set of principles and objectives that frame intergovernmental relations in the Republic. In the early years, the National Integrated ECD Policy (NIECD, 2015) provided policy and programmatic

guidance for the implementation of the Nurturing Care Framework for young children. The purpose of the Inter-Ministerial Committee on ECD is to strengthen and provide the necessary oversight for this coherence and synergy. However, a similar policy framework for adolescent wellbeing is not in place. This is a significant gap and a key priority for the government and civil society to address during the next five years.

Government services are essential but insufficient for the full realisation of a child's potential, as some critical aspects of child development require cross-cutting synergies not only across departments but also across sectors. There are also gaps in government mandates, and some aspects of child and adolescent rights and wellbeing that cannot be primarily supported by government departments and need collaboration across all duty bearers.

4.3 Civil Society, the Private Sector and Trade Unions

While the government is a custodian of children's rights, it delivers child rights services in partnership with civil society organisations and often with the support of the private sector. Civil society organisations provide services across the services spectrum. According to the DSD, approximately 300 000 NGOs operate in South Africa. These range from large NGOs with a national or even regional footprint to a multitude of community-based organisations with a local scope and focus.

The country has always had a strong civil society presence, spanning a range of different services for children and adolescents, but with a particularly strong role in the child rights and protection sector. Civil society organisations take on numerous causes that are relevant to the lived experiences of vulnerable groups in South Africa, including children and adolescents. This includes both direct service provision (supported by subsidies from the state as well as funding by donors) and advocacy work. Organisations work individually and/or collectively, making use of available platforms to bring about change and make sustainable impacts.

Civil society organisations are valued partners of the state that provide response services, often times more innovative. Civil society organisations are essential contributors to the care, development and protection of children and adolescents in South Africa, reaching them in their homes and communities through the work of thousands of NGOs and faith- and community-based organisations across the country.

Furthermore, social care services in South Africa are provided through a partnership between the DSD and non-profit organisations (NPOs). This shared responsibility is provided for in the 1997 White Paper for Social Welfare, which determined social development to be the collective responsibility of government and civil society. The DSD subsequently developed the Integrated

Service Delivery Model (ISDM, 2005). The ISDM document acknowledges that “partnership with organs of civil society remains a key element in the Department’s efforts to ensure optimal functioning and the fulfilment of its mandate” and that “developmental services are the collective responsibility of various role players, including government, non-governmental organisations and the private sector”.¹²⁹ Through their role as service providers, NPOs enable the DSD to meet several of its Constitutional obligations. However, the current institutional arrangements do not provide an enabling environment for this partnership.^{130, 131}

Funding for children’s services in South Africa has been under pressure for some time, and this has severely affected the work of NPOs.^{130, 131} The social development budget for children comprises two components: one focused on cash (including the CSG) and the other on care. While the importance of the CSG and its contribution to children’s wellbeing is well-documented,⁴⁶ the care component has long been under-valued in both monetary and social terms. Giving meaningful expression to the state’s obligations to strengthen the family’s capacity to care for children and adolescents and protect them from abuse and neglect and to uphold their best interests requires that these services be elevated as a budget priority. The DSD has developed a sector funding policy to address these concerns, but the policy is yet to be formally adopted and implemented.

In addition to the substantive role of civil society organisations, the role of the private sector, too, cannot be underplayed. Private sector stakeholders contribute to child and adolescent wellbeing by making funds and expertise available to complement government and NGO service delivery programmes. The private sector has access to the distribution networks and mechanisms needed for large-scale distribution of resources (e.g., books or learning materials) as well as capacity-building programmes and awareness creation campaigns. Labour unions also play important roles, for example, in supporting parent support programmes in the workplace.

Private sector practices can also undermine child and adolescent wellbeing. Notable examples include the promotion of highly processed foods rich in salt and sugar as well as alcohol advertising, to which young children are exposed. These harmful practices must be confronted and addressed.

In the past, the important role of the government’s social partners was acknowledged but not fully integrated into the country’s oversight and implementation mechanisms for children and adolescents. At this time of fiscal stress, we will need to accelerate progress largely through better synergy among the government, civil society, business and labour unions.

Appraisal of Institutional

4.4 Mechanisms Through a Child Rights Governance Lens

This analysis draws on the CRC's general measures of implementation (GMIs), which aim to create an enabling environment that embeds child rights across all institutional arrangements and governance processes and results in increased investments in children and adolescents.

A child rights governance approach has not been applied systematically in South Africa, as indicated by Concluding Observations, which urges the country to adopt recommendations in the areas of (1) improved coordination through the institutionalisation of a permanent institutional mechanism; (2) legislation; (3) comprehensive policy and strategy; (4) assessment of the impact of laws and policies; (5) allocation of resources; and (e) data collection and (f) independent monitoring. This section will focus on these areas as high-level priorities, but to have a robust child rights governance system in place, it would be necessary to consider and implement all 11 GMIs (see Box 1 in Section A).

4.4.1 Coordination

The national coordination structure for children's rights must be supported and strengthened with necessary resources. This is critical for the provision of strategic leadership and oversight functions for the implementation and realisation of the rights of children across all departments and civil society organisations. The established national coordinating structure must be mirrored at the provincial, district and local levels. The effective functioning of these governance structures requires adequate resourcing from human to financial resources.

4.4.2 Legislation

While the country has a strong and robust legislative and policy environment, challenges such as the time taken to amend laws and policies (the Amendment to the Children's Act being a case in point) are evident. A specific recommendation made by the UNCRC is the need to expedite the adoption of the second part of the Children's Amendment Bill. Other recommendations include the withdrawal of the country's reservation to the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the ratification of the UNCRC and ACRWC's optional protocols and other relevant human rights instruments specific to children and adolescents to strengthen South Africa's position in the global effort to create a protective and nurturing environment for children and adolescents. One example is the Optional Protocol to the UNCRC

on the Communication Procedure, which recognises that children have the right to appeal to an international mechanism when national mechanisms fail to address violations effectively.

4.4.3 Comprehensive policy and strategy

The situation analysis above indicates that children and adolescents are not prioritised or placed at the centre of development. To rectify this, the CRC recommends that the MTSF ensures the inclusion of children as a national priority so that departments are held accountable for the realisation of children's rights. To complement this recommendation, the fifth NPAC (2024–2029) must link to the MTSF through the setting of clear actions, targets and indicators and the identification of responsibilities for implementation.

4.4.4 Assessment for impact

Despite the robust legislative and policy environment and the extent to which policies are continually being developed to manage the challenges faced by children and adolescents, there is no systematic process of assessing new laws, policies, or programmes for their impact on children's rights. The child rights governance framework calls for countries to conduct Child Rights Impact Assessments (CIAs). Such assessments are essential for strengthening the accountability of government departments and for considering the specific needs and vulnerabilities of, and impact on, children and adolescents in their decision-making processes.

4.4.5 Allocation of resources

In its 2024 Concluding Observations report, the UNCRC also urged the South African government to ensure that the rights of children and adolescents are not negatively impacted by rising living costs or cuts to government budgets. The Committee 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 to the social sectors, and ensure that the sectors relevant for children's rights are not affected by inflation, budget cuts or adverse economic conditions” (section 9(a)).

The persistent pressure on the funding of services for children and adolescents, including for child protection organisations, severely restricts service delivery and is the result of the lack of a compelling and robust budget case for increased funding for children and adolescents that would emerge from a CRG approach that puts children and adolescents at the centre of the budgeting process. This persistent pressure was also noted in the 2016 Comprehensive Review of the White Paper on Social Welfare (1997), which went on to include two recommendations specific to the funding of social care services, namely, (a) to include a social development component in the provincial equitable share formula or increase the poverty component to fund welfare services and (b) to increase DSD welfare budgets incrementally.

4.4.6 Data collection

Numerous data sets exist in the country that can provide insight into the situation of children, but they are disparate and tend to focus on a specific issue (e.g., education or health). The data are not necessarily collated to provide a comprehensive understanding of the status of children and adolescents in the country. The absence of appropriate national indicators and robust data collection mechanisms does not allow the country a platform from which to gather accurate and up-to-date data for evidence-based policymaking, enabling the government to address the specific needs and challenges faced by children and adolescents in a holistic manner. The development of relevant indicators is crucial for capturing a holistic picture of children's and adolescents' wellbeing, encompassing aspects such as health, education, protection, and overall quality of life. These indicators should align with international standards to ensure that the data collected accurately reflect the extent to which their rights are being fulfilled. The CRC recommends that South Africa adopt a robust methodology, such as UNICEF's Multiple Indicator Cluster Surveys (MICS), to monitor the realisation of child rights and to inform planning, monitoring and allocation of the resources for the NPAC.

There is also a lack of information systems that track health and wellbeing outcomes for individual children and adolescents. Examples of where this is important include tracking health outcomes (e.g., children who have missed critical interventions such as immunisation) or case management approaches for child protection. Linking different information systems – across departments – and across facilities, and geographic areas – would also make it easier to identify and support children and adolescents who face multiple adversities.¹³²

4.4.7 Independent monitoring

To ensure that their rights are upheld, children and adolescents need access to justice and to structures that will protect their rights, investigate their complaints and act on their behalf. While structures such as the South African Human Rights Commission are in place and there is a Commissioner for Children in the Western Cape, these are insufficient to comply with the requirement for independent monitoring as per international and regional standards of practice.

The UNCRC recommends increasing the resources available to the Human Rights Commission to enable its effective and independent discharge of its role and mandate in the promotion, protection and fulfilment of children's rights as well as to receive, investigate and address complaints raised by children regarding the violation of their rights. An additional recommendation at the provincial level is that all provinces establish Commissioner for Child Rights. However, there is currently no legislative provision to enable this recommendation. All these recommendations must be implemented through the provision of the necessary human, technical and financial resources for their effective operation.

4.4.8 Developing training, education and capacity building for all involved in implementation

Developing an understanding across spheres of government and civil society as to the meaning of a child rights governance approach and how it is implemented in practice is essential for the effectiveness and sustainability of efforts aimed at promoting and protecting the rights of children and adolescents. There is no evidence that the workforce employed by various government departments receives mandatory training on child rights under the UNCRC and national law, which should cover both planning and delivery of services to children and adolescents, nor that they should engage in capacity-building programmes on child rights governance and its implications for governance and service delivery. The workforce covers a wide range of role players; thus, an inclusive and comprehensive approach to training and education is needed. Training programmes should be tailored to the specific roles and responsibilities of each group, fostering a shared commitment to the protection and fulfilment of child rights.

4.4.9 Promoting cooperation and coordination with civil society

Promoting cooperation and coordination with civil society, including professional associations, NGOs, and children and adolescents themselves, is indispensable for advancing children's rights. In South Africa, civil society continues to play a crucial role as a watchdog, advocate, and partner in the implementation of child rights, providing valuable insights, resources, and community engagement. Similarly, collaboration with a wide range of professional associations ensures that experts in various fields, such as education, healthcare, social work, and agriculture, contribute their specialised knowledge to the development and execution of policies that directly impact children and adolescents. Clear delineation must be drawn between the roles of civil society actors as service providers and as advocates.

All the recommendations made above must be implemented through the provision of the necessary human, technical and financial resources required for their effective operation.

4.5 A Call for New Ways of Working to Accelerate Change

The situation analysis above illustrates how children and adolescents in South Africa continually live on the edge of both profound risk and great possibility. These findings echo the findings of the Thirty-Year Review of South Africa's Democracy, which reflects the socioeconomic transformation that has taken place in the country over the past thirty years and notes the immense potential for demographic dividends due to the youth population in the next few decades, provided that the relevant age cohorts are engaged in economic activities.⁸

To realise this potential, South Africa must ensure that the conditions exist for all children to develop and thrive. Advancing child and adolescent wellbeing in South Africa requires a whole-society approach and a new way of working that goes beyond the current siloed provision of services. A host of actors are providing discrete services, but limited collaboration and coordination means that there are gaps that are not being addressed and missed opportunities for making the most of the synergies and maximising the impacts of these interventions. This is evident in areas such as food and nutritional security, early learning, support for children's development in the first 1 000 days, child protection, and age-responsive services for adolescents. Weak institutional mechanisms, systems and structures and a lack of human resources with the requisite training are key barriers to the adequate provision of services and support.

To address these challenges and create the required enabling environment for child rights delivery, we need the following:

- Clear political leadership to drive a set of national priorities that will accelerate better outcomes for children and adolescents.
- Clear definition of departmental responsibilities for each of these priorities.
- A well-defined interface between the government and civil society to maximise synergy and fill gaps in provision.

These priorities and the strategies to be adopted to achieve them are the focus of the sections that follow.



SECTION E: STRATEGIC PRIORITIES AND CATALYTIC INTERVENTIONS

The NSAAC serves as a roadmap for accelerating action to improve the wellbeing of children and for promoting optimal health, growth and development. The preceding section outlined the adversities faced by children and adolescents, which prevent them from growing to their full potential. As a nation, we must now both strengthen what is already in place and introduce new innovations to improve service provision and address these adversities.

This section of the strategy sets out a roadmap on how this can be achieved. It outlines how to improve the wellbeing of children, what actions must take place for this to happen, and by whom (both in the short term and medium term). It advances a statement of change to guide the process towards better outcomes for children and adolescents. It starts with a requirement to prioritise investment in children and adolescents. From that commitment flow, specific priority outcomes (also called “priorities” for ease of reference) that will be achieved both through ensuring that existing interventions are fully and effectively implemented and identifying catalytic interventions that can accelerate progress for children and adolescents. Interventions are regarded as ‘catalytic’ if they are likely to yield new and compounding returns, over and above that which will be achieved by just doing things better.

Section F introduces a new cross-cutting delivery mechanism – an Accelerator for Children and Teens – which is a fit-for-purpose vehicle that focuses on fast tracking the design and development of a subset of catalytic interventions that, when addressed and implemented collectively, will have an exponential effect on improving wellbeing for children and adolescents in South Africa.

The accelerated action envisaged by the NSAAC will be achieved in three ways:

- First, by ensuring that our whole nation – parents, caregivers, and social partners such as civil society and the business sector, political leaders and duty-bearers – understands that the investment in child and adolescent development is the primary means of escaping the inequality trap in which the country finds itself. This trap, described in Figure 2 of Section A, can be broken if successive cohorts of children grow up living fundamentally better lives than their parents did. By fully investing in them, we will drive economic growth and national development because they will grow up well-nourished, healthy, educated, skilled, and better able to participate in the economy. Within a decade, our country will start to show substantial improvements in our children’s quality of life, and this fundamental shift will begin to reflect in our rankings in both the United Nations Development Programme’s Human Development Index¹³³ and the World Bank’s Human Capital Index⁹⁷.
- Second, acceleration will be achieved through greater engagement with families in their homes and in communities because these are the main sites of child

vulnerability. This will require an unprecedented level of cooperation between the government, civil society organisations and the private sector.

- Third, acceleration will be achieved by closing the gaps in service delivery, linking together programmes that work best in combination and substantially reducing the exposure of children and adolescents to harmful circumstances. Key priorities include greater food security, improved language and cognitive stimulation in very young children, protecting children and adolescents through nationwide strategies to reduce heavy drinking, early screening and referral of children with hearing and visual disabilities, and building identity and agency for adolescents who currently feel excluded from national development. These priorities tend to fall between the cracks, and they need special focus and attention.

What is needed now is clear strategic leadership, a mobilisation of all sectors of society in pursuit of a shared vision of better outcomes for children, and institutional and governance arrangements that create an enabling environment to realise child rights. In addition, children and adolescents must participate in articulating how their needs must be met.

5.1 Statement of Change

The NSAAC seeks to significantly transform the range of services provided to children, adolescents and their caregivers and take a proactive and outcomes-focused approach to meeting their needs and wellbeing. Figure 10 summarises the elements that make up this National Strategy. It identifies three prerequisites for change.

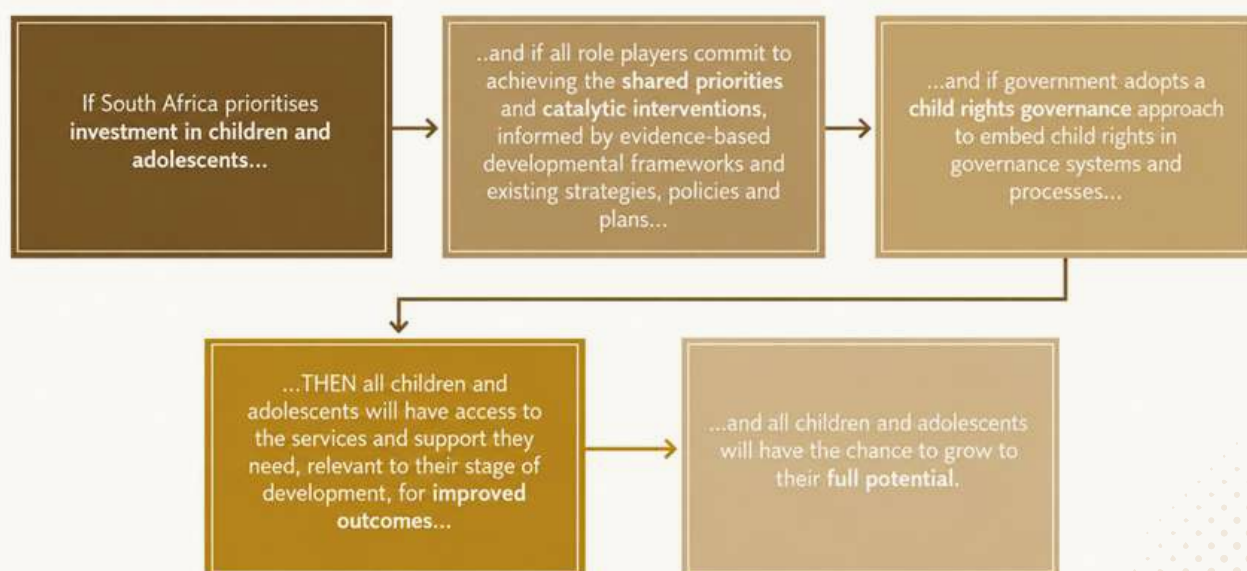


Figure 10: Statement of change

5.1.1 Prioritising investment among children and adolescents

The first is a commitment as a nation to sustained, age-responsive investment in children and adolescents, on the understanding that the development of the nation depends on the optimal development and wellbeing of its children and adolescents. This requires the identification of – and commitment to – shared priority outcomes and the investment of sufficient resources in these priority areas to accelerate measurable impact.

5.1.2 National priorities

The second is a shared, whole of society commitment to accelerating action through a selected set of catalytic interventions, which are informed by the situation analysis and aligned with the domains identified in the global development frameworks. The domains identified in the Nurturing Care Framework²³ and the Adolescent Wellbeing Framework²⁵ make up the core components that are required to support and promote child and adolescent wellbeing, and their interdependence illustrates how children’s rights must be realised in combination and in age-responsive ways across the life course.

Figure 11 illustrates how these domains apply across childhood into adolescence, with some becoming more prominent at specific ages or stages of development.

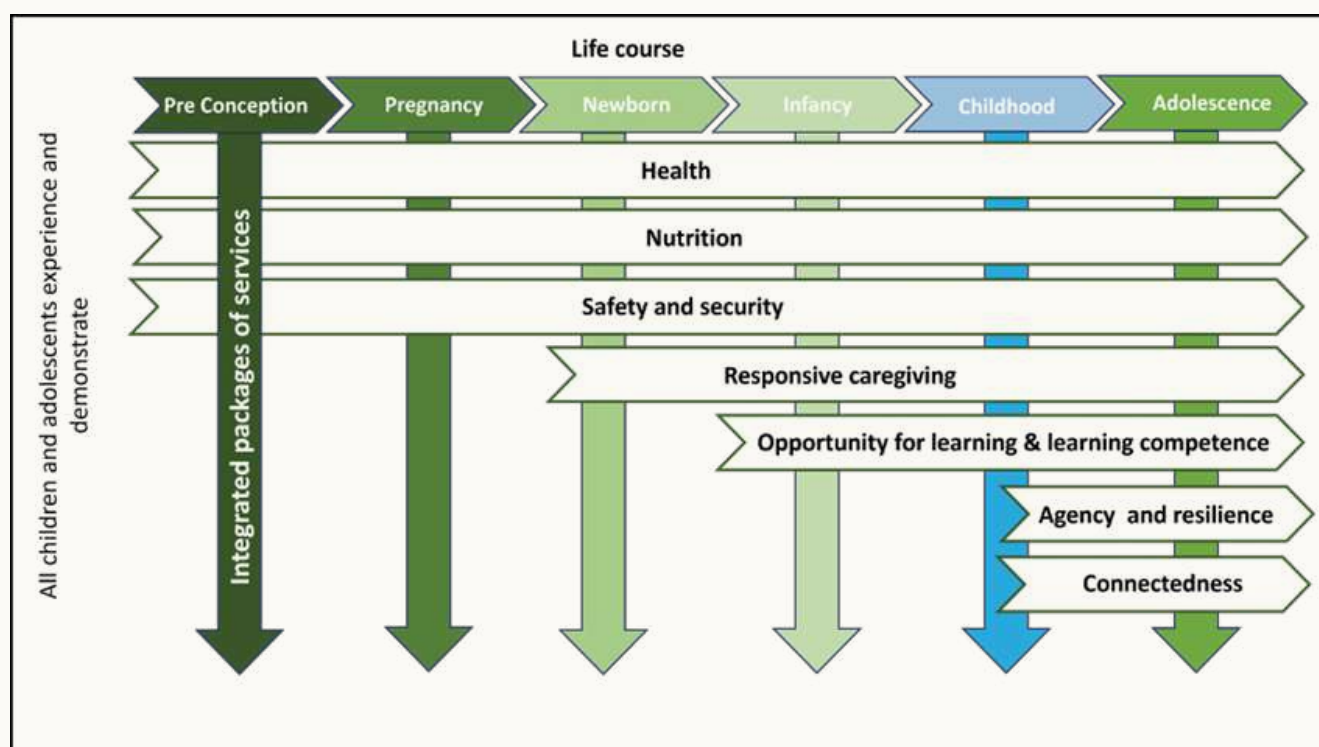


Figure 11: Merged domains from the developmental frameworks across childhood and adolescence

These frameworks provide coherence to the priority outcomes for children and adolescents and serve as a shared agenda that can be used by all stakeholders involved in bettering the lives of children and adolescents to understand how they contribute to the national vision.

Improved outcomes for children in these domains will be achieved by strengthening existing programmes and implementing a set of catalytic interventions, which are aligned with these domains and discussed in more detail in Section 5.2 below. These catalytic interventions – defined as specific high-impact initiatives to accelerate gains for children and adolescents – were identified through the participatory process that informed the design of the NSAAC.

These outcomes and catalytic interventions are condensed even further to define what needs to be done in the short and medium term. Our immediate goal must be to stop any reversal of the gains of the past thirty years, and specific priorities in this regard are identified in Section 5.1.3 below. Then, we must start to implement the full programme of action for children and adolescents outlined in this section. Even then, there are strategies likely to have the greatest impact on child and adolescent wellbeing in the shortest possible time, and ten strategic priorities are identified to galvanise an urgent nation-wide response.

5.1.3 Child rights governance approach

The third prerequisite for change is the adoption of a child rights governance framework as the foundation. This means that national priorities and catalytic interventions must be accompanied by supporting institutional arrangements and ways of working that embed child rights into institutional mechanisms and governance systems and structures. To achieve the wellbeing outcomes discussed above, it is critical that the entire government centres the needs of children and adolescents in all the systems and processes undertaken by the government to deliver on its mandates. This includes legislation, policy, financing, and the provision of packages of age-appropriate services that enable the full realisation of children's rights. The scope of child development—and its centrality to South Africa's development as a country—means that all tiers of government and all government departments must work together to uphold the constitutional imperative of cooperative governance.

However, creating effective structures and processes within the government alone is not enough to effect the required change. Accelerating action for children requires harnessing the combined efforts of government, civil society and the private sector. This is particularly relevant when the response to the needs of children and adolescents does not fit into a single department's mandate or when greater synergy and intersectionality are needed among departments, civil society and the private sector.

This provides an opportunity to establish a new form of collaboration in the form of an agile, fit-for-purpose Accelerator for Children and Teens that works with a wide variety of stakeholders in a national network to quickly track a subset of catalytic interventions (or accelerator strategies) in line with national priorities. The work of this accelerator is intended to augment and magnify the impact of the core services that government departments provide. The purpose and function of the Accelerator for Children and Teens will be discussed further in Section F.

5.2 National Priorities for Children and Adolescents

Figure 12 outlines an approach to identifying priority outcomes and interventions, first defining a programme of action guided by the outcome's frameworks for child and adolescent development and then distilling that programme into ten strategic priorities that should be used to galvanise an urgent nation-wide response.

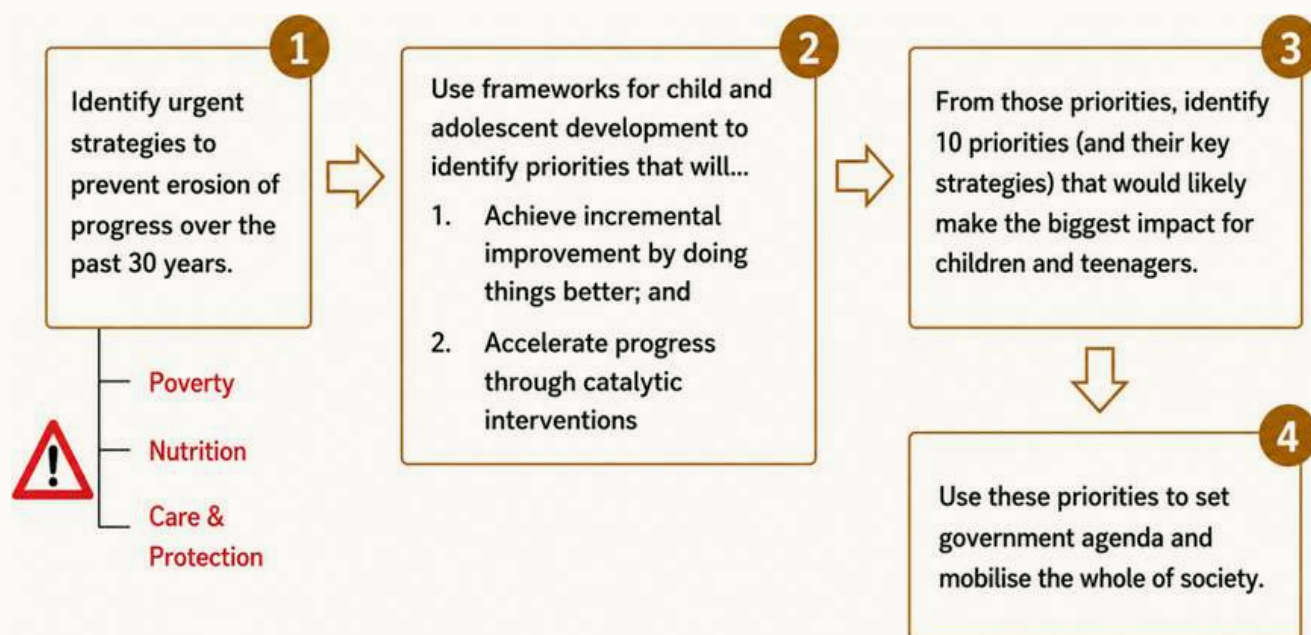


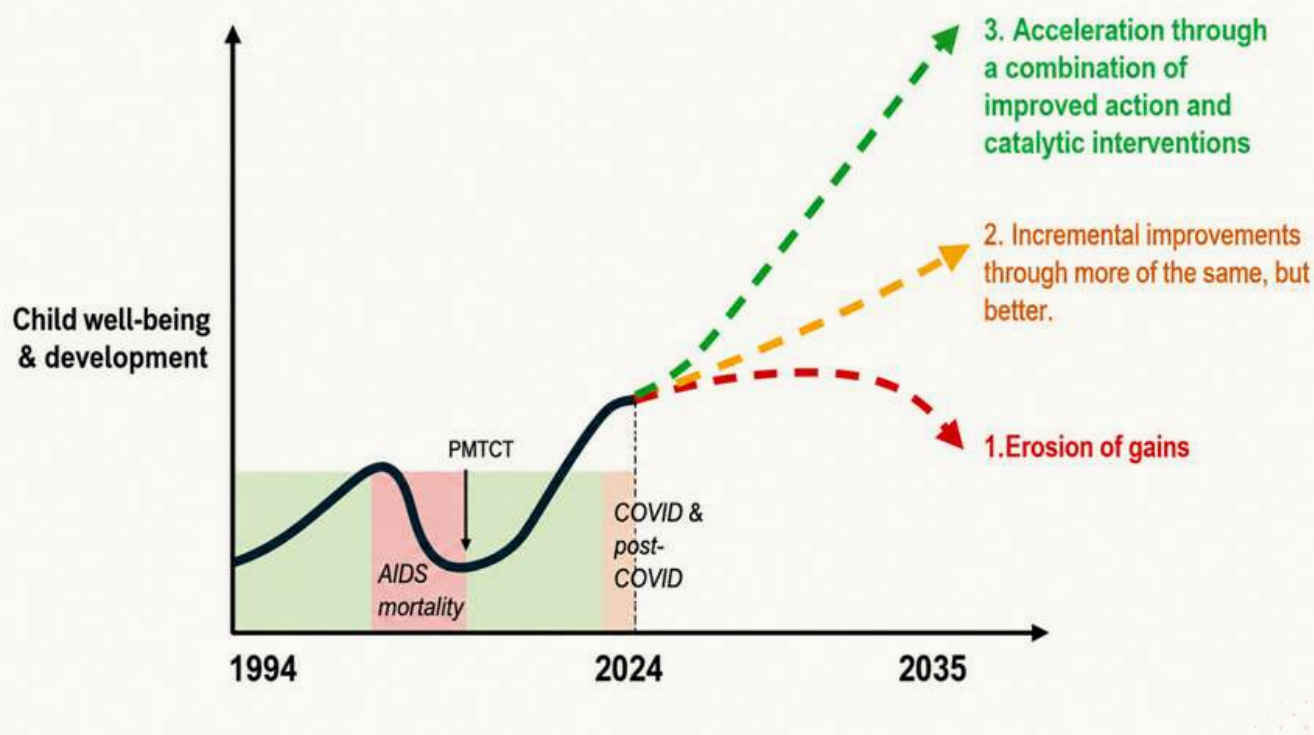
Figure 12: An approach to identifying priority outcomes and interventions

5.2.1 Urgent strategies to prevent erosion of gains over the past thirty years

The situation analysis in Section C confirms significant improvements in child wellbeing and development over the past thirty years. However, progress was seriously interrupted at the turn of the millennium, with increasing infant and child mortality from HIV/AIDS. Infant and child mortality doubled between 1997 and 2007.¹³⁴ In the years following the introduction of antiretroviral treatment for pregnant women, child mortality improved steadily and, coupled with declines in child poverty rates, heralded a time of improvement in child wellbeing. Even before COVID-19, these gains started to slow down, and this trend was exacerbated by the impact of the pandemic.

The nation now faces three scenarios. Either there will be a gradual erosion of gains, or we will regain an upwards trend but with insufficient momentum to escape the inequality trap, or we will be able to accelerate progress and break the cycle of poverty and exclusion described in Figure 2. The three scenarios outlined in Figure 13 demand clear identification of the following:

- Urgent interventions that prevent progress reversal,
- Existing interventions that need to be improved to achieve incremental progress, and Catalytic interventions that, combined with improved existing interventions, can yield exponential progress.
- Catalytic interventions that, combined with improved existing interventions, can yield exponential progress.



Our first actions must be to secure the gains of the past thirty years. At greatest risk is progress in three areas, namely:

- I. child poverty, where by 2018, under one-third (32.5%) of children were living below the food poverty line, but the percentage had increased to 37.9% by 2022;⁴²
- II. nutritional status, where the percentage of people experiencing hunger had declined to 11.1% in 2019 but had increased again to 15.0% by 2023,¹³⁵ and where stunting rates have remained stable in the high twenties and childhood obesity rates have notably increased¹⁵;
- III. child protection, where a nationally representative study on child maltreatment in South Africa in 2015 revealed that a third of children aged 15–17 years had experienced physical abuse¹⁰² and that 14.61% of girls and 9.99% of boys in this age group reported some lifetime sexual victimisation; crime statistics revealed an increase in reported rape of children of 6.8 percentage points between 2015/6 and 2019/20.¹⁰⁵ Encouragingly, the number of child murders and common assaults on children (per 100 000 population) decreased slightly over the same period, but the crime statistics still reflected a nation in a crisis of violence. In the 2022/23 financial year, 1194 children were murdered, with a further 1 427 reports of attempted murder and 7 545 of assault with the intent to cause grievous bodily harm.

In a time of severe fiscal constraint, the health and wellbeing of children must be prioritised, and the three areas above represent red flags for the future wellbeing of our nation.

5.2.2 Priorities for a national programme of action for children

Having identified the most urgent immediate actions, our focus can turn to the systematic design of a national programme of action for children. To this end, the discussion documents produced by the technical working groups (TWGs) and the departmental mapping documents formed the basis for identifying national priorities and defining catalytic interventions. The priority outcomes and the interventions – both incremental and catalytic – that must be undertaken to achieve them are presented in the tables below and are aligned with the domains in the Nurturing Care and Adolescent Wellbeing Frameworks. Some of the proposed catalytic interventions will require policy review, processes of approval or legislative change where necessary.

5.2.3 Strategies for early childhood development

Table 2: Early Childhood Development: Responsive Caregiving

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
Strengthen families and enable parents and caregivers to care for their children and adolescents	- Build on the side-by-side campaign and implementation of the RtHB of the DoH and add components about responsive caregiving that provide information and resources to parents and caregivers and service providers for young children. - Expand access to respite care services for caregivers of children with disability and long-term conditions. - Invest in training, supervision and support programmes for healthcare workers at primary healthcare levels to screen for and treat common mental health disorders and refer those who require more specialised care. - Scale up specialised training of child psychiatrists, child psychiatric nurses, psychologists and social workers (community-based workers).	- Implement a comprehensive, community-based home visiting and family strengthening programme that provides support and information to primary caregivers. - Scale up evidence-based parent support and family strengthening programmes, including programmes that address disability and both violence against women and children. - Work with the Department of Employment and Labour and labour unions to improve child/caregiver focused employment practices.

Table 3: Early Childhood Development: Good Health

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
• Eliminate HIV transmission to babies • Reduce infant and child deaths • Reduce births to adolescents • Prevent disability in children and give those with disabilities the same opportunities as others	• Early antenatal booking for screening • Initiate all pregnant women living with HIV on ART. • Ensure adherence to ART and viral suppression. • Identify and initiate treatment in women who acquire HIV in the postnatal/breastfeeding period. • Skilled birth attendance. • Achieve 95% immunisation coverage. • Effective management of childhood illness. • Track and respond to causes of mortality. • Easy access to dual contraception, especially in high schools • Establish screening, support and referral guidelines for children with disability. • Implement the extra care pillar of the Side- by-Side Campaign and Road to Health Booklet. • Increase access to and reach of community health care facilities and other facilities	• Make maternal and child health (MCH) the core of community health workers' scope of work and strengthen multi-disciplinary collaboration • Train health workers to screen for developmental delays, disabilities and long- term conditions across all settings including clinics, early learning programmes and schools • Strengthen early identification, referral pathways and interventions (including rehabilitation) for young children with disabilities, mental health challenges and other long-term conditions. • Establish a national screening programme for newborn hearing loss (<3 months old), following DoH policy and guideline development processes. • Establish a national vision impairment screening guide, capacity building and intervention plan in ECD centres and schools for Grade R learners.

Table 4: Early Childhood Development: Adequate Nutrition

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
- No child lives below the food poverty line - Reduce incidence of severe acute malnutrition (SAM) - Halve stunting - Reduce childhood obesity	- Improve early uptake of the child support grant (CSG) for infants. - Early initiation of breastfeeding: First breastfeed within 1 hour of birth. - Scaling up the family MUAC (mid-upper arm circumference) approach – screening for acute malnutrition at household level. - Accurate growth monitoring and referral. - Stimulate local food production through greater partnership between agricultural extension and NGOs. - Scale last mile delivery for food redistribution of surplus food. - Promote education and awareness among parents, caregivers, health care and community workers on the impacts of the triple burden of child malnutrition.	- Restore the CSG to the value of the food poverty line, starting with young children - Introduce a maternity support grant of equal value to the CSG. - Ensure early identification of moderate to severe acute malnutrition in children < 2 years and strengthen the implementation and resourcing of the Nutrition Therapeutic Programme (NTP). - Strengthen multiple micronutrient supplementation for pregnant women to reduce low-birth weight as per DoH guidelines. - Subsidise 10 best buy high-protein foods in partnership with food industry. - Strengthen the regulation of the food industry to prohibit the promotion of formula milk and ultra processed foods.

Table 5: Early Childhood Development: Safety and Security

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
• All children's births to be registered • Protect all children from all forms of abuse, violence, harm and harmful substances • Reduce injuries among children • Reduce harmful environmental effects on children • Protect children online	• Ensure all priority 1 – 3 health care facilities have birth registration desks that are fully staffed and digitally connected. • Mobilise caregivers and civil society to implement alcohol harm reduction strategies and reporting mechanisms. • Improve access to services to reduce alcohol dependency and binge drinking for caregivers. • Report and record all incidents of child abuse, neglect, violence and harm. • Increase access to recreational facilities and safe spaces to children to play. • Effective management of injury prevention. • Track and respond to causes of morbidity due to injuries. • Implement strategies developed by the Presidential Climate Commission (PCC). • Curricula at every level of education to be adjusted to include climate change and environmental education. • Include child and adolescent environmental rights in the Child Impact Assessments tool. • Update and resource the implementation of national laws that protect children from online predatory commercial practices and online abuse.	• Identify barriers to late registration of • birth and adopt a plan for reforms of the law and system to support universal birth registration • Strengthen the Child Care and protection system by resourcing the implementation of the continuum of care strategies identified in the National Child Care and Protection Policy. • Strengthen the prevention of and response to violence against children through the implementation and resourcing of strategies identified in the NSP GBVF and the Integrated Crime and Violence Prevention Strategy and adopt integrated approaches (in line with the INSPIRE framework) to prevent violence against children. • Strengthen regulatory frameworks that reduce access to alcohol through reduced trading hours, minimum unit pricing (MUP), and reduced alcohol availability and advertising. • Strengthen and continue with social behaviour change strategies that prevent, raise awareness about and decrease the occurrence of harmful substance abuse.

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
		• Increase support for parents and caregivers of adolescents, including through schools. • Finalise the funding policy for the NGO sector and prioritise the funding of NPOs providing Child Care and protection services by moving them to category 2 (funding by the state at the level of 'reasonable core costs'). • Implement traffic calming measures and reduce speed in and around school zones. • Implement environmental strategies to address the effects of lead poisoning and air pollution on children. • Increase opportunities for child participation in the monitoring of environmental indicators impacting their health. • Increase school curriculum components designed to educate and build skills for personal online safety.

Table 6: Early Childhood Development: Opportunities for Early Learning

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
• Universal participation in ECD programmes • Children aged 4 years are on track for literacy and numeracy • Ensure inclusion of children with disabilities	• Expand access to early learning programmes. • Extend ECD subsidy to community-based modalities (outside of formal centres) that meet health and safety standards. • Unlock financing and public employment opportunities. • Mass registration drive for ECD programmes. • Support resource & training organisations and scaling platforms to rapidly expand access and quality.	• Restore the value of the ECD subsidy to account for inflation erosion and expand it to reach all eligible children. • Support early language and cognitive stimulation in the home for children <3 yrs. • Launch a public campaign to generate demand for ECD programmes and learning and language stimulation materials. • National book drive to ensure that every ECD programme has >20 age-appropriate books. • Develop guidelines and incentives for inclusion of children with disability in ECD programmes, supported by teacher/practitioner training and learning materials to accommodate various disabilities.

5.2.4 Strategies for adolescent wellbeing

Table 7: Adolescent Wellbeing: Good Health and Optimal Nutrition

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
• Institutionalise routine preventative monitoring of adolescent health • Reduce the child burden of disease • Reduce child mortality • Reduce alcohol, tobacco and other substance harms among adolescents • Give children universal access to sexual and reproductive health	• Disaggregate national StatsSA, policing, justice, health, education and social development data by age, sex and disability. • Consolidate a national adolescent health programme with coverage at the national, provincial and local levels. • Universal immunisation against human papillomavirus (HPV). • Significantly increase the capacity of help lines in the country and support adolescent-centric support services. • Improve access to youth-specific rehabilitation services. • Expand community-based education and distribution and supply of contraceptives, including mobile outreach services, pharmacies, and school-or workplace-based services	• Adopt a national adolescent wellbeing framework with high level indicators to guide programming and service delivery. • Implement a national system of routine preventative screening and monitoring of adolescent wellbeing, based on the ISHP. • Strengthen early identification, referral pathways and interventions (including rehabilitation) for adolescents with disabilities, mental health challenges and other long-term conditions. • Ensure the interoperability of datasets on adolescents between departments of health, education, and social development. • Continue to support nutrition-support strategies described for young children. • Intersectoral strategies to reduce road traffic crashes focusing on adolescents should be incorporated into all national road safety strategies and interventions. • Strengthen and scale up evidence-based programmes providing parent and caregiver

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
		• support to improve caregiver and adolescent relationships as a protective factor against risky behaviour, including alcohol and substance use. • Develop strategies to reduce adolescent access to alcohol, tobacco, and vaping products. • Alcohol harm reduction measures described above

Table 8: Wellbeing: Learning, Competence, Skills & Employability

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
• Increase the participation of children in formal and non-formal education and training. • Build an ecosystem linking formal education to work exposure • Increase expected years of schooling for children entering the system. • Increase the average of national Learning-Adjusted Years of Schooling (LAYS) from 5.6 to 7.5 years.	• Reduce school dropouts by changing provincial incentives and improving monitoring and response systems. • Scale up national after-school programmes. • Expand partnerships with business and civil society that facilitate structured work exposure. • Suite of education-support strategies implemented by government. • Suite of education-support strategies implemented by government.	• Implement the three-stream secondary education strategy to allow for multiple learning pathways (academic, vocational and occupational) that enable learners to make choices in their schooling.

Table 9: Adolescent Wellbeing: Safety and Supportive Environments

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
- All children have a legal identity and nationality - Protect children from all forms of abuse, violence, harm and harmful substances - Eliminate child, early, and forced marriages - Protect adolescents online - Reduce harmful environmental effects on adolescents	- Scale up DHA outreach to high schools to take up applications for late registration of birth, identity documents and visas. - Improve justice and policing systems - Increase access to community based responses. - Engagement with traditional leadership. - Effective child care and protection practices. - Update and resource the implementation of national laws that protect adolescents from online predatory commercial practices and online abuse. - Implement strategies developed by the Presidential Climate Commission (PCC). - Curricula at every level of education to be adjusted to include climate change and environmental education. - Include child and adolescent environmental rights in the Child Impact Assessments tool. - Implement traffic calming measures and reduced speed limits in and around school zones.	- Implement court orders aimed at preventing adolescents from becoming stateless. - Strengthen the child care and protection system by resourcing the implementation of the continuum of care strategies identified in the National Child Care and Protection Policy. - Strengthen the prevention of and response to violence against children through the implementation and resourcing of strategies identified in the NSP GBVF and the Integrated Crime and Violence Prevention Strategy and adopt integrated approaches (in line with the INSPIRE framework) to prevent violence against children. - Strengthen regulatory frameworks that reduce access to alcohol through reduced trading hours, minimum unit pricing (MUP), and reduced alcohol availability and advertising. - Strengthen and continue with social behaviour change strategies that prevent, raise awareness about and decrease the occurrence of harmful substance abuse.

Table 9: Adolescent Wellbeing: Safety and Supportive Environments

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
		• Increase support for parents and caregivers of adolescents, including through schools. • Increase school curriculum components designed to educate and build skills for personal online safety. • Strengthen strategies to reduce injuries to children and adolescents and promote optimal health. • Strengthen participation by young people in the monitoring of environmental indicators impacting their health.

Table 10: Adolescent Wellbeing: Connectedness, Positive Values and Contribution to Society

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
- Adolescents are able to connect with one another and the world online. - Adolescents have a sense of being cared for, supported, and belonging, through protective relationships. - Improve meaningful participation to facilitate connectedness and civic contribution to build purpose and promote civic agency.	- Link schools to local and national support systems for adolescents (wellness, knowledge sharing and civic participation). - Increase and enhance school curriculum components designed to build interpersonal skills, agency, skills and protective relationships. - Increase school curriculum components designed to build practical, real-life engagement with democracy and civic life. - Grow adolescent engagement in a strengthened Representative Council of Learners' system in South African schools.	Ensure that the policy to zero-rate the digital content of government benefit organisations and government is fully implemented.

Table 11: Adolescent Wellbeing: Agency and Resilience

STRATEGIC OUTCOME	IMPROVE INCREMENTALLY BY DOING MORE BETTER	ACCELERATE PROGRESS THROUGH CATALYTIC INTERVENTIONS
• Improve adolescent resilience to promote wellbeing. • Increase adolescent awareness on gender equality, human rights and adolescents' rights and capacities • Strengthening institutional responsiveness for adolescent agency and resilience. • Strengthening adolescent engagement in accountability mechanisms and in the design & implementation of programmes.	• Evidence-based socio-emotional learning in schools and communities. • Adapt and support existing after-school programmes for national scale promoting a mentor model framework. • Increase school curriculum components designed to build human rights, including gender equality. • Review key national and sub-national institutions to better align them with adolescents and their needs. • Review key processes and accountability mechanisms at all of levels of government for better adolescent involvement.	• Public communication and a national network of support building a sense of collective agency and identity. • Community-based prevention and early intervention programmes for adolescents and caregivers, including a basket of integrated programmes that includes a focus on human rights, gender-transformative norms and family strengthening support for adolescents and parents. • National and provincial Leadership for sustainable Child Rights Governance Systems institutionalised.

5.2.5 Ten strategic priorities that would have the greatest impact on children and adolescents

The above provides a systematic overview of key interventions for each of the priority outcomes, which is a useful direction for individual departments and sectoral players but is still too detailed to use as an instrument for mobilisation. It must be further refined into a list of strategic priorities that can serve as a rallying call for the nation and identify those interventions that could have the greatest impact. The condensed list of ten strategic priorities and key catalytic interventions is presented below (Figure 14), underpinned by the key objectives to promote, protect and uphold children's rights so that we reduce child poverty and enable every child and adolescent to thrive.

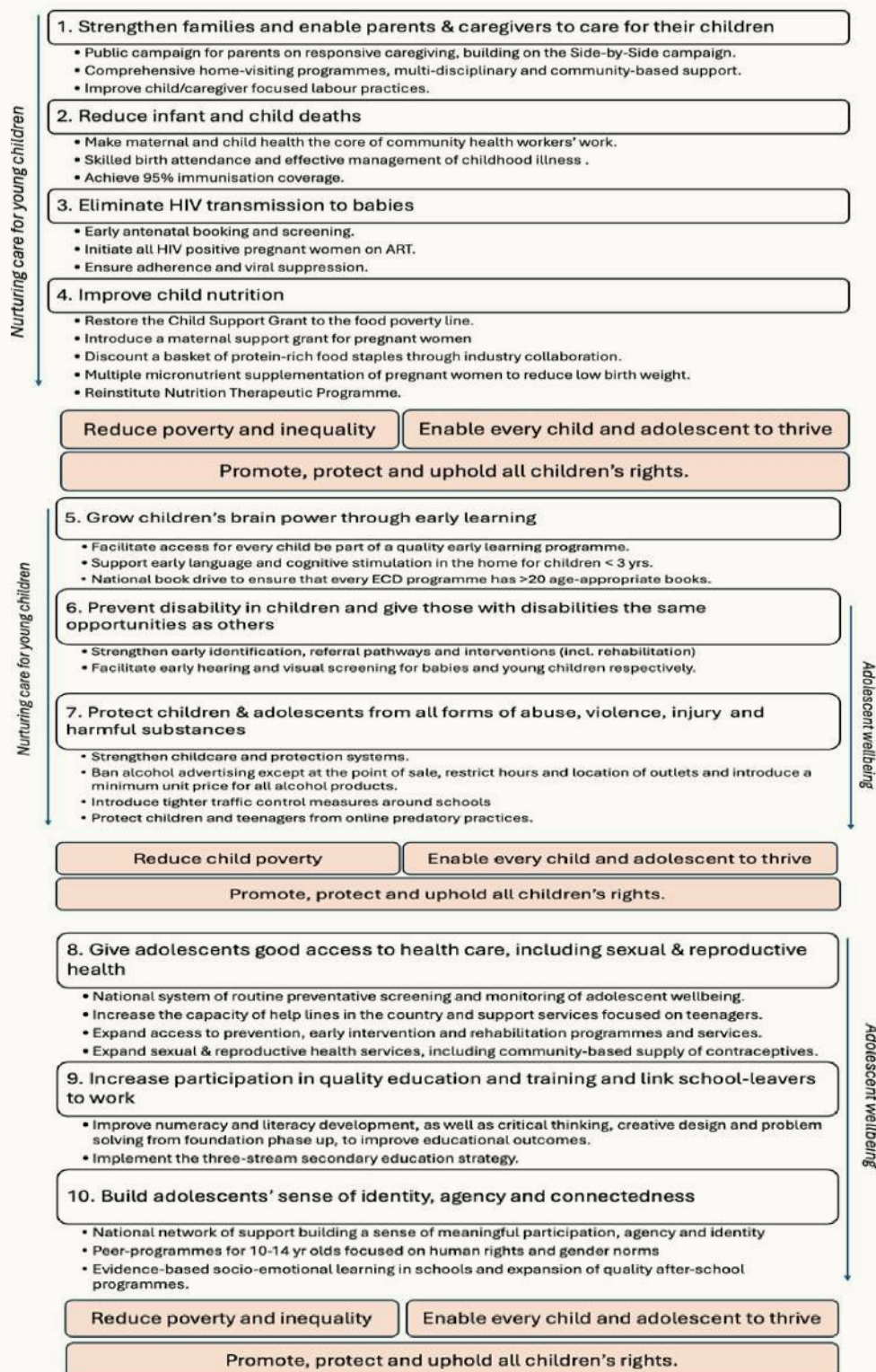


Figure 14: Ten strategic priorities to accelerate progress for children and adolescents

Figure 15 (which follows) defines a condensed list of 10 key catalytic interventions that would make the greatest difference for children and adolescents in the short to medium term and identifies the government departments responsible for implementation. It includes interventions required to address the three ‘red flag’ areas to prevent erosion of the gains of the past thirty years.

	Intervention	Responsible department
1.	Restore the Child Support Grant to the Food Poverty Line	DSD National Treasury
2.	Provide matching subsidy for a basket of protein-rich food staples, discounted through industry collaboration.	DTIC/DALRRD National Treasury
3.	Ensure NTP is adequately funded and implemented in all provinces	DoH
4.	Strengthen childcare and protection systems	DSD (lead)/DBE/ DOJ&CD/SAPS
5.	Drive a responsive care campaign, incl. early language development and cognitive stimulation for children < 3 years	DoH DBE
6.	Ensure access for every child (3-5 yrs) to a quality early learning programme	DBE
7.	Ensure universal neonatal hearing screening and visual screen for Gr R learners	DoH (lead)/DBE
8.	Ban alcohol advertising (except at point of sale), introduce a minimum unit price for alcohol and restrict on-site liquor hours to midnight	DTIC (lead)/ DSD/SAPS
9.	Expand prevention and early intervention basket of services including sexual & reproductive health services for teenagers, including community-based supply of contraceptives.	DoH DSD/DBE
10.	Build a national network of support promoting a sense of meaningful participation, agency and identity among teenagers.	DoH

Critical interventions to prevent erosion of gains in poverty reduction, nutrition and child protection.
 Other key interventions to accelerate gains

Figure 15: Ten interventions that would make the greatest difference for children and adolescents and government departments responsible for implementation

However, as has been emphasised throughout, the government cannot do it alone and requires active collaboration with non-government players, especially for specific interventions (see Figure 16) that fall between the cracks of government departments or where value can be unlocked through intersectoral synergies. As noted, the Accelerator for Children and Teens focuses on a further subset of catalytic interventions where value can be unlocked through greater intersectoral synergies. Figure 16 illustrates how the five selected accelerator strategies will contribute to the ten interventions that would have a significant impact on child and adolescent wellbeing in the short- to medium-term, as outlined above.

Table 12: Accelerator Strategies for Ten Priority Interventions Affecting Children and Adolescents

Table 12: Accelerator Strategies for Ten Priority Interventions Affecting Children and Adolescents

	INTERVENTIONS THAT WOULD MAKE THE MOST DIFFERENCE TO CHILDREN AND TEENS		ACCELERATOR STRATEGIES
1.	Restore the child support grant to the food poverty line	→	Close the food gap
2.	Provide matching subsidy for a basket of protein-rich food staples, discounted through industry collaboration.	→	
3.	Reinstitute the Nutrition Therapeutic Programme (NTP) in all provinces	→	
4.	Drive a responsive care campaign, incl. early language development and cognitive stimulation for children <3 yrs	→	Support responsive caregiving and language development for very young children
5.	Ensure access for every child (3-5 yrs) to a quality early learning programme	→	
6.	Ensure universal neonatal hearing screening and visual screening for Gr R learners	→	Provide early hearing and vision screening and referral for young children
7.	Strengthen child care and protection systems	→	Protect children and teens by reducing heavy drinking
8.	Ban alcohol advertising (except at point of sale) introduce a minimum unit price for alcohol and restrict on-site liquor hours to midnight	→	
9.	Expand prevention and early intervention basket of services including sexual & reproductive health services for teenagers, including community-based supply of contraceptives.	→	Build identity, and agency and connectedness for teenagers.
10.	Build a national network of support promoting a sense of meaningful participation, agency and identity among teenagers.	→	

Accelerator strategies and the activities of the Accelerator for Children and Teens will therefore augment the broader efforts to achieve the priority outcomes identified in the NSAAC. The purpose and role of the Accelerator, as well as further details on the rationale for selecting these accelerator strategies, are discussed in Section F.



SECTION F: INTRODUCING THE ACCELERATOR FOR CHILDREN

One of the main levers for acceleration is greater synergy across all of society – government, civil society, trade unions and the private sector working together on strategic priorities. Such synergy will not be achieved through calls for greater collaboration alone but through the creation of effective interfaces between government, civil society and the private sector in the fulfilment of these priorities.

One such interface is the establishment/strengthening of the existing coordination structure that can work across society and find ways to innovatively accelerate gains in child and adolescent development in priority areas that are neglected or that require a high degree of collaboration. It also provides a vehicle for concerted public communication and the synthesis of information from multiple sources with respect to the strategic priorities identified.

6.1 Purpose

The purpose of the Accelerator for Children is as follows:

- Galvanise a national commitment across all sectors of society to put children and adolescents at the centre of development
- Distil information about child development in a way that clarifies opportunities for new gains and
- Fast-track the design and development of a subset of the catalytic interventions for children and adolescents identified within the NSAAC.

6.2 Defining the Accelerated Approach

An accelerated approach focuses on:

- Identifying systemic points of leverage and influence that will ensure that the whole of the collective efforts is greater than the sum of its parts.

- Ensuring sustainability and ‘locking in’ progress by identifying the state and social safety nets that need to be in place to protect the gains for children and adolescents as well as response systems that need to be sufficiently robust to protect children and adolescents from external shocks and disasters such as the COVID-19 pandemic, economic recessions, and climate change.
- Doing things differently to galvanise the ‘whole of society’ to make greater progress at a faster pace.

6.3 Role and Functions of the Accelerator/Coordinating Structure

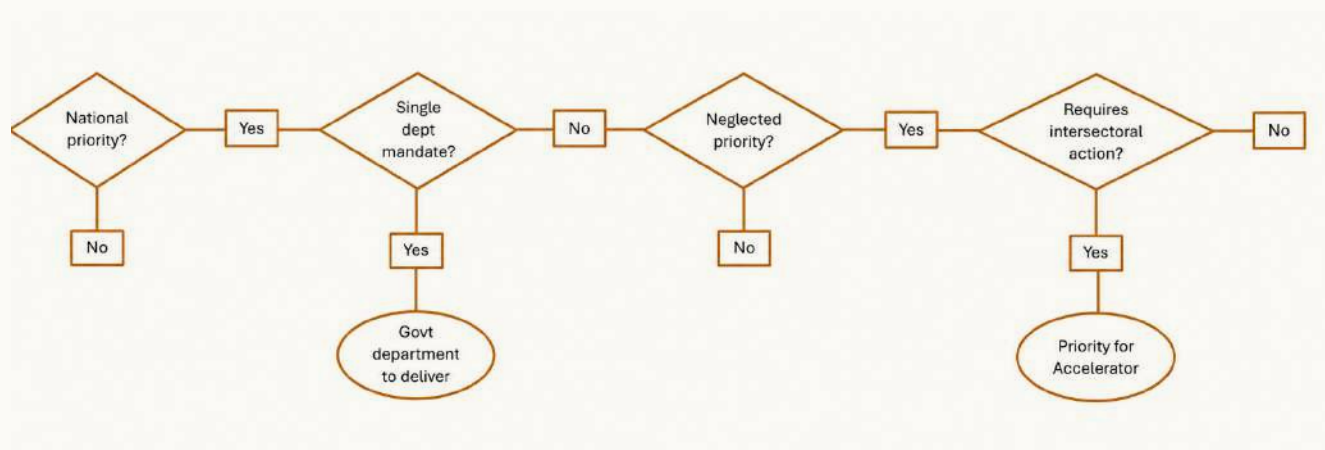
The role of the Accelerator will be to help galvanise nation-wide action and accelerate service delivery by filling programme gaps and linking programmes by building synergies. The Accelerator will be effective only if it achieves synergy across government and civil society and works together with government departments (which retain accountability for delivery on their core mandates) to accelerate implementation. In this way, it can help drive a programme of action that galvanises leadership and achieves strong national recognition through the use of a distinctive brand.

INFORM	COMMUNICATE	LINK PROGRAMMES & BUILD SYNERGY	FILL PROGRAMME GAPS	MOBILISE RESOURCES
• Synthesis of survey and operational data to give a current picture of the children's rights	• Public communication • Communication to policy makers and managers	• Identify key opportunities for synergy between government and non-government role players and between government departments.	• Design, develop and support implementation of new programmes for neglected areas of child development	• Leverage both public and private resources in support of the NSAAC.

6.4 The First Five Accelerator Strategies for Children

The Accelerator will focus on a subset of catalytic interventions that, when addressed and implemented collectively, have an exponential effect and hence greater impact. These are called accelerator strategies.¹³⁶ These acceleration strategies flow from the ten strategic priorities and, as noted, are intended to augment – and not compete with – the core services that government departments provide. The process for identifying these accelerator strategies is described in Figure 18 below. Taken together with the national priorities that are the primary responsibility of government departments – namely maternal and child health, early learning, child welfare and protection services, and quality education – these strategies represent the best opportunities to accelerate inclusive child and adolescent development, leading to improvements in both the country’s Human Development Index and Human Capital Indices.

Figure 17: Process of selecting acceleration strategies for children



The First, five accelerators have been identified as follows, with the rationale for selecting them:

6.4.1 Closing the food gap

Food security is fundamental. Without it, our country’s economy and society will not grow. Our country produces enough food for all, but we waste about one third of it.¹³⁷ Approximately one-third of children live in households that do not have enough income to meet their children’s basic nutritional needs, yet the current Child Support Grant is approximately one-third lower than the food poverty line.¹² We must now close the food gap, first for children and adolescents and then for everyone. This will require the active engagement of all role players to make high-protein staple foods more affordable, increase the buying power of families through child-

centred expansions of social protection and improve local food production and supply. All three of these strategies are included in the Acceleration Plan to Achieve NDP Targets.

6.4.2 Support responsive caregiving and language development for very young children

The evidence presented in Section B shows that the brain is most receptive to language and learning stimulation in the first three years of life.¹³⁸ However, most of our current strategies for early learning start only at age three. The new strategy of the DBE identifies the need to prioritise language and learning stimulation in children aged 0 to 2 years.¹³⁹ The Accelerator will lag behind this strategy and help design and develop larger and more systematic programmes in this age group, recognising that this means reaching more children in home and community settings. Fortunately, there are excellent local initiatives to draw on that will help show the way.

6.4.3 Protect children and teens by reducing heavy drinking

This is one of the most neglected priorities for child and adolescent protection in South Africa. Most child protection efforts focus on responding to violence, and as shown in Section C, there are notable gaps in our response to violence. However, our greatest weakness is in preventing violence against children, which is difficult in marginalised communities that lack resources and suffer the worst violence. One thing that we can change is the extent of heavy drinking by adults who then perpetrate violence and put themselves and others at risk. There is evidence from across the world that we can reduce the harm of alcohol by implementing controls on advertising and the availability and trading hours of liquor outlets and strategies that disincentivise heavy drinking through pricing.¹⁴⁰ Implementing these strategies will require great cooperation across government departments (including Social Development; Trade, Industry and Competition; and Health) and with the alcohol industry and civil society.

6.4.4 Provide early hearing and vision screening and referral for young children

In most cases, the principle of ‘the earlier, the better’ applies to detecting and responding to disability in childhood. This is especially important for hearing loss, where appropriate treatment can enable children to better develop the language and communication skills that are critical for development.¹⁴¹ Similarly, early identification of visual problems is crucial in ensuring that the visual cortex develops properly.¹⁴² There are now affordable technologies that can be implemented by trained lay people. Secondary disability can be reduced if we identify and refer to every young child with hearing or visual disability, augmented with similar programmes for children of school-going age. Faith-based organisations, NGOs, the private sector and government agencies could be mobilised to support this initiative.lag behind this strategy and help design and develop larger and more systematic programmes in this age group, recognising

that this means reaching more children in home and community settings. Fortunately, there are excellent local initiatives to draw on that will help show the way.

6.4.5 Build identity, agency and connectedness for teenagers

As shown in Section B, adolescence is the time in which the brain is fine-tuned, building social competence and executive planning and decision-making.⁶ There are crucial human attributes that must be nurtured, and this cannot be the primary role of government departments because their development happens in the home and in communities. They include the development of personal identity and agency; creative problem-solving, imagination and empathy; the mitigation of trauma; and aversion to hazardous behaviour, sexual and reproductive health, and opportunity seeking and connectedness.

The goal will be to help every young person feel connected to networks of support, building their sense of possibility, identity and belonging. These networks could operate in schools, community places and on social media, but they must belong to young people and not the government or any other sector. Getting this right will require active engagement with children and adolescents and defining and responding to what they want in ways that work for them. There are many initiatives focused on young people, yet there is still much to be done to develop programmes at sufficient scale to reach everyone who wants to be part of them. Finding ways to measure and track adolescent wellbeing is the place to start.



SECTION G: IMPLEMENTATION OF THE NSAAC

7.1 Introduction

A constant limitation of this strategy is that children and adolescents in South Africa continually live on the edge of both profound risk and great possibility. This conclusion, based on the findings of the situation analysis, resonates with South Africa's Thirty-Year Review Report on the country's socioeconomic transformation. It notes the immense potential for demographic dividends due to the youth population in the next few decades, provided that young people are enabled to engage in economic activities.⁸ To realise this potential, South Africa must ensure that the conditions exist for all children and adolescents to develop and thrive.

This alone is a powerful case for investing in children and adolescents. However, our obligation goes far beyond their potential contribution to the economy to an intrinsic belief that every child and every adolescent have the right to achieve their full potential.

Advancing child and adolescent wellbeing in South Africa requires a whole of society approach and a new way of working that goes beyond the current siloed provision of services. A host of stakeholders are providing discrete services, but limited collaboration and coordination means that there are gaps that are not being addressed and that there are missed opportunities for making the most of the synergies and maximising the impacts of these interventions. This is evident in areas such as food and nutritional security, early learning, support for children's development in the first 1 000 days, child protection, and age-responsive services for adolescents. Weak institutional mechanisms, systems and structures and a lack of human resources with the requisite training are key barriers to maximising child wellbeing outcomes and, in turn, the immense potential for reducing inequality and advancing our country's socioeconomic transformation.

7.2 Five Key Child Rights Governance Priorities

To address these challenges and create the required enabling environment, the NSAAC provides the overarching strategic direction for accelerating action for children and adolescents, informed by a strengthened child rights governance system.

This system, described in Section 1.4, places the NSAAC within the framework of international conventions and national policies. It includes alignment with the United Nations Committee on the Rights of the Child's General Measures of Implementation. Governance is cyclical, running from one planning period to the next. While the country will continue to strengthen all the General Measures of Implementation for effective child rights governance, the NSAAC prioritises five pillars for a strengthened child rights governance system during the seventh administration:

7.2.1 Strategic political leadership

Political and strategic leadership and oversight by the Presidency, supported by an Inter-Ministerial Committee on Children and effective parliamentary oversight.

7.2.2 Galvanising the whole of society around the NSAAC vision, purpose, principles and ten priorities and public communication strategy

Inter-sectoral and multi-disciplinary leadership is required to galvanise the whole of society around understanding and supporting the implementation of the strategic ten priorities and catalytic interventions to accelerate action for children and adolescents through a national branded communication strategy, “Hold My Hand”.

7.2.3 Increased public and private collaboration

Investment and innovation for improved financial, human and infrastructural resources to support programmes to accelerate action for children and adolescents.

7.2.4 Strengthened evidence-based implementation

The collection and analysis of data to assess progress and measure, monitor and report on the impact of strategies, plans and programmes to accelerate better child rights and wellbeing outcomes.

7.2.5 Strengthened coordination, institutional mechanisms and capacity building for child rights governance

It is not possible to achieve the purpose and desired outcomes of the NSAAC without a deliberate plan focused on the institutional mechanisms that must be in place for child rights delivery.

To address the challenge of weak institutional mechanisms, the following institutional arrangements are necessary to provide the sustained strategic leadership, oversight and governance framework required for the development of the NPAC (5): (a) effective monitoring through the government’s regulatory M&E systems of the MTDP, and (b) the NSAAC and NPAC priorities as aligned with the Strategic Plans and Annual Performance Plans (APPs) of government departments delivered in collaboration with their implementing partners.

7.3 Institutional Arrangements and Relationships to Implement the NSAAC

The NSAAC sets the direction and overarching principles for implementation. It defines the priorities that will guide the NPAC (5), which will provide a detailed roadmap for achieving the objectives set in the NSAAC. Together, the strategy (NSAAC) and the plan (NPAC (5)) are essential instruments for effective child rights governance and sustained investment in the development of children and adolescents.

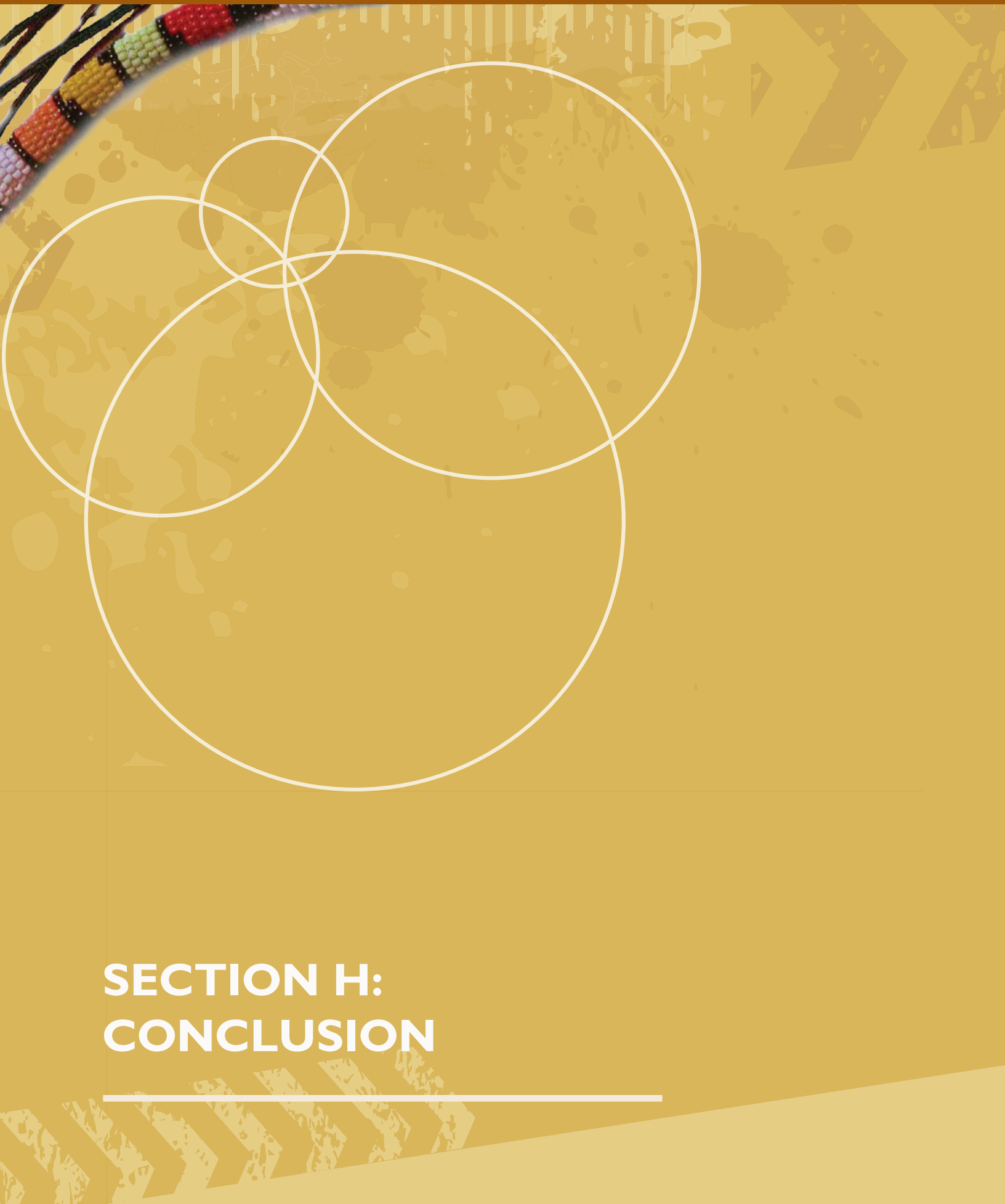
The NSAAC will be implemented through the following mechanisms:

- Following the completion of government processes (proclamation of function shift and implementation of the NMOG process), the relocation of the ORC in The Presidency will enable it to fulfil its mandate of the development, oversight and monitoring of the implementation of the NPAC.
- The ORC will play a key role in overseeing the development and monitoring the implementation of the NPAC (5) within the context of leadership and accountability to the minister of Social Development up until such time that the function shift is completed.
- The NPAC (5) will translate the strategic objectives of the NSAAC into a comprehensive and detailed implementation plan aligned with the NDP, MTDP and strategic plans of government departments.
- Through alignment with the existing mandates of government departments to maximise the outcomes of the NSAAC and in consultation with the National Treasury, the ten priorities and associated catalytic interventions must be integrated into the five-year Strategic Plans and Annual Performance Plans (APPs) of the relevant government departments.
- The ORC, in collaboration with the DPME and National Treasury, must develop and implement a Child-Responsive Planning, Budgeting, Monitoring and Evaluation Framework to facilitate the resourcing and monitoring of the NSAAC and the NPAC (5).

- At the provincial level, the Offices on the Rights of the Child must be established in the Offices of Premiers and capacitated to execute the mandate and functions of the national ORC at the provincial level, including the development of Provincial Plans of Action for Children, which should include institutional arrangements for the implementation and monitoring of relevant child rights instruments.
- Strengthened district and local child rights delivery is essential to prevent catastrophic events that characterise children's lived experiences in communities. This requires strong, institutionalised sub-provincial implementation mechanisms, coordination and monitoring through an intentional process led by the ORC, CoGTA, the South African Local Government Association, the Department of Public Service and Administration and other relevant stakeholders.
- The ten priorities should be integrated into the District Development Model and the municipal Integrated Development Plans.
- The existing Intersectoral Committee/forum on Children's Rights convened by the ORC will be strengthened and formalised to facilitate an effective platform to engage with strategic partners and child rights networks that can play a supportive role in the implementation of the NSAAC and NPAC (5). National and sub-national mechanisms will be established to facilitate the sustained meaningful participation of children and adolescents, their parents, caregivers and communities.
- At the community level, existing multi-sectoral child rights and wellbeing coordinating structures and networks will play a key role in ensuring that the NSAAC and NPAC (5) priorities are translated into meaningful change for children and adolescents on the ground.

A robust implementation plan hinges on strong institutional and accountability mechanisms that support the operationalisation and monitoring of the NPAC (5) and a strong NSAAC advocacy portfolio, which is driven by a branded national communication strategy to mobilise sustained, whole-society accelerated action for children and adolescents.

The success of the NSAAC will be demonstrated to the degree to which it can galvanise the whole of society behind a coordinated national programme of action for children and adolescents, which begins to show clear and unequivocal impact within three years.



SECTION H: CONCLUSION

The implementation of this National Strategy for Accelerated Action for Children will be led by the Department of Social Development as mandated to coordinate children's issues in the country. This means that the whole government must be accountable for the implementation of the strategy, with the whole of society – government, civil society and private sector – committing to the shared national priorities and the catalytic interventions identified here to accelerate gains for children.

A defining feature of this national strategy is that its design is informed by global development frameworks that are informed by science and adopted internationally to support the wellbeing of children and adolescents. These frameworks provide the evidence base for identifying national priorities that will significantly improve wellbeing outcomes for children and adolescents. This strategy is based on an understanding of how children's needs evolve as they grow; it moves away from a 'one-size-fits-all' approach by identifying age-response catalytic interventions sustained through childhood. The strategy also identifies the importance of creating an enabling environment that facilitates the implementation of catalytic interventions and requires the embedding or institutionalisation of a child rights governance approach to achieve this goal. In conjunction with the latter point, cognisance must be taken of the child's home environment, which largely determines whether a child is well, cognitively stimulated, and happy. Strong families are key to healthy human development, but they need support and safe nurturing communities as the foundation for ensuring that children thrive and achieve their potential. This underscores the importance of supporting the social systems that surround children and adolescents.

The strategy is aligned with the SDGs as well as with the goals of the NDP, which are to be achieved by 2030. While progress for children has stalled – and in some cases is showing signs of reversal – this strategy places children and adolescents at the centre of development and provides an opportunity to work differently through increased coordination and intersectoral collaboration.

The challenge to all of us is to be an active participant in this strategy. We have renewed an opportunity to improve the lives of South Africa's children. It would be a travesty if we allowed the gains of the past thirty years to regress. It would still be an indictment on us if we chose the route of incremental gain with the full knowledge that this path is insufficient to escape the inequality trap. The adoption of the entire NSAAC will allow us to leave a legacy – in the metaphor of the Indlulamithi Scenarios 2035 – of a 'cooperative nation', where all sectors of society work together to reduce unemployment, inequality and poverty. There is only one route upwards that will ensure that the rights of children and adolescents in South Africa are realized – and that is the pathway of accelerated action by all of society to improve the wellbeing of children and adolescents and the nation as a whole.

REFERENCES

1. Gustafsson M, van der Berg S, Shepherd DL, Burger C. The costs of illiteracy in South Africa. University of Stellenbosch Economic Working Paper. 2010(14/10).
2. Moffitt TE, Arseneault L, Belsky D, Dickson N, Hancox RJ, Harrington H, . . . Ross S. A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences*. 2011;108(7):2693–2698.
3. Kim YE, Loayza N. Productivity growth: Patterns and determinants across the world. World Bank Policy Research Working Paper. 2019(8852).
4. Hunt JM. The potential impact of reducing global malnutrition on poverty reduction and economic development. *Asia Pacific Journal of Clinical Nutrition*. 2005;14.
5. Engle PL, Fernald LC, Alderman H, Behrman J, O’Gara C, Yousafzai A, . . . Ertem I. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*. 2011;378(9799):1339-1353.
6. Dumontheil I. Adolescent brain development. *Current opinion in behavioral sciences*. 2016;10:39-44.
7. President Cyril Ramaphosa. Remarks at the High-Level Partnership for Maternal, Newborn and Child Health (PMNCH) Event. Accessed: 27 May 2024. Available from: <https://www.gov.za/news/speeches/president-cyril-ramaphosa-high-level-partnership-maternal-newborn-and-child-health>.
8. Department of Planning Monitoring and Evaluation. Towards a 30 Year Review of South Africa’s Democracy (1994 – 2024). Pretoria: DPME. 2023.
9. Statistics South Africa. Estimating the completeness of birth registration in South Africa, 2002–2016. Pretoria: Stats SA; 2024.
10. Hall K. Children Count website: 2024. Accessed: 4 June 2024. Available from: www.childrencount.uct.ac.za.
11. UNICEF. Country profiles: South Africa - Key demographic indicators: 2024. Accessed: 3 June 2024. Available from: <https://data.unicef.org/country/zaf/>.
12. Hall K, Proudlock P, Budlender D. Reducing Child Poverty: A review of child poverty and the value of the Child Support Grant. Pretoria: Children’s Institute, University of Cape Town for the Department of Social Development. ; 2023.
13. Said-Mohamed R, Micklesfield LK, Pettifor JM, Norris SA. Has the prevalence of stunting in South African children changed in 40 years? A systematic review. *BMC public health*. 2015;15:1-10.

14. National DoH, Statistics South Africa, South African Medical Research Council, ICF. South Africa Demographic and Health Survey 2016 Key Findings. Pretoria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF; 2018.
15. Simelane T, Mutanga S, Hongoro C, Parker W,V M, Zuma K, . . . Marinda E. National Food and Nutrition Security Survey: National report. Pretoria: Human Sciences Research Council. 2023.
16. Hall K, Almeleh C, Giese S, Mphaphuli E, Slemming W, Mathys R, . . . Sadan M. South African Early Childhood Review 2024. Cape Town: Children's Institute, University of Cape Town, and Ilifa Labantwana. 2024.
17. Giese S, Dawes A, Tredoux C, Mattes F, Bridgman G, van der Berg S, . . . Kotzé J. Thrive by Five Index Report (revised August 2022). Cape Town: Innovation Edge (www.thrivebyfive.co.za); 2022.
18. Tambo O. Remarks at the International Conference on Children, Repression and Law in South Africa, hosted in Harare, Zimbabwe. Cited in the National Plan of Action for Children 2019 - 2024.1987.
19. Republic of South Africa. National Plan of Action for Children in South Africa 2019 - 2024. Pretoria: Department of Social Development; 2019.
20. National Planning Commission. National Development Plan 2030: Our Future - make it work. Pretoria: Office of the Presidency, Republic of South Africa; 2013.
21. National Planning Commission. National Development Plan: Our future - make it work.Your guide to the National Development Plan 2030. 2013.
22. UNICEF. Parenting support framework for the early years: Executive summary. UNICEF Europe and Central Asia Regional Office. 2024.
23. World Health Organization, UNICEF, World Bank Group. Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential. Geneva: WHO; 2018.
24. Black MM, Behrman JR, Daelmans B, Prado EL, Richter L, Tomlinson M, . . . Yoshikawa H. The principles of Nurturing Care promote human capital and mitigate adversities from preconception through adolescence. *BMJ global health*. 2021;6(4):e004436.
25. Ross DA, Hinton R, Melles-Brewer M, Engel D, Zeck W, Fagan L, . . . Anyona P. Adolescent wellbeing: a definition and conceptual framework. *Journal of Adolescent Health*. 2020;67(4):472-476.
26. Trude AC, Richter LM, Behrman JR, Stein AD, Menezes AM, Black MM. Effects of responsive caregiving and learning opportunities during pre-school ages on the association of early adversities and adolescent human capital: an analysis of birth cohorts in two middle-income countries. *The Lancet Child & Adolescent Health*. 2021;5(1):37-46.

27. Siyanova-Chanturia A, Warren P, Pesciarelli F, Cacciari C. Gender stereotypes across the ages: On-line processing in school- age children, young and older adults. *Frontiers in Psychology*. 2015;6:122080.
28. World Health Organization. *INSPIRE handbook: Action for implementing the seven strategies for ending violence against children*: World Health Organization; 2019. Accessed: 3 November 2024. Available from: <https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children>.
29. World Health Organization. *WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years*: World Health Organization; 2022.
30. World Health Organization. *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO. 2018.
31. World Health Organization, UNICEF. *Nurturing care handbook. Start here: how to use the handbook, understand nurturing care, and take action*: World Health Organization; 2023.
32. Hall K, Sambu W, Almeleh C, Mabaso K, Giese S, Proudlock P. *South African Early Childhood Review 2019*. Cape Town: Children’s Institute, University of Cape Town and Ilifa Labantwana; 2019.
33. UNAIDS. *UNAIDS data 2022*: 2022. Accessed: 15 June 2024. Available from: https://www.unaids.org/en/resources/documents/2023/2022_unaids_data.
34. Akullian A, Vandormael A, Miller JC, Bershteyn A, Wenger E, Cuadros D, . . . Tanser F. Large age shifts in HIV-1 incidence patterns in KwaZulu-Natal, South Africa. *Proceedings of the national Academy of Sciences*. 2021;118(28):e2013164118.
35. Hall K. *Demography: Children in South Africa Cape Town*: Children’s Institute, University of Cape Town; 2024. Accessed: 3 June 2024. Available from: www.childrencount.uct.ac.za.
36. Statistics South Africa. *Statistical Release P0302. Mid-year population estimates 2022*. Pretoria: Stats SA. 2022.
37. Statistics South Africa. *Statistical Release P0305. Recorded live births 2023*. Pretoria: Stats SA. 2024.
38. Hall K. *Analysis of estimated live birth occurrences (MYPE & Thembisa) vs registered births (Stats SA Live Birth annual reports)*. 2023.
39. Statistics South Africa. *Child poverty in South Africa: A multiple overlapping deprivation analysis*. Pretoria: Stats SA. 2020. [[https:// www.statssa.gov.za/publications/03-10-22/03-10-22June2020.pdf](https://www.statssa.gov.za/publications/03-10-22/03-10-22June2020.pdf)].
40. Hall K, Richter L. *Introduction: Children, families and the state*. In: Hall K, Richter L, Mokomane Z, Lake L, editors. *South African Child Gauge 2018*. Cape Town: Children’s Institute, University of Cape Town; 2018.

41. UNICEF South Africa. Number of COVID-19 orphans nears 150,000 in South Africa: 5 September 2022. Accessed: 3 November 2024. Available from: <https://www.unicef.org/southafrica/press-releases/number-COVID-19-orphans-nears-150000-south-africa#:~:text=Number%20of%20COVID%2D19%20orphans%20nears%20150%2C000%20in%20South%20Africa>.
42. Hall K. Income poverty & grants: Child poverty Cape Town: Children's Institute, University of Cape Town; 2024. Accessed. Available from: www.childrencount.uct.ac.za.
43. Deloitte. NMCF child poverty study: The economic impact of child poverty in South Africa. Deloitte and Nelson Mandela Children's Fund. 2024.
44. Dasgupta S, Emmerling J, Shayegh S. Inequality and growth impacts of climate change—insights from South Africa. *Environmental Research Letters*. 2023;18(12):124005.
45. Bennett CM, Friel S. Impacts of climate change on inequities in child health. *Children*. 2014;1(3):461-473.
46. Department of Social Development. A review of child poverty and the value of the Child Support Grant. Pretoria: Department of Social Development. 2023.
47. UNICEF. An update study on the exclusion error rate for children who are eligible to receive the Child Support Grant. Pretoria: UNICEF. 2022. [<https://www.unicef.org/southafrica/media/7971/file/%20ZAF-update-study-exclusion-error-children-eligible-receive-child-support-grant-June-2023.pdf>].
48. Statistics South Africa. Statistical release P0211. Quarterly Labour Force Survey: Quarter 1, 2024. Pretoria: Stats SA. 2024.
49. UNICEF. Children with disabilities in Eastern and Southern Africa: A statistical overview of their wellbeing. New York: UNICEF. 2023.
50. Philpott S. Who cares? Challenges associated with accessing the Care Dependency Grant. In: A D, Jehoma S, Lake L, editors. *South African Child Gauge 2016*. Cape Town: Children's Institute, University of Cape Town; 2016.
51. Save the Children South Africa. National child participation framework. Pretoria: Save the Children South Africa and Department of Social Development. 2018.
52. Jamieson L, Manjang H. A critical review of South Africa's child participation frameworks. Cape Town: Children's Institute, University of Cape Town and the International and Canadian Child Rights Partnership; 2024.
53. Perinatal Mental Health Project. Prevalence: 2024. Accessed: 3 November 2024. Available from: <https://pmhp.za.org/resources/mmh-facts/prevalence/>.
54. Tomlinson M. Caring for the caregiver: A framework for support. In: Berry L, Biersteker L, Dawes A, Lake L, Smith C, editors. *South African Child Gauge 2013*. Cape Town: Children's Institute, University of Cape Town; 2013.

55. Ward CL, Wessels IM, Lachman JM, Hutchings J, Cluver LD, Kassanje R, . . . Gardner F. Parenting for Lifelong Health for Young Children: a randomized controlled trial of a parenting program in South Africa to prevent harsh parenting and child conduct problems. *Journal of child psychology and psychiatry*. 2020;61(4):503-512.
56. Cluver LD, Meinck F, Steinert JI, Shenderovich Y, Doubt J, Romero RH, . . . Tsoanyane S. Parenting for Lifelong Health: a pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. *BMJ global health*. 2018;3(1):e000539.
57. Cluver L, Shenderovich Y, Meinck F, Berezin M, Doubt J, Ward CL, . . . Wittesaele C. Parenting, mental health and economic pathways to prevention of violence against children in South Africa. *Social Science & Medicine*. 2020;262:113194.
58. Le Roux IM, Tomlinson M, Harwood JM, O'Connor MJ, Worthman CM, Mbewu N, . . . Comulada WS. Outcomes of home visits for pregnant mothers and their infants: a cluster randomized controlled trial. *Aids*. 2013;27(9):1461-1471.
59. Department of Planning Monitoring and Evaluation. Towards a 30 year review of South Africa's democracy (1994 - 2024). Pretoria: DPME. 2024.
60. District Health Information System. 2022.
61. Berendsen ML, Smits J, Netea MG, van der Ven A. Non-specific effects of vaccines and stunting: timing may be essential. *EBioMedicine*. 2016;8:341-348.
62. Solis-Soto MT, Paudel D, Nicoli F. Relationship between vaccination and nutritional status in children. *Demographic Research*. 2020;42:1-14.
63. Dibakwane ST, Peu MD. Experiences of school health nurses regarding the provision of the school health service delivery in the Tshwane district. *African Journal of Primary Health Care & Family Medicine*. 2018;10(1):1-8.
64. Lenkokile R, Hlongwane P, Clapper V. Implementation of the integrated school health policy in public primary schools in Region C, Gauteng Province. *African Journal of Public Affairs*. 2019;11(1):196-211.
65. Ndlovu N, Padarath A, editors. District Health Barometer 2022/2023. Durban: Health Systems Trust; 2024.
66. Centre for Social Development in Africa. The Communities of Practice for child wellbeing portal: CSDA, University of Johannesburg; 2024. Accessed: 3 November 2024. Available from: <https://communitiesforchildwellbeing.org/about-us/>.
67. South African National AIDS Council (SANAC). National Strategic Plan for HIV, TB and STIs 2023–2028. 2023 March 24.
68. Zungu N, Naidoo I, Hodes R, North A, Mabaso M, Skinner D, . . . the ALHIV Team. Being ALHIV: What do we know about adolescents living with HIV in South Africa. *The Human*

Sciences Research Council and University of Cape Town, AIDS and Society Research Unit. Pretoria: Human Sciences Research Council. 2020.

69. Toska E, Saal W, Chen Charles J, Wittesaele C, Langwenya N, Jochim J, . . . Laurenzi C. Achieving the health and wellbeing Sustainable Development Goals among adolescent mothers and their children in South Africa: Cross-sectional analyses of a community-based mixed HIV-status cohort. *Plos one*. 2022;17(12):e0278163.
70. World Health Organization. Fact sheets: Mental health of adolescents: 17 November 2021. Accessed: 5 August 2021. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>.
71. Tsevreni I, Proutsos N, Tsevreni M, Tigkas D. Generation Z worries, suffers and acts against climate crisis—The potential of sensing children’s and young people’s eco-anxiety: A critical analysis based on an integrative review. *Climate*. 2023;11(8):171.
72. Tomlinson M, Kleintjes S, Lake L. South African Child Gauge 2021/2022: Children’s Institute, University of Cape Town; 2022.
73. Adebisi BO, Mukumbang FC, Beytell A-M. Policy requirements for the prevention and management of fetal alcohol spectrum disorder in South Africa: A policy brief. *Frontiers in Public Health*. 2021;9:592726.
74. Mokitimi S, Schneider M, de Vries PJ. A situational analysis of child and adolescent mental health services and systems in the Western Cape Province of South Africa. *Child and adolescent psychiatry and mental health*. 2022;16(1):6.
75. Simelane SR, Nassenii SMR, de Vries PJ. Health services and systems for child and adolescent mental disorders in South Africa: Towards a better future. *South African Child Gauge 2021/2022*. Cape Town: Children’s Institute, University of Cape Town. p. 99.
76. Samodien E. Creating a safer drinking environment: South African Medical Research Council; 2020. Accessed: 3 November 2024. Available from: <https://www.samrc.ac.za/news/creating-safer-drinking-environment>.
77. Morojele NK, Ramsoomar L. Addressing adolescent alcohol use in South Africa. *SAMJ: South African Medical Journal*. 2016;106(6):551-553.
78. Louw JG, Broodryk M, White L, Acker D, Viljoen DL, Olivier L. A multi-year, multi-site study of the prevalence of fetal alcohol syndrome in South Africa. *Alcohol: Clinical and Experimental Research*. 2024;48(5):867-879.
79. Londani M, Oladimeji O. Tobacco use and behaviour among South African adolescents and young adults: systematic review and meta-analysis. *BMJ Open*. 2024;14(2):e079657.
80. Harm Reduction International. The global state of harm reduction 2024. 2024. [<https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>].

81. Question NW2501 to the Minister of Health: 17 July 2023. Accessed. Available from: <https://pmg.org.za/committee-question/23146/>.
82. Prendergast AJ, Humphrey JH. The stunting syndrome in developing countries. *Paediatrics and International Child Health*. 2014;34(4):250-265.
83. UNICEF. Child malnutrition (Joint Child Malnutrition Estimates, 2023). Accessed: 5 August 2024. Available from: <https://data.unicef.org/topic/nutrition/malnutrition/>.
84. Genesis Analytics. Implementation evaluation of the National Food and Nutrition Security Plan: Summary report, 19 October 2023. Commissioned by the Department of Planning, Monitoring and Evaluation. 2023.
85. Slemming W, Cele R, Richter LM. Quality of early childcare in the home and cognitive development at age 5: results from the South African birth to Twenty Plus cohort study. *Early Child Development and Care*. 2022;192(8):1284-1297.
86. Dawes A, Biersteker L, Girdwood L, Snelling M, Horler J. Early Learning Programme Outcomes Study Technical Report. Cape Town: Innovation Edge and Ilifa Labantwana. 2019.
87. Rangasami J, Naeser G, Biersteker L. Caregiver knowledge, attitudes and practices on play-based learning in children from birth to 6-years old. A report by Impact Consulting presented to UNICEF South Africa and Department of Basic Education. 2023. [<https://www.unicef.org/southafrica/press-releases/more-40-cent-households-surveyed-have-no-books-home>].
88. Biersteker L, Dawes A, Hendricks L, Tredoux C. Center-based early childhood care and education program quality: A South African study. *Early Childhood Research Quarterly*. 2016;36:334-344.
89. Richter L, Naicker S. A review of published literature on supporting and strengthening child-caregiver relationships (Parenting) USAID's AIDS Support and Technical Assistance Resources. AIDSTAR-One, Task Order. 2013;1.
90. Biersteker L, Berry L, Gwele M. In whose best interests? The ECD regulatory framework, understandings of the best interests of the young child and access to quality early education. *South African Journal on Human Rights*. 2022;38(3-4):215-239.
91. Department of Basic Education. ECD Census 2021: Report. Pretoria: Department of Basic Education; 2022.
92. The 2021 Thrive by Five data. Accessed. Available from: <https://thrivebyfive.co.za/data/>.
93. Department of Basic Education. PIRLS 2021: South African preliminary highlights report. Report No.: 1431535338. Pretoria: Department of Basic Education. 2023. [https://www.up.ac.za/media/shared/164/ZP_Files/2023/piirls-2021_highlights-report.zp235559.pdf]
94. Zero Dropout. 2024. Accessed. Available from: <https://zerodropout.co.za/our-campaign/>.
95. Mathews S, Achyut P, October L, Makola L. Evidence Review: Prevention of violence against children in and through schools in the Global South. Raising Voices, Uganda and University of Cape Town, South Africa. 2021.

96. Statistics South Africa. South Africa's youth continue to bear the brunt of unemployment: 2022. Accessed. Available from: [https:// www.statssa.gov.za/?p=15407](https://www.statssa.gov.za/?p=15407).
97. World Bank Group. Human Capital Index: 2024. Accessed. Available from: [https:// datacatalog.worldbank.org/search/ dataset/0038030/Human-Capital-Index](https://datacatalog.worldbank.org/search/dataset/0038030/Human-Capital-Index).
98. Jamieson L, Mathews S, Berry L. Strengthening the child protection system in South Africa. Cape Town: Children's Institute, University of Cape Town. 2017.
99. Department of Social Development. National Child Care and Protection Policy. 2019.
100. ECPAT, INTERPOL, UNICEF. Disrupting Harm in South Africa: Evidence on online child sexual exploitation and abuse. Global Partnership to End Violence against Children. 2022.
101. Presentation by the Department of Employment and Labour to the Technical Task Team on 14 April 2024.
102. UNICEF. Data snapshot of migrant and displaced children in Africa: 2019. Accessed. Available from: [https://data.unicef.org/ resources/data-snapshot-of-migrant-and-displaced-children-in-africa/](https://data.unicef.org/resources/data-snapshot-of-migrant-and-displaced-children-in-africa/).
103. Consortium for Street Children (2014) as cited in Hills F, Meyer-Weitz A, Asante KO. The lived experiences of street children in Durban, South Africa: Violence, substance use, and resilience. International Journal of Qualitative Studies in Health and Wellbeing. 2016;11.
104. Martin F, Parry-Williams J. The right not to lose hope: Children in conflict with the law: a policy analysis and examples of good practice: International Save the Children Alliance; 2005.
105. Save the Children. The right not to lose hope. Children in conflict with the law – a policy analysis and examples of good practice. A contribution to the UN Study on Violence against Children from the International Save the Children Alliance. 2005.
106. Badenhorst C. Second year of the Child Justice Act's implementation: Dwindling numbers. Child Justice Alliance. 2012.
107. Road Traffic Management Corporation. State of road safety in South Africa: January 2023 to December 2023: Department of Transport; 2024.
108. UNICEF. Climate, energy and environment landscape analysis for children in South Africa. Pretoria: UNICEF. 2023.
109. UNICEF. The climate crisis is a child rights crisis: 2024. Accessed: 3 November 2024. Available from: [https://www.unicef.org/ reports/climate-crisis-child-rights-crisis](https://www.unicef.org/reports/climate-crisis-child-rights-crisis).
110. Centre for Child Law. Children's environmental rights and climate justice in South Africa: Impacts of coal-related air pollution. Pretoria: Centre for Child Law, University of Pretoria. 2023.

- 111.Slemming W, Biersteker L, Lake L. South African Child Gauge 2024. Cape Town: Children's Institute, University of Cape Town; 2024.
- 112.UNICEF. Clean the air for children: UNICEF; 2016. Accessed: 5 November 2024. Available from: <https://www.unicef.org/reports/clean-air-children>.
- 113.Brosché S. Exporting Lead Poisoning: The toxic trade in lead chromates. IPEN. October 2024. [<https://ipen.org/file/ipenleadchromatestradereport-1024pdf>]
- 114.World Health Organization. Don't pollute my future! The impact of the environment on children's health: 21 March 2017. Accessed: 5 November 2024. Available from: <https://www.who.int/publications/i/item/WHO-FWC-IHE-17.01>.
- 115.Department of Social Development. Service delivery model for developmental social services. Pretoria: Department of Social Development. 2005.
- 116.Budlender D. The size of the pie and how to cut it: Assessing the NAWONGO case and the effects on the social welfare allocations for children. Pretoria: Commissioned by the Centre for Child Law, University of Pretoria. 2016.
- 117.Gauteng Care Crisis Committee. Letter to the Presidency to request urgent action to strengthen, prioritise and support South Africa's system of social care services. 20 May 2024.
- 118.Bamford L, Slemming W. Ensuring that mothers and young children survive and thrive: The role of the health sector. In: Slemming W, Biersteker L, Lake L, editors. South African Child Gauge 2024. Cape Town: Children's Institute, University of Cape Town; 2024.
- 119.United Nations Development Programme. Human Development Index: 2024. Accessed: 24 June 2024. Available from: <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>.
- 120.Statistics South Africa. Mortality and causes of death in South Africa, 2007. Findings from death notification. Statistical release P 0309.3. 2007. [<https://www.statssa.gov.za/publications/P03093/P030932009.pdf>].
- 121.Statistics South Africa. General Household Survey 2023. Statistical release PO318. Pretoria: Stats SA. 2024. [<https://www.statssa.gov.za/publications/P0318/P03182023.pdf>]
- 122.The Accelerator Hub. Accelerating the achievement of SDGs for adolescent girls - evidence from Sub-Saharan Africa: 2023. Accessed. Available from: <https://www.acceleratehub.org/wp-content/uploads/2023/09/230810-Plan-InternationalHub-Accelerators-brief-.pdf>.
- 123.Statistics South Africa. Mbalo Brief: The missing piece of the puzzle. Census 2022 results, Issue 10/2023. Pretoria: Stats SA. 2023.
- 124.National Scientific Council on the Developing Child. The science of early childhood development: Closing the gap between what we know and what we do. Department of Human Services, Victoria. 2007. [www.developingchild.harvard.edu].

125. Department of Basic Education. South Africa's 2030 Strategy for Early Childhood Development Programmes. Pretoria: DBE. 2023.
126. DG Murray Trust. Policy options to reduce binge drinking. 2021. [<https://dgmt.co.za/policy-options-to-reduce-binge-drinking/>].
127. Hyde ML. Newborn hearing screening programs: Overview. Journal of Otolaryngology. 2005;34(2):S70.
128. Brémond-Gignac D, Copin H, Lapillonne A, Milazzo S. Visual development in infants: physiological and pathological mechanisms. Current opinion in ophthalmology. 2011;22:S1-S8.





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