

EVERY CHILD DESERVES  
A CHANCE...

**SAVETHE CHILDREN  
SOUTH AFRICA**

VISION 2020



**Save the Children**

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# ABBREVIATIONS AND ACRONYMS

<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child
<b>ANC</b>	Ante Natal Clinic
<b>CBO</b>	Community-based organisation
<b>CRC</b>	United Nations Convention on the Rights of the Child
<b>CSG</b>	Child Support Grant
<b>CSO</b>	Civil society organisation
<b>CYCC</b>	Child and youth care centres
<b>DBE</b>	Department of Basic Education
<b>DOH</b>	Department of Health
<b>DPME</b>	Department of Performance, Monitoring and Evaluation
<b>DSD</b>	Department of Social Development
<b>DWCPD</b>	Department of Women, Children and People with Disabilities
<b>ECCD</b>	Early Childhood Care and Development
<b>ECD</b>	Early Childhood Development
<b>GRSA</b>	Government of the Republic of South Africa
<b>KZN</b>	KwaZulu-Natal province
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>NGO</b>	Non-governmental organisation
<b>SAHRC</b>	South African Human Rights Commission
<b>SASSA</b>	South African Social Security Agency
<b>SCI</b>	Save the Children International
<b>SCSA</b>	Save the Children South Africa
<b>SRH</b>	Sexual and Reproductive Health
<b>UN</b>	United Nations

# EXECUTIVE SUMMARY

EVERY CHILD DESERVES THE RIGHT TO BE HEARD

A photograph of two young children playing outdoors. The child in the foreground is a young boy with a wide smile, wearing a red and grey jacket with a large 'S' on the chest. He is holding a yellow steering wheel. The child in the background is a younger child, looking towards the camera with a neutral expression, wearing a grey long-sleeved shirt. The background is a bright blue sky with scattered white clouds.

‘There can be no keener revelation  
of a society’s soul than the way in  
which it treats its children.’  
– Nelson Mandela



Save the Children South Africa is a recently established non-governmental organisation and a member of Save the Children International, the world's leading independent organisation for children's rights. This new entity was incorporated in November 2012 with a South African Board and South African staff.

Globally, Save the Children endeavours to inspire breakthroughs in the way the world treats children and to achieve immediate, lasting change in their lives.

The organisation's core values of accountability, ambition, collaboration, creativity and integrity are epitomised in all areas of our work. In 2013 Save the Children reached more than 143 million children, including some 52 million whom it reached directly.

The common vision of Save the Children is to bring about a world in which every child attains the right to survival, protection, development and participation. Save the Children South Africa will fulfil its part in this vision by empowering children and communities to demand their rights and engaging with communities, government, civil society and business to foster care and support for the young child.

It will advocate for an effective, accountable society in which all children are central to our country's future.

South Africa has emerged as a global actor and attained middle-income status, but the situation of its children is dire. 70 percent live in the poorest households. Less than 29 percent of children under five access any form of early childhood development services. One-third of under-five deaths are infants who die within their first 28 days of life. Sixty percent of child deaths are associated with malnutrition, 26 percent of children under three are stunted, 18 percent are overweight and more than 4.5 percent are clinically obese.

Although South Africa spends a significant proportion of its GDP on education and has achieved near-universal school enrolment, nearly half of the children who start school never make it to grade 12, and at the age of nine, 35 percent of learners are illiterate and innumerate. Eighty percent of children attempt to learn in poorly resourced, overcrowded classrooms in which teachers lack the required standards of knowledge and skills. School governance structures are ineffective, and poor managerial discipline further hampers

the young child's opportunity to learn.

Annually, 50,000 children are victims of violent crime, with 11,000 being murdered or seriously assaulted. There are 26,000 reported cases of sexual offences against children every year, a figure which in itself is considered vastly under-reported. Due to socioeconomic pressures, societal ills and migration, more than 4.2 million (23 percent) children do not live with their parents, a situation exposing them to a heightened risk of neglect.

At the heart of Save the Children South Africa's strategy is our concern for the most vulnerable children.

Analysis of research shows that

there are significant gaps in the holistic care, protection and development of young children under the age of nine (60 percent of all children), particularly those with disabilities; the worst-off among all these children are ones living in the informal urban and underdeveloped rural areas.

In order to provide guidance and leadership within the children's sector in South Africa, Save the Children South Africa will address five thematic areas within a comprehensive programme framework. These areas and their strategic goals are:

- **Holistic Early Childhood Care and Development Programme:** Young children under five years old enjoy a safe, stimulating and quality early living and learning environment.
- **Health and Nutrition Programme:** No child under the age of five dies from preventable disease, and all children in South Africa grow healthily and have long-term good health.
- **Education Programme:** Every child in South Africa receives quality basic education.
- **Protection Programme:** All children in South Africa thrive in a safe environment free of violence.
- **Children Rights Governance Programme:** All children benefit from a strengthened child-rights system that advances and monitors the realisation of their rights.

Save the Children South Africa will implement the programmes in a select range of projects and geographical areas to ensure maximum impact. Currently

In line with the United Nations Convention on the Rights of the Child, we define a 'child' as a person below the age of 18.

The 18.5 million children in South Africa constitute 37% of the population.



we have offices in Gauteng, KwaZulu-Natal (KZN), Limpopo and Free State provinces. Nationally we have a limited reach. A need exists to extend our physical presence to other provinces, including the Eastern Cape, North West and Mpumalanga. In view of the increasing vulnerability of children in urban settings, an urban dimension will be included in programmes to address issues specific to this context (61 percent of South Africa's population is urban-based).

Our work will be driven by the ambition of becoming one of the 'leading authorities' for children's rights in South Africa. This will require us to be agile enough to respond to opportunities and needs, but also sufficiently comprehensive to be able to grow knowledge, evidence and learning, to support the development and implementation of innovative, relevant and effective solutions for children. We will work in partnership with the government, civil society and academia, build the capacity of our partners where appropriate, and support partners in achieving their goals in the attainment of children's rights.

Save the Children South Africa will explore new ways of including and supporting the business sector in the holistic care, protection and development of children. We will capitalise on South Africa's growing role in the global community to strengthen children's rights in Africa and the world. We will actively partner with South African civil

society organisations (CSOs) to strengthen and build children's rights platforms nationally as well as in other southern countries.

Save the Children will pursue a diversified and sustainable portfolio of funding sources with a strong emphasis on unrestricted funding from individual supporters, bolstered by multi-year funding from institutional funders and an increasing contribution by the corporate sector. The digital acquisition channel and additional strands of support via private sources will aggressively be sought.

Save the Children South Africa aims to become a household brand and be known as one of the leading 'go-to' child-rights organisations, fostering the voice of children in South Africa. Through our vision and actions, Save the Children South Africa will be a brand with which donors and supporters will want to associate.

This document outlines Save the Children South Africa's strategic ambitions for the period 2015-2020, mindful of the reality that it will take longer than that to reach many of our ultimate goals. At present, we are developing detailed operational plans in each of our programmatic areas to gain further understanding of the context in which we work, the opportunities that exist, and the outcomes we want to achieve.





# INTRODUCTION: WHO WE ARE

EVERY CHILD DESERVES TO HAVE SOMEONE WHO CARES





### **1.1. Our History**

On 19 May 1919, Eglantyne Jebb launched a worldwide movement that ultimately became known as the Save the Children Fund. She was driven by the belief that all children – whoever they are, wherever they may be – have the right to a healthy, happy and fulfilling life. She believed, too, that change is within reach – if we have courage, determination, imagination and effective organisation.

In 1923 Jebb drafted the first Declaration of the Rights of the Child, which was to be one of the central inspirations for the 1989 United Nations Convention on the Rights of the Child (CRC). With this Convention as our foundation and frame of reference, Save the Children today continues Eglantyne Jebb's work towards the long-term improvement of children's lives and the realisation of their rights.

Local and international Save the Children programmes have been active in South Africa for the past 65 years, but in 2013 Save the Children South Africa (SCSA) became an official member of Save the Children International thanks to the merger of Save the Children Gauteng, Save the Children KwaZulu-Natal, Save the Children UK and Save the Children Sweden.

SCSA thus builds on a strong history of local engagement for inspiring change and campaigning for children. What is more, as members of a global organisation we are uniquely placed to work as catalysts for transforming the lives of children in South Africa and the world beyond.

### **1.2. Our Purpose**

Save the Children works in more than 120 countries, including South Africa. We strive to save children's lives. We fight for their rights. We help them fulfil their potential. In South Africa, we aim to work in all provinces to ensure that every child, especially the most vulnerable, has a happy and healthy childhood.

South Africa is a young nation, one in which more than 18 million children comprise roughly 37 percent of the population. For about 70 percent of them, however, the future is bleak. They live in the poorest households; are exposed to inhumane violence and abuse; have limited access to quality education, especially early childhood education (ECD); lack care and support from parents and other adults; and reside in areas where assistance for children with disabilities is virtually non-existent.

These are South Africa's most vulnerable children:



made invisible by poverty, hidden away in some of the country's toughest, most adverse settings, and left faceless in the dust behind the wheels of progress.

SCSA will be their champion and strengthen their voices.

While we are proud to have contributed to the reduction in the mortality rate among children under five and to the increase in the number of children attending school, there are further, and greater, challenges that SCSA has yet to meet. As such, we will strive to be the thought leader in all matters related to children and to hold the government and society to account for their obligations.

Children are the foundation of the future of the African continent. The future depends on the investments we make in our children, especially at an early age. Our purpose therefore is to reach more children, and reach them early in life. We are determined to shape a South Africa in which every child attains the right to education, survival, protection, development and participation.

### 1.3. Our Values

SCSA aims to put the child at the centre of everything it does. Its work is, first and foremost, informed by and based on the CRC, the Universal Declaration of Human Rights and the Bill of Rights enshrined in the Constitution of the Republic of South Africa. Our organisation, that is to say, is founded on the values of human rights and child safeguarding.

In particular, our values are:

- **Accountability:** We take personal responsibility for using our resources efficiently, achieving measurable results and being accountable to supporters, partners and – most of all – children.
- **Ambition:** We are demanding of ourselves and our colleagues, we set high goals and are committed to improving the quality of everything we do for children.
- **Collaboration:** We respect and value each other, thrive on our diversity, and work with partners so as to leverage our global strength and make a positive difference to the lives of children.
- **Creativity:** We are open to new ideas, embrace change and take disciplined risks to develop sustainable solutions for and with children.

- **Integrity:** We aspire to live by the highest standards of personal honesty and behaviour; we never compromise our reputation, and always act in the best interests of children.
- **Ubuntu:** We endeavour to treat everyone with respect, empathy and compassion.
- **Passion:** We value passion, determination, perseverance and the sense of urgency. We believe in adopting a realistically positive and optimistic attitude towards everything we do because this inspires others to share the same outlook.
- **Learning:** We believe in creating a learning organisation in which staff members commit themselves to personal growth and, in so doing, seek and share knowledge and information.

### 1.4. Developing our Strategy

In May 2014, SCSA embarked on a strategy development process aimed at defining our strategic intent for 2015-2020. In order to benefit from an independent assessment of what we should be doing in South Africa, a consultant was engaged to work within Save the Children's global strategic framework of priority rights and breakthrough outcomes so as to identify:

- key catalytic issues relating to children's constitutional rights to health and nutrition, education, protection and child rights governance;
- pivotal role-players and what they are doing to address the issues identified above; and
- strategic gaps that SCSA should seek to fill in cases where these issues are being addressed inadequately or not at all.

A study of the children's sector in South Africa was undertaken and used as the basis for prioritising the sub-thematic areas on which SCSA would focus within Save the Children International's thematic areas of Health and Nutrition, Child Protection, Education and Child Rights Governance. During this process, Early Childhood Care and Development (ECCD) was added as a separate theme due to its prominence as an issue in South Africa.

The initial draft of the strategy document was distributed for commentary and input from SCSA

and then consolidated into a draft for external inputs. Comments were solicited from the Board of SCSA, selected government officials, partner organisations in South Africa, Save the Children International and other Save the Children member organisations.

The final consolidated strategy was approved by the SCSA Board in November 2014.

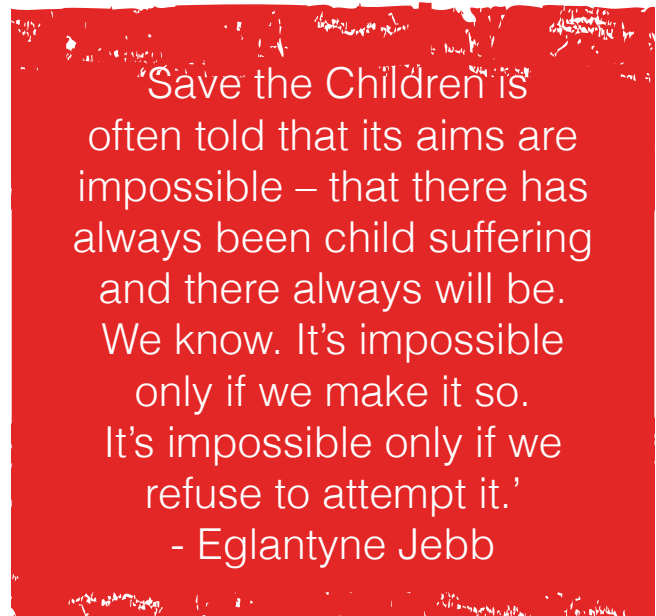
### **1.5. Defining How We Work**

Changing children's lives is a lengthy and ongoing process. Our approach, hence, will be to establish long-term interventions that create a system in which vulnerable children are able to achieve a better future.

We will conduct and utilise meaningful research both to inform our programmes and influence decision-makers and power-holders across the spectrum from the local to global level. In addition, we will create platforms for public dialogue on matters relating to the abuse of the rights of children.

We recognise that we cannot achieve our vision alone. It is only through strong and trusting partnerships that we can bring about the changes our children need. As such, we will endeavour to work with the government

to ensure sustainability and to scale-up our successes. Guided by our theory of change, we will also work with and support families and children, communities, other non-governmental organisations (NGOs), local and international development agencies, and the business sector. We will work closely with children to ensure their views are captured in the design, implementation and review of our work.





2

# THE CONTEXT: CHILDREN IN SOUTH AFRICA

EVERY CHILD DESERVES A PLACE TO CALL HOME





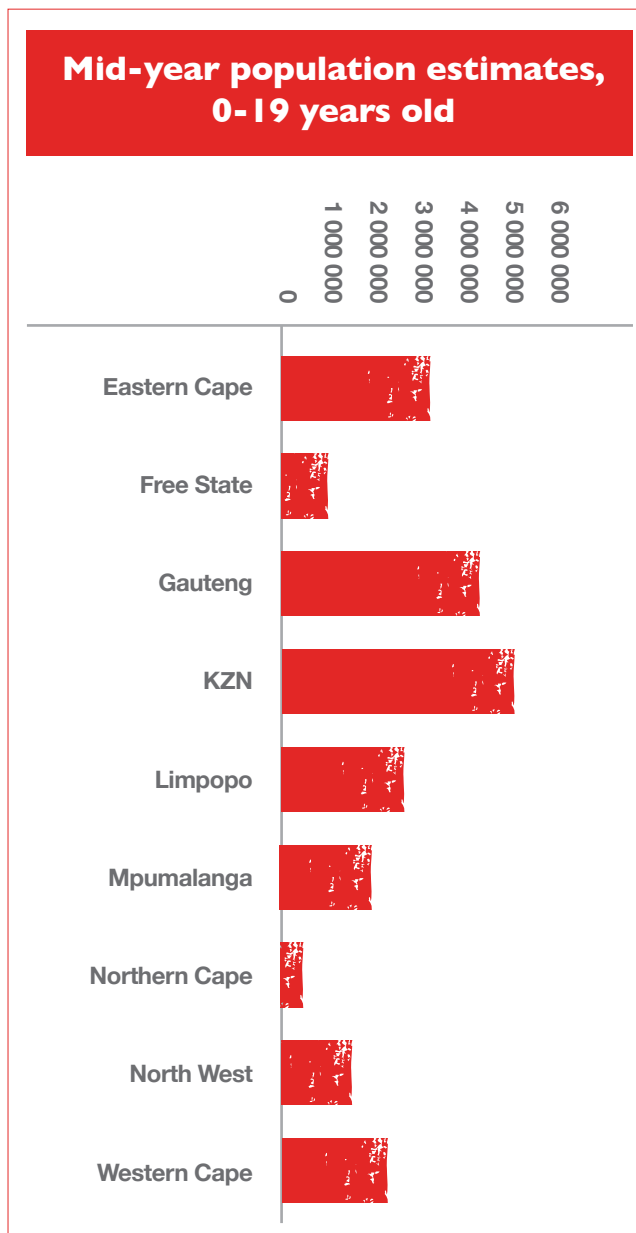
## 2.1. Country Overview

South Africa is situated at the southern tip of Africa and forms part of the southern Africa region. It has nine provinces: Gauteng, Western Cape, KZN, Eastern Cape, Northern Cape, Limpopo, Mpumalanga, Free State and North-West. Pretoria is the executive capital and Cape Town, the legislative capital. Among the other major cities are Johannesburg, Durban, Port Elizabeth, Bloemfontein and East London.

The country is constitutional democracy with a justiciable Bill of Rights. Its system of government is that of a republic with a president as chief of state and head of government. It has a mixed economy that combines private enterprise with centralised economic planning and government regulation.

Despite South Africa's middle income status, 45 percent of the population is classified as poor (living off less than R620, or \$60, per month), whilst 22 percent is extremely poor (living off less than R321, or \$32, per month) (Stats SA, 2014a). The majority of children – nearly 70 percent – live in the poorest 40 percent of households (Meintjies & Hall, 2013).

Almost half of the child population lives in three provinces (KZN, Eastern Cape and Limpopo) that were part of the former apartheid homelands. They are marked by high levels of poverty and unemployment, a predominantly rural geography, and backlogs in infrastructure development and service provision. The provinces with the largest numbers of children are KZN and Gauteng.



(Stats SA, 2014b)

Only 35 percent of children in South Africa live with both parents. Twenty-three percent live with neither of their parents, three percent lived with their father only, and almost 30 percent live only with their mothers; about eight percent live in skip-generation households with their grandparents (Stats SA, 2012b). The majority of children not living with their parents are not orphans but in the care of extended family members. Ninety percent of children live in households where there are two or more adults in residence.

Often, however, the adults are extended family members, such as grandparents, aunts and uncles, who play a caregiving role in relation to the children (Meintjies & Hall, 2013). The most common type of family in which children reside in South Africa is not the nuclear model but the extended family: 64 percent

### The population at a glance.

- Population: 54 million
- Children (under 18 years): 18.5 million (37% of the total population)
- About 30% of the population is younger than 15 years old
- Approximately 51% of the population is female (about 27.64 million people)
- The most highly populated provinces are Gauteng (12.9 million) and KwaZulu-Natal (10.7 million)
- Life expectancy at birth for 2014 is estimated at 59.1 years for males and 63.1 years for females.
- The infant mortality rate for 2014 is estimated at 34.4 per 1,000 live births.
- The estimated overall HIV-prevalence rate is about 10.2%, but 16.8% of people aged 15-49 years are HIV-positive.

(Stats SA, 2014b)

of children live in extended families, and 33 percent in nuclear families. Eight percent of children live in households with their grandparents (Stats SA, 2012b). Compared with other population categories, a much larger percentage of black and coloured children as well as children in poverty live in extended families rather than with their biological parents. A number of factors account for this, including poverty, labour migration, educational opportunities and cultural practices (Meintjies & Hall, 2013).

Not all of the children who do not live with their parents are orphans. Nonetheless, the rate of orphaning remains high in South Africa. In 2012

- Four percent of children were double orphans,
- Just over 10 percent were paternal orphans,
- Three percent were maternal orphans (Stats SA, 2013a),
- The majority of orphaned children are found in two provinces, KZN and the Eastern Cape, and
- More than half of all orphans live in the poorest 20 percent of households (Meintjies & Hall, 2013).

In 2011, approximately 82,000 children lived in 47,000 child-only households. Despite earlier predictions to the contrary, this number has not increased since 2002 and the majority of children in these households are not

orphans (Meintjies & Hall, 2013).

A substantial number of children in South Africa live in households affected by HIV and AIDS. More than 2.5 million children have been orphaned by HIV and AIDS; many more live in households with caregivers who are ill or disabled as a result of HIV and AIDS (AVERT, n.d.).

There are little reliable data as to the number of children in South Africa with disabilities. Available data from the 2009 General Household Survey indicate that more than 2 million children in South Africa are living with disability (including mild, moderate and severe disabilities) and that ten percent of these children do not attend school (SAHRC, DWCPD & UNICEF, 2011). Children living in poverty, orphans, children with HIV, children living on the streets, and children living in rural areas are at a greater risk of disability (DWCPD & UNICEF, 2012) (DWCPD, 2013).

## **2.2. The Positive: Advances in Realising Rights**

The Government of the Republic of South Africa (GRSA) inherited a child-rights landscape marked by the systemic exclusion of the majority of children from basic quality services, the geographical marginalisation of children in the former under-serviced homeland areas, high levels of child poverty, low education among children and their parents and caregivers, poor health and nutrition, and fractured families.





The Constitution of the Republic of South Africa recognised, and sought to address, the plight of children by guaranteeing the full complement of rights protected by child rights instruments such as the CRC and African Charter on the Rights and Welfare of the Child (ACRWC). Among the protected rights are a range of socioeconomic rights, including health care, nutrition, protection and education, which – unlike the comparable rights for adults – were not made subject to progressive realisation and available resources.

The GRSA subsequently adopted and enacted a number of child-specific policies, laws and programmes aimed at respecting, protecting and promoting children's constitutionally protected rights. These measures targeted children formerly marginalised by apartheid policies – that is to say, black, Indian and coloured children, children living in poverty, those living in the former, predominantly rural homelands, and children with disabilities – and provided a foundation for substantial improvement in the living conditions of the majority of children and their families in the past 20 years.

Notable progress, then, has been made in the following domains:

- Child poverty has been reduced. Analysts observe that income poverty has decreased by between 15 and 25 percentage points in the last decade. The Children's Institute estimates it to have dropped from 73 percent in 2003 to 58 percent in 2011 (Hall, Nann, & Sambu, 2013a), while Van den Berg's estimate is that it decreased from 76 to 40 percent between 2000 and 2010 due to stronger economic development and the rapid expansion of the Child Support Grant (CSG) (SAHRC & UNICEF, 2014). The reduction in child poverty has been driven largely by the roll-out of an extensive social security programme which includes the CSG. The latter, a monthly grant of R320 per month, is paid to the caregivers of children who live in poverty below an income threshold that is ten times the value of the grant. In 2013 the CSG reached more than 11.3 million children (SASSA, 31 March 2013).
- Access to health care facilities has improved as a result of the primary health care clinic expansion programme (SAHRC & UNICEF, 2014). The percentage of children living far from their nearest health facility improved by more than ten percentage points between 2002 and 2011 (from 36.4 to 23.9 percent) (Hall, Nann, & Sambu,



2013a). Similarly, access to basic health services such as immunisation has improved considerably over the last decade.

- Access to ECD programmes for children aged 4-5 years almost doubled between 2000 and 2011 to reach a total of 90 percent of children (more than two million of them) (Stats SA, 2013a).
- Children's access to water on site increased from 60 to 66 percent between 2002 and 2011, while their access to basic sanitation improved by almost twenty percentage points, from 47.4 to 69.1 percent in the same time period (Hall, Nann, & Sambu, 2013a).

### **2.3. The Negative: Historical and Emergent Risks**

Despite the progress that has been made, in 2014 South Africa continues to face a number of historically persistent and emerging risks that are not adequately addressed by the current child protection system and which continue to present a challenge to the realisation of children's rights. At the same time, a variety of protective factors have the proven – but as yet not fully actualised – potential to advance the rights of the most vulnerable children.

#### **2.3.1 Persistent Child Poverty and Inequality**

Poverty levels have declined in the last two decades, but a disproportionately large number of children continue to live in households in which those levels remain high and impact significantly on quality of life and the enjoyment of rights.

Although it is agreed that levels of child poverty have dropped, opinions differ as to the extent of the reduction. Nevertheless, despite the variations in the calculations used by different researchers, there is consensus that:

- a greater proportion of children than adults live in poverty;
- poverty affects children more aggressively than it does adults; and
- child poverty is distributed unequally according to historical fault lines – children in the former homelands, in rural areas, in female-

headed households, and black and coloured children bear a disproportionate share of the poverty burden (Hall, Nann, & Sambu, 2013a) (SAHRC & UNICEF, 2014).

South Africa's historically marginalised children remain trapped in a poverty cycle. Some 20 years after the advent of democracy, historically marginalised black children in rural areas, the youngest children (0-4 years), and children in provinces within the former homelands (notably the Eastern Cape, KZN and Limpopo) are less likely to escape poverty because they remain excluded from the essential quality services and programmes that are necessary to break the chains of the South African child-poverty trap (SAHRC & UNICEF, 2014).

As such, the structural nature of child poverty has ensnared poor and socially marginalised children in an intergenerational cycle of poverty. Forty percent of children who were living in poverty in 2001 still do so more than a decade later. Similarly, the majority of those born into poverty in 2014 are likely to remain caught in the poverty cycle because the social protection framework has not adequately addressed the mechanisms that keep children trapped in poverty. Notable gaps include the poor quality of ECCD and schooling, poor access to quality health care, and the high levels of violence and abuse experienced by children living in poverty (SAHRC & UNICEF, 2014).

This points to a fundamental failure in the national child protection system: it is inadequately designed, targeted and implemented as a means of enabling the most vulnerable children to escape the poverty trap. South Africa continues to face the challenge of developing measures that are capable of addressing and dissolving the structural determinants of poverty. Success in this regard holds the key not only to reducing poverty but attaining equality (SAHRC & UNICEF, 2014).

#### **2.3.2. Socially Excluded and Vulnerable Children**

Poverty and social exclusion combine to create a nexus of social and economic living conditions that impair children's survival and development. Improvements to the situation are hampered by their limited access to public services – services that are often too poor anyway to be able to make up for the children's low socioeconomic status and equalise their developmental opportunities.

The term 'child protection system' is widely used to denote the full spectrum of measures that serve to address children's rights and developmental needs.



Addressing child poverty and inequality systemically and sustainably requires developing programmes to ensure the universal provision of quality services that have been designed and delivered specifically to reach socially excluded and vulnerable families and children.

A number of identifiable groups of children continue to be socially excluded and additionally vulnerable. These include children living in rural areas; orphaned children; children living with older caregivers, such as grandparents; children living in the care of young single mothers; children affected by HIV and AIDS; children living in child-headed households; and children with disabilities. They are generally at a greater risk than others to neglect, abuse, poor health outcomes, poor educational outcomes, economic and sexual exploitation, and exclusion from participation in decisions that impact on their lives.

The national child protection system has long recognised the particular vulnerabilities of these children, having developed a tapestry of social protection interventions that make additional and compensatory provision for services to realise their rights. As a result, there has been progress in reducing their vulnerabilities. However, the work is not complete, as is evidenced by the historically persistent fault lines in children's survival, development and access to quality services and support. Children living in rural areas, children affected by HIV and AIDS, orphaned children and children with disabilities continue to access fewer essential services; where they do, these services are of a lower quality, with examples including early childhood development services, education, child protection services, health care, and food and nutrition (DWCPD, 2013) (Parliamentary Programme of the Community Law Centre, University of Western Cape & Carol Bower (Ed), 2014).

### **2.3.3. Emergent Risks and Vulnerable Groups**

In addition to the historical patterns and causes of child deprivation, more recent dangers brought about by global, regional and national developments are creating further groups of vulnerable children. Many of these emerging risks pose significant problems due to their scale and the impact they have on children's lives in the here and now. What is more, it is anticipated that they will escalate in the years ahead, with worsening consequences for children.

In terms of its targeting and design, however, the South African national child protection system has been shaped to respond to historical, or legacy, risks and the vulnerable groups these engender; for this same reason it is at times out of synch with emerging vulnerable groups and incapable of addressing their rights.

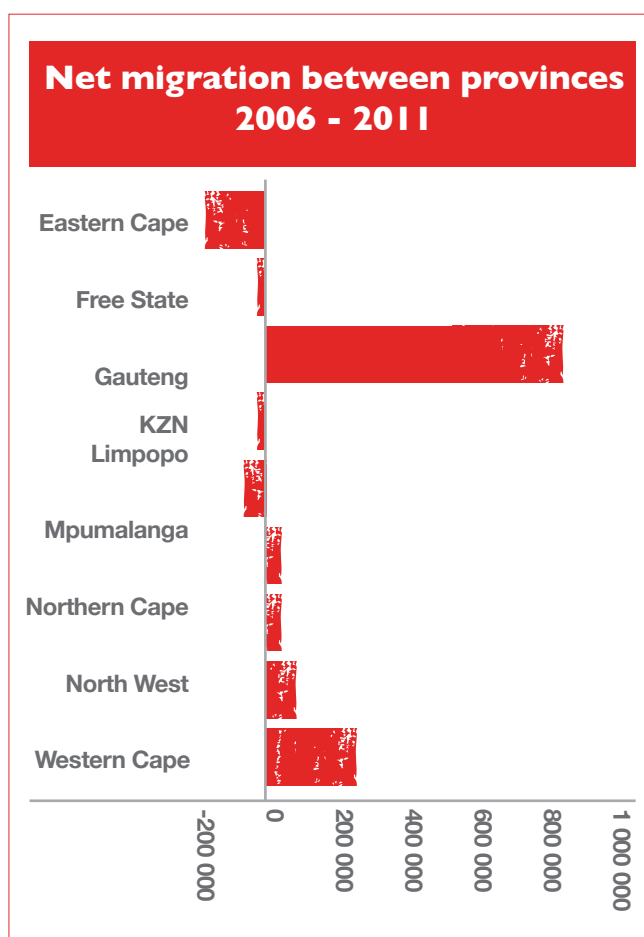
An example is that significant investments have been made in the development and funding of service delivery programmes for essential services such as social grants and education to ensure they reach the historically marginalised rural children. While this has made a positive difference, the overall programmatic framework has neglected children in urban and metro areas, resulting in unchecked levels of deprivation in these sites of increased child poverty and thereby giving rise to an emerging vulnerable group in urban informal areas (SASSA & UNICEF, 2013). (These points are elaborated upon immediately below.)

#### **2.3.3.1. Increasing rural/urban migration**

There has been a significant increase in the child population in Gauteng (21.7 percent) and the Western

Cape (14 percent) between 2002 and 2011, along with a reduction in it in the North West and Limpopo provinces (of just more than 10 percentage points) and the Eastern Cape (5.3 percentage points) (Meintjies & Hall, 2013).

These shifts represent a growing trend of migration from rural to urban areas, with labour migration and the pursuit of a better standard of living driving growth in the overall and child populations in provinces such as Gauteng and the Western Cape, both of whose share of the total population increased (see graph below). Thus, there is a clear and consistent pattern of migration from predominantly rural provinces to the urban industrialised areas of Gauteng and the Western Cape (Stats SA, 2012a).



(Stats SA, 2014b)

This trend has seen rapid growth in South Africa's urban populations – to the detriment of children in urban areas and those remaining behind in rural areas. By 2011, almost 63 percent of the population was residing in towns and cities, a trend which is expected to continue (President Jacob Zuma, February 2013). These rural/urban shifts have led to equally rapid growth of informal urban settlements at a pace that outstrips urban

development initiatives and budgets, resulting in poor provision of essential services in these areas.

Conversely, the migration trend aggravates the risks children face in rural areas as it contributes to the ongoing fracturing of families and separation of parents and children. In addition, it lowers the capacity and resilience of rural communities to improve their socioeconomic circumstances because those who are economically active and productive leave behind the youngest and oldest (SAHRC & UNICEF, 2014).

This trend and its challenges are receiving high-level attention. They were recognised as a priority concern by the President in his 2013 State of the Nation address and are being addressed by an Integrated Urban Development Framework (President Jacob Zuma, February 2013). It is critical that the situation of urban children feature prominently in the Framework.

### 2.3.3.2. Increasing cross-border migration

Growing continental and regional economic and safety pressures have led to an increase in the number of refugees and migrants crossing South Africa's borders from other African countries. They include children and adolescents, who constitute the majority of migrants in Africa; a substantial proportion of them are not accompanied by an adult (Schreier, 2011).

These children, especially those unaccompanied by adults, are highly vulnerable to abuse, neglect and exploitation; they are also likely to fail to access education, health care and other services necessary for their survival and development (Schreier, 2011) (Centre for Education Rights and Transformation, University of Johannesburg, June 2012).

### 2.3.3.3. Local emergencies/humanitarian crises

In recent years, South Africa has confronted a number of national emergency scenarios. These include violent industrial action that results in disruptions to essential services as well as loss of life and property; similarly, local service delivery protests have disrupted services and created unsafe local communities.

Whilst the impact of these events on children has not been fully explored, it is clear that they pose a risk to the protection, health and educational rights of children in the affected communities.

### 2.3.3.4. Education

Quality education is perhaps the most catalytic



intervention of all: it contains the potential to break the intergenerational cycle of poverty and thus advance the realisation of a more equitable society (National Planning Commission, 2012); (SAHRC & UNICEF, 2014).

Education generates profound multiplier-effects, especially for vulnerable children. It leads, inter alia, to improved health and nutritional outcomes, improved gender equity, and greater employment levels and increased earnings; it also reduces risky adolescent behaviour, including drug abuse and risky sexual behaviours (DBE, 2013a); (Pufall, et al., July 2014).

However, the potential that education holds to strengthen the realisation of rights, enhance children's development and reduce inequality has not been tapped in South Africa. This is due to inefficiencies in the way the country's substantial education budget is put to use, the result of which is that the most vulnerable children receive a poor quality of education (SAHRC & UNICEF, 2014).

#### **2.4. Taking Aim: Challenges and Priorities**

South Africa ranks as the second most child-friendly country in Africa (African Child Policy Forum and Overseas Development Institute, 2013). Its ranking is largely attributable to advances in social protection measures benefiting children, such as health and nutrition policies and the provision of adequate budget allocations to sectors targeting children; measures are also in place to ensure that resources are used effectively to yield better child outcomes (African Child Policy Forum and Overseas Development Institute, 2013).

Nevertheless, the country cannot afford to rest on its laurels. Along with its counterparts in Africa, it faces an urgent need for 'accelerated and sustained efforts ... in terms of legal reform, investment of resources and policy implementation' (African Child Policy Forum and Overseas Development Institute, 2013).

In view of this challenge, a number of gaps and inadequacies are apparent in the current system. It is the role of civil society, then, to take action and support government to ensure, that in moving to 2015 and beyond, the state develops, implements and maintains (with the support of stakeholders) a robust and adequately responsive legal, institutional and accountability framework capable of securing the rights of all children in South Africa.

*The challenge in South Africa is for the child protection system to be made strong and capable enough to address persistent historical inequities and exclusions, with the focus on those exclusions that sustain the poverty trap in which the most vulnerable children find themselves; at the same time, the country has to develop the ability to deal with emerging risks and maximise the potential of proven protective factors.*

#### **2.5. Global Positioning: South Africa in World Affairs**

Since South Africa's transition to democratic society in 1994, there have been expectations that it will play a leadership role in politics, economics and inclusive social transformation, and the international community has repeatedly shown its confidence in the country as a stable, reliable partner in the global struggle for a fair and peaceful world. Central to South Africa's foreign policy is a commitment to multilateralism and defence of the interests of smaller countries. It considers itself as a mediator between the differing interests of developing and developed countries, and as such seldom advances positions narrowly defined around its own domestic interests (Qobo & Dube, 2012).

Seen in relation to other middle-income countries, South Africa has become, despite its size, a significant player in the international arena and is usually present in most global negotiations. Many regard its membership of the BRICS and G20 groupings as providing a conduit through which Africa at large can be included in these fora, although by the same token these perceptions can be the source of considerable resentment across the continent. In addition, membership and leadership of institutions such as the UN Security Council, the Commonwealth, G77 and the Non-Aligned Movement projects South Africa more widely as the voice of the entire global South.

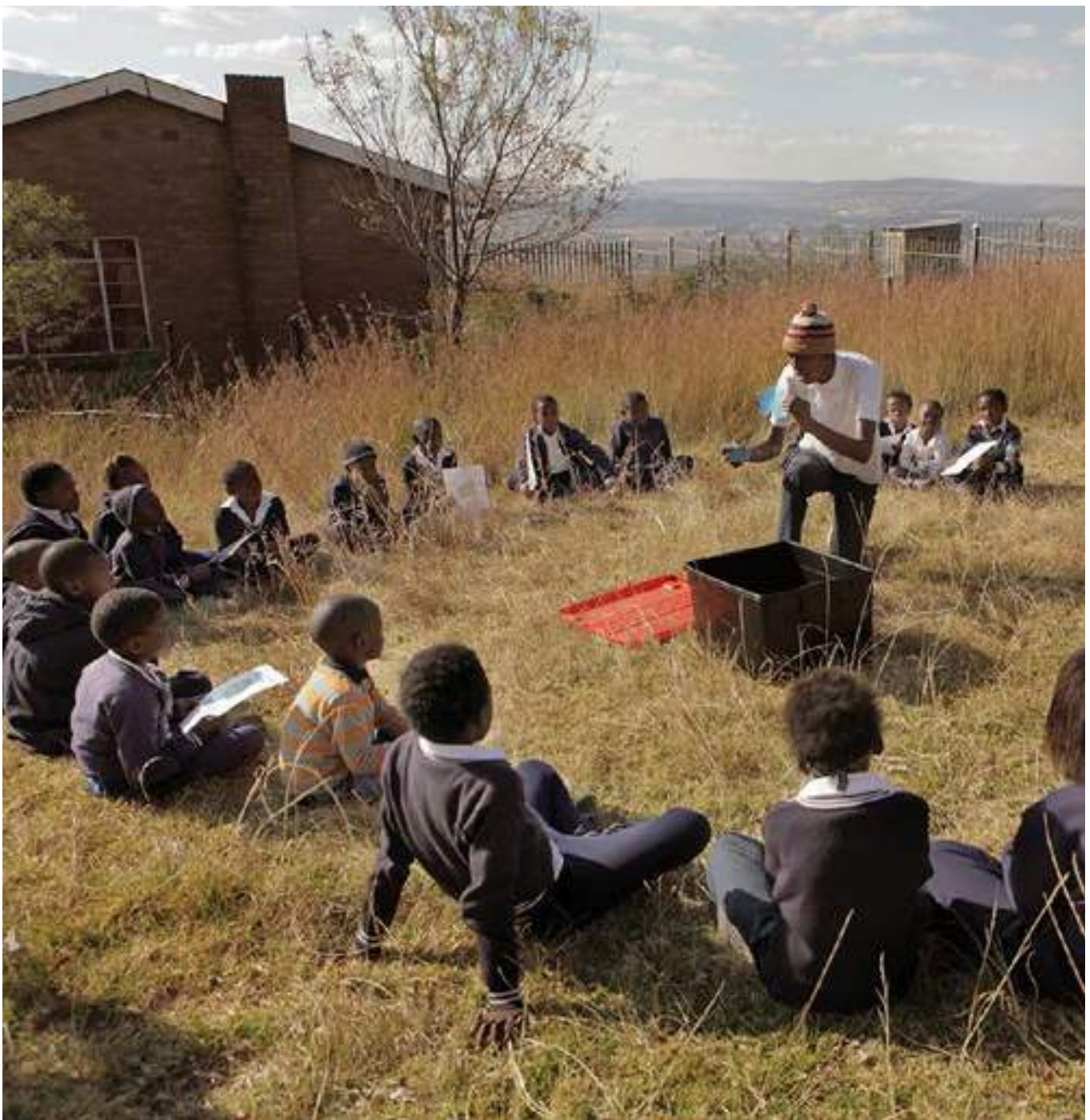
As the only African country represented in these groups, however, it faces the dual challenge of, on the one hand, trying to reconcile its individual interests with often broadly defined 'African interests' within the G20 and the BRICS and, on the other, of taking positions and pursuing a strategic approach that enhances its own interests (Qobo & Dube, 2012). South Africa, moreover, is an important receiving country for migrants

from elsewhere on the continent who come searching for opportunities, and it is the case that African countries form its main trading partners. As such, its development is interdependent on that of the rest of the continent, a crucial factor that underlies much of its international positioning.

Yet while South Africa is a role-player of significance in the G20's development working group, it remains by and large on the margins of the main deliberations, with the advanced industrial economies having a bigger stake, and correspondingly bigger role, in global economic governance. Emerging economies, South

Africa among them, are amplifying their voices, but it will take time for them to gain authority and shift the terms of the agenda. Their limitations as an oppositional force have much to do with domestic challenges around employment, poverty and income inequalities (Qobo & Dube, 2012).

Within this context, SCSA will actively engage with the GRSA to influence, where appropriate, positions taken at international and African fora, and use these fora to keep the GRSA accountable to its children.





3

# THE WAY FORWARD: WHAT WILL WE DO?

EVERY CHILD DESERVES TO HAVE SOMEONE WHO WILL MAKE A PLAN





### 3.1. Strategic Approach

In order for SCSA to achieve lasting change in the lives of children in South Africa and beyond, a number of underlying principles were identified to guide our programmes, advocacy and campaigns:

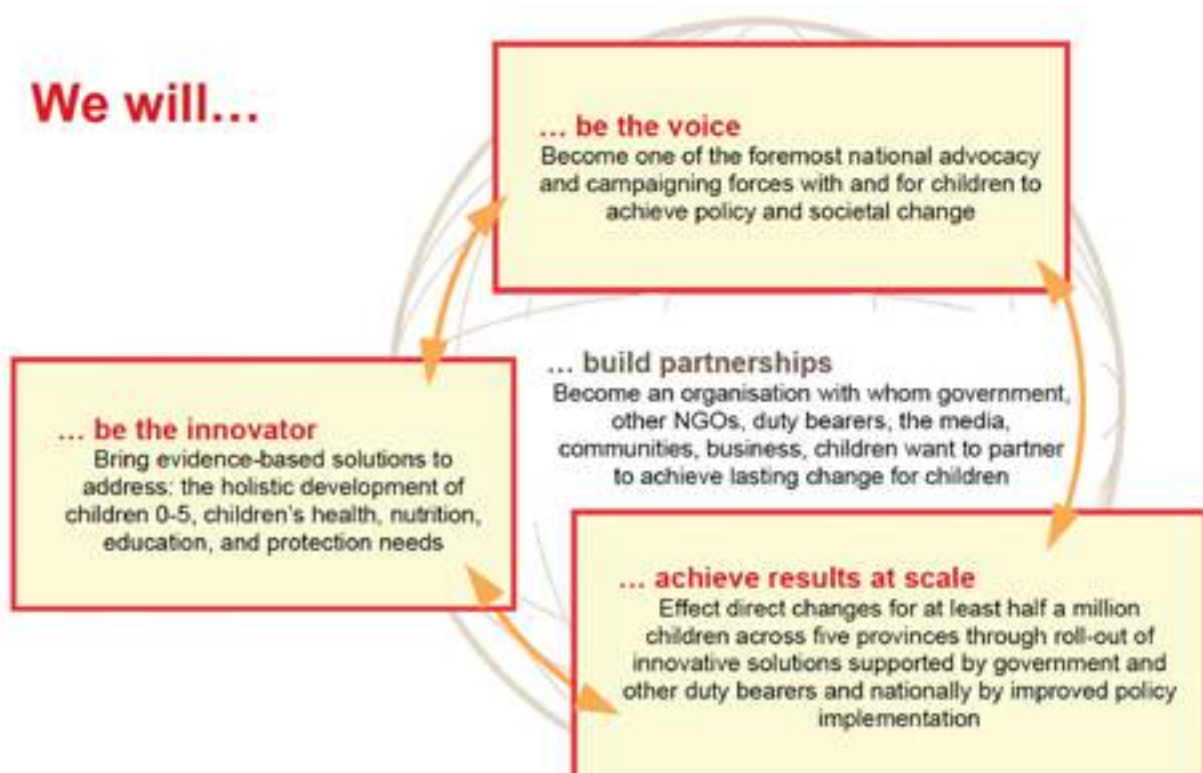
- First and foremost, our programmes, advocacy and campaigns must be based on the premise that we aim to **save children**. Whether it be in the context of the life of a newborn child, giving a child the best opportunities for fulfilling his or her potential or preventing a child from coming to harm, our work will help save children.
- We will **partner** with other civil society organisations, business, academia and government to ensure a vibrant children's sector in South Africa and communities to maximise our impact and reach. We will **learn** from our partners and, where possible, **support** their efforts and networks.
- We will be a **thought leader** in the children's sector, challenging societal norms and beliefs as well as accepting, where necessary, the criticism that sometimes accompanies the role of being a **champion for children's rights**.
- We will become one of the 'go-to' organisations for the rights of a child, and – by speaking the

truth, based on factuality, credibility, honesty and transparency – be the **voice for children**.

- We will develop **innovative solutions** to the challenges faced by young children.
- We will create **platforms and opportunities for children to speak** about their problems and opportunities, as well as what they need in order to address these.

Strategically, SCSA will pay specific attention to the young child in South Africa. We will emphasise the critical importance of the holistic development of the very young (**0-4 years**) in preparing them for the next phase of their lives. We will assist them when they start school (**5-9 years**) by building a foundation on which they will be able to engage meaningfully with the world. We will assist older children (**10-18 years**) in understanding their rights and the impact their behaviour has on themselves and others. We will pay specific attention to that lost and forgotten group of vulnerable young children, those **living with disabilities**.

All programmes in SCSA will be delivered with the aim of creating lasting impacts for children in South Africa. Save the Children's Theory of Change will form the basis on which programmes are conceptualised.



### 3.2. Advocacy and Campaigns

SCSA will be one of the foremost national advocacy and campaigning forces with and for children, catalysing lasting change in the lives of children and their families. Central to this ambition statement is that SCSA will link its programmes closely to advocacy and campaigning messaging to ensure that evidence gathered from the children and communities with whom we work informs the change for which we strive. SCSA will influence decision-makers and holders of power at provincial and national level to safeguard the rights of children in South Africa. We will cooperate with our international colleagues at regional and global levels to leverage South Africa's role in the world for lasting changes for all children.

In South Africa, we will:

- Lead the debate on children's rights by working for and with children to be one of the most influential child-rights organisations for achieving policy and societal change.
- Support global campaigns with the intention of using South Africa's international standing as a means of leveraging policy change across all contexts to ensure that children are always at the top of the world's humanitarian and development agendas.
- Strengthen our advocacy and campaign partnerships with organisations and other role-

players who share our values and our goals for children.

- Actively form partnerships with the media to ensure extensive and in-depth coverage of our campaigns.
- Highlight specific evidence from our programmatic themes for our national campaigns and focus on nutrition for the young child, violence against children, children's rights, quality education and the plight of children under five.
- Capitalise on our social media and technological expertise to build SCSA's capacity in finding the most innovative and effective ways to engage with our target audiences, 40 percent of whom are below 20 years of age.

### 3.3. Programmes

SCSA's programmes are based on a need and a philosophy. Our analysis shows there is a need specifically for a holistic continuum of coordinated interventions for the young child in South Africa. In response, we will link five thematic areas (Early Childhood Care and Development; Health and Nutrition; Education; Protection; and Child Rights Governance) into a comprehensive programme framework.

- A thousand-day window of opportunity, from conception to 24 months, has been identified as a critical period in the development of a child: failure to address children's needs during this



period has an irreversible impact on future well-being (Nelson, 2000). These first thousand days are a vital phase in which to address health and nutritional needs and thereby help children to mature into healthy adults. However, support and stimulation has to be extended to ensure that young children receive tailored pre-school care and learning in their earliest years, giving them a better chance to grow up healthily, do well at school and reach their full potential (DPME, 2012).

- The Foundation Phase (Grade R – Grade 3), the first four years of formal education from the ages of five/six to nine years, is the base upon which all future learning is established. If the rudiments of reading, writing and calculating (literacy and numeracy) are not firmly entrenched by the end of Grade 3, then both learning opportunities and the larger life chances of young citizens will be compromised (DBE, 2013c).
- These early interventions must have a lasting impact; as such, children have to be protected to ensure that this is so. Growing up with violence has serious effects on a child's development, dignity, and physical and psychological integrity. Violence against children has reached epidemic proportions and is broadly accepted by the public. A lack of quality care exposes children (especially those separated from parents), orphaned children and unaccompanied migrant children, to the risk of abuse and neglect, and can damage their long-term psychosocial well-being.
- The care, protection and development of children do not take place in a vacuum. A children's rights approach gives a clear rationale for why it is imperative to place children at the centre of developments and decisions. As a signatory to various international conventions and a state bound to the provisions contained in its domestic legislation, South Africa is legally committed to upholding children's rights. Yet, despite the number of such commitments, key stakeholders – including children themselves, parents, teachers, communities, the business sector and state duty-bearers – continue to have a limited understanding of these rights and how to uphold them.
- Having been active in South Africa for more than 70 years, Save the Children has established very

good relations with the government and civil society. SCSA will draw on these relationships to ensure that our programmes deliver the required change at scale. By combining SCSA's understanding and experience of the local context and Save the Children's global expertise in each of these programmatic areas, we aim to make a lasting, positive impact on the lives of children in South Africa.

### 3.3.1. Holistic Early Childhood Care and Development Programme

#### 3.3.1.1. Strategic Goal

*Young children under five years of age enjoy a safe, stimulating and quality early living and learning environment.*

#### 3.3.1.2. Context

The GRSA has prioritised South Africa's 5.7 million children under the age of five years as those in the greatest need (GRSA & UNICEF, 2005), with policy and legislative commitments identifying ECCD as a key area of engagement. It is also given priority through the country's commitment to realising its Millennium Development Goal (MDG) targets, several of which relate directly or indirectly to ECCD. The Sustainable Development Goals – that is, the post-MDG agenda – list universal access to ECD as a target to be achieved by 2030. Furthermore, the NDP Vision 2030 recommends that all children undergo at least two years of pre-school education (National Planning Commission, 2012).

The Children's Act (No. 38 of 2005) (Chapter 91: 25) defines **Early Childhood Development (ECD)** as encompassing 'processes of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age'.

**Early Childhood Care and Development (ECCD)** refers to a comprehensive approach to policies and programmes that are provided to young children with the active participation of their parents and caregivers; these policies and programmes are aimed at promoting the right of a child to grow and develop.



Any ECCD intervention must consider the child's holistic development, a process that relates to health, nutrition, early stimulation, early learning and protection from harm, and also involves addressing the needs of children with disabilities as well as identifying and supporting children with HIV and AIDS (DPME, 2012). Comprehensive ECCD programmes are planned activities offered within an ECD service, that is, a service provided by someone who is not the child's caregiver. These programmes are known to be effective in reducing the gaps between disadvantaged children and their peers in terms of health, cognitive development and school readiness. But due to many conditions beyond their control (such as poverty, unemployment and lack of knowledge) parents and caregivers struggle to provide for their dependents and as a result the needs of many young children continue to go unmet.

Many young children are cared for in their home environment as well as at ECD services that are not appropriate or safe. These conditions impact on the children's development. Many of the ECD services providers are not able to meet the required norms and standards, particularly with regard to administration and infrastructure; as a result, they are unregistered and undocumented, remaining unknown to the Department of Social Development (DSD) which should be monitoring and mentoring them.

Access to quality ECD services remains a challenge in disadvantaged and low-income communities. According to the latest national household expenditure survey by Statistics South Africa, most children in the age group 0-4 years receive no ECD services whatsoever (Stats SA, 2013a). It is estimated that only between 26-29 percent of children in the 0-4 age group participate in any type of ECD service outside the home (Southern Africa Labour and Development Research Unit, 2008), which is less than half of the National Integrated Plan's target of 2.6 to 3 million children (GRSA & UNICEF, 2005). Furthermore, 28 percent of children in the age group 0-4 years are considered disabled (Stats SA, 2010), which includes those who, with mild to moderate disabilities, stand to benefit the most from ECD. However, less than 4 percent of children with disabilities attend ECD services.

In the same vein, in 2007 only 10 percent of poor children nationally received the DSD's ECD subsidy, with vast provincial variations also being evident (Gustafsson, 2010). Five years later, in March 2012, 836,000 children were in 19,500 registered ECD centres nationwide,

but more than 40 percent of these children were not receiving an ECD subsidy from the government (National Development Agency, 2012). There are no accurate figures of the number of ECD services in existence, be they centre- and non-centre-based or registered and unregistered, and in SCSA's interaction with the industry, the 19,500 referred to represents less than half of the centres in country.

Children's development is negatively affected by poor early education services and inadequate parental support (Biersteker, Dawes, Hendricks, & Tredoux, 2010) (DPME, 2012). This leads not only to high rates of academic underachievement but to increased vulnerability to disease or stunting (a condition in which severe malnutrition impacts on a child's development), because children's need for physical development also tends to be overlooked.

Available ECD services often lack appropriate curricula, with the curricula failing to correspond to the specific developmental needs of young children. Generally, ECD practitioners are poorly qualified, underappreciated and lack the motivation to improve these learning environments. The poor quality of teaching and lack of school resources contribute to unsatisfactory education outcomes, but children's level of preparedness to enter the formal schooling system is just as important. Evidence suggests that many South African children are acquiring debilitating learning deficits early on and that this is the root cause of underperformance in later years (SAHRC & UNICEF, 2014).

The situation is overwhelming: the DSD, which is responsible for early childhood development, lacks the capacity to roll out a comprehensive intervention and other supportive departments lack a coordinated framework in which to deliver their services. Consequently, the government – and, by extension, the country – is unable to live up to its responsibilities to young children.

ECD services in South Africa are implemented largely by the non-profit sector. Training, materials, and other resources are provided by resource and training organisations, and direct services are delivered by community-based organisations, individual crèches and pre-school centres. The DSD and the Department of Basic Education (DBE) provide the main sources of government funding and oversight. NGOs are also the main supporters and providers of home-based ECD programmes in South Africa.



### **3.3.1.3. What We Will Do**

Scaling up ECCD services for young children is expensive, complex and involves various departments, at all three tiers of government, and civil society. All of these sectors have a need for partnerships, coordination, guidance and capacity-building so as to ensure that the required appropriate services are in place, are of an acceptable standard and quality, are dynamic and function at a level that provides optimum opportunities for the care and development of the young child. This need is currently not being adequately or effectively addressed, resulting in a fragmented response. What is required instead is a coordinated, comprehensive, holistic and developmental approach to ECCD which ensures that all young children are able to access ECCD of an appropriate standard and which monitors progress made in this regard. We will support government and civil society in cooperating with each other and coordinating service delivery that provides appropriate support to children 0-5, including disabled children.

SCSA will champion a holistic approach to the early development of children.

We will be the voice by raising awareness of the challenges faced by the majority of children under five in the attainment of their fullest potential and establish a clear link between these challenges and the difficulties

such children encounter in their later lives, particularly in the education system.

We will engage with parents, caregivers and communities to encourage them to acknowledge their own role and responsibility in meeting the needs of the young child as well as to mobilise them to demand quality holistic ECCD services.

We will be the innovator by transforming our existing ECD centres into Centres of Excellence, and, combining this with our experience in working with various ECD fora, promote community-led holistic ECCD. We will replicate the positive lessons from these initiatives in other disadvantaged and low-income communities.

We will achieve results at scale through working with DSD and other ECCD actors to provide appropriate and approved ECCD services across the provinces in which we work.

We will harmonise this programmatic theme with all other SCSA thematic areas to ensure that the young child enjoys holistic early development.

We will build partnerships with government, civil society, business, the media and communities in improving the access and quality of ECCD services.

### 3.3.1.4. Measures of success

- Increased numbers of children 0-5 access ECCD services.
- Improved quality of ECCD services offered to children.
- Improved parent/caregiver knowledge and caregiving practices.

### 3.3.2. Health and Nutrition Programme

#### 3.3.2.1. Strategic Goal

*No child under the age of five dies from preventable disease, and all children in South Africa grow healthily and enjoy long-term good health.*

#### 3.3.2.2. Context

The GRSA is obliged to ensure the absence of disease as well as children’s holistic physical, mental and social well-being so that they can survive and develop to their full potential. All children should have quality and timely access to a package of quality health services, including prevention, health promotion, curative, rehabilitative and palliative services (UN Committee on the Rights of the Child, 2013). Parents must ensure their children

receive the love, care and support the children need to survive and develop to their full potential; however, if the parents are unable to do so, the GRSA is obligated to support them.

While life expectancy and child survival rates have improved, the mortality rates of South African mothers and infants are alarming.

- Twelve thousand newborns die annually during birth or before they complete the first month of life (Bradshaw, Dorrington, & Laubcher, 2011).
- The high neonatal mortality rate (NNMR) of 13/1000 per live births has decreased slightly from 14/1000 live births in 2009 (Bradshaw, Dorrington, & Laubcher, 2011).
- The number of infant deaths within the first 28 days accounts for one-third of under-five deaths (DOH, 2013).
- High Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) are avoidable largely due to preventable causes; IMR was 48/1000 live births in 2007 and reduced to 34/1000 in 2014.





- U5MR was 67/1000 live births in 2007 and reduced to 44/1000 live births in 2013 (Stats SA, 2014b).
- South Africa's IMR and U5MR are four times higher than countries with comparable economic status (Saloojee, 2014a).

A high Maternal Mortality Rate (MMR) also contributes to high child mortality, that is, the risk of a child dying before the age of five years doubles if the mother dies during childbirth and at least one-fifth of child morbidity is associated with poor maternal status (Saloojee, 2012). South Africa's maternal mortality rates are six to eight times higher than countries with a similar economic development profile (Saloojee, 2014a). In 2007 the MMR was 299/100,000, and dropped to 269/100,000 in 2010 (Stats SA, 2013b).

The leading causes of child mortality in South Africa are HIV and AIDS, non-HIV and AIDS pregnancy and childbirth complications, newborn illness, childhood illness and malnutrition (Bamford, 2011). HIV prevalence remains high in South Africa, notably among young and pregnant women. This creates a greater risk of transmission to infants during labour and through breastfeeding. HIV prevalence among the population aged 15-24 years is 8.7 percent (reduced from 10.8 percent in 2008) (Stats SA, 2014b). HIV prevalence in antenatal women aged 15-24 is 19.3 percent, whilst prevalence in the age group 15-19 is 12.4 percent, with only slight reductions from 2010 statistics (DOH, 2012a).

High levels of malnutrition exist in South Africa, especially in the youngest children under the age of two years. Undernutrition is associated with 60 percent of child deaths in hospitals (Stephen, Bamford, Patrick, & Wittenberg, 2011). Severe acute malnutrition is increasing among children under the age of one year (largely due to poor feeding practices), and high rates of wasting and underweight are found in certain South Africa provinces, namely, Northwest, Free State and Northern Cape (Shisana, Labadarios, Rehle, Simbayi, & Zuma, 2013).

South Africa experiences a dual burden of malnutrition with high levels of stunting and high levels of obesity both having risen in certain age groups in the under-fives. Stunting is the most prevalent nutritional problem (indicating chronic undernutrition) rather than acute undernutrition (wasting and underweight), and has

significant developmental consequences that impact on physical and cognitive development and educational performance. Stunting has increased since 2005 in the age group 0-3, but has shown some improvement in the 4-6 age range. The issue has received the highest national attention. The reduction of stunting through targeted measures for children in the first 1000 days is recognised and prioritised by South Africa's National Development Plan: Vision 2030, given its fundamental linkages with obtaining the dual national goals of reduced poverty and inequality.

- Amongst the 0-3-years age group, 26.9 percent of boys and 25.9 percent of girls are stunted
- 15.4 percent of children aged 0-14 years are stunted
- 17.5 percent of boys and 18.9 percent of girls (2-5 years) are overweight
- 4.4 percent of boys and 4.9 percent of girls are clinically obese
- (Shisana, Labadarios, Rehle, Simbayi, & Zuma, 2013)

There are currently a limited number of focused community-based parenting support programmes aimed at ensuring the health, nutrition and development of young children of especially vulnerable caregivers; similarly, policy and programming that supports the prevention of stunting as well as child overweight and obesity is lacking (Hungji, N, 2011a).

The root causes of South Africa's health and nutritional issues are multifaceted and have a pronounced impact on the health of newborns. Despite wide-ranging governmental initiatives, the coverage and quality of services provided by primary health care clinics and community outreach initiatives remains poor as a result of a lack of capacity among health workers and deficits in management and human and financial resources. Distance, cost and safety concerns also create a barrier to access to health care services (McClaren, Ardington, & Leibbrandt, 2013). Late access to Ante Natal Clinic (ANC) services, coupled with the generally poor quality of ANC services, creates a high risk that pregnant women will fail to receive adequate care (Saloojee, 2014b); (Massyn, Day, Dombo, English, &



Padarath, 2013). Essential post-natal visits of six days post-partum can be a lifesaver for certain women and children, but coverage is inadequate in this regard (DOH, 2013). Breastfeeding levels in South Africa are very low, with only 12 percent of infants exclusively breastfed at two months and two percent at the age of four to six months. These rates are among the lowest on the continent and world at large, and in themselves can contribute to high rates of infant disease (including diarrhoea, pneumonia and HIV transmission due to mixed feeding practices), with associated morbidity and mortality.

The provision of information, counselling, education and support (especially at community level) to individual children and their caregivers is sub-standard, which translates into low use of services and take-up of practices promoting good health (Bamford, 2011). Community health care workers are ideally suited to playing a key role in this respect, but the quality of what they provide is questionable because they are so relatively few in number yet are expected to deliver a large array of services (Saloojee, 2014a).

Levels of pregnancy in young women and girls under the age of 18 years are alarmingly high. In 2010, there were 36,702 pregnant learners in schools, 26

of whom were Grade 3 learners (less than 12 years) (DBE, 2013b). The 2nd Youth Behavioural Risk Survey in schools found that 24.5 percent of young women reported having been pregnant and that 18 percent of Grade 8 learners who have sex do not use contraception (Reddy, et al., 2010). Five percent of females and 16.7 percent of males aged 15-24 had their first sexual encounter before the age of 15 (Simbayi, et al., 2014). Condom use has declined among 15- to 24-year-olds, while the proportion of youth engaging in multiple sexual partnerships has steadily risen (Simbayi, et al., 2014). Clinic services that are not youth-friendly are certainly a contributory factor to teenage pregnancy (O'Reilly & Washington, 2012).

Access to sexual and reproductive health (SRH) services is limited. This is a result of poor demand and accountability, poor infrastructure, low capacity levels and poor coordination of the health system, especially in respect of robust referral systems (RMCH, 2014); (Mason-Jones, et al., 2012). The implementation of school-based SRH services faces additional challenges. School Governing Bodies (SGB) and the community are hindering implementation of contraceptive services in schools. The quality of life skills orientation teaching on SRH is poor and is taught inconsistently at schools (RMCH, 2014); (DBE, 2006). In addition, SRH services

can be inaccessible due to poor knowledge of services, lack of information, cultural beliefs, and hostile attitudes among health care professionals (O'Reilly & Washington, 2012).

### **3.3.2.3. What We Will Do**

#### **Sub-theme 1: Community Newborn Health**

*Goal: Reduce neonatal mortality by promoting effective community newborn care strategies.*

We will be the voice by championing the importance of newborn care.

We will be the innovator through seeking new ways to work with mothers and communities to foster understanding of the importance of newborn care.

We will achieve results at scale through supporting government in strengthening the systems that are required to deliver these services.

We will build partnerships with other NGOs and CBOs to address issues of early, pre- and post-natal care, breastfeeding and personal hygiene.

#### **Measures of Success**

- Improved neonatal mortality rate.
- Improved uptake of ANC and PNC services.
- Improved breastfeeding rates.

#### **Sub-theme 2: Nutrition 0-5 Years**

*Goal: Prevent malnutrition among children 0-5 to ensure that children thrive and survive.*

We will be the voice by campaigning for adequate nutrition for the young children. We will mobilise communities and the public to support access to adequate nutrition for children.

We will be the innovator by investigating and implementing the most efficient and effective ways of preventing stunting and obesity amongst children in the 0-5-years age group.

We will build partnerships with government and other NGOs to ensure a collective, coordinated response to this issue.

#### **Measures of Success**

- Reduction in stunting and obesity for under-fives (measured via the Road to Health Chart).

- Increased community awareness of and support for appropriate nutrition.

#### **Sub-theme 3: Sexual and Reproductive Health**

*Goal: Increase demand for and access to quality SRH services.*

We will be the voice by engaging with children and ensuring that their voices are heard in the implementation of SRH services.

We will be the innovator in strengthening the demand for SRH services through engagement with children, their communities and schools. We will find efficient ways of improving access to SRH services and support the development of innovative methods to improve the quality of the services accessed.

We will build partnerships at all levels of government to improve co-ordination and implementation of SRH services between key stakeholders.

#### **Measures of Success**

- Reduced teenage pregnancy rates amongst schoolgoing children.
- Increased uptake and utilisation of SRH services in Primary Health Care Centres and schools.

### **3.3.3. Education Programme**

#### **3.3.3.1. Strategic Goal**

*Every child in South Africa receives quality basic education.*

#### **3.3.3.2. Context**

The rationale for prioritising investment in education is that it is a gatekeeper right. In other words, the realisation of many other rights depends on the prior realisation of the right to education. Education has

“a tremendous multiplier effect that brings lasting benefits to individuals and communities. Education is intrinsically linked to all development goals, such as supporting gender empowerment, improving child health and maternal health, reducing hunger, fighting the spread of HIV and AIDS and diseases of poverty, encouraging economic growth and building peace. Therefore, opening classroom doors to all children, especially girls, helps to break the inter-generational chains of poverty” (DBE, 2013a).



South Africa has massive inequities in learning opportunities and outcomes among children. These inequities are distributed along racial, socioeconomic and geographic lines and point to the reality of

“two different public school systems in South Africa. The smaller, better-performing system accommodates the wealthiest 20-25 percent of pupils who achieve much higher scores than the larger system which caters to the poorest 75-80 percent of pupils ... [For the latter group, educational outcomes] can only be described as abysmal. Children from very disadvantaged backgrounds who enter well-resourced schools do better: the quality of schooling can compensate for disadvantage. However, the majority of schools serving poor communities, exhibit equally depressed socioeconomic conditions” (Taylor, Van den Berg, & Burger, 2011).

Unlike wealthier children educated in the better-performing system, the majority of African and coloured children – who live in poverty (as well as in rural areas and have an African home language) and receive an education through the larger education system – leave primary school unable to “read and write and compute at grade-appropriate levels [and are] functionally illiterate and innumerate” (Hungu, N, 2011a).

Thanks to legislation requiring all children to be enrolled in school and massive investment in basic education (5.8 percent of GDP), South Africa has near-universal enrolment standing at 99 percent. Yet despite high enrolment rates, the quality of Grade R and the first three years of primary school (the Foundation Phase) is very low in the majority of schools serving poor communities. Particularly in these early years, the quality of education in schools for the poorest quintiles (75 percent of children) is too weak to equalise historical inequities; indeed, it serves to widen the gap in educational opportunities and outcomes for vulnerable children (Taylor, Van den Berg, & Burger, 2011).

Although there has been a huge increase in Grade R enrolments, it has made no measurable impact on the learning outcomes of children in the three poorest quintiles. Quality deficits are not limited to the Foundation Phase, but are endemic to the schooling system, resulting in poor quality in all years of schooling in the majority of schools serving poor communities. As

such, the lasting impact of low quality in the foundation years does, however, call for improvements at this level to be prioritised (Taylor, Van den Berg, & Burger, 2011) (Spaull, 2013) (SAHRC & UNICEF, 2014).

In terms of its education system’s quality of outcomes, South Africa is the lowest-ranking performer of all middle-income countries (DBE, 2011), with its scores being notably weak in primary school literacy and mathematics. South Africa has fared consistently poorly in international tests, which reveal, moreover, that it is outperformed by eight neighbouring countries, all of which are much poorer than it and invest significantly less in education. The 2011-2013 results of the Annual National Assessment (a programme used to evaluate learner performance and make interventions to improve learning in schools) highlight learners’ poor performance in the Foundation Phase. For 2011, learners in Grade 3 scored an average of 33 percent for literacy and 25 for numeracy; in 2013 the results improved to 51 and 53 percent, respectively, but indicate that half of the learners still have significant skills gaps.

Parents offer limited support and encouragement to their children in reading and studying (Khosa, 2013). There are, however, a number of impediments to parental involvement that are not adequately addressed by the current system, especially for parents living in poverty. These include low literacy levels, lack of transport, the cost of participating in school events, lack of child-care facilities, family-unfriendly attitudes at schools, and language barriers (Lemmer, 2007). There is a need to work with parents in a community setting that is accessible to them and within which they feel comfortable rather than always having the parents come to the schools. With 93 percent of public schools lacking library facilities (Equal Education, 2013), even children who have a natural affinity for reading lack the opportunity to engage regularly enough with age-appropriate reading materials to be able to keep up with those children who have this advantage. An environment is needed that supports life-wide learning in the classroom, at home and in the community.

In this respect, research shows that the performance of a school and its achievement of quality outcomes depends on several factors that include not only parental involvement but school leadership (Taylor, Mabogoane, & Akoobhai, 2011). For some time now, principals have been viewed as administrators and accounting officers focusing attention on the administrative aspects of school management.

Increasingly, though, they are seen as Instructional Leaders (DBE, 2013c) and, as such, should monitor the delivery of the curriculum far more comprehensively and ensure that teachers comply with regulations as well as cover the curriculum during an academic year.

Weak leadership, management skills and accountability mechanisms, particularly as regards school principals and SGBs, contribute to inefficiencies in the system. Whilst the DBE has taken a number of steps to address the capacity of school principals, few if any have been taken to bring systemic improvement to the knowledge and capacity of SGBs, especially those in poorer communities, to enable them to play a constructive role in management and oversight of the use of resources (Martin, P, 2014).

Parents who are active and informed participants in the governance of the school, and who play an oversight role over expenditure and school budgeting, can exert a positive influence in resolving school challenges (Modisaotsile, 2012). However, parental participation in schools' budgeting process in poorer communities is low, with only 46 percent of parents doing so in quintile 1 schools (DBE, 2011). Parental and community involvement is especially important in the South African context, in which good use of resources is a key element in the provision of quality education.

Analysts agree that the poor quality of education in the country is due not to a lack of resources so much as

inefficient use of them (Motshekga, 2014) (Spaull, 2011) (Taylor, Van den Berg, & Burger, 2011). Inefficiencies in the allocation and use of resources contribute to:

- inadequate infrastructure and inequitable access to an enabling school environment;
- overcrowded classrooms;
- inadequate learning and teaching support materials such as textbooks and workbooks, laboratories and libraries;
- poor teacher-knowledge and skills, notably evident in the quality of reading instruction and content knowledge; and
- poor curriculum coverage.

All of these factors play a hand in poor teaching and learning.

### **3.3.3.3. What We Will Do**

#### **Sub-theme 1: Inclusive Education**

*Goal: All children have access to equal education opportunities.*

We will be the voice for an inclusive education system within which all children, especially those with disabilities, have equal opportunities to obtain quality education.

We will be the innovator in working with SGBs to





improve governance and provide guidance to SGB associations/federations on developing school policies that promote all children's rights, especially for learners living with disabilities. We will mobilise school communities to engage with school leadership and governance structures, provide better support to leadership and teachers, and hold schools to account.

We will investigate and advocate for a national funding model to address inequality in the education system.

We will build partnerships with schools, districts and provinces in developing school leadership to enhance the opportunity to learn.

#### Measures of Success

- Increased financial allocation of lower quintile schools.
- Increased number of SGBs actively engaged in the governance of schools
- Increased numbers of schools implementing

policies for accommodating children living with disabilities

- Greater engagement of communities and increased transparency and accountability in schools.
- Improved school management, leadership and school governance.

#### **Sub-theme 2: Foundation Phase Strengthening**

*Goal: Improved literacy and numeracy for learners by the time they complete Grade 3.*

We will be the voice through championing access to quality literacy and numeracy education within the Foundation Phase.

We will be the innovator in developing evidence-based approaches and support research on effective interventions to enhance reading and numeracy skills in the Foundation Phase.



We will mobilise communities to support appropriate development of reading and numeracy skills and to hold schools to account for delivering quality education in Foundation Phase. We will work with parents, caregivers and communities to support and provide opportunities for reading, learning and studying.

We will work with the government to build Foundation Phase teacher-capacity in literacy and numeracy, and support coordination and cooperation between schools and teachers to learn from and support each other.

We will strengthen the transition between ECCD services and schools to improve access and readiness for Grade R.

We will achieve results at scale by supporting government to deliver evidence-based approaches in Foundation Phase education.

We will build partnerships with other NGOs and research institutions to develop and deliver appropriate solutions across different contexts.

#### Measures of Success

- Increased parental involvement in their children's education.
- Improved community resources for developing reading and numeracy skills.
- Increased numbers of learners demonstrating readiness for Grade R.
- Increased numbers of Grade 3 learners demonstrating competence in literacy and numeracy.

### 3.3.4. Protection Programme

#### 3.3.4.1. Strategic Goal

*All children in South Africa thrive in a safe environment free of violence.*

#### 3.3.4.2. Context

The international, regional and national legal framework compels the GRSA to take all necessary steps to ensure that children are protected from all forms of abuse, neglect, violence and/or exploitation while the child is in the care of his or her parents or any person who is responsible for the care of the child. Despite the sophisticated legal framework that is in place, however, South Africa in 2014 is marked by high levels of violence against, and exploitation of, children. What is especially

notable is that most incidents of violence, neglect and exploitation of children are perpetrated against them in their homes, communities and schools by the very people entrusted to care for and protect them (DWCPD & UNICEF, 2012).

These very high levels of violence, abuse and exploitation of children nevertheless do not reflect the full extent of the problem because innumerable such cases go unreported. The situation is exacerbated by the broader public, whose attitudes and beliefs are generally marked by tolerance of violence against children and acceptance of the notion that child maltreatment cannot be prevented (Makoae, Roberts, & Ward, 2012). Children in South Africa face routine violence (including corporal punishment) at the hands of their parents, teachers and peers, a situation especially true of younger children, those in poorer communities and those living in the predominantly rural former homelands (DWCPD, 2013). Violence has long-lasting consequences for children, with evidence of a link between childhood violence and adult mental health disorders and substance abuse (Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012).

#### For the period 2011/12:

- 50,688 children were victims of violent crime
- 793 children were murdered
- 758 children were victims of attempted murder
- 12,645 children were victims of assault
- 10,630 were victims of assault with grievous bodily harm
- 25,862 children were victims of sexual offences

(South African Police Service, 2012)

Approximately one-fifth of children are orphaned or live without parents, mainly due to migratory labour trends and AIDS-related deaths (Stats SA, 2012b). The proportion of children living with both parents decreased from 38 percent in 2002 to 33.5 percent in 2011, while 23.9 percent live with neither parents (Dorrington, Johnson, Bradshaw, & Daniel, 2006). The majority of children who live with neither of their parents are in kinship arrangements, under alternative care, such as foster care (over 532,000 (SASSA, 31 March 2013)) or in child and youth care centres.

As discussed in section 2.2.3.1 above, the growing trend of internal migration from rural to urban areas, evident in labour migration and mobility in pursuit of a better standard of living, has driven growth in the general as well as child populations in urban areas (Stats SA, 2012a). An important motive at work within this pattern of migration is the search for an improved education, further to which some children are sent to better-resourced areas where they stay in informal boarding facilities. These are unmonitored and the standard and quality of care varies considerably.

In addition, the rapid growth of informal urban settlements, surpassing urban development initiatives, results in poor provision of essential services in these areas. The South African national child protection system was shaped to respond to historical risks and vulnerable groups, and does not address the needs and rights of emerging vulnerable groups. For example, significant investment was made in targeting social grants and education at historically marginalised rural children, but does not

address the levels of deprivation in an emerging vulnerable group of children in the urban context, especially informal settlements (SASSA & UNICEF, 2013). Furthermore, migration aggravates the risks faced by the children who remain in rural areas. Because the economically active depart and leave behind the youngest and oldest, it contributes to the fracturing of families and lowers the capacity of rural communities to improve their circumstances (SAHRC & UNICEF, 2014).

As for external migration into South Africa, unaccompanied or separated refugee children and other migrant children are in particular need of child protection. It was estimated that during 2008/09 nearly 4,000 unaccompanied migrant children were living in South Africa (DWCPD, 2012). Irregular migration poses a threat to such children since they are susceptible to violence, child trafficking and labour exploitation. They need protection and other services, such as health care, education and grants, but face problems in accessing them due to a lack of documentation,



limited understanding of the relevant processes, and the prejudiced, xenophobic attitudes of officials (Parliamentary Programme of the Community Law Centre, University of Western Cape & Carol Bower (Ed), 2014).

Child trafficking is conducted largely in-country from poor rural areas to urban centres for the purposes of prostitution, and is dominated by syndicates among criminal rings and street gangs. Some research suggests that an estimated 30,000 persons under the age of 18 are said to be victims of the commercial sexual exploitation of children (Fair Trade in Tourism South Africa, 2010).

Legislation specifically obliges the GRSA to prioritise the development, implementation and provision of prevention, parenting support and other child protection services designed to meet the heightened risk and special needs of children with disabilities. Whilst research on child protection needs and adequacy of the responses for children with disabilities is limited, it is apparent that the GRSA has not complied with its prescribed responsibilities (DSD, DWCPD and UNICEF, 2012).

South Africa confronts a number of challenges in implementing its child protection system. These include insufficient financial and human resources, limited evidence as to what works, poor planning by national and provincial departments, legal and social norms that perpetuate violence, and lack of political will.

### **3.3.4.3. What We Will Do**

#### ***Sub-theme 1: Violence against Children***

*Goal: Children in South Africa experience less violence.*

We will be the voice through campaigning and supporting a movement to stop violence against children. We will ensure that children's voices are heard on the issue.

We will continue to promote the use of positive discipline, and lead advocacy efforts lobbying for the banning of corporal punishment in the home.

We will be the innovator in building on the national knowledge base to ensure better targeted and more effective programmes to prevent and respond to violence against children. We will develop and implement comprehensive programmes to address the continuum of services and support to children, families and communities.

We will work with partners and children to develop innovative ways to address all forms of bullying.

We will deliver results at scale by supporting the roll-out of innovative models for addressing the root causes of violence, doing so through a critical exploration of societal norms and values that influence attitudes and behaviours.

We will build partnerships with other NGOs, CBOs and the media to mobilise government, the public and high-risk communities against violence.

#### **Measures of Success**

- Children in South Africa experience less violence.
- Increased awareness of the root causes of violence against children.
- Children, families and communities have a stronger ability to detect, respond to and prevent violence against children.
- Improved community-based coordination and capacity to respond to violence against children.

#### ***Sub-theme 2: Children without Appropriate Care***

*Goal: Children in South Africa grow up in a safe environment with their families or in other care.*

We will be the voice to ensure that unaccompanied migrant children in South Africa access their rights.

We will be the innovator by exploring issues of care and protection of children within an urban context and develop programmes in response to the issues faced by children.

We will work with communities to provide support and mentoring to families in parenting skills; improve referral mechanisms and case management for early detection and prevention of vulnerability (including those for unaccompanied migrant children); establish and strengthen coordination between community stakeholders for support centres of care, such as CYCCs and informal board and lodging, in order to provide quality care and protection for children, specifically those living with disabilities.

Research will be undertaken to assess the nature and extent of child trafficking in South Africa.

We will build partnerships and work in collaboration with key stakeholders within South Africa and neighbouring countries to collaborate on and coordinate services for unaccompanied children engaged in cross-border migration in order to provide services to reduce risks and ensure that the rights of unaccompanied migrating



children are observed.

### Measures of Success

- Children benefit from appropriate care and services of good quality, either in the family or in family- or community-based alternatives.
- Improved safety, care and protection, and access to services for children living in partial care and CYCC facilities.
- Increased numbers of unaccompanied migrant children are assisted through a proper application of the protection provided by the law to ensure protection from exploitation, abuse, neglect and violence.

### 3.3.5. Children Rights Governance Programme

#### 3.3.5.1. Strategic Goal

*All children benefit from a strengthened child-rights system that delivers and monitors the realisation of their rights.*

#### 3.3.5.2. Context

Operating as it does within a children's rights-based framework, the GRSA is required to take all necessary measures to ensure the realisation of the full complement of children's rights protected by international, regional and national instruments. In addition to having to take steps to realise each of the individual rights through the development of sectoral-specific laws, policies and programmes, it is obliged to develop a country-wide child rights governance system. Given the progressive nature of the South African Constitution, the government is obligated to protect and promote the survival, development and well-being of children to attain a good quality of life (Abrahams & Matthews, 2011). South Africa has a strong children's rights legal framework and a child-rights responsive judiciary. The use of the courts to promote children's rights in appropriate cases has garnered success in several fields, including education, child protection and adolescent sexuality. Africa is a signatory to numerous international treaties

and agreements such as the CRC, ACRWC, Universal Declaration on Human Rights and the Millennium Declaration, of which the Millennium Development Goals are targets for achievement. The domestication of treaties and implementation through programmes and services is an expression of a government's commitment to give effect to what has been agreed upon and to enhancing children's rights.

The advent of democracy in South Africa was complemented by a growing recognition of children's rights and the establishment of high-level structures to pursue realisation of the state's responsibilities to them. Driven by a strong and collective child-rights civil society sector that provided a platform for children's voices, various structures and processes were developed and implemented, a process culminating in the establishment of the Ministry and Department of Women, Children and People with Disabilities (DWCPD). Whilst there were a number of capacity constraints in the department, it was able to provide a state-wide vehicle for coordinated development and review of progress against child-rights commitments.

However, in 2014 the DWCPD was disbanded and its functions absorbed into the DSD. This development is contrary to international obligations and marks a worrying trend in which children are increasingly disappearing from the South African political agenda. Unlike women, who have retained a dedicated department within the Presidency, children are evidently not seen to have political capital, and systemic investments in them have diminished accordingly.

National, provincial and local spheres of government must take responsibility for promoting the rights of, and addressing the needs of, children (Abrahams & Matthews, 2011). Section 28 of the Bill of Rights in our Constitution provides that every child has the right to basic nutrition, shelter, health care and social services, as well as the right to be protected from maltreatment, neglect, abuse or degradation. One of the key gaps in achieving these rights, as highlighted in the GRSA's 2013 country report to the African Committee on the Rights and Welfare of the Child, is that allocated resources are insufficient to fully implement laws such as the Children's Act, Child Justice Act and Sexual Offences Act.

Furthermore, in a Complementary Report submitted by CSOs to the same Committee in response to the GRSA's submission (Parliamentary Programme of the Community Law Centre, University of Western Cape &

Child Rights Governance is aimed at creating national child-rights systems that deliver and monitor all political, civil, economic, social and cultural rights for children. It supports and builds the capacity of citizens and civil society organisations to strive for the realisation of children's rights and hold those in power to account.



Carol Bower (Ed), 2014), concerns were raised about the new mechanism that has been put in place to coordinate children's policies in South Africa. According to the report, there is a lack of interdepartmental cooperation and failure to integrate civil society into the coordinated implementation of the Children's Act. The report also indicates that CSOs are not involved in the country's policy, budget and programme development.

In this vein, it is the case, too, that the GRSA does not utilise systematic and meaningful children's participation in its child-rights governance system. Children's participation is recognised in law (SCSA, 2014) but has not been structured across all decision-making domains, including the home, school and government. While ad hoc initiatives exist to facilitate children's input on discreet issues, there are no systemic procedures and budgets to secure their consistent participation in, for example, all policies and laws that impact on them (Pan Children, 2011).

One of the biggest influences on the rights of children, in addition to the government, is business. More than ever before, companies are a central part of children's lives. By the same token, as future employees, customers and business partners, children are vital considerations in the sustainability of the business sector's long-term plans. Children and business have a significant, complex and growing relationship. It is therefore important that children's rights and business are no longer thought of as two separate spheres.

Companies are likely to face mounting expectations, pressures and incentives for enhanced due diligence on human rights. This is premised on international policy trends as well as the South African political agenda and

legal developments. Moreover, there is an emerging understanding of the business value of adopting human rights as a framework for a strategic approach to corporate responsibility.

In general, however, South African companies are not in a strong position to respond to the increased expectations they will be facing (National Business Initiative, 2008). Case studies, along with a survey of the public reports of the top 50 listed companies – the most likely champions of a strategic approach to human rights – show that rights-related policies and performance are uneven and that a number of important weaknesses exist. These are linked in particular to land management, security arrangements and supply chain management (National Business Initiative, 2008).

### **3.3.5.3. What We Will Do**

#### ***Sub-theme 1: Strengthening National Child-Rights Governance Systems***

*Goal: Government child-rights systems and mechanisms are strengthened*

We will be the voice by advocating for an authority to safeguard children's rights and support planning for, and monitoring of, child-rights attainment in South Africa.

We will be the innovator by working with government in the development of effective child-participation tools.

We will achieve results at scale by supporting the GRSA in promoting the participation of children in the design, implementation and monitoring of initiatives that affect them.

We will build partnerships with civil society to ensure that



children's rights are upheld across all government systems

#### Measures of Success

- Strengthened and functional interdepartmental coordination mechanism for children.
- Systematic and structured child participation in all spheres of government.
- Independent human rights institution established to promote and safeguard children's rights.
- Regular submission of child-informed complementary reports by CSOs.
- Increased allocation of resources for children at local and national level to achieve outcomes for children.

#### *Sub-theme 2: Building the Awareness and Capacity of Non-State Actors*

*Goal: Civil society and other non-governmental actors are mobilised and strengthened to promote and defend children's rights.*

We will be the voice by championing children's rights across sectors and build constituencies of support to promote children's rights.

We will be the innovator by facilitating and supporting child rights education for CSOs, children and their communities to claim and promote child rights.

We will empower children to participate effectively in governance structures and influence policies at the local, provincial and national level.







We will help business (the private sector) and trade unions to respect and support children's rights throughout their activities and business relationships, including in the workplace, the marketplace, the community and the environment.

We will study the positive and negative impact of South African business on children's rights. The findings will be used to raise awareness and help business and trade unions to advance children's rights.

We will build partnerships with government, business and civil society for strengthened child rights systems

#### Measures of Success

- Strengthened CSO advocacy to drive implementation of child rights governance.
- Increased awareness of children's rights by business and trade unions.
- Support of a children's movement.

### 3.3.6. Children in Emergencies

#### 3.3.6.1. Context

Even though South Africa is yet to experience massive

humanitarian disasters, in recent years it has had to contend with a variety of national emergency scenarios such as violently disruptive industrial action and local service delivery protests. Whilst the impact of these events on children has not been fully explored, it is clear they pose a risk to the protection, health and educational rights of children in the affected communities (see section 2.2.3.3.).

#### 3.3.6.2. What We Will Do

SCSA is committed to reducing children's vulnerability to emergencies, to ensuring their right to survival and development after an emergency, and to providing the support they and their families need to be able to recover quickly and re-establish their lives, dignity and livelihoods. It is critical that mechanisms be in place to make sure there are prompt interventions to minimise disruptions in children's lives.

- We will explore the impact of previous disruptions and emergencies on children and families.
- We will develop the necessary contingency plans to guide our employees and implementing partners to prepare for and respond to such events.

4

# MOBILISING FOR ACTION: OPERATIONAL PROCESSES

EVERY CHILD DESERVES A FIGHTING CHANCE





#### 4.1. Monitoring, Evaluation, Accountability and Learning

SCSA aims to grow knowledge, evidence and learning to support the development and implementation of innovative, relevant and effective solutions for children and the children sector. We will drive quality programming through an integrated monitoring, evaluation, accountability and learning (MEAL) system. Through MEAL, we support the collection and use of information to support decision-making, to demonstrate accountability and to continue learning in order to improve the quality of the programmes we bring to communities and children.

What does a quality programme look like?

- Our programmes are designed on the basis of a thorough analysis of the child-rights situation in the provinces and targeted communities.
- Our programmes aim to be responsive to children and the communities we serve.
- We implement evidence-based programmes and monitor their implementation against quality benchmarks.
- We implement value-for-money programmes.
- We involve children and communities in making decisions about the solutions they need and how those should be delivered to them; we solicit feedback about what we have done.
- Our programmes deliver solutions and effect change for children as intended.
- Our programmes are inclusive – they involve reaching the most vulnerable children.

- Our programmes are innovative and ensure that lessons generated through implementation are incorporated in the interventions we employ and how they are rolled out.

SCSA will generate knowledge for the purpose of delivering more relevant, efficient, effective and sustainable programmes for children.

- As a learning organisation, we will document and share lessons learnt across all spheres of our operation.
- We will aim to build a reputation as a thought leader, by strategically identifying and addressing research issues and knowledge gaps to advocate for solutions that work for children.
- We will ensure that new knowledge strengthens work with and for children in South Africa and regionally by purposefully engaging with the children sector's specifically and the development sector broadly to make sure that it is relevant and being put to use in improving programmes for children.
- We will apply new knowledge in our own programming to ensure that we keep striving to find the best solutions for lasting change.
- New and innovative programmes will be documented and tested to develop replicable solutions.

The following processes will be put in place:

- SCSA will encourage and cultivate a culture of learning and accountability. We will ensure that critical questions are asked across the organisation about the value of our work.





- There will be ongoing staff capacity-building to increase accountability to children, commitment to our values and goals, and to viewing the implementation of our work through the lens of child-safeguarding.
- Programmes will be designed on the basis of thorough analysis of children's rights in focus areas.
- All programmes will be implemented with a clear view of what the achievements and results are that we seek.
- Programming will be based on evidence-based principles outlining clear quality benchmarks in implementation and outcomes.
- We will implement a set of indicators to track the outcomes of our programmes over an extended period of time to assess whether we are achieving change for children in South Africa.
- Quality principles will be monitored by an independent MEAL team that will feed information into programme operations and design to ensure that corrective action is taken and improvement sought on a continuous basis.
- We will evaluate our programmes to obtain objective information that can help us improve our approach.
- In testing the effectiveness of innovations or new approaches, evaluations will endeavour to answer questions of attribution by using experimental or quasi-experimental evaluation designs.
- Challenges in programme implementation will be addressed by undertaking operational research on strategic issues to inform management decision-making.
- We will partner with research institutions to conduct relevant and rigorous research.
- Periodic planning and reporting cycles will be implemented to create space for critical reflection and learning at all levels through programme reviews and learning events.
- We will ensure safe, voluntary and inclusive participation by children and communities throughout the programme cycle.
- We will provide clear, timely and relevant information to communities and children about our work. Information materials will guarantee

financial transparency about activity costs and consistently promote meaningful community involvement in projects.

- Transparent systems will be established to give children and their communities a chance to raise concerns or complaints, to respond to them appropriately and to include the lessons learnt for continual improvement in the quality of our programmes.

## **4.2. Marketing, Communications and Fundraising**

### **4.2.1 Context**

South Africa represents a challenging market for fundraising: in terms of demographics the growth of the middle class will be crucial. The talent pool of fundraising staff is small, particularly at more senior levels. Security of payment channels is a concern as is the integrity of NGOs.

### **4.2.2 Drivers**

SCSA envisages itself as playing two roles within the broader Save the Children movement and these drive the marketing, fundraising & communications aspect of Vision 2020:

- *Global influence*  
SCSA is positioned as a future leader for Save the Children and a key external international actor from within the African continent, and has strategic long term importance in Save the Children's global fight for the rights of children.
- *Local Leader*  
Furthermore, SCSA has set the ambition to become a national household brand and be known as the leading, 'go-to' child rights organisation in its work to protect, empower and lift children out of poverty across South Africa, especially those who are most vulnerable.

### **4.2.3 Funding Portfolio**

As SCSA sets out to build on its history and experience, and develop a strong and sustainable organisation both locally to deliver quality programmes on behalf of children, and internationally as part of the Save the Children membership for global initiatives, achieving the right mix of supporters and access to key actors, both in the short and long term, is critical. This will include:

- Individual supporters.



- Individual supporters will be the main source of unrestricted funding and hold significant potential for growth for SCSA.
- Such support will provide legitimacy for Save the Children both nationally and across the global organisation. SCSA will therefore not be tied to its own or international governments – and will have independent voice and lobbying power.
- In addition, this funding will demonstrate a popular demand for action, and lend weight to SCSA's intent to constitute a mass movement for children. Campaigns will be integrated as part of a holistic donor experience.
- SCSA will seek to extend the donor journey of individual supporters to that of active participants in the daily work of the organisation.
- Corporations.
  - Corporate support presents several channels for fundraising and is also a critical target for Children Rights Governance Programme.
  - SCSA will develop strong corporate proposition.
- It will further develop traditional corporate partnerships – developing multiyear funding grants (integrated with programme and campaigns where possible).
- SCSA will engage with selected corporations in dialogue and engagement for key programme areas, and to gain influence and support of corporates in lobbying for and delivery of key policy changes.
- Corporate engagement will allow access to employees, foundations, pro bono support – which will constitute a potentially wide range of fundraising channels.
- SCSA will explore the SME sector potential.
- Institutional funders and Foundations.
  - Institutional funding is becoming increasingly difficult to access. Many funders are acting on South Africa's middle income status and reducing the funding available in country for civil society and the competition between NGOs to access this funding is increasing.
  - However, institutional funders will remain crucial to the realisation of the SCSA ambition, providing substantial multi-year funding for programmes.

- SCSA will develop a yet deeper dialogue and impact with policy makers and influencers.
- HNWIs.
  - SCSA will develop the potential of High Net Worth Individuals, particularly in relation to those individuals positioned as business leaders within corporations and as Trustees within Foundations.

#### 4.2.4 Long term aims:

- Ensure a balance of funding from a diversified and sustainable portfolio.
- Cost ratios conforming to acceptable Save the Children norms.
- A much reduced restricted/unrestricted funding ratio.
- A clear concerted focus on reaching the growing middle class.
- An sector-leading donor journey and minimal attrition ratios.

Creative approaches will be required (alternative versions of F2F; multi-strand partnerships with corporates; integrated advocacy and fundraising campaigns).

In the short term, testing, monitoring and reviewing avenues for acquisition of mass support will be key. It is necessary to focus initially on selected channels (F2F; corporate and digital) and once successful, to build further strands. Diversifying the portfolio over time will be essential.

#### 4.2.5 Priorities

1. Acquisition and retention of individual supporters will be top priority. This will require tolerance for testing and disciplined, calculated risk taking. Monitoring and reviewing will be essential for developing the channels appropriately.
2. Building on success, developing key, strategic corporate partnerships.
3. Continuation of quality programme applications and reporting for institutional funds.

#### 4.2.6 Marketing & Communications

A multifaceted communications strategy will be developed so that three key strands can be delivered:

- Build and strengthen organisational brand and consistency.
- Campaigns and advocacy work succeeds in reaching with impact its range of audiences from government to members of the public – engaging and securing support and crucially, change.
- Excellent fundraising campaigns and donor stewardship – clear stories, asks, demonstrable impact.

In particular communications should be adaptable to the changing environment in South Africa with particular attention to the interests and drivers of the growing middle class, the most likely source of mass-market individual giving supporters in the future.





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EVERY CHILD DESERVES TO HAVE SOMEONE TO ASPIRE TO



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