



3

**social
transformation**

3.1 WHAT DEMOCRATIC SOUTH AFRICA INHERITED IN 1994

The democratic state inherited a divided nation, with high poverty levels, inequalities, discriminatory practices and inequitable distribution of income. The inequalities that persist today have largely been attributed to apartheid policies limiting access to quality education and formal labour market participation, which served to keep people trapped in poverty. Opportunities for black people (African, Coloured and Indian) to secure management positions or become owners of companies were minimal. Service provision was also distorted. In rural areas in particular, black people were denied access to clean water, sanitation, electricity and safe transport. In urban areas, services for black people barely met basic needs. Power outages were common and the supply of critical services was intermittent.

Before 1994, welfare policy was designed to entrench the socio-economic privileges of the white population, which already enjoyed preferential access to education, low unemployment rates and low exposure to vulnerability and risks. The welfare system was fragmented, inefficient and ineffective. Fourteen different departments serviced different racial and ethnic groups.

Under apartheid, education was based on race. The apartheid education system deliberately and explicitly aimed to ensure that Africans remained a source of unskilled labour for the economy. Former Prime Minister Verwoerd stated that: "The Bantu must be guided to serve his own community in all respects. There is no place for him in the European community above the level of certain forms of labour"¹. At the height of apartheid, white per capita funding was 10 times that of African learners².

Democratic South Africa also inherited a racially differentiated education system, with 19 different departments of education, each maintaining different standards and administering its own examinations. There was also a huge backlog in public school infrastructure. There were not enough classrooms, and most black

schools did not have libraries, laboratories, sportsfields or access to water, electricity and sanitation. Very few African children benefited from early childhood development services. It was estimated that in 1994, 28.7 percent of children under the age of five were undernourished³.

The healthcare system was biased towards curative services. Primary services were largely underdeveloped. Historically, white and urban areas had better healthcare resources. The burden of disease in South Africa mirrored racial and socio-economic inequalities. Due to the divided nature of the healthcare services before 1994 – with 14 health departments, including homeland administrations – health outcome indicators were not assessed systematically or regularly. Despite this, there are indications that the life expectancy of white South Africans in 1990⁴ was 69 years for men and 76 years for women. By contrast, the life expectancy of Africans was 60 years for men and 67 years for women. Access to quality healthcare was especially limited in African and rural areas.

The Natives Land Act of 1913 and apartheid policies in subsequent decades resulted in widespread, racially based dispossession of land ownership rights. About 3.5 million people were forcibly removed from their land to designated homelands. In 1994, 87 percent of commercial arable land was owned by white farmers and businesses. Black people in rural areas lived either on commercial farms (as farmworkers) or in communal areas under the communal tenure system.

As a result of apartheid policies, in 1994, 60 percent of South Africans were living in rural areas characterised by poverty, joblessness, weak institutions and gross inequality. The migrant labour system inherited in 1994 meant that former homelands had disproportionately large populations of women, children and pensioners. Fewer than 30 percent of adults of working age had a primary school education. Employment levels were very low in rural areas⁵, with just one adult out of every four being employed, compared with two out of four in the metropolitan areas. Rural infrastructure was inadequate and basic services were severely limited.

Apartheid planning consigned the majority of South Africans to live in places far away from places of work, where services could not be sustained and where it was difficult to access the benefits of society or participate fully in the economy. Towns and cities were highly fragmented, imposing high costs on households and the economy. Inefficiencies and inequities in South Africa's settlement patterns are deeply entrenched as a result of apartheid.

Housing was also delivered through a fragmented system of 14 race- and ethnicity-based administrations. Opportunities for black people to purchase and own land

THE STATE OF EDUCATION IN 1994

- Matriculation pass rate of 53.4 percent
- Adult literacy rate below 70 percent
- 7.1 percent had a tertiary education
- 99 percent of white teachers were qualified, 93 percent of Indian teachers, 71 percent of Coloured teachers, and 54 percent of African teachers
- Professional staff in the higher education system comprised 80 percent white people, 12 percent African, 4 percent Coloured and 4 percent Indian.

were limited. This created a highly distorted property market system, with a functioning housing market for a white minority, coupled with housing in public rental urban black ghettos. There was no proper housing in what were effectively rural ghettos.

By the 1980s, housing for black people was overcrowded and costly, with deteriorating municipal services and the growth of illegal informal settlements. Civil protests and rent and service boycotts made black townships increasingly dysfunctional and ungovernable. In 1994, the housing backlog was estimated to be 1.2 million. The 1996 census showed that 1.5 million households were living in informal houses in urban areas.

Within this context, women, young people and people with disabilities were further excluded and marginalised. Disruption of family life is another legacy of apartheid, a consequence of the pass laws, forced removals, the migrant labour system and the establishment of homelands.

3.2 DEVELOPMENTS SINCE 1994

Because they were so deeply entrenched, the inequities of apartheid continued to reproduce themselves after 1994. To significantly transform South African society, government's main focus has been on programmes that address income, human capital (education, skills and health) and asset poverty, and inequality. New policies and programmes have been introduced to address the needs and vulnerability of children, people with disabilities and the aged through social assistance grants and other developmental social services. Labour market interventions have been introduced to address inequality (affirmative action policies) and poverty (such as public works programmes). Measures have been put in place to address asset poverty, such as land reform and the provision of housing and basic services.

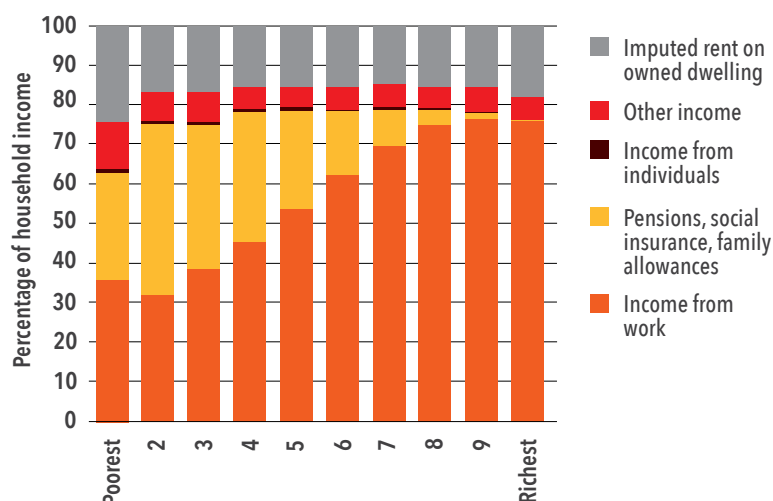
3.2.1 Income, poverty and inequality

Employment and unemployment are discussed in Chapter 4. South Africa's relatively low employment ratio, compared with international norms, suggests that comparatively few people, especially in the lower income deciles, rely on wages as their main source of income. As illustrated in Figure 3.1, the poorest 40 percent of

EXAMPLES OF PRO-POOR POLICIES AND PROGRAMMES INTRODUCED SINCE 1994

- The social grant programme has resulted in a reduction in poverty levels
- No-fee schools have been introduced to make it easier for the poor to send their children to school and has resulted in improved school enrolment
- Virtually all the learners from poor households are receiving a government-funded school lunch
- In the health system, user fees were abolished for primary healthcare services and indigent and very poor users are not required to pay for hospital services
- The low-income housing subsidy provides access to housing for the very poor
- Municipalities provide municipal rates rebates to the indigent and free basic water and electricity to the poor
- Agricultural support programmes are provided to rural households engaged in subsistence and small scale farming activities
- Minimum wage levels were introduced for low-paid workers such as agricultural and domestic workers
- A regulatory environment was put in place to enable access to banking for low income and poor households
- Public employment schemes have created more than 4 million work opportunities since 1994.

Figure 3.1: Sources of household income



Source: Statistics South Africa, Income and Expenditure Survey 2010/11

households (the first four bars in the graph) derive more than half of their income from non-wage sources of income. Social grants are an important source of income for those households. More than half of all households in the former homelands depend mostly on remittances or grants, compared with under a quarter in the rest of the country⁵.



South Africa remains one of the most inequitable countries in the world. When using the Gini coefficientⁱ measurement, inequality increased from 0.64 in 1995 to 0.69 in 2005, but improved to 0.65 in 2010/11⁶. The share of wages in national income has been decreasing, from just below 55 percent in 1994 to a low of 49 percent in 2008. It then increased to 51 percent in 2012. This could be the result of real wages stagnating, at least for the median worker. According to Post-Apartheid Labour Market Survey data, real earnings for the median worker have remained almost unchanged since 1995. Median earnings in constant 2000 prices have consistently remained below R2 000 a month since 1995, in contrast to those above the median wage, which have seen real wage gains since 1995⁷.

An ongoing concern is the disparity between men and women in earned income. In 2001, the average annual income of households headed by women was R27 864, compared with R63 626 for households headed by men⁸. By 2011, despite an increase in the average

income for females, households headed by women still earned less than 50 percent of households headed by men.

As mentioned in Chapter 4, in 2012, the median earnings for a white man was six times as high as for an African woman. The disparity was mostly not a result of unequal pay for the same kinds of work, although that remained a factor. The main reason for pay differentials was that Africans, and especially African women, were more likely to be employed in lower-level jobs. As a result of this disparity in employment, the average income for females remains far less than their male counterparts' salaries⁹. Inequalities in access to work and pay are also reflected in household incomes. In 2012, the median income for an African household was under R3 000. For Coloureds and Indians, it was just over R7 000, while for whites it was around R20 000¹⁰.

The past decade has seen the rise of the black middle class. There was a significant shift in the country's LSM (Living Standard Measure) distribution between 2001 and 2010. The

ⁱThe Gini coefficient ranks countries between 0, indicating complete equality, and 1, indicating complete inequality, in that one person has all of the income/consumption while others have none.

LSM is a tool to group populations in terms of their living standards, based on the goods, services or luxuries available to them. The ranking ranges from 1 (poorest living standards) to 10 (highest living standards). Specifically, between 2001 and 2010:

- The LSM 1–4 bracket shrank by 4.6 million people
- The LSM 5–6 group grew by 5 million people
- The LSM 7–10 group swelled by 4.7 million people¹¹.

Despite rising average income levels and the rise in the black middle class, levels of inequality have remained high, with the richest 10 percent of households capturing over half of the national income.

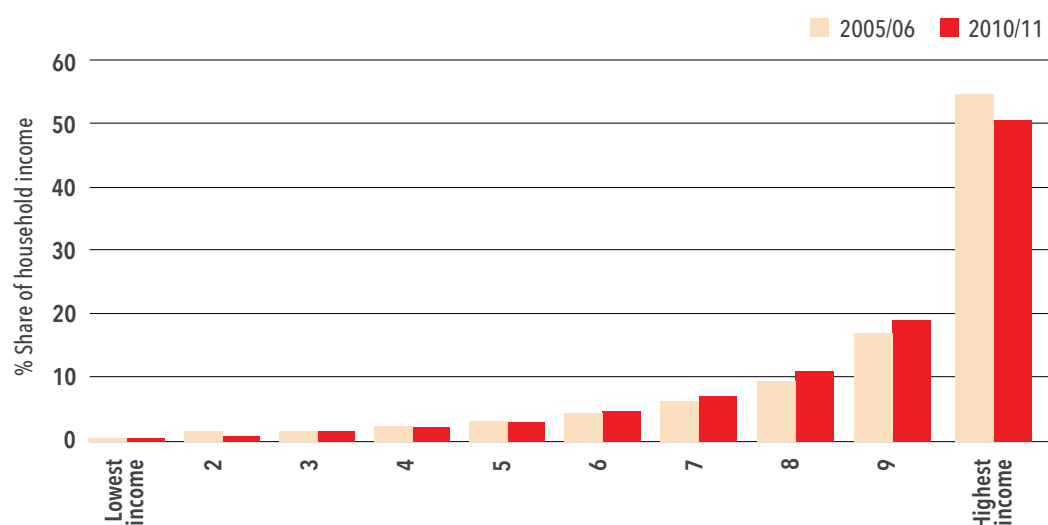
The recent decline in inequality is largely due to the share of household income for the highest income decile declining from 54.4 percent to 50.6 percent between 2005 and 2010, as illustrated in Figure 3.2. The poorest 40 percent of households also saw their share of income fall from 6 percent of the total to 5.6 percent. By contrast, households between the 40th percentile and the 89th percentile increased their share of income, from 39.7 percent to 43.8 percent¹².

Although inequality remains high, poverty levels have decreased. Studies conducted by the Economic Policy Research Institute, the Development Policy Research Unit and the Southern Africa Labour and Development Research Unit at the University of Cape Town all indicate a reduction in poverty levels since 1994.

The study by the Economic Policy Research Institute¹³, conducted in 2013, examined the effect of social grants on poverty using three definitions of poverty – food poverty, which takes into account average energy intake (set at an income of R88.71 in 1993 and R336.18 in 2013), a lower poverty line (set at R131.27 in 1993 and R497.45 in 2013) and an upper poverty line (set at R193.61 in 1993 and R733 in 2013). Table 3.1 indicates that the poverty rate decreased from 45 percent in 1993 to 38 percent in 2013, with social grants for the lower poverty line. Using a food poverty level, poverty levels declined from 33 percent to 25 percent between 1993 and 2013.

The Development Policy Research Unit study used per capita expenditure data to show a reduction in both absolute and relative poverty between 1995 and 2010¹⁴. (Absolute poverty means the inability of people to meet basic needs, such as food, clothing, housing and medical care. Relative poverty refers to a lack of income in relation to the average standard of living.)

Figure 3.2: Comparison of income distribution by decile in 2005/06 and 2010/11



Source: Statistics South Africa, *Income and Expenditure Survey 2005/06, 2011/12*

Table 3.1: Poverty rate and poverty gap, 1993 and 2013¹⁵

| | Poverty line (nominal Rand) | Poverty rate without social grants | Poverty rate with social grants | Poverty gap Reduction as % GNI |
|-----------|--------------------------------|--|------------------------------------|--------------------------------------|
| 1993 Food | 88.71 | 0.41 | 0.33 | 0.95% |
| Lower | 131.27 | 0.50 | 0.45 | 1.29% |
| Upper | 193.61 | 0.60 | 0.57 | 1.59% |
| 2013 Food | 336.18 | 0.43 | 0.25 | 1.48% |
| Lower | 497.45 | 0.50 | 0.38 | 1.99% |
| Upper | 733.69 | 0.58 | 0.52 | 2.44% |

Source: Economic Policy Research Institute, 2013

The Southern Africa Labour and Development Research Unit at the University of Cape Town's study attempted to take into account the effect of improvements in social and municipal services on poverty, rather than just the effect of money transfers and earnings¹⁶. The study used a multidimensional poverty index that covers improvements in health, education, municipal services and assets to come up with a headcount poverty ratio. According to the study, there has been a significant reduction in headcount poverty, from 37 percent in 1993 to 8 percent in 2010. The Multidimensional Poverty Index headcount measure thus shows a more substantial reduction in poverty than the money-metric measure does.

Evidence indicates that there has been progress in reducing poverty since 1994, whether using a money-metric or a multidimensional measurement. This reduction in poverty is an important milestone achieved by the democratic state. It has largely been due to tax-based redistribution to poorer households through social assistance grants, education, health, labour market interventions, as well as increased economic participation. Despite gains in overall poverty reduction, women, children and people with disabilities remain especially vulnerable to poverty.

3.2.2 Social protection measures

The democratic government redirected policy and programmes from the racially determined welfare system of apartheid to one with wide reach and coverage. There has been a focus

on fundamentally transforming the social protection framework by deracialising access and ensuring a shift towards a developmental approach that emphasises individual economic empowerment, inclusion, poverty alleviation, equitable access to basic services and community-based programmes.

In designing comprehensive social protection measures, vulnerability was understood to mean the risk of a particular individual or group falling into poverty or situations that compromise their wellbeing. Social protection measures were therefore implemented for targeted groups, such as the elderly, children, people with disabilities, and victims of violence and abuse.

Although not aimed at meeting individuals' total needs, social protection measures were designed to lift recipients out of poverty and deal with the absolute deprivation of the most vulnerable sectors of society. They were also designed to deal with the security needs of the currently non-poor in the face of shocks and life-cycle events.

Developmental social welfare

The new government sought to introduce new approaches to social welfare, based on helping the poor and vulnerable to become self-reliant. This would include both social assistance programmes as well as welfare services aimed at empowering people¹⁷.

Through support and extending government funding to voluntary organisations and non-governmental organisations (NGOs), including those that were previously

excluded from funding, welfare services have been de-racialised and expanded to communities that were not serviced or under-serviced under apartheid.

The government-NGO partnership is not yet able to meet all the demand for developmental social welfare services. The huge expansion of services to previously under-serviced communities has put strain on the NGO sector, both in terms of financial resources and human resources. High levels of unemployment, HIV and AIDS, and social ills such as domestic violence, child abuse, rape and other forms of sexual violence, and alcohol and drug abuse also put strain on the sector.

In order to increase the reach of developmental social welfare services further, the NDP includes plans to address skills shortages in the social welfare sector, build better partnerships between government and NGOs, and increase coverage in rural areas and under-serviced communities in urban areas.

Social assistance

Social assistance through grants is the democratic government's most effective poverty-alleviation tool. The Social Assistance Programme has been expanding at an unprecedented rate, with the number of beneficiaries increasing from 2.7 million people in 1994 to 16 million people by 2013. About 2.9 million of these are people above the age of 60, while 11.3 million are beneficiaries of the Child Support Grant and a further 1.1 million are people with disabilities. The Child Support Grant has grown the most, expanding from just under 22 000 beneficiaries in 1998 to more than 11.3 million in 2013. Research conducted by, among others, the Department of Social Development and the United Nations Children's Fund found that the grant system (in particular the Child Support Grant) has made a significant dent in the transmission of intergenerational poverty. Young children display improved cognitive development, a lower rate of childhood illnesses, and better school attendance and educational outcomes. Adolescents were positively affected and also less likely to join gangster groups or engage in transactional sex or substance abuse.

South Africa now spends close to 3.4 percent of gross domestic product (GDP) on social grants at a total annual cost of about

TRANSFORMATION OF SOCIAL ASSISTANCE PROGRAMMES

The Child Support Grant was introduced in 1998 and initially targeted children aged 0 to 7 years. The age limit of this grant was gradually raised to 18 years.

The Old Age Grant was normalised so that blacks would also get a monthly income like their white counterparts, unlike pre-1994, when they received it bi-monthly. The age limit for men was gradually lowered from 65 to 60 to match the limit for women.

The Disability Grant, Foster Care Grant, Care Dependency Grant and the War Veteran's Grant were extended to all South Africans.

Most grant beneficiaries live in provinces with high poverty rates, namely KwaZulu-Natal (56.4 percent of beneficiaries), the Eastern Cape (55.9 percent) and Limpopo (55.2 percent). This reflects appropriate targeting of the social assistance support programmes.

R120 billion to the national budget. As mentioned in Chapter 2, there have been major improvements in the administration and delivery of social grants. There has also been concerted action to reduce corruption in the social grant system.

It is important to note that, while South Africa has an unemployment insurance system that provides support for a limited period to those who have made contributions, it does not have a comprehensive unemployment benefit system. In other words, there is no grant for able-bodied working-age people who are unable to find work. Therefore South Africa's grant system does not provide a disincentive to people to work. On the contrary, there is evidence that unemployed people in households where there are grant recipients have used part of the grant income to search for work.

Social security

Retirement schemes have gone through various reforms since 1994 to encourage inclusivity, eradicate discrimination and improve access to provisions. Major gaps in unemployment insurance coverage inherited in 1994 were addressed by establishing the Unemployment Insurance Fund. The fund was extended to include domestic workers, seasonal farm labourers and other categories of workers that had been marginalised in earlier assistance schemes.

While some steps have been taken to promote retirement savings, a sizable proportion of the South African population who are either self-employed or engage in irregular or unregulated employment in the informal sector do not save towards their retirement. In addition, this group is generally not covered for unemployment insurance and compensation for injury and diseases. Effectively, many who hold jobs will become dependent on the state after retirement. Many people who have never been in employment or those who are considered to be in long-term unemployment are without an income, but are excluded from the safety net provided by the social security system.

Public employment programmes

Given South Africa’s high levels of unemployment, since 1994 public employment programmes have become an integral part of a suite of policy interventions to reduce poverty. The Growth and Development Summit of 2003 consolidated public employment programmes under the Expanded Public Works Programme (EPWP). South Africa’s approach to public employment programmes has been relatively unique internationally, cutting across a range of sectors, involving all spheres of government and the non-profit sector, and with an urban and rural focus. In the environmental sector South Africa has been a world leader. Programmes like Working for Water, Working on Fire and Working for Wetlands have provided long-term work opportunities and, according to research by the Council for Scientific and Industrial Research, rendered hundreds of billions of rands’ worth of environmental services. South Africa is one of a few countries in the world with a range of public employment activities in the social sector – including homework supervision, and early childhood and home-based care.

As indicated in the NDP, increased economic growth and diversification coupled with improved education and skills development are required in order to address South Africa’s structural unemployment problem. The EPWP is one of many programmes contributing towards supporting employment generation. It provides short-term job opportunities for the unemployed (to unskilled unemployed people in particular). In addition, the aim of the EPWP is to provide training for participants. Due to the short nature of most EPWP projects, this training has generally been at a basic level.



In the first five years of the EPWP (2004–2009), a target of 1 million work opportunities was set in the infrastructure, environment, social and economic sectors. This target was exceeded, with a total of 1.6 million work opportunities being created by 2009. Most EPWP work opportunities result from using more labour-intensive construction and maintenance methods in public infrastructure projects. Further upscaling the EPWP resulted in more than 3 million work opportunities being created between 2009 and the end of March 2013. This included the introduction of the Community Work Programme (CWP) in 2009, with funding for employment creation projects prioritised by communities.

The EPWP is on track to achieve its target of 4.5 million work opportunities by 2014.

However, the employment created through the programme is still small compared with the number of unskilled unemployed people. Nevertheless, public employment programmes are crucial income-supporting programmes. Both the EPWP and the CWP have been successful in targeting women, the youth and people with disabilities.

In addition to providing income, the opportunity to work provides dignity and meaning in the lives of participants in public works programmes. Generally, besides accessing income, public works programmes help reduce the negative effects of unemployment, which include social isolation, erosion of self-esteem, drug and alcohol abuse, as well as a loss of knowledge, skills and habits associated with having a job. Research on the EPWP suggests that those that have participated have a higher propensity to participate in savings clubs, to volunteer in community activities, to use their personal resources to enhance social services and community assets, and to use media as a source of information. EPWP beneficiaries are also more aware of their socio-economic rights. CWP workers emphasised that public employment work differs from employment on farms because it is work for the community. They know it has an intrinsic value for the community, and they therefore do not resent the relatively low wages in the way they would if they were working for a private employer.

3.2.3 Human capital

3.2.3.1 Education and skills

Since 1994, government has implemented major policy reforms to redress past inequalities in education, transforming the education system and increasing the skills and life chances of all South Africans. Nineteen different departments of education have been unified into a single education system¹⁸, removing race as the basis for attending school.

A new funding model was introduced to replace the race-based, inequitable funding model of the apartheid era. Overall, the education budget increased to more than 5 percent of GDP¹⁹, and changed from a race-based education budget to a pro-poor education budget. Public spending per learner increased to about R11 000 per year by 2011. While there has been an improvement in the equity of education funding, inequalities in terms of resources available at public schools remain due to the disparity in households' ability to

supplement the funding of public schools and due to inherited school infrastructure backlogs.

While a range of changes and initiatives introduced since 1994 are starting to result in improvements in the education system, it will take more time for the terrible legacy of apartheid education to be fully addressed and for apartheid patterns of school performance to be removed.

Early childhood development

Early childhood development (ECD) is critical for improving the results of learners in the education system. Since 1994 there has been a significant increase in access to centre-based care, albeit from a low base. It is estimated that over a million children under 4 years old are now in an ECD facility or some form of out-of-home care. Of these, 467 000 children are recipients of the means-tested subsidy through 18 826 registered centres.

Enrolment in Grade R (a pre-school year at primary school) has more than doubled, increasing from 300 000 to 705 000 between 2003 and 2011, nearly reaching the level of universal access. By 2012, 87.8 percent of learners in Grade 1 in public schools had attended Grade R. This is a remarkable achievement, indicative of South Africa's investment in the foundation phase of education.

The ECD programme is currently being extended to cover the first 1 000 days of life (from conception to two years old). Few of the youngest children (under two years old) are in formal early child care and education centres. Furthermore, the majority of poor children are not accessing ECD centres. Among children in households with a monthly expenditure of R200 or less, only 22 percent are enrolled in an ECD service, as against 56 percent of children in households with monthly expenditure of R10 000 or more²⁰. Multisectoral coordination is being strengthened to ensure that a more comprehensive set of services (nutrition and food security, antenatal and postnatal care, and home-based and community-based ECD programmes) is offered, with greater focus on improving access for poor children. In addition, the quality of ECD needs to be improved at all levels.

Basic education

Gross secondary enrolment improved from 51 percent in 1994 to 89 percent in 2012²¹,



while gross primary enrolment in 2012 was high at approximately 98 percent. The learner-to-teacher ratio improved from 33 to 1 in 2000 to 30 to 1 in 2012²². As a result of improved infrastructure, a higher proportion of younger children are accessing classroom facilities. Overall, South Africa is achieving gender parity in school enrolment with a Gender Parity Index of 1 in 2012²³, and is on track to meet the Millennium Development Goal (MDG) of achieving universal primary education by 2015. Progress has also been made in increasing access to schools for children with disabilities, with more public special schools being built. More work is required in this regard because access is still limited, with less than 40 percent of children with disabilities accessing formal education, either through special schools or mainstream education.

The improvements in access have resulted from a number of interventions. The burden of school fees for poor households has been reduced by introducing no-fee schools.

By 2012, 78 percent of learners (more than 8 million) in 80 percent of public schools (close to 20 000 schools) benefited from the no-fee policy²⁴. By providing children with meals at school, the National School Nutrition Programme has contributed to regular and punctual attendance by learners and enabled them to attend school without being hungry. By 2012, about 9 million²⁵ learners in 20 905 primary and secondary schools – virtually all the learners from poor households – were receiving a government-funded school lunch.

The outcomes-based curriculum, which was introduced in 2005, proved to be difficult to implement and was subsequently replaced by various revisions, including the National Curriculum Statement Grade R–12 and the National Curriculum and Assessment Policy Statement (CAPS) between 2011 and 2014. The CAPS spelt out what teachers should teach and assess, how lesson plans should be prepared, and how teaching should take place. This was crucial for addressing gaps that were apparent in the outcomes-based



curriculum. CAPS also introduced English as a subject in the early grades to ease the transition to instruction in English for learners who are not first-language English speakers.

To strengthen teaching and learning, CAPS was accompanied by the following measures:

- A total of 114 million workbooks were distributed to schools between 2011 and 2013 to increase access to quality written material and help learners and teachers to understand the expected assessment standards and cover the curriculum.
- The Annual National Assessments (ANA) system was introduced to enable the objective assessment of the education system below Grade 12. Almost 7 million learners across more than 24 000 schools participated in the third cycle of ANA in 2013. ANA tests are set nationally, which enables all learners below Grade 12 to be assessed against the same standards. Such tests did not exist before.

The ANA results for Grades 3, 6 and 9 for 2012 and 2013 are compared in the box on the next page. The generally poor results provide

an indication of the extent of the remaining challenge to improve literacy and numeracy levels among learners. However, the results also indicate that the system appears to be starting to improve at Grades 3 and 6, from a low base. The low Grade 9 results may be an indication that an improvement in results at higher grades may first require an improvement in the foundation provided at lower grades, which will take time to flow through. Government will be introducing ANA assessments in Grades 7 and 8 in coming years to support performance in Grade 9.

The poor ANA results can be attributed to inadequate teacher competency, subject and curriculum knowledge²⁶, as well as weaknesses in school and district management. To strengthen the quality of education, the Funza Lushaka bursary scheme was introduced to tackle teacher shortages by encouraging more learners to study to become teachers. From 2007 to 2013 a total of 62 804 bursaries were awarded to student teachers at a cost of over R1.9 billion. The long time it takes to place Funza Lushaka bursary graduates in some provinces is a concern that needs to be addressed. For teachers already in the system, a teacher development plan with a

ANNUAL NATIONAL ASSESSMENTS RESULTS 2012–2013

Grade 3 ANA results

- Average literacy results decreased marginally from 52 percent in 2012 to 51 percent in 2013.
- Average numeracy results increased from 41 percent in 2012 to 53 percent in 2013.
- In 2013, 59 percent of learners scored above 50 percent for numeracy and 57 percent scored above 50 percent for literacy, compared with 36 percent and 57 percent respectively for 2012.

Grade 6 ANA results

- Average results for Mathematics increased from 27 percent in 2012 to 39 percent in 2013.
- Average results for Home Language increased from 43 percent in 2012 to 59 percent in 2013.
- Average results for First Language increased from 36 percent in 2012 to 46 percent in 2013.
- Only 27 percent of learners scored above 50 percent for Grade 6 Mathematics in 2013 (up from 11 percent in 2012).
- An average of 68 percent scored above 50 percent for Grade 6 Home Language and 41 percent for First Additional Language in 2013, compared with 39 percent and 24 percent respectively for 2012.

Grade 9 ANA results

- Results in 2012 and 2013 were very similar for Grade 9.
- The average Mathematics result for Grade 9 learners was 14 percent in 2013, but only 2 percent scored above 50 percent.
- The average Home Language result for Grade 9 learners was 43 percent in 2013, with only 37 percent scoring above 50 percent.
- The average result for First Additional Language was 33 percent in 2013, with only 17 percent scoring above 50 percent.

multi-pronged approach has been introduced, especially in the worst-performing schools. Through the Teacher Union Collaboration initiative, 80 000 existing teachers were trained by the end of the 2013 academic year. In future, minimum competency requirements for teachers, coupled with strengthened teacher-support programmes, may need to be introduced, to complement initiatives to increase teacher competence.

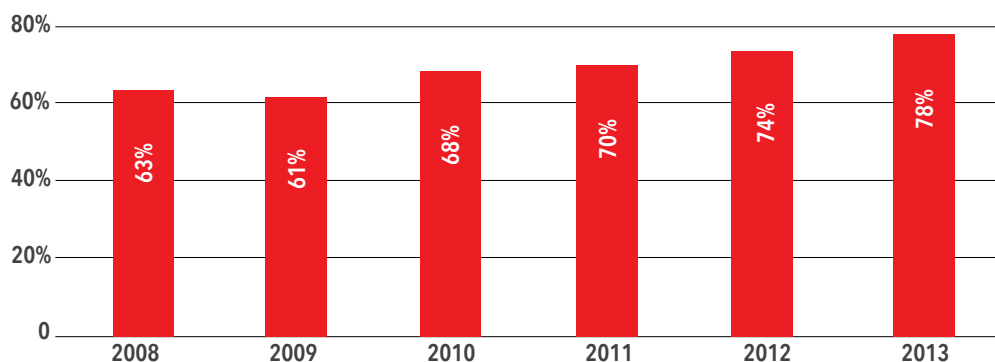
International comparisons through the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) confirm that South Africa fares poorly in terms of learner performance in Grade 6 and teacher content knowledge when compared with countries that spend the same or less on education per capita. In terms of the SACMEQ tests, South Africa experienced no statistically significant change in performance between 2000 and 2007. In contrast, Lesotho, Mauritius, Namibia, Swaziland, Tanzania and Zanzibar experienced improvements in both Mathematics and reading. The 2011 Trends in International Maths and Science Study (TIMSS) points to improvements for Grade 9 learners between 2002 and 2011²⁷, especially for

learners attending the poorest schools. These improvements are off a low base and South Africa still has a low average in Mathematics and Science performance, below the level expected for Grade 9 learners, as indicated by the recent ANA test results.

As outlined in Figure 3.3, Grade 12 pass rates increased from 61 percent in 2009 to 78 percent in 2013. This is partly due to increased matric support programmes offered by the Department of Basic Education, NGOs and the private sector. The support includes intensive post-test analysis of question papers; self-study guides in selected subjects; revision camps for learners; supplementary winter schools, radio and television lessons in key subjects; and the availability of examination exemplars and teacher support. In addition, the improvements are due to the stabilisation of the education system, which is no longer experiencing rapid changes in curriculum or policies.

The numbers of learners obtaining university entry qualifications each year (bachelor passes) has also increased. On average, between

Figure 3.3: National Senior Certificate overall pass rate, 2008–2013



Source: Department of Basic Education, 2013

2010 and 2012, 128 000 learners obtained bachelor passes, compared with 70 000 per year for the period 2000 to 2002. The number of Grade 12 learners passing mathematics with a mark above 50 percent is not increasing rapidly enough to meet the country's skill needs. This is compounded by the fact that fewer learners opt for Mathematics rather than Mathematics Literacy, restricting their access to programmes such as engineering. In addition, dropout rates are high, especially between Grades 9 and 11, meaning that a large percentage of learners who start school do not reach matric. This percentage is difficult to determine because there are some pupils repeating grades and some move to FET colleges to complete their matriculation.

With a view to obtaining an independent account of the state of schools and recommendations for addressing problem areas, government established the National Education Evaluation and Development Unit (NEEDU) in 2009. NEEDU published a comprehensive report on the state of literacy teaching and learning in the foundation phase in 2012. Findings in the report included that learning time is being lost due to late coming of learners, abuse of leave by teachers, and daily school disruptions. Furthermore it was found that learners' performance is affected by limited subject knowledge of teachers, heads of department, and subject advisors.

To support the improvements that are emerging in basic education, better school management and administration, with a

focus on school performance, are critical. This includes monitoring teacher absenteeism and the time spent teaching, improving performance management of principals, and strengthening district management over schools (including monitoring of curriculum coverage). Teacher utilisation and content knowledge need to be strengthened through teacher training, recruitment and effective support. There also needs to be increased accountability to the parent community for the performance of schools by improving the ability of parents to hold schools accountable through school governing bodies.

Adult education

The percentage of the population aged 20 years and older that has had no education decreased from 19 percent in 1996 to 9 percent in 2011²⁸. The Kha Ri Gude Literacy Programme has been a success, with almost 3 million illiterate adult learners having been enrolled between 2008 and 2012. The majority of learners are female. While only 48 percent of Africans aged 20 and over had completed Grade 9 in 1994, this percentage increased to 64 percent by 2011²⁹. Similarly, the percentage of African adults over 20 years of age who had completed Grade 12 increased from 23 percent in 1994 to 64 percent in 2011.

Post-school education and training

In the two decades since the demise of apartheid, there has been a transformation of the post-school education and training system. The most important change was the establishment in 1996 of an overarching



National Qualifications Framework. It provided an organising matrix to direct the upward accumulation of educational awards, with multiple entry and exit points. It aimed to facilitate progression between the three phases of education and training – general, further and higher – as well as provide articulation between academic education and skills training. Sector education and training authorities (SETAs) were also established with the aim of linking skills development more closely to the needs of economic sectors and providing opportunities for experiential learning through learnerships. The 2006 establishment of various quality assurance bodies was meant to further improve articulation of qualifications while maintaining their quality.

The number of unemployed people completing learnerships reached over 22 000 per annum in 2013, but there have been challenges in placing learners in experiential learning and sustainable employment. In order to address these challenges, government policy has recently been changed to require SETAs to spend more on substantive courses leading to occupational, vocational and professional

qualifications at public colleges and universities, particularly universities of technology. There is also room to further improve relations between training institutions and industry.

Although enrolment at technical colleges increased by 70 percent between 1987 and 1994, artisan apprenticeship contracts dropped by 42 percent between 1984 and 1993³⁰. Historically, most of the artisan training had been carried out by state-owned enterprises (SOEs), but the commercialisation of SOEs compromised training, with many of the artisan training centres being run down. Under the Accelerated and Shared Growth Initiative for South Africa (Asgi-SA), government introduced the Joint Initiative for Priority Skills Acquisition (JIPSA) in 2006 to boost the supply of skills needed by the growing economy. JIPSA was a partnership with business and labour and produced detailed research on the projected supply and demand of skills. JIPSA also introduced measures to increase the supply of skills where necessary, such as reviving the apprenticeship system to address the shortage of artisans³¹. Since then, there has been good progress in



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artisanal training, with more FET enrolments and increased numbers of qualifying artisans.

The artisan training programmes of the SOEs have been revived, and the SOEs are now once again major contributors to the supply of artisans. Artisan training by SOEs has received a further boost in recent years through the Infrastructure Plan under the PICC. Between 2011 and 2013 the SOEs trained 4 740 artisans. Both SOEs and the private sector have been constrained by the lack of adequate, sustainable, guaranteed funding from the SETAs and the National Skills Fund (NSF), as well as the lack of a single artisan learner administration and grant disbursement system across the SETAs. Government has recently addressed these blockages by directing SETAs, in new grant regulations, to use 80 percent of their discretionary grants for pivotal programmes, of which artisan training is a major part³².

In total, 3 430 artisans successfully completed trade tests between 2000 and 2006, while 6 030 artisans successfully completed trade tests between 2007 and 2008. This number increased further to 15 277 artisan qualifications during 2011/12 alone.

To address the problem of unemployed and unskilled youth, the National Senior Certificate for adults was registered. The National Certificate Vocational system was introduced in 2011. These are significant milestones in developing alternative avenues for skills development.

The democratic government has focused on consolidating and increasing access to tertiary institutions. This included closing or absorbing 120 colleges of education (or teacher training colleges) that were not producing teachers with the necessary competencies and qualifications into universities and universities of technology (formerly technikons)³³. Between 2003 and 2005, the original 36 universities and technikons were merged into 23 higher education institutions, with two more being built now³⁴. For some time there was a shortage of Foundation Phase school teachers, and in order to correct this, a decision has since been taken to reopen some of the teacher training colleges, with a revised mandate and curricula to produce the quality of teachers required. Overall, due to government bursary schemes, there has been progress in increasing the number of graduate teachers. The number of teachers

graduating per year increased from 6 315 in 2009 to 13 708 in 2012. However, some provinces struggle to place these graduate teachers in schools that need them because of funding shortages, which in turn are related to excess teachers in certain subjects.

University enrolment has almost doubled, increasing from 495 356 students (universities, technikons and teachers' training colleges) in 1994 to 953 373 students (public universities and universities of technology) in 2012³⁵. Between 1994 and 2012, approximately 1 million university beneficiaries received National Student Funding Assistance Scheme loans and bursaries worth approximately R30 billion.

Bursaries for FET students increased from R100 million in 2007 to R1.7 billion in 2012, benefiting 237 908 students between 2009 and 2011³⁶. Enrolments in FET colleges increased from 271 900 in 2000 to over 657 690 in 2012. The key challenge in the FET sector is to improve throughput rates at FET colleges. Only 4 percent of the 2007 intake of FET colleges completed their qualifications in 2009. Reasons for this include learners being underprepared when they enter FET colleges and inadequate lecturer skills in terms of both pedagogy and content. As long as the throughput rate remains low and the reputation of FET qualifications remains poor, the NDP target for FET colleges to become an acceptable choice for post-school education and training will not be realised. The quality of FET colleges needs to be strengthened by improving administration and the quality of staff.

By 2012, women made up 58 percent of all students enrolled in university programmes. More black students than ever before are enrolled in higher education institutions, comprising 81 percent of all students in 2012³⁷, indicating the changing face of higher education institutions. Notwithstanding this progress, participation rates remain skewed in favour of white and Indian students, with only 16 percent of African and 14 percent of Coloured people of university-going age enrolled in higher education institutions, as opposed to 55 percent and 47 percent of white and Indian young people respectively³⁸.

Overall, African and female students are under-represented in science, engineering, technology, business and commerce programmes, which are critical areas needed in the economy. This will affect the pace of

transformation of the economy and ensuring representivity in the workforce.

There has also been progress in increasing the number of honours, master's and doctoral graduates. In the longer term, the means to produce these skills is threatened by an ageing lecturer workforce. There will need to be an ongoing effort to grow the number of graduates from disadvantaged communities and attract them to academic careers, replenish the stock of current lecturers and attract more female and African lecturers, especially to the science fields. In this regard, a University Teaching Development Grant was introduced in 2009 to develop younger lecturers.

Lack of infrastructure and equipment, particularly at historically disadvantaged universities, has also been gradually addressed since 1994. More recently, decisions have been taken to establish new universities in Mpumalanga and the Northern Cape, which will improve access to higher education. Going forward, increased funding of universities needs to translate into better graduation rates, while still promoting research.

3.2.3.2 Health

Transformation of the health system

One of the focus areas for the new democratic government was transforming the public health system into an integrated, comprehensive national service, driven by the need to redress historical inequities and provide essential healthcare to disadvantaged people. After 1994, a single national health system was established by integrating the previous 14 departments of health and developing an enabling policy and legal framework to increase access to healthcare. This was done against the backdrop of the Constitution, which binds the state to progressively realise the right to health³⁹.

Primary healthcare, delivered through the district health system, became the cornerstone of healthcare policy⁴⁰. This represented a shift from the earlier hospital-based curative approach. All user fees were abolished for pregnant women, children under six years of age and people with disabilities. Subsequently, user fees for primary healthcare services were abolished for all. Access to primary healthcare



services, measured in terms of visits per year, increased from 67 million in 1998 to 129 million⁴¹ by the end of March 2013. The proportion of households who reported using public-sector clinics has increased consistently, from 44.5 percent in 2004 to 59.6 percent in 2012⁴². Correspondingly, the proportion of people who go directly to public hospitals (without a referral from a clinic) decreased from 24.6 percent in 2004 to 10 percent in 2012. This indicates increased access to and confidence in the country's primary healthcare services.

Private health-sector reforms were also introduced to stabilise the medical schemes environment and reduce the cost of drugs, among other outcomes.

Improved access to healthcare

The increase in the community making their first point of entry the primary healthcare clinics, is also linked to the fact that 40 percent the current healthcare estate was built after the advent of democracy in 1994. The democratic government introduced a massive infrastructure programme that saw more than 1 500 health facility infrastructure projects being completed. This includes building new facilities and revitalisation of existing facilities and facilitated access to healthcare within a 5km radius of where people lived. Community service, scarce

skills allowances, community healthcare workers organised into municipal ward based primary healthcare outreach teams and mid-level workers were also introduced, mainly for the benefit of under-resourced rural areas.

Enhancing the availability of human resources for health

Key steps taken to improve the supply of healthcare providers over the last 20 years include mandatory community service for healthcare professionals and improving remuneration levels for certain professional categories. As at January 2014, a total of 44 000 community service health professionals have been placed in remote, rural and underserved areas since the introduction of community service in 1998. This has greatly increased access to quality healthcare.

Through an agreement brokered by then presidents Nelson Mandela and Fidel Castro during the first term of South Africa's democratic government, 777 doctors have to date been recruited and placed in remote areas, bringing stability in health provision in these areas. From the inception of this programme to date, 2 760 South African students from rural areas and disadvantaged backgrounds have been recruited to study medicine in Cuba. A further 29 doctors were recruited from Iran in 2006 and 95 doctors were recruited from Tunisia in 2007, through government-to-government agreements signed by the respective governments. An additional 383 South African doctors were trained through government-to-government agreements and are now providing services in this country. In addition to recruiting doctors from other countries, training of doctors in South Africa has also increased, particularly over the last five years.

In the 1990s, medical schools in South Africa used to accept approximately 1 000 new medical students annually. Over the past five years this has been increased by an additional 450 students to enable increased access to medical professionals to the majority of the population. By 2013, the number of new medical students accepted annually had increased to over 1 400.

Improving access to safe and affordable medicines

In 1994 the pharmaceutical sector was characterised by lack of equity in access to

essential drugs, with a consequent impact on quality of care. High drug prices, irrational use of drugs, and cost-ineffective procurement practices posed additional challenges.

A number of interventions have been implemented to address these challenges. An essential drug list was compiled for the country by a group of experts for use in public health facilities, to ensure that appropriate medicines are available at the appropriate level of care. South Africa's essential drug list is now used as an international model on the selection and use of medicines at various levels of care⁴³. This introduced levels of rigour in assessment of medicine selection⁴⁴.

In the public sector, the procurement systems have been amended so that government can achieve better prices for ARVs and other medicines, resulting in South Africa now having the lowest prices for these medicines in the world. The reforms to the public sector procurement are now being used as a benchmark for other procurement agents internationally.

In the private healthcare sector a transparent pricing system has been implemented that regulates the price of medicines in the

supply chain from manufacturer through to the patient. This system reduced the cost of medicines in the private sector by over 20 percent with a compound reduction through regulation of the annual price increases.

However, government's efforts to make medicines more affordable and thus more available to the public progress have not gone unchallenged. In February 1998, the South African Pharmaceutical Manufacturers' Association and 40 multinational corporations brought a lawsuit against the government for its passage of the Medicines and Related Substances Control Amendment Act No. 90 of 1997, arguing that it violated the Agreement on Trade-Related Aspects of Intellectual Property Rights. As a result of immense international pressure, the pharmaceutical companies dropped their case in April 2001 and the resultant lowering in pharmaceutical prices had an international impact.

Turning around the HIV and AIDS epidemic

One of the major challenges that confronted the democratic government was the rapid rise in HIV. Women bore a disproportionate brunt of the epidemic. In 1990, less than 1 percent of pregnant women using public sector health services



was infected with HIV. This figure rose to 30 percent by 2004 when the epidemic stabilised. The burden of disease per capita in South Africa increased enormously. This also placed a huge strain on the capacity of the health system to respond adequately. Researchers noted that the main impact of HIV and AIDS on health services appeared to be increased hospital admissions, leading to ward overcrowding and consequent limited access for HIV-negative patients, a general increase in mortality, increase in maternal and child mortality and lowered life expectancy. Since 2009 there has been significant improvement in all these negative features since the launch of a massive HIV counselling, testing and treatment programme.

While government policy regarding HIV and AIDS was ambiguous for some time, significant progress has since been made in accelerating interventions in collaboration with civil society, business and other key stakeholders. In 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was created, which encompassed a national network of civil-society organisations working in the areas of HIV and AIDS, TB and social development. NACOSA produced a national HIV and AIDS strategy, which focused on preventing HIV transmission, reducing the personal and social impact of HIV infection, and mobilising and unifying provincial,

international and local resources. The strategy was adopted by Cabinet in 1994 and subsequently reviewed in 1997. Under the stewardship of a transformed South African National AIDS Council (SANAC), national strategic plans for HIV and AIDS, sexually transmitted infections (STIs) and tuberculosis (TB) for 2007–2011 and 2012–2017 were produced. SANAC also enhanced the rapport and collaboration between government and civil society. SANAC was restructured in 2007. The transformation encompassed 19 sectors, of which 17 were civil-society formations. The other two sectors were government and the business sector.

In 1990, life expectancy among Africans was 60 years for males and 67 for females⁴⁵. In contrast, life expectancy among white South Africans was 69 years for males and 76 years for females. Between 1994 and 2005, health outcome indicators, including life expectancy, deteriorated as the HIV and AIDS epidemic spread. Due to the comprehensive response to the epidemic and TB, this declining trend was reversed and the average life expectancy of South Africans improved from 51.6 years in 2005 to 59.6 years in 2013⁴⁶. Life expectancy has improved for both males and females.

A special group of senior professional nurses were trained on Nurse Initiated Management of Anti-Retroviral Therapy (NIMART) to help



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DIVIDENDS OF A SUCCESSFUL HIV AND AIDS PROGRAMME

In April 2010, the healthcare sector initiated the HIV Counselling and Testing campaign to mobilise all South Africans to be tested for HIV. The campaign resulted in more than 20.2 million South Africans being tested between April 2010 and June 2012, compared with only 2 million people being tested annually before. This indicates an increase in health-seeking behaviour among South Africans and has facilitated better access to treatment, care and support.

The number of patients receiving antiretroviral therapy (ART) in

South Africa increased from 47 500 in 2004 to 1.79 million in 2011. A total of 1.09 million (61 percent) of people accessing ART in 2011 were women. The most vulnerable population benefitted from the treatment programme. Access to ART in the public sector subsequently grew to over 2.4 million patients by the end of June 2013. The total number of people dying from AIDS each year decreased from 300 000 in 2010 to 270 000 in 2011. Hospital admission rates due to HIV and AIDS-related conditions have decreased significantly. The capacity of the health system to respond to other health needs is improving.

Government's ART Programme is slowing the number of AIDS orphans as parents are living longer to take care of their children. The Prevention of Mother-to-Child Transmission (of HIV) Programme has also been highly successful, with transmission rates decreasing from 8.5 percent in 2008 to 2.7 percent in 2011. In total, more than 100 000 babies were protected from HIV during this period.

The main enabling factors for the key successes achieved are a combination of effective stewardship, improved resource allocation, improved access to health interventions and improved partnerships with key stakeholders.

the country with the massive roll out of ART. Government increased the number of professional nurses trained on NIMART from 250 in 2009 to 23 000 in 2013.

South Africa now has the world's largest programmes for providing ART to eligible people living with HIV, which has served to reduce new HIV infections and mortality from AIDS, thus ensuring child survival and prolonging life. As mentioned earlier, as a result of improved procurement processes, the cost of ART drugs has been halved, ensuring that more people are treated.

South Africa's bold leadership in turning the tide against the HIV and AIDS epidemic, as well as the results achieved and the empirical evidence, is also acknowledged by the Joint United Nations Programme on HIV and AIDS⁴⁷. The great strides observed by UNAIDS include the following:

- A decrease in the total number of people dying from AIDS from 300 000 in 2010 to 270 000 in 2011
- A 50 percent decline in the number of children aged 0–4 years who acquired HIV between 2006 and 2011

- A 50 percent decrease in the number of people acquiring HIV infection, from 700 000 in the 1990s to 350 000 in 2011

- A 25 percent decrease in the annual mortality rate of infants and children younger than five years in the past two years.

Combating tuberculosis

Due to South Africa's huge burden of HIV and AIDS, the incidence and prevalence of TB increased exponentially. A combination of interventions, including household case finding and rapid TB diagnosis using the new GeneXpert technology, were implemented. Teams comprising community health workers and health professionals were set up to visit each household of known TB patients, commencing in health districts with the largest number of known TB patients. Between April 2011 to March 2012 alone, over 100 000 households with known TB patients were visited, and about 160 000 people were screened; 3 000 contacts were diagnosed with TB and 3 200 with HIV infection. Most of these patients would not have been identified through routine processes. Furthermore, South Africa became the first country on the continent to roll out the GeneXpert technology, which

EFFECTIVE PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV

The Medical Research Council (MRC) has conducted systematic studies of mother and baby pairs to periodically monitor the effectiveness of the PMTCT Programme in reducing perinatal transmission of HIV from mothers to infants, measured at 4-8 weeks after infant birth. In 2008, the MRC found the mother to child transmission rate to be on average 8.5 percent, nationally. In 2010, the MRC PMTCT study found that 31.4 percent of babies were exposed to HIV, but the

mother to child transmission rate had decreased substantially to 3.5 percent. In a follow up study in 2011, 32.2 percent of babies were found to have been exposed to HIV, and the transmission rate had decreased further, to 2.67 percent. The MRC study concluded that since 2010, there was an additional 23 percent (95 percent CI 22-28 percent) reduction in mother-to-child transmission following implementation of Option A PMTCT regimens (MTCT 3.5 percent in 2010 versus 2.7 percent in 2011). This achievement implies that a total of 107 000 babies (95 percent CI 105 000-110 000) were saved from the HI virus, assuming that

the perinatal MTCT without SA National PMTCT programme was 30 percent. In 2011, an additional 3 100 babies were saved from infection compared with 2010 results. The 3.5 percent (2.9–4.1 percent) perinatal MTCT in 2010 and 2.7 percent (95 percent CI 2.1–3.2) in 2011 suggested that South Africa is potentially on track to reach the 2015 target of <2 percent perinatal HIV transmission by 2015. Over 100 000 South African babies will reach their first and fifth birthdays, and live beyond. They will receive care and support from parents whose lives have been saved through the massive roll-out of the ART programme.

reduces the time of confirmed TB diagnosis from 5 days to 2 hours. Of the 4.2 million tests conducted since the invention of the GeneXpert test, more than half were done in South Africa. More people have been put on TB treatment sooner after contracting TB. Cure rates improved from 57.7 percent in 2005⁴⁸ to 73.8 percent in 2012⁴⁹, while defaulter rates decreased from 8.5 percent in 2007⁵⁰ to 6.1 percent in 2012⁵¹.

The massive HIV treatment programme linked to a huge TB treatment programme as well as the global explosion of non-communicable diseases led to a strain on the health system that resulted in long waiting times becoming a norm. It is not unusual to find people waiting in health facilities for 8 to 10 hours for treatment. This pressure results in poor staff attitudes, leading to negative experiences for patients in health facilities. To address this problem, the health sector has started to implement a person-centered chronic dispensing programme, which involves delivering medicines at designated pick-up points in the community, as close to chronic patients as possible.

Malaria control

South Africa has made major strides in

reducing malaria morbidity and mortality. The country has achieved the MDG target for malaria and is now on the brink of eliminating malaria. Malaria cases have decreased by 89 percent, evidenced by 6 846 reported cases in the year 2012, compared with 64 622 reported cases in the year 2000⁵².

Improved child health

South Africa has significantly improved its child health and reduced its infant and under-five mortality rates⁵³. In 2005, it was one of only four countries globally with an under-five mortality rate higher than the 1990 baseline for the MDGs. This rate declined by an average annual rate of 10.3 percent between 2006 and 2011 – the fourth-fastest rate of decline globally, with Rwanda being the only country in sub-Saharan Africa to achieve faster progress⁵⁴. This achievement has largely been attributed to the Prevention of Mother-to-Child Transmission (of HIV) Programme^{55,56,57}, improved immunisation rates to protect children against vaccine-preventable diseases like diarrhoea and pneumonia, and vitamin A supplementation, which has decreased vitamin A deficiency. South Africa is one of the few countries that introduced rotavirus and pneumococcus vaccines to reduce the incidence of, and



death due to, diarrhoea and pneumonia amongst children.

Addressing maternal mortality

As a result of the impact of HIV and AIDS, South Africa's maternal mortality ratio (MMR) worsened during the first decade of democracy. MMR increased from 150 per 100 000 in 1998⁵⁸ to 310 per 100 000 in 2008⁵⁹. However, MMR began decreasing steadily in the second decade, as a result of government's interventions, including the massive HIV Counselling and Testing campaign, initiation of ART for all pregnant women living with HIV with a CD4 count of less than 350, and provision of treatment to all other pregnant women living with AIDS at 14 weeks of pregnancy. In 2010, South Africa's population-based MMR was 269 per 100 000⁶⁰ and the facility-based MMR was 146.7 per 100 000⁶¹.

South Africa supports the African Union's declaration that no woman should die while giving life⁶². In 2012, South Africa adopted the AU's Campaign on the Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA). CARMMA consists of a series of interventions at community and health facility level. In South Africa these have included the provision of dedicated obstetric ambulances to facilitate the swift transfer of

pregnant women experiencing complications, training and continuing supervision of health providers in maternal care, and more effective clinical decision-making.

Addressing non-communicable diseases

In the first decade after 1994, progressive public health policies and legislation, such as the Tobacco Products Control Amendment Act of 2008, were developed, in order to reduce diseases of lifestyle. Legislation on tobacco and public awareness programmes resulted in a decrease in smoking in persons 15 years and older from 33 percent in 1993 to 21 percent in 2010⁶³. Health education in schools, through various media and by health promoters, was increased to encourage healthy lifestyles.

More recently, regulations were introduced to limit trans fats and salt content in processed foods and further tobacco control was introduced in line with the international Framework Convention. Currently, there is a debate in government and society about the costs and benefits of banning the marketing of alcohol. Screening for non-communicable diseases through campaigns and through testing of blood glucose and blood pressure as part of the HIV counselling and testing campaign has been strengthened.

Government is introducing the human papilloma virus (HPV) vaccine in March 2014 to reduce the incidence of cervical cancer. Government collaborates with organisations such as the Heart and Stroke Foundation, Diabetes Association of South Africa, Cancer Association of South Africa and the South African Society of Psychiatrists, amongst others, to improve prevention and to facilitate better services with regard to non-communicable diseases.

Programmes implemented by government, civil society and development partners to address social determinants of health and development are beginning to yield benefits, thus reducing vulnerability to disease. For example, the South African National Health and Nutrition Examination Survey (SANHANES), conducted by the Human Sciences Research Council in 2013, found that vitamin A deficiency among children under five years of age decreased from 63.6 percent in 2005 to 43.6 percent in 2012. Anaemia and iron-deficiency anaemia in children under five years decreased by 63 percent and

83.2 percent respectively, compared with the findings of the National Food Comparison Survey of 2005⁶⁴. SANHANES attributes these significant achievements to the Food Fortification Intervention Programme introduced by government in 2003.

Addressing inequities in health

Although South Africa spends about 8.5 percent of GDP on healthcare, the country has poor health outcomes, compared with other countries with similar, and in certain instances lower, national income and health expenditure per capita. This is attributed to two main factors. The first is the gross inequality where 5 percent of GDP is spent on 16 percent of the population while the remaining 3.5 percent of GDP is spent on 84 percent of the population. The second factor is the high cost of healthcare in the private sector. This mismatch of resources in the public and private health sectors relative to the size of the population each serves, and the inefficiencies in the use of available resources, has contributed to the very poor health status of South Africans. The country has a quadruple burden of disease (high maternal and child mortality, high incidence of HIV and AIDS, and tuberculosis, non-communicable diseases such as heart problems and diabetes, and injury and violence). A new healthcare financing system is thus inevitable.

The NDP envisions a health system that works for everyone, produces positive health outcomes and is accessible to all⁶⁵. However, South Africa remains one of the most unequal societies in terms of access to healthcare. A National Health Insurance (NHI) is an important step towards ensuring universal access to quality healthcare, with a strong focus on primary healthcare. The success of

the insurance hinges on improving the quality of care in the public sector and reducing the spiralling costs of private healthcare. In an effort to understand the cost of private healthcare, a public market enquiry, established by the Competition Commission, commenced recently. The Department of Health is currently piloting the NHI in 11 pilot districts.

Improving quality of care in the public sector

Statistics South Africa's (StatsSA) General Household Survey of 2012 found that users of private healthcare facilities were significantly more satisfied with the services they receive compared to users of public health services⁶⁶. The findings of the National Health Facility Audit commissioned by the National Department of Health in 2011 corroborate the outcomes of the StatsSA survey⁶⁷. Quality problems in the public sector include inefficient administrative and clinical processes, lack of essential equipment, unclean health facilities, poor staff attitudes, long waiting times and patient dissatisfaction. To enhance the quality of healthcare services at all levels, government established the Office of Health Standards Compliance (OHSC), an independent body with legislative powers that will inspect health facilities and give instructions for service improvement.

Since 1994, the management of public hospitals progressively weakened with the switch from medically trained superintendents as hospital managers to hospital chief executive officers (CEOs) who could have any other qualifications. To rectify this, in September 2011, the Health Department gazetted a new policy that determined that a hospital CEO must have qualifications and experience in a health related profession⁶⁸. New CEOs have been appointed on the basis of these new requirements. In

NATIONAL HEALTH INSURANCE

The health sector is spearheading efforts to establish National Health Insurance (NHI), which seeks to redress structural differences in access to healthcare amongst South Africans and ensure universal health coverage. This implies that all South Africans, irrespective of their socio-economic status, must have access to good quality and affordable health services. NHI seeks to eradicate barriers limiting access to healthcare, and ensure financial risk protection from catastrophic health-related expenditures for households and individuals through a prepayment system. The National Treasury is working with the Department of Health to examine the required funding arrangements for NHI. Implementation of NHI will be phased in over a 14-year period.

addition, an Academy for Health Leadership and Management has been established to ensure that hospital CEOs and health service managers in other areas receive the specific required training. A public health enhancement fund has been established with CEOs of 24 private sector companies to assist in this regard.

In most parts of the country, the health sector has weak operational management capacity at subnational levels. This is evidenced by poor financial management reflected in the reports of the Auditor-General of South Africa (AGSA). For the 2012/13 financial year, only three out of the 10 health departments – the national department, North West and the Western Cape – obtained unqualified audit opinions from the AGSA. To address this, the national Department of Health and the National Treasury have provided support to subnational levels to develop and implement financial management improvement plans.

The role of civil society in health

Civil society formations have historically played a key role in the delivery of healthcare services in South Africa, particularly in the provision of primary care services to deprived communities. In the 1980s, a range of organisations and individuals were organised to develop and promote a national primary healthcare (PHC) strategy for South Africa⁶⁹. The National Progressive Primary Health Care Network (NPPHCN) was established, with a broad membership of activists and health professionals, and provided a platform through which policies of the undemocratic government could be effectively challenged and a future national health system could be debated⁷⁰. The NPPHCN remained active post-1994. Between 1995 and 1997, the NPPHCN launched a campaign to raise awareness amongst communities that “Health Rights are Human Rights”⁷¹. The campaign culminated in the development of a Patients’ Charter for South Africa, which was launched by government in 1999. Post-1994, civil society organisations contributed immensely to the discourse on HIV and AIDS. In the first decade of democracy, this often included litigation against the state, when it was believed that the state was not honouring its Constitutional obligations^{72,73}. The role of NGOs and community-based organisations (CBOs) in enhancing the country’s efforts to combat HIV, AIDS and TB, especially

in supporting community-based health programmes, is also well documented. These included providing home and community-based care for people with debilitating illnesses, supervising TB treatment patients as part of directly observed therapy and raising awareness about HIV and AIDS, and promoting treatment literacy^{74,75}.

Towards a future health system

Constitutionally, healthcare delivery is a concurrent function between the national and provincial spheres of government, while local government is responsible for municipal health services. A need exists to enhance policy coordination between the three spheres of government. The NDP contends that one of the key weaknesses of the health system has been the inability to implement a well-functioning District Health System (DHS) as a vehicle for delivering public PHC services⁷⁶. The country has been demarcated into 52 health districts, each with a district manager, but there has been limited delegation of powers by provinces to district and facility healthcare management⁷⁷.

The National Health Act of 2003 also enjoins the government to promote a spirit of cooperation and shared responsibility between public and private healthcare service providers, within the context of national, provincial and district plans. A unified health sector, in collaboration with other government sectors, private sector organisations and civil society, must provide the required impetus for adequately addressing the remaining challenges in the health sector. Going forward, the focus will be on implementing NHI, reducing the costs of private healthcare, providing person centered health services, improving the quality of health facility infrastructure and services, strengthening and expanding PHC services through DHS, improving health information management through appropriate automation, and ensuring adequate and appropriate human resources for health.

3.2.4 Rural transformation

In 1994 rural South Africa was a mix of white commercial farming areas and marginal areas deliberately selected as “homelands” or “Bantustans”, with which most black people were supposed to identify, and to which many black people had been forcibly moved. In commercial farming areas there were relatively well-functioning institutions, but large inequalities existed between farmers and

farmworkers, and there was poor provision of services for farmworkers. Bantustans were generally characterised by dense semi-urban settlement patterns, communal land tenure, poor services, marginal economies and weak institutions. Apart from commercial farmers and professionals in rural towns, rural people were poor and marginalised.

In 1994, 60 percent of the South African population called rural areas home, with some 17 million people living mainly in the areas of the former homelands, which had only just been incorporated into the new South Africa. Some 70 percent of the rural population was poor, compared with 40.5 percent of the urban population, and 75 percent of poor people lived in rural areas⁷⁸. (Urban and rural areas were not completely separate, with seasonal migration and many people in urban areas having binding ties with the rural areas.) Since 1994, restricted economic and social development in rural areas has resulted in many rural people migrating to urban areas in search of better economic opportunities. Between 1995 and 2008, the population of the former homelands grew by only 9 percent, while the population in metropolitan areas grew by nearly 40 percent, secondary cities by 24 percent and commercial farming areas by 15 percent. By 2012, the percentage of the population living in rural areas had declined to below 50 percent⁷⁹.

Since 1994, the main challenge for rural development has been addressing the marginalisation of the poor, with many rural areas and households trapped in a vicious cycle of poverty. The government committed itself to ensuring that the country develops sustainable rural communities by focusing on land reform, agrarian reform, improving rural household food security and rural services, improving access to education and creating employment in rural areas, skills development, youth development, cooperative and small enterprises development, and improving planning and coordination capacity for rural development across government. The government also introduced legislation to protect farmworkers from unfair evictions.

3.2.4.1 Land and agrarian reform

Colonialism and the implementation of apartheid policies, especially the Natives Land Act of 1913, resulted in large-scale, racially based dispossessions of land ownership rights, which in turn resulted in

a highly inequitable distribution of land ownership. In 1994, most agricultural land was owned by whites (83 percent) and only 17 percent of the land was available for black people in the former homelands. There was a dualistic agricultural system, with environmentally degraded arable land in the former homelands, and a flourishing white commercial sector in the highest-potential agricultural land.

Government policy for agrarian transformation involved ensuring more equitable access to land, water, economic institutions, finance and infrastructure for landless people, farmworkers and smallholder farmers, as well as raising productivity and diversifying rural economies and rural employment. Smallholders would be strengthened and their numbers increased, and rural households would produce their own food.

Section 25 (5) of the Constitution enjoins the state to “take reasonable legislative and other measures, within its available resources, to foster conditions which enable citizens to gain access to land on an equitable basis”. To address the legacy of large-scale dispossession of land, land reform became an important component of delivery for the state. Land reform would be addressed through land restitution (giving people back the land they had been moved from, or compensating them), land redistribution (providing redress through giving people land) and tenure reform.

Government enacted the Restitution of Land Rights Act of 1994, which provided that a person, a deceased estate, a descendant or a community that had been dispossessed of land rights as a result of past racially discriminatory laws or practices after 19 June 1913 was entitled to lodge a claim for the restitution of such right by no later than 31 December 1998. About 80 000 claims for restitution were lodged before the cut-off date. A Restitution of Land Rights Amendment Bill is currently before Parliament, to extend the date for the lodging of claims for restitution to 31 December 2018.

In 1994 government introduced the Land Redistribution Programme to enable individuals and groups to obtain a grant for the purchase of land from a willing seller, to be used for both residential and agricultural production purposes. In 2001 the Land Redistribution for Agricultural Development (LRAD) Grant was introduced to establish and



promote emerging farmers. The slow pace of land reform, as highlighted at the 2005 Land Summit, led to the introduction of the Proactive Land Acquisition Strategy (PLAS), meant to accelerate the pace of land reform. The use of grants for land acquisition was discontinued after consultations with land reform beneficiaries in 2009. Consequently, the focus shifted to the acquisition of strategically located land through PLAS. Such land was leased rather than transferred to land-reform beneficiaries.

Government committed itself to transfer 30 percent of the 82 million hectares of agricultural land owned by whites in 1994 to blacks by 2014, a total of 24.5 million hectares, through both land restitution and land redistribution. In practice, since 1994 through both land restitution and redistribution, government has redistributed 9.4 million hectares⁸⁰, benefiting almost a quarter of a million people, mostly through cash transfers.

Government has recently completed a national audit of land ownership, occupant/user rights to the land, and current usage. This information will assist government to identify further land for land reform purposes.

Despite this progress, land reform has not yet realised its potential to stimulate economic growth and employment, especially in the agricultural sector. Only 24 percent of black households are involved in agricultural activities⁸¹. Very few commercial farms are owned by black people. A large number of land-reform beneficiaries are not using the land productively, partly due to inadequate infrastructure, inputs and technical support after they were settled. In 2010 a Recapitalisation and Development Programme (RECAP) was introduced to provide increased support to land reform beneficiaries to enable them to utilise their acquired land as well as to address infrastructure backlogs on the acquired farms.

One of the problems related to under-utilisation of acquired land has been the resale of land by beneficiaries. The recent Green Paper on Land Reform proposes measures to address this by limiting the resale rights of land reform beneficiaries.

In 2004, a Comprehensive Agricultural Support Programme aimed at improving productivity of smallholders was introduced. This programme has had limited success, in part due to a lack of involvement of established commercial farmers in developing emerging commercial farmers. Lack of transformation in the commercial agriculture sector, compounded by “crowding out” of smallholders, has resulted in black smallholders having limited access to agricultural markets (retailers) and trade opportunities. Addressing the issues of under-utilisation of redistributed or restituted land and developing more black smallholders and black commercial farmers will take time and increased coordination between the various departments and programmes working towards these goals. An agricultural policy action plan has recently been developed with the aim of providing more coordinated support to black farmers.

Government introduced the Communal Land Rights Bill in 2002, which subsequently translated into the Communal Land Rights Act (CLARA) of 2004. This Act seeks to give land-owning communities land tenure rights, which are protected by law. It also seeks to give communal land ownership to communities who have received land from the state and provide for suitable redress to persons whose tenure of land is insecure due to past discriminatory laws or practices. Progress in implementing the Act stagnated following constitutional challenges, and remains under development.

Employment in agriculture declined from 1.1 million in 1992 to 706 000 in 2013. Reasons vary, including vulnerability of the sector to global market fluctuations, a shrinking commercial farming sector and the consolidation of small farm units into larger farms and mechanisation.

An enabling environment has been created for women to access, own, control, use and manage land, as well as to access credit. This led to an increase in female-headed households benefiting from land reform, from 1.2 percent of beneficiaries in 1994 to 13.3

percent of beneficiaries by 2007. The debate between constitutional and cultural rights has not yet been resolved with regard to women accessing communal land in rural areas. While the Constitution guarantees equal recognition of the right to cultural practices, women continue to be denied their constitutional right to access land due to male dominance in traditional and cultural practices.



3.2.4.2 Food security

A report published in 2013 by the Food and Agriculture Organisation of the United Nations assessing the state of food insecurity in the world established South Africa is one of only three African countries that are food secure⁸². The country is earmarked for recognition by the UN as one of two African countries that have performed well on the MDGs as measured by the total population that is undernourished. Further, South Africa has joined other African heads of State at the January 2014 Summit in a breakthrough commitment to eliminate hunger on the continent by 2025. The new 2025 African Union target aligns South Africa and the continent with the Zero Hunger Challenge launched by UN Secretary-General Ban Ki-Moon in 2012⁸³.

Despite these achievements, the Statistics South Africa general household survey indicates that between 10 percent and 15 percent of households were still vulnerable to hunger in 2011. It also indicates that 22.7 percent of the population, or 13.8 million people, has insufficient access to food and many households (21 percent) continue to experience difficulty in accessing food, particularly in rural areas⁸⁴. The underlying causes of these challenges



include a declining trend in subsistence food production, the cost of food relative to the incomes of the poor, and poor dietary habits leading to malnutrition. Government's social assistance grant programmes, its initiatives to develop smallholders, and nutrition education programmes are all aimed at addressing these causes.

3.2.4.3 Services in rural areas

The proportion of adults with no schooling halved from 34 percent in 2001 to 17 percent in 2011 in commercial farming and former homeland areas⁸⁵. The Kha Ri Gude adult education programme described in the basic education section has made basic education accessible to adults in rural areas.

While access to water, sanitation and electricity in rural areas has improved greatly since 1994, addressing the backlogs in the provision of these services is still work in progress, and there are still some rural communities without access.

Underperformance by many rural municipalities is indicative, in part, of the massive infrastructure backlogs inherited from

apartheid. As discussed in Chapter 2, the relatively poor service delivery also points to limitations in rural local government regarding governance, staffing and resources, particularly in former homeland areas. In some instances, rural municipalities are unable to effectively invest in infrastructure or to maintain it.

A new initiative in 2009 was the creation of a Department of Rural Development and Land Reform (DRDLR) as a rural champion, which has introduced several rural development initiatives, including the Comprehensive Rural Development Programme (CRDP). The CRDP has been developed as a multisectoral response to the challenge of rural development, addressing basic human needs, as well as the provision of social and economic infrastructure and the development of small and medium enterprises, using an agri-village model. Under the agri-village model, housing, sanitation, health, education and other basic services are provided to an agricultural village. In addition, there should be sustainable agriculture-related income-generating activities in the village. The programme is being implemented as a pilot. By 2013 it had covered 95 of a targeted 160

wards across the country. The National Rural Youth Service Corps (NARYSEC) was also introduced by the department in 2010, and is making a contribution to youth employment and skills development in rural areas.

Rolling out the CRDP programme to all rural areas would be prohibitively expensive and result in the duplication of services already offered by other government departments and municipalities. Going forward, the DRDLR will need to increasingly focus on coordinating and facilitating economic development in the poorer rural municipalities.

3.2.5 Urban development

South Africa reached the urban tipping point in the early 1990s, when just over 50 percent of the population resided in urban areas. Since then there has been a steady pace towards greater urbanisation and today 63 percent of South Africans live in urban areas. The NDP estimates that by 2030 the urban population will grow by an additional 7.8 million people. Higher levels of urbanisation generate greater opportunities for growth, poverty reduction and environmental sustainability. Moreover, cities have the potential to be economically dynamic through the spatial concentration of productive activity, entrepreneurs, workers, consumers and

support institutions such as universities, and financial and business services. It is also cheaper to provide municipal and other social services to highly concentrated populations than to more geographically dispersed populations.

As experienced by many developing countries, high rates of urbanisation result in a huge increase in demand for housing, services, employment opportunities and infrastructure. South African cities are struggling to keep up with the demand for housing and social and economic infrastructure for a growing population of poor households, many of which are in informal settlements. South Africa's cities and large towns account for 80 percent of South Africa's gross value add (GVA), but booming wealthy areas are juxtaposed with concentrations of high levels of poverty (such as Alexandra and Diepsloot near Sandton). Rapid urbanisation is also leading to increasing pollution and waste generation, which poses risks to the environmental sustainability of urban settlements.

While it is acknowledged that urban and rural areas are dynamically interlinked, there is an urgent need to develop a national approach to the challenges of urban growth. It is for this reason that the NDP requires government to put in place an urban development strategy to make urban spaces liveable, equitable, sustainable, resilient and efficient as well as to support economic growth and social cohesion. Key in this regard is a systematic response to entrenched apartheid spatial patterns that continue to exacerbate social inequality and economic inefficiency.

3.2.6 Inner city regeneration

Urban spaces are constantly subjected to the ebb and flow of growth and decay. These patterns have tended to leave a dilapidated urban core in cities and towns across the world. In South Africa, the advent of democracy saw a more concentrated timeframe in which the transformed urban constituency translated into "white flight" from inner cities, and many businesses moved out to suburban locations as a result of urban changes, perceptions, uncertainties and dynamics.

For a long time inner city spaces fell to neglect, characterised by decay and uninviting spaces. However, over the past 10 years significant public and private investments have gone into inner-city areas to revitalise them and turn them into quality

EXAMPLES OF INNER CITY REGENERATION

From grey and uninviting, Joburg's inner city is being turned into a vibrant and attractive area through various Johannesburg Development Agency (JDA) initiatives. JDA projects to create safe and inner city public areas and to induce greater investment has resulted in a major overhaul of the public environment in areas such as the Hillbrow, Berea and Yeoville flatlands.

Launched with a view to developing, promoting and managing Cape Town's city centre, the Central City Improvement District (CCID) has begun to yield significant international and public interest in Cape Town's inner city tourism offerings, from designer retail hubs to world-class nightlife. The CCID is helping to keep the city safe, secure and clean and many historic precincts such as the St George's Mall have undergone significant regeneration.

Since the 1990's the eThekweni Metro has responded to the need for urban renewal with iTrump (Inner City Thekwini Regeneration and Urban Management Programme). The goal has been to improve conditions, placing strategic value on inner city areas such as the Brook Street Central Market and restoration of Warwick Junction.

spaces for cultural, business and residential purposes. The physical, social and economic environment of previously neglected inner city areas are being revitalised through precinct-based approaches in cities such as Johannesburg, Durban and Port Elizabeth, and partnership-based approaches in Cape Town and Johannesburg. These approaches have included introducing pedestrian-only zones, improving traffic flow, upgrading urban infrastructure, improving public buildings, improving public transport, improving safety, creating market places, creating cultural precincts, and neighbourhood-based residential and economic clusters.

The decade to come will require further innovation, replication and building on the current success regarding inclusive regeneration strategies. Leadership by local government with respect to structured planning and the removal of obstacles and red tape to investment, building inclusive partnerships with community organisations and the private sector, and an urban management model that is capable of managing and maintaining improved city spaces and not just flagship projects are key to sustaining inner city regeneration. Care will also need to be taken to avoid some of the unintended consequences of inner city regeneration, including the gentrification effect seen in other international cities, which results in the displacement of the poor towards the periphery, and informal trader evictions.

3.2.7 Sustainable human settlements

3.2.7.1 Housing and human settlements

Since 1994, the democratic government has delivered approximately 3.7 million subsidised housing opportunities for the very poor, giving a home to approximately 12.5 million people (close to a quarter of the population)⁸⁷. Fifty-six percent of all subsidies allocated have been to woman-headed households, engendering housing in South Africa like in no other country⁸⁸. A home is an asset that offers an entry point to social, commercial and work opportunities, thus offering a sense of being a full citizen. South Africa has now reached a point where, for the first time, blacks now outnumber whites for home purchases in suburban areas⁸⁹. This is an indication of progress in terms of the racial integration of our cities

KEY HOUSING ACHIEVEMENTS

- Over the past 20 years, about 2.8 million completed houses and units, and just over 876 774 serviced sites, were delivered, allowing approximately 12.5 million people access to accommodation and a fixed asset.
- About 56 percent of all subsidies were allocated to woman-headed households.
- The post-1994 Government Housing Programme constitutes about 24 percent of the total formal housing stock in the country, and was recognised by the United Nations Human Settlements Programme (UN-Habitat) with an award in 2003.
- About 353 666 rental units of the previous government were transferred into ownership of tenants.
- There have been three major iconistic restitution projects of communities that were forcibly removed from the inner city (District Six, Cato Manor, Lady Selbourne) that have been reintegrated with new housing into the metropolitan centres.
- Since 1994, the national Department of Human Settlements has spent R125 billion (at 2010 prices) on housing and human settlement development, while R16 billion has been spent by other government agencies on other infrastructure projects for redeveloping human settlements.
- The capital investment by the state has created 1.29 million direct, indirect and induced person-year jobs, and the operational investment has created a further 10 800 jobs.
- The growth of the average price of houses in the market, including for the affordable or gap market, has been fivefold over the 20 years.
- More than 10 739 communities in 968 towns and cities across the country benefitted from the Government Housing Programme, indicating the extent of the interface between communities and government, and each of the 3.7 million households.

Source: National Department of Human Settlements, 2014

and towns, as well as in terms of the growth of the black middle class.

Progressive public investment in housing for the very poor has facilitated a wave of investment in housing by beneficiaries, other households and the private and not-for-profit sectors, dramatically improving the quality of the human settlements in which we live. Together, government and the private sector have delivered 5 677 614 formal houses, increasing the number of people living in formal housing from 64 percent in 1996 to 77.7 percent in 2011, representing a growth of 50 percent for the period⁹⁰. The formal housing market has increased 13-fold from R321 billion in 1994, reaching a collective value of about R4.036 trillion by 2014⁹¹.

Housing policies⁹² over the past 20 years have developed in three interrelated ways:

- The singular focus on housing to meet shelter and ownership deficits has broadened to consider housing from a more sustainable human settlement approach⁹³.
- The narrow, simplistic one-size-fits-all public housing focus (the RDP prototype house) has become more flexible and pragmatic, and thus more capable of engaging with the complexity of integrating settlements. Seventeen new subsidy programmes have been instituted, allowing citizens to actively engage with a range of different programme activities to improve their living conditions. These programmes include subsidies to upgrade informal settlements, subsidies for people who want to build for themselves (including through the People's Housing Process Programme), subsidies for improving the integration of settlements, subsidies for rural housing, and support for rental and social housing.
- This diverse way of providing housing opportunities has offered new ways in which people can negotiate their housing needs, thus reinforcing the social contract in the Constitution regarding rights to housing. This has given households more choices in building wealth through housing assets and lifting themselves out of poverty.

As illustrated in the box, achievements in housing since 1994 have been significant. The estimated value of the state-subsidised housing market is about R300 billion⁹⁴. This represents a threefold increase in the value of investments by the state since 1994, as a result of increasing property values. It also represents a sizeable asset value enhancement for about 3.7 million households in the subsidy category and a growth in the gap or affordable market of some 13 times its value since 1994⁹⁵.

The introduction of the Home Loan and Mortgage Disclosure Act in 2000 and the Community Reinvestment Bill in 2002 motivated banks to originate R53.1 billion in housing finance loans through the Financial Services Charter between 2004 and 2008, benefiting 985 000 families. A further R42.9 billion in housing finance loans has been originated by banks since 2009, providing finance to an additional 1.054 million beneficiaries⁹⁶. While this did not necessarily

THE TRANSFORMATION OF SOWETO

There were mass removals of Africans from Johannesburg to Soweto between 1955 and 1958. Its high levels of socio-economic deprivation and dusty gravel, unlit streets became famed as the student battlegrounds for justice and freedom in 1976 and 1985 State of Emergency. Since 1994, the City of Johannesburg has invested substantial resources into developing Soweto and reintegrating it into the city:

- All 314 km of the gravel roads were tarred. All other roads in the 27 townships that make up Greater Soweto were resurfaced, kerbed, pedestrianised, linked to a new cycleway, provided with street lights, and integrated into a comprehensive storm-water management system by 2005.
- All outstanding water, electricity and sanitation service connections to thousands of houses built but previously excluded by apartheid policies were completed over the last 20 years.
- The Greening of Soweto project saw more than 200 000 new trees planted. Nelson Mandela planted the 90 990th tree in 2008 on his 90th birthday. This project also built six new eco-parks. This greening project has received two separate gold awards, one in 2008 and again in 2010 at the United Nations Liveable Community Awards.
- More than 100 000 houses were built or refurbished in Soweto over the 20 years.
- The Rea Vaya rapid bus transport system provides a loop through Soweto linking with the Johannesburg CBD, with some 34 stops.
- A tourism spine has been developed, reflecting the struggles of the local community against apartheid. The spine links the Vilikazi Street precinct, which highlights the house museums of Soweto's two Nobel Peace Prize winners, Nelson Mandela and Bishop Tutu, and the Hector Pieterse Memorial and Museum and the 12km June 16th Route, the Regina Mundi Parish Church – the gathering point for protest meetings and refuge from the apartheid brutalities – and loops back to Kliptown as the founding locality of the Freedom Charter. This spine attraction has already attracted over 1 million tourists.
- Retail space has grown almost fourfold from less than 60 000 square metres to 220 000 over the past 20 years. Five new major shopping malls with major retail anchor tenants have been established.
- Soweto's residential property market is now booming, with the highest average prices in the affordable housing market segment country wide.

build new stock, it increased the value of existing stock.

The Social Housing Programme has also delivered about 50 000 well-located and well-managed new housing units to low- and moderate-income households, incentivising growth in the surrounding neighbourhood⁹⁷.



Some social housing units tend to have up to four families move through their units over a 10-year period⁹⁸, offering a wider set of accommodation options in well-located areas, potentially having provided well-located, affordable accommodation to more than 300 000 people.

Although there was a rapid growth in the number of informal settlements in the first 10 years after 1994, the number has remained stable over the last 10 years, accommodating some 1.2 million shacks. Increasingly, more households are finding rental accommodation in backyard shacks (713 000) in historical townships and in the government subsidy developments of the past 20 years. This demonstrates the benefits of the subsidy programme in extending affordable and secure accommodation to extended families⁹⁹.

State finance institutions have made significant inroads into the affordable or gap market (that gap in the market that exists below where the private financial market tends to operate, and just above where the subsidy programme can deliver), appointing some 54 financial intermediaries. Just one such agency, the Trust for Urban Housing Finance (a National Housing Finance Corporation subsidiary), has provided financing to 171 entrepreneurs or small-scale landlords, including 34 women, refurbishing just over 18 000 affordable rental units in well-located inner city locations. A new subsidy, the Finance Linked Individual Subsidy

Programme (FLISP), has been introduced for the gap market, to address housing delivery challenges in this market, thereby ensuring a more integrated property market.

South Africa's land and housing market has effectively excluded the country's poorest citizens due to high land and property costs, and the inability of many poor people to access affordable credit. This means that many of the state's urban settlement interventions and other affordable housing projects remain on the peripheries of cities. Whilst great strides have been made in recrafting policy towards getting better functioning, more integrated human settlements, government needs to further increase its efforts to work with other stakeholders to overcome existing spatial patterns that continue to divide society. This includes incentivising the private sector to service more of those lower down in the market in better-located areas.

Improving human settlements will require a review of the subsidy regime, with greater consideration of how the subsidy instruments could be designed to achieve better-located settlements and fairness in access to the housing market for poorer people. The current inequitable distribution of the unprecedented growth in the value of properties in the last 20 years, coupled with the inherited distortions of the market and limits on affordability of credit, reduce the opportunities for the poor to increase their wealth through transacting in the property market.

Planning, housing, human settlement development and public transport need to be better integrated to ensure greater urban efficiency and vibrancy. This, in turn, will result in improved property markets, more investment in housing and improved municipal revenues. Finally, state capability needs to be increased to support the co-development of housing and settlement-making between citizens, community organisations, cooperatives, the private construction sector and banks.

3.2.7.2 Basic services

South Africa has made significant progress in rolling out basic service delivery, especially for communities deliberately excluded by apartheid. As described in this section, remarkable achievements have been made in increasing access to water, sanitation and electricity infrastructure, as well as refuse removal services over the past 20 years. However, as discussed in Chapter 2, a challenge that has emerged is that there has been a decline in functionality of municipal infrastructure due to poor operation and maintenance in some municipalities. This means, for example, that while people might have access to a tap, there might be no water coming out of the tap.

While there have been marked improvements in the percentages of households with access to electricity, water and sanitation, there are still some households without access, particularly in remote rural areas and informal

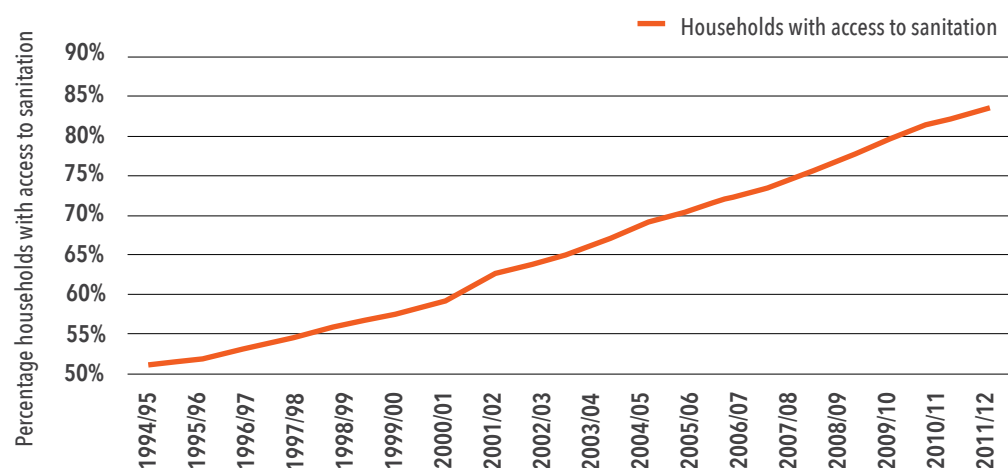
urban settlements. Challenges in achieving 100 percent access include rapid rural-urban migration, the density of informal settlements and difficulties in installing bulk infrastructure in remote rural areas.

Sanitation

As illustrated in Figure 3.4, there has been a significant improvement in access to sanitation over the past 20 years. Access to a basic level of sanitation (at least a ventilated improved pit latrine) increased from just over 50 percent of households in 1994/95 to 83 percent of households in 2011/12. South Africa achieved the MDG of halving the proportion of the population without basic sanitation well before the target of 2015. Although much progress has been made in improving sanitation services to households, many households still do not have access to basic sanitation in rural areas.

As illustrated in Figure 3.5, there has also been a remarkable improvement in access to water over the past 20 years. Access to a basic level of water (one stand pipe within 200 metres) increased from just over 60 percent of households in 1994/95 to over 95 percent of households in 2011/12. South Africa achieved the MDG of halving the proportion of the population without access to a basic level of water in 2008, again before the target of 2015. Access to water is continuing to increase, but at a slower rate due to the complexities mentioned earlier.

Figure 3.4: Access to sanitation, 1994/95–2011/12



Sources: Statistics South Africa: Population Censuses and Department of Water Affairs

Refuse removal

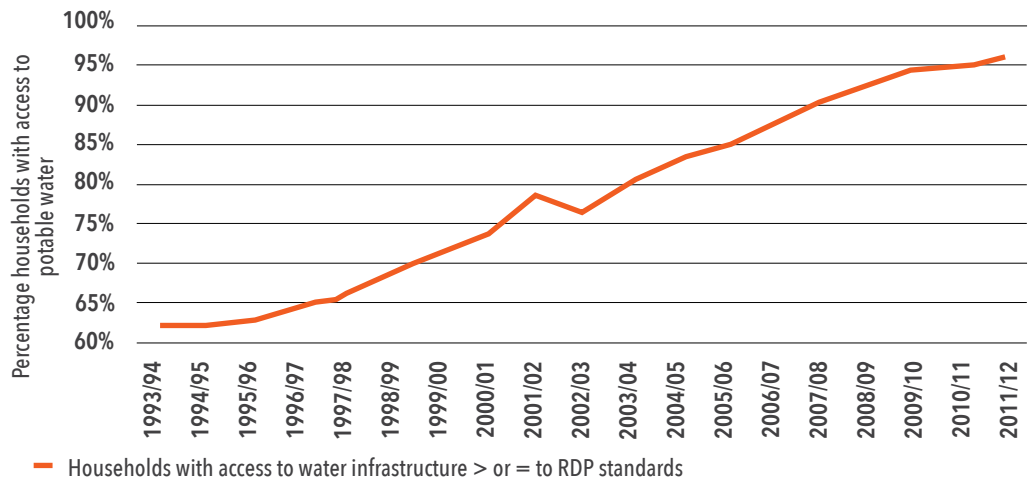
The basis of measuring access to refuse removal services changed in 2009. Access to a basic level of refuse removal, as defined in the Waste Classification and Management Regulations of 2012, increased from 55 percent of households in 2009 to 72 percent in 2013¹⁰⁰. A challenge for increasing access to refuse removal services is the availability of sufficient licensed landfill sites. In this regard, the Department of Environmental Affairs has recently started to assist municipalities with the process of

licensing, and the backlog of unlicensed landfill sites is being reduced.

Electricity

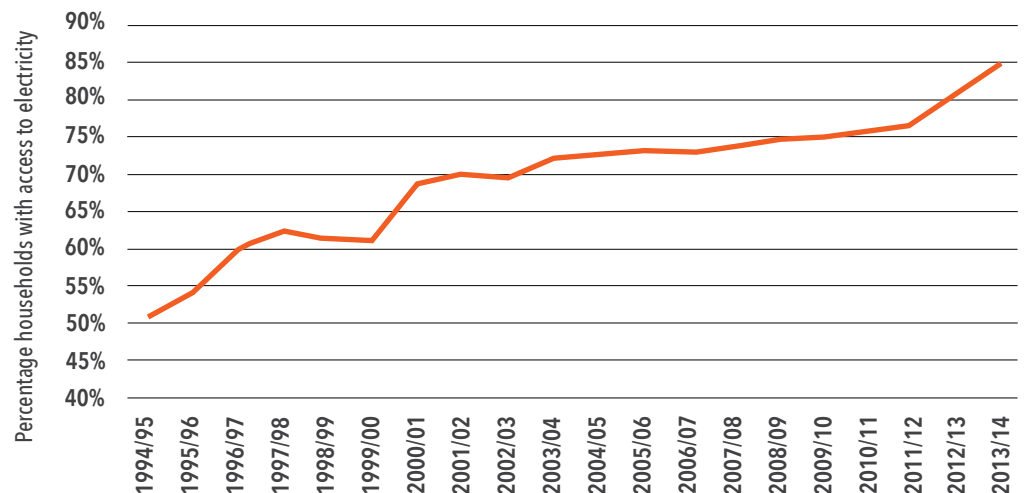
As illustrated in Figure 3.6, there has also been a marked improvement in the percentage of households with access to electricity over the past 20 years. It increased from just over 50 percent in 1994/95 to 86 percent in 2013/14. Recent progress in increasing access to electricity is as a result of both grid connections and increased use of non-grid technology in rural areas.

Figure 3.5: Access to potable water, 1993/94–2011/12



Sources: Statistics South Africa: Population Censuses and Department of Water Affairs

Figure 3.6: Access to electricity, 1994/95–2013/14



Sources: Statistics South Africa: Population Censuses and Department of Energy

3.2.8 Women and gender equality

Colonialism and cultural and religious practices promoted patriarchy and the oppression of women. Apartheid further entrenched discrimination based on gender and introduced policies and laws that oppressed women.

Black women experienced triple oppression, especially those married under customary law, who were regarded as minors by the Black Administration Act of 1927 and were placed under the tutelage of their husbands. Consequently, these women were denied contractual rights, direct property ownership and inheritance from their husbands and other family members. They also had no right to custody of their children¹⁰¹.

Women had few legal rights, little access to education and no right to own property. Many African women were confined to being domestic workers in mainly white suburbs, leaving families and children in townships and far away rural areas. Rural women mainly worked as agricultural farm workers or subsistence household gardeners. Against this backdrop, the democratic state prioritised women's empowerment and the achievement of gender equality. The Constitution guarantees equal rights to women and men and requires the state and all persons to uphold the values of equality and to remedy the legacy of discrimination against women.

South Africa ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other international instruments on gender equality. This led to a review of all legislation, policies and programmes impacting on women.

Since 1994, remarkable progress has been made in raising the voice of women through the creation of participatory spaces and structures. The building of institutional machinery to promote gender equality began with the establishment of the Office on the Status of Women (OSW) in 1997. In that year Parliament also passed legislation to establish the Commission on Gender Equality (CGE), with a mandate to monitor, evaluate, research, investigate complaints and conduct public awareness and education on women's rights and gender equality. In 2009, a Ministry of Women, Children and People with



Disabilities was created to strengthen the country's response to the needs of the said groups, monitor progress and ensure the mainstreaming of critical considerations into all government programmes.

While less than 2 percent of members of Parliament were women before 1994, the proportion of women in the legislature and executive has increased markedly, as described in the Governance and Administration chapter. Before 1994, women were mainly confined to magistrate positions in the judiciary. No black woman held a judge position. Since 1994 there have been increasing numbers of women judges in the judiciary, with two women occupying seats at the Constitutional Court. However, in the private sector, the country remains challenged by the relatively low representation of women in corporate boards and as Chairs and CEOs.

South African women have been appointed in leadership positions in the African Union Commission, the United Nations and elsewhere. Progressive policy development and the creation of the National Gender Machinery constitute significant achievements for the country and have raised the ranking of South Africa in various international comparisons related to gender.

Women are benefitting from increased access to basic services at the household level, which is also resulting in positive outcomes for children and families. Before 1994,

women were not allowed to legally buy or own a home and land. The amended Divorce Act protects women's property rights in cases of divorce and the amended Customary Marriage Act (2000) recognises customary marriages in favour of women, especially with regards to inheritance. Women are now also able to obtain a mortgage.

The Employment Equity Act of 1998 has facilitated access to formal employment for women, where employers are legally required to work towards more equitable representation based on gender, race and disability. Specific policies on maternity benefits and protection in the workplace have assisted women of child-bearing age to retain their jobs while supporting their reproductive roles. However, as noted earlier, continued variations in earnings between men and women and limited access to care and support services, especially for poor children, limits the time and opportunity for women to meaningfully participate in the economy. Notwithstanding the progress described above, access to opportunity is still generally influenced by gender.

The National Crime Prevention Strategy of 1996 elevated violence against women and children as a national priority. The Sexual Offences and Community Affairs (SOCA) Unit was established in 1999 to facilitate the prosecution of sexual crimes. The 16 Days of Activism Campaign for no violence against women and children has mobilised communities and raised awareness. Despite these efforts, the recent spate of violent crime and rape of women and young girls suggests that much more still needs to be done to change attitudes and eradicate violence against women and children. The newly formed National Council Against Gender-Based Violence (NCAGBV) has been mandated to provide high-level strategic guidance and coherence of strategies across sectors to address the high levels of gender-based violence and integrate, strengthen and mobilise structures of society for the reduction of gender-based violence through the implementation of coherent strategies.

South Africa's progress with regard to gender equality is evident both in international and regional indices. On the Social Institutions and Gender Index of the OECD, South Africa ranked fourth out of the 87 countries in the 2012 index and was the top ranked country in

Africa. On the SADC Gender and Development Index, South Africa ranked second in 2012, with a score only slightly lower than that of the top performer, Seychelles. On the World Economic Forum Gender Gap Index, South Africa has consistently remained in the upper levels, reaching sixth position in 2011.

3.2.9 Youth

Among the priorities of the new democratic state was the development of a policy and legislative framework and the establishment of institutions that would facilitate youth development. From the outset, a developmental approach to youth empowerment was adopted, making the youth agents of their own advancement and not just passive recipients of government services. Youth development issues found expression in the RDP, which emphasised education and social development to fundamentally address the dire social conditions that impacted on youth development during apartheid.

Government established the National Youth Commission (NYC) in 1996 and the Umsobomvu Youth Fund (UYF) in 2001. Key mandates of these institutions included the mainstreaming of cross-cutting youth development issues across the different sectors and spheres of government, rather than confining this work in one Ministry or Department. The UYF focused on skills development, job creation and small business development for young people. The South African Youth Council (SAYC), a civil society of youth organisations, enables lobbying for youth interests and representation of youth in strategic structures like NEDLAC



and the National Skills Authority. The Youth Commission and Youth Fund were merged into the National Youth Development Agency (NYDA) in 2009. Government has been working on improving the effectiveness and impact of these youth structures.

With regard to school learners, key challenges that have emerged include high levels of teenage pregnancy, and a high dropout rate among the 14–17 year age group. This has a tremendous impact on the life opportunities of young people and their ability to participate meaningfully in the economy either through employment or self-employment.

Young people account for almost two thirds of the unemployed, thus bearing the brunt of unemployment. The NYDA places the figure of young people who are neither in an educational institution nor in employment at about 2.8 million. These young people remain on the margins of society and are vulnerable to social risks such as violence, crime and substance abuse. Social risks such as substance abuse have the potential to affect gains made in HIV prevention among young people. Recent surveys¹⁰² also suggest that disaffected young people are disengaged from conventional forms of political participation such as voting or communication with elected officials and are more likely to engage in service delivery protests and political violence.

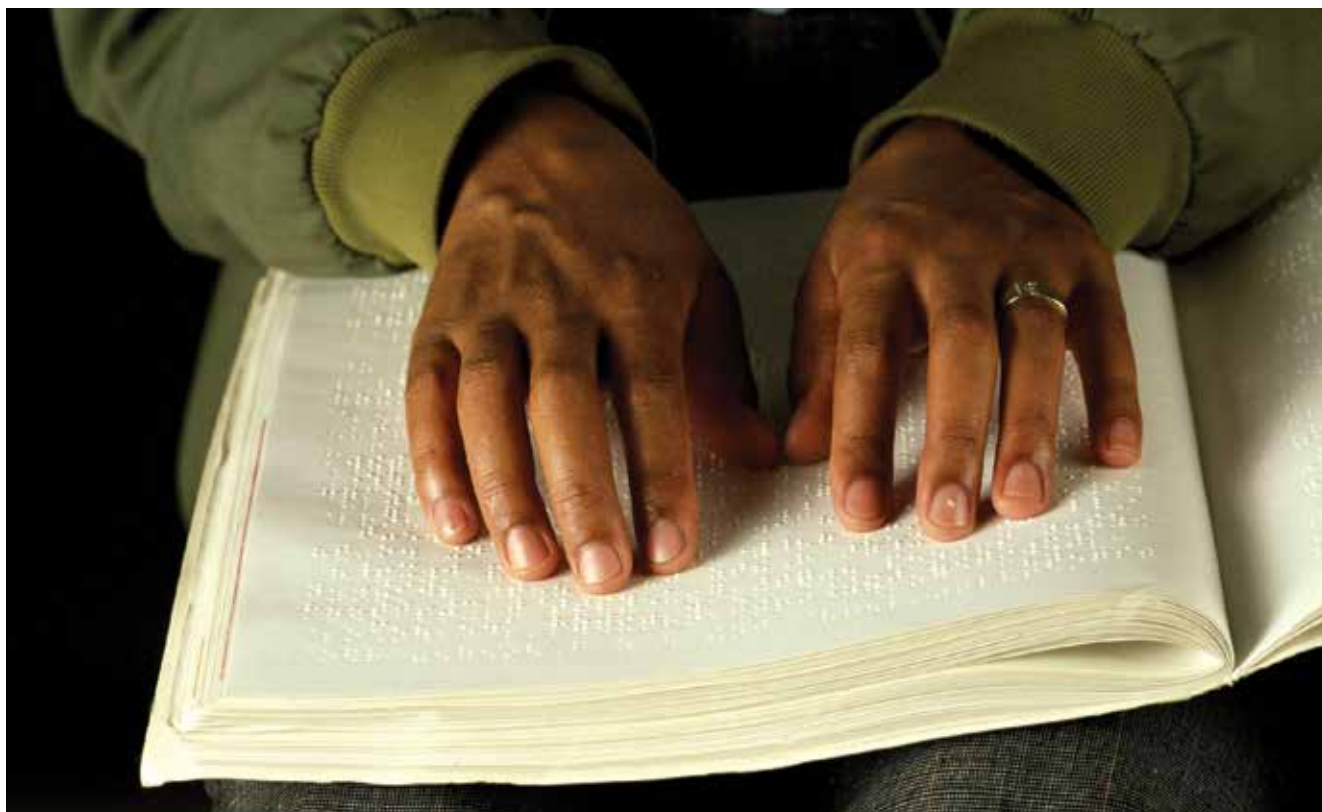
A range of initiatives have been introduced to address the challenge of youth unemployment, including increasing opportunities for formal education and training; learnerships and internships for youth; employment services to improve job search and job matching; and second-chance programmes to strengthen the employment prospects for unemployed, low-educated youth and to motivate their re-entry into education. Second chance programmes target early school leavers (those that have dropped out of secondary school) and young adults who have not gone on to further education or vocational training programmes. There has also been a focus on encouraging entrepreneurial activity among the youth by the Small Enterprise Financing Agency, the Small Enterprise Development Agency and the National Youth Development Agency. A youth employment tax incentive has also been introduced recently through an act of Parliament.

3.2.10 People with disabilities

The democratic state inherited a society with widespread ignorance and prejudice towards people with disabilities, resulting in them facing further discrimination, abuse, segregation, exclusion and deprivation and limiting the realisation of their full civil, political, economic, social, and cultural and development rights and potential. People with disabilities faced numerous barriers to accessing basic services, with facilities such as schools and employment facilities separating children and adults with disabilities from their peers. The interrelatedness of disability and poverty is outlined in the NDP and the point is made that disability and poverty operate in a vicious circle. Impoverished families, for example, find it difficult or impossible to ensure adequate education and healthcare for children and adults with disabilities.



During the pre-1994 negotiation process, it was agreed that self-representation – the right of disabled people to speak for themselves in all matters affecting their lives, and mainstreaming disability across government machinery – were non-negotiable. The Constitution advocated for an environment conducive to full and equal participation of people with disabilities in society and equal access to opportunities, accessibility and protection. The inclusion of non-discrimination on the basis of disability in the Constitution thus opened a new path to improve the lives of people with disabilities. Working with organisations of people with disabilities, the democratic state has since taken major steps to ensure that people



with disabilities are not subjected to the discrimination, inequities and exclusion of the past and that their rights to self-representation and equal opportunities are realised.

The Office on the Status of People with Disabilities was established in 1996, mainly to influence policy development. The Integrated National Disability Strategy represented a historical milestone to promote the rights of people with disabilities by guiding the formulation of sector-wide policies and programmes. A basket of services ranging from free healthcare, social assistance and inclusive education, targeting both adults and children with disabilities, opened up access to opportunities. Access to special schools for children with disabilities has improved, with the number of public special schools increasing from 375 to 423 from 2002–2011. However, there is still a large percentage of children with disabilities not accessing formal education, either through special schools or mainstream education.

In the workplace, employment equity and protection of workers from an unsafe work environment that could lead to illness and disability is ensured through

effective legislation. Access to learnership programmes targeting youth with disabilities has promoted skills development and further raised awareness of disability.

While major strides have been made to include people with disabilities in the mainstream, much still remains to be done to address persistent discriminatory attitudes, inaccessible public transport systems, barriers in the built environment that may prevent people with disabilities from accessing services, lack of access to communication and information as well as poor enforcement of key legislation impacting on disability. To address these challenges, the NDP includes plans to increase access to services, particularly quality education, and employment for people with disabilities.

3.2.11 Vulnerable groups

Recognising that the apartheid legacy would weigh heavily on sectors of society that were most vulnerable and least well-placed to benefit from democracy¹⁰³, the democratic state has prioritised the building of an equitable society, with a particular focus on those historically excluded from participating in the mainstream of society.

There is still a significant proportion of the population that is poor and unemployed. The Municipal Indigent Policy, approved in 2005, provides the indigent with free basic water, sanitation, electricity and refuse removal. Improved access to clean, running water, proper sanitation and electricity have eased the burden of household chores for vulnerable and poor households. In addition to freeing up time to enable employment seeking and meaningful participation in the economy, this has the added impact of improved safety and security as people no longer had to travel long distances to collect water or firewood.

To address children's vulnerability, the democratic state has given priority to remedying poor living conditions and inequities experienced by the majority of children marginalised by apartheid policies. The state has introduced measures to secure and safeguard children's constitutional rights and their survival, development, protection and participation. In collaboration with civil society, the state and civil society have introduced programmes focusing on children's rights to health, nutrition, early childhood development, education, and safety and protection.

Consequently, there has been a reduction in child poverty as well as an improvement in the living conditions of black, rural and girl children, and children living in poverty. Despite this progress, poor children are still vulnerable to social risks, with a profound impact on their well-being and opportunity of access. For instance, HIV and AIDS have led to increased orphaning of children and an increase in child-headed households. In response, government has increased cash transfers to child-headed households and youth-headed households, as well as the provision of psycho-social support to orphans and vulnerable children.

Overall, there are indications that policy and institutional development to respond to the needs of women, youth, people with disabilities and vulnerable groups has had a positive impact. However, a key challenge has been achieving the right balance between mainstreaming strategies on the one hand and targeted interventions through dedicated programmes on the other hand. Going forward, monitoring the extent to which mainstreamed policies are implemented by all stakeholders needs to be strengthened.

3.2.12 Social cohesion and nation-building

As articulated in the RDP: "The Nation-building Project will be an all-encompassing project that aims at economic, political and social transformation. Central to the crisis in our country are the massive divisions and inequalities left behind by apartheid... Nation-building is the basis on which to build a South Africa that can support the development of our Southern African region. Nation-building is also the basis on which to ensure that our country takes up an effective role within the world community. Only a programme that develops economic, political and social viability can ensure our national sovereignty."¹⁰⁴

South Africa's nation-building project includes forming a common identity, while recognising and respecting diverse ethnic, racial and other groupings. It involves multiculturalism, which recognises the cultural rights of ethnic and other minorities.

As described in the introduction, in building a new nation, the country chose to follow a process of reconciliation through the Truth and Reconciliation Commission (TRC). The TRC recorded and made public the details of a very painful past. This process of publicly acknowledging and confronting these details was a very necessary part of the process of healing the historic wounds. Together with the Convention for a Democratic South Africa and the Government of National Unity, the TRC helped ease South Africa into the reconstruction and nation-building process and facilitated a smooth transition from apartheid rule to democracy. The first democratic elections, which were held peacefully and successfully in 1994, also made an important contribution to social cohesion and building a new national identity.

By 1996, the foundations on which to build a new nation were in place. Apartheid laws had been repealed. South Africa had a firmly established national territory, a new Constitution and new national symbols, including a flag, a national anthem and a coat of arms, all of which played a key role in the creation of an overarching national identity. In a diverse country that values its diversity, these symbols play a stronger role in forging an overarching national identity than in a country with a single cultural, religious or ethnic identity. In the late former President Nelson



Mandela, the country had a leader acceptable to almost all groups in society and deeply respected across racial and class boundaries. In this regard, President Mandela was himself a key part of the new national identity.

The Constitution is based on a vision of a South Africa built on a culture of reverence for human rights and an identity founded on the values of non-sexism, non-racialism and equality. The Constitution aimed to build an overarching national identity through common citizenship and equality before the law. As described in Chapter 2, over the past 20 years, the state has been transformed to be in line with the constitutional imperatives of a non-racial, non-sexist, equitable and democratic South Africa.

A fundamental right recognised in the Constitution is that of the mother tongue. Instead of just Afrikaans and English, South Africa now recognises 11 official languages, and has put in place policy and legislation to promote and develop these languages to ensure people continue to be provided the opportunity to communicate in their language of choice.

A common voter's roll was put in place for the first time in April 1999. This was an important step for the Nation-building Project because it symbolised equality before the law as envisaged by the Constitution.

Again, as described in Chapter 2, the state has established various opportunities for participatory democracy, which also play a role in developing social cohesion and inclusion. The role of civil-society bodies has changed from one of resistance to apartheid to one

of engaging in and lobbying for improved service delivery. This helps the voiceless to have a voice, which also contributes to social cohesion and inclusion.

The arts are also important for creating the overarching identity of a nation. In partnership with relevant stakeholders, government has transformed the arts sector to be more inclusive and to embrace the country's diverse arts, culture and heritage. In keeping with the ethos of reconciliation, no apartheid era museums were closed or monuments destroyed. Since 1994, a range of new heritage sites and legacy projects have been completed, including the Freedom Park complex, which is linked to the adjacent Voortrekker Monument, the Chief Albert Luthuli Museum in KwaZulu-Natal, the Robben Island Museum (a world heritage site) and, most recently, the Nelson Mandela Statue at the Union Buildings.

Under apartheid, blacks did not have equal access to competitive or recreational sports opportunities at school or community levels. There was little or no investment in sports infrastructure, equipment, attire, development, talent identification and/or activities for previously disadvantaged population groups. At the same time, apartheid South Africa was subjected to international sporting sanctions that isolated the country and its white athletes from international competition.

In contrast, since 1994, sport has been a unifying force in South Africa. Sporting code institutions such as the South African Council on Sport, the South African Non-Racial Olympic Committee and the National Sports Council were consolidated by building a democratic and unified sports system. A dedicated focus was placed on transforming this sector to increase and ensure equitable access to sporting opportunities. Sports interaction has contributed towards increased interaction across race and class.

From being a pariah state, South Africa is now an affiliate of the Supreme Council of Sport (SCSA, Zone VI) and also participates in various international sport organisations and events, such as the Commonwealth Games, Olympic Games, Paralympic Games, World Games, and World Anti-doping Agency, and the International Anti-doping Arrangement.



During the period 1994 to 2005, Sport and Recreation South Africa constructed 744 sport and recreation facilities throughout the country. South Africa has also successfully hosted a number of key international sporting events, most notably the Rugby World Cup in 1995, the Africa Cup of Nations in 1996 and the FIFA World Cup in 2010. These events strengthened the glue that keeps this country together by fostering an overarching national identity as well as a spirit of camaraderie. They also contributed significantly towards developing South Africa as a tourist destination.

Despite these achievements, there are still major challenges that have negative implications for social cohesion and inclusion:

- As described throughout this review, opportunity is still generally defined by race, gender and class, although there has been an improvement in this regard, compared with pre-1994.
- Notwithstanding legislation such as the Employment Equity Act and Black Economic Empowerment Act, economic redress and transformation are slow. For example, the Employment Equity Report of 2012 indicates that, despite employment equity policies and legislation, white men and women still have the highest representation in top management. In addition, corporate and land ownership is still largely in the hands of the white minority. Unemployment is much lower among white people than among black people.
- The income differential between the highest- and lowest-paid workers in South Africa remains among the highest in the world, at

more than 50 times¹⁰⁵. Average household incomes are six times higher for White households than for African households¹⁰⁶.

- While race relations have improved since the apartheid years, there is still much room for overcoming stereotypes and increasing understanding, trust and respect between racial and ethnic groups.
- Xenophobia has reared its ugly head in post-apartheid South Africa, as illustrated by periodic violent attacks on foreign nationals. Sixty-two people were killed, 34 percent of them South Africans, when xenophobia first broke out in May 2008. Between 2011 and 2012, 260 foreign nationals were killed in violence linked to xenophobia and 250 were injured in 2012 alone¹⁰⁷.

The NDP makes a variety of proposals for transforming society and uniting the country. These include making the constitutional values that promote unity and diversity part of children's education, as well as promoting them among adult South Africans. It also points out that improving access to quality education, healthcare and basic services, as well as enabling access to employment and transforming ownership patterns and other imbalances of the past, are key to increasing social cohesion.

3.3 CONCLUSION AND WAY FORWARD

Since 1994, South Africa has made great strides in transforming education, health, skills and social welfare. There are some initial signs of better results in the basic education system, and going forward there will need to be a continued focus on the current improvement initiatives. Many more young people are now engaged in internships or learnerships or enrolled in FET colleges or universities.

A primary healthcare system has been put in place, as part of a process of focusing on preventative health in addition to curative approaches. In the past 10 years the HIV and AIDS epidemic has been turned around and a range of health outcomes indicators are now on a firm positive trend. Moving forward, the focus will be on putting in place a more equitable health system and the NHI system, improving the quality of service in the public sector and addressing the social determinants of health.

Poverty levels have decreased due to the expansion of the social grant system and other pro-poor government programmes in areas such as basic services, education, health and public employment programmes. While there have been major strides in gender equality, income inequality in terms of class, race and gender remains high.

Social welfare services have expanded considerably. Future focus areas need to include addressing the shortage of social service professionals, building better partnerships between the state and the NGO sector, and improving coverage of contributory systems for informal sector workers.

In future there will be an increasing focus on ensuring that land reform contributes to economic growth and employment in rural areas and more attention will be paid to managing urban development. Efforts to overcome historical spatial development patterns that continue to divide society will need to be intensified. The remaining backlogs in basic municipal services will need to be addressed as soon as possible, as will problems with the maintenance and operation of municipal services in some municipalities.

Continuing efforts to eradicate poverty and reduce inequality through the types of measures described above are likely to result in improved social cohesion over time.

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