

TWENTY YEAR REVIEW

SOUTH AFRICA

1994 - 2014



BACKGROUND PAPER:
CHILDREN



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The background papers are written by officials in the Presidency and other government departments using inputs from literature reviews, commissioned research, government reviews and reports and roundtable discussions with a range of stakeholders. The views reflected in the background papers do not represent those of the Presidency, but rather reflect authors' views on sector developments.

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Abbreviations and Acronyms

CSG	Child Support Grant
DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
GHS	General Household Survey
MDG	Millennium Development Goal
NIDS	National Income Dynamics Study
NIP	National Integrated Plan
NPO	Non-profit organisation
OHS	October Household Survey
PMTCT	Prevention of mother-to-child transmission
PSLSD	Project for Statistics on Living Standards and Development
SALDRU	Southern African Labour and Development Research Unit
SASSA	South African Social Security Agency
SMG	State Maintenance Grant
SOCPEN	Social Pension System
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

Policy Summary

After 1994, the South African government implemented a number of programmes that impact on child wellbeing. What has the impact of these interventions been on child poverty and inequality? The Child Support Grant (CSG) has been the most successful in terms of implementation. With regard to early childhood development (ECD), access has improved, albeit from a low base, and 20 percent of poor children have access to some form of ECD.

To improve the policy response to improving child wellbeing, the evidence base in terms of research must be systematically developed. Policy-makers need to have a better understanding of the dynamics that drive changing social phenomena. For example, in respect of demographics, one needs to understand the changing demographic profile of children, the effects of migration and increased labour force participation rates for women, and the impact on the changing household formation and structure.

One needs to understand the spatial location of children, i.e. where do children live and whom do they live with. How does this affect where services are provided and the manner in which services are provided?

The key policy issues are the following:

Child support grant

- Ensure that children access the grant from birth, work with the Department of Health and Home Affairs to develop a system that is linked to birth registration.
- Improve take-up rates for older children.
- Examine the implementation process of the CSG and learn lessons from its successful implementation.

Early childhood development

- Policy reform is required to reconfigure the delivery model; the current model focuses on older children of three to five years.
- Develop options for interventions in the early years.
- Develop a human resource strategy.
- Additional resources are required.

There is a need to undertake further research to improve the evidence base, in particular in areas where there is limited understanding of the scale of the challenge, such as violence against children and welfare service provision. All policy and planning should take a medium- to long-term view.

Executive Summary

The advent of democracy in 1994 presented the South African government with the opportunity to change the trajectory of all children. The Bill of Rights in the Constitution (1996) signalled the primacy of the rights of children in section 28. The South African government ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1995 and the African Charter on the Rights and Welfare of the Child in 2000. Children, defined by the Constitution as individuals under the age of 18 years, comprise just over a third of the population.

Children's estimated share of the total population decreased from 42.5 percent in 1993 to 36.8 percent in 2011. The estimated total child population increased from 16.2 million in 1993 to 18.5 million in 2011. While the total population increased by 32.2 percent over the period, the child population increased by 14.6 percent.

This review examines the progress initiatives related to South Africa's children have made in the democratic period between 1994 and 2011. The demographic shifts over the period and the changes in household characteristics and living arrangements are examined. Child poverty trends are examined and, whichever poverty line one uses, poverty rates have declined over the period 1993 to 2011, but they still remain high, however.

An important determining factor in children's wellbeing is their living environment. The section on access to basic services shows a steady increase in access to these services, but this came off a very low base. Two key policies and programmes – the Child Support Grant (CSG) and Early Childhood Development (ECD) – are examined in some detail. The CSG has been a success, but some improvements can be made. The ECD intervention has increased access for poor children off a low base, but too few poor children benefit, and younger children, in particular, are being overlooked in service provision. The current model is deeply flawed. If government wants to make a significant impact on child poverty, this area must receive serious attention.

The child share of the population by province shows that Limpopo had the highest share of children in its population in 1993, and retained its position in 2011. The Eastern Cape and KwaZulu-Natal follow with 48.7 percent and 47 percent respectively in 1993, and 40.4 percent and 39.6 percent in 2011 respectively. In contrast, the child share of Gauteng was the lowest in 1993 at 32.1 percent and decreased to 30.5 percent in 2011. The 2011 population shares suggest that the legacy of apartheid remains in Limpopo, the Eastern Cape and KwaZulu-Natal. These provinces have large rural populations where the former homeland areas were located.

The number of households in South Africa has increased substantially, from around 8.5 million in 1993 to 13.0 million in 2011. The two early surveys are consistent with one another, indicating that children were present in two-thirds of households in the period around 1994. More recently, households containing children have dropped to under 60 percent of all households. Over the period 1993–2011, there was a decline in “nuclear” families and an increase in the complex or extended family type.

The spatial distribution shows that children are disproportionately represented in rural and non-metropolitan areas. A greater proportion of children – 42 percent – are found in households located in “tribal authority areas” (many former Bantustans), while only 29 percent of adults reside in these areas. This raises some concern, as many of these areas have poor municipal infrastructure, poor levels of service delivery and limited employment opportunities. A smaller proportion of children – 41 percent – live in urban formal households, while 53 percent of adults reside in these areas.

The patterns of parental co-residence for children show that about a third of children lived with both their parents in 2011. The proportion of children who live with both parents decreased from 42 percent in 1993 to 33 percent in 2011. In terms of actual population numbers, the estimated number of children who live with both parents decreased from 6.8 million in 1993 to 5.9 million in 2011. Over the same period, the number of children living with neither of their parents increased from 2.8 million (17 percent) to 4.4 million (24 percent).

Paternal orphaning is the predominant form of orphaning. However, there has been a substantial increase in all orphan categories over this period, even if one discounts the 1993 figures. Between 1995 and 2011, the number of paternal orphans increased by 25 percent, the number of maternal orphans by 160 percent, and the number of double orphans by a massive 290 percent. The rising number of double orphans is driven largely by increased maternal orphaning rates, which, in turn, are driven largely by HIV/Aids.

Even though child poverty rates have fallen dramatically, a large number of children remain living in poverty. In 2011, over 8 million children (almost half the child population) lived below the lower-bound poverty line of R456 set by Statistics South Africa. Over two million children lived on less than \$1.25 (R194) a day, an “ultra-poor” line designed as an absolute minimum in poor countries. A decline in the poverty rate does not necessarily translate into a decrease in the number of poor children; this discrepancy arises because of population growth.

There are substantial differences in poverty rates¹ across the nine provinces. Limpopo, the Eastern Cape and KwaZulu-Natal, in particular, have consistently high rates of poverty across all years. However, it is also in Limpopo and the Eastern Cape that real decreases in the child poverty rate were experienced between 1993 and 2011.

Children's living environment is vitally important for their wellbeing, as basic services are essential for hygiene, health and survival. Access to water and sanitation, in particular, is essential, as poor sanitation is associated with diarrhea, cholera and skin diseases, among others.

Over the period 1993–2011, access increased on aggregate from 43 percent to 64 percent. However, this leaves more than one-third of children without access to piped water on site in 2011. These aggregate figures hide the large discrepancies between provinces. Using the 1993 data set of the Project for Statistics on Living Standards and Development (PSLSD), it is clear that, in 1993, in both Limpopo and the Eastern Cape, 12 percent and 23 percent of children respectively had access to piped water services. In contrast, children in Gauteng and the Western Cape have access rates of 93 percent and 95 percent respectively.

In 1993, 17 percent of children in homeland areas had access to piped water. In 2011, this was the case for only 30.8 percent of children living in rural former homeland areas. If one were to use the measure of access to water within 200 metres of the dwelling site, access would increase significantly. By definition, the percentage of children with access within 200 metres is higher than that for children with piped water on site.

Sanitation is an area in which there has been significant challenges in delivery. For the country as a whole, there has been a steady increase in access, but for children, this remains limited, with 33 percent of children having access in 1993 and 47 percent in 2008. What these figures show is that, by the end of the period, fewer than half of all children had this service in their homes.

Once again, there are significant provincial disparities. For children in the Western Cape and Gauteng – largely urban provinces – access to a flush toilet on the dwelling site is relatively high, at over 90 percent. In Limpopo, only 13 percent of children have access to this service, and in the Eastern Cape, KwaZulu-Natal and Mpumalanga, access is around 30 percent. The Free State made significant progress over the period 1993–2008 and has increased access from 25 percent to 65 percent.

¹ There is a wide margin of error in the Project for Statistics on Living Standards and Development (PSLSD). While one can confidently claim that there has been a real decline in child poverty, one cannot claim this for all provinces when comparing the 1993 and 2011 data.

The trend for children in households that use electricity as the main source of energy for cooking purposes was also investigated. All forms of electricity were included, whether from the mains, a generator or solar energy. Over the period 1993–2011, there was a marked improvement in four provinces in the percentage of households that mainly use electricity for cooking. Gauteng, the Western Cape, the Free State and the Northern Cape are at 80 percent or above. Even in the poorer provinces of Limpopo, the Eastern Cape and KwaZulu-Natal, about half the households use electricity for cooking.

In 1993, 9.6 percent of children in homeland areas lived in households that use electricity as the main source of energy for cooking. In 2011, this was the case for a much higher 41.2 percent of children living in rural former homelands.

The CSG, at R100 per child per month, was introduced in 1998 for children from 0 to 6 years of age. This grant replaced the apartheid-era State Maintenance Grant (SMG), which was accessed mainly by white and coloured children. From an initial low take-up rate there has been rapid expansion from a zero base in 1998 to 8 million children in 2008, increasing to 10.9 million children in 2012. The CSG is arguably the most successful poverty alleviation intervention of the government in the democratic period.

While the rapid take-up of the CSG attests to its successful implementation, there is a significant number of poor children who are eligible, but who are not receiving the grant. An analysis of the National Income Dynamics Study (NIDS) (2008) by McEwan, Kannemeyer and Woolard (2009), show that there were about 2.8 million children who were eligible, but not in receipt of the grant. An analysis of the NIDS in 2010 by Woolard et al. (2012) shows that approximately 3.2 million children who are eligible do not receive any of the child grants. Of these are very young children, infants and the newly eligible age groups (Woolard et al., 2012; Department of Social Development, South African Social Security Agency & the United Nations Children's Fund, 2012). There has been surprisingly little improvement in early access to the CSG over the last few years. This is of particular concern, as early receipt has positive impacts on children's wellbeing.

Over the period 1994–2011, 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 aged 0 to 4 years are in an ECD facility or some form of out-of-home care. Of these, 467 000 receive means-tested subsidies in 18 826 registered centres. While the National Integrated Plan (NIP) for ECD has proposed different forms of provision, the focus has been on centre-based care. This is largely due to the current service delivery model, whereby a non-profit organisation with a constitution must be set up, according to a set of norms and standards. This entity must register with the Department of Social Development. Once the registration has been approved, the entity may apply for the per-learner subsidy. The subsidy is paid per learner per day

and is meant to cover nutritional and other basic needs; not salaries. Section 98 of the Children's Act makes provision for conditional registration.

The institutional and human resource capacity that is required to set up an ECD centre, registration requirements and funding model often inadvertently exclude poor children (Harrison, 2012). Furthermore, the centre-based model is targeted at 3- to 5-year-olds, with less emphasis on appropriate service provision for younger children. Approximately 20 percent of 0- to 4-year-olds from the poorest households have access to some form of ECD provision, which is of variable quality. This is of considerable concern, as supporting early development is an intervention that contributes to poverty alleviation in the short term and inequality over the longer term (Children's Institute, 2012).

Review

1. Introduction and background

The advent of democracy in 1994 presented the South African government with the opportunity to change the trajectory of all children. The Bill of Rights in the Constitution (1996) signalled the primacy of the rights of children in section 28. The South African government ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1995 and the African Charter on the Rights and Welfare of the Child in 2000. The ratification of the UNCRC and the African Charter shows government's commitment to a progressive realisation of children's rights. In this regard, legislation, policies and programmes have been put in place that reflect the South African government's commitment to the wellbeing of children. Children, defined by the Constitution as individuals under the age of 18 years, comprise just over a third of the population.

Children's estimated share of the total population decreased from 42.5 percent in 1993 to 36.8 percent in 2011. Over the period 1993–2011, a slow but steady decrease in the younger cohorts of the child population and a concomitant slow, but steady increase in the 15-years-and-older age cohort are seen.

On the legislative, policy and programmatic front, government has made significant progress. A plethora of programmes that target children has been implemented. Since it was introduced in 1998, the Child Support Grant (CSG) has been the most successful poverty alleviation programme. By 2012, 10.9 million children were in receipt of the grant. Labour migration continues to shape family structure and formation, and a decrease in nuclear families and a concomitant increase in complex or extended families are observed. Poverty at aggregate level has shown a decline. Child poverty, which tends to be higher, has also shown a marginal decline. Since 1994, there has been a significant investment in policies and programmes that promote the wellbeing of children; and while there has been some progress, many challenges remain. The key challenge going forward is to maximise the synergies across the different interventions that target children and to channel resources into comprehensive Early Childhood Development (ECD) interventions.

2. Conceptual framework and purpose

This review examines the progress initiatives related to South Africa's children have made in the democratic period between 1994 and 2011. The demographic shifts over the period are examined and it is found that, for children up to 14 years, there has been a slow but steady decrease in the share of the population; for children over 15 years, there has been an increase in the share of the population. Hence,

children's estimated share of the population decreased from 42.5 percent in 1993 to 36.8 percent in 2011.

The review then goes on to examine the changes in household characteristics and living arrangements over the past 20 years. Children live in families, which have diverse forms. For the purposes of analysis in this review, the unit of analysis used in surveys – households – is used. In the period under review, there were important changes in the household contexts in which children live. There were changes in household forms and parental co-residence, and the overall trend is that the proportion of children living with both parents is decreasing. The number of children not co-resident with their mother increased from 3.2 million in 1993 to 5.1 million in 2011. The main reasons for these changes are migration and orphaning as a result of Aids deaths.

The review then examines child poverty trends in income terms. Child poverty, as a concept, should be understood within the context of the broader poverty discourse. As such, it has evolved along with shifts in thinking about poverty. Poverty used to be defined in narrow terms as not having sufficient income. However, currently, poverty is understood in much broader terms – in terms of multidimensional poverty, which includes a lack of human development opportunities such as education, basic nutrition and health, among others (World Bank, 2001). In South Africa, child poverty has been a neglected area of research, but over the last few years, there has been an increase in research in this area (see, for example, Cassiem et al., 2000; Children's Institute, 2006; Wright et al., 2009; Hall & Wright, 2010).

A large body of poverty analysis uses national surveys in South Africa, but children tend to be overlooked in the reporting. This hides the situation of poor children in particular. Quantitative analysis, which uses children as the unit of analysis, is limited (Hall & Wright, 2010). Children do not earn an income, and the income of the household is analysed. An approach is used that assumes that all income the household receives is distributed equally to each individual, including children.

Child poverty is understood as “a situation where children do not have enough resources to grow healthy and strong, to get an education, to live in a good, safe environment, and to fulfill their potential” (Children's Institute, 2006). Child poverty trends are thus analysed in income terms. Whichever poverty line one uses, poverty rates have declined over the period 1993 to 2011, but these rates remain high.

An important determining factor in children's wellbeing is their living environment. Children's access to basic services is examined. In keeping with the multidimensional approach to poverty, children's access to water, sanitation and electricity is examined. In the period under review, there was a steady increase in access to these services, but this was off a very low base.

Child poverty requires urgent attention, because children are disproportionately represented among the income-poor. Poverty and vulnerability impair the quality and length of children's lives, and childhood is a significant factor in the intergenerational transmission of poverty.

Two key policies and programmes – the CSG and ECD – are examined in some detail. After 1994, there was a focus on policy development, and less attention was paid to the design and implementation of programmes. In this review, the focus is on the above two key programmes that are implemented at scale and, if implemented well, could make a significant difference to poor children in particular.

The CSG has been a success, reaching 10.9 million poor children in 2012. The programme is well targeted, the institutional arrangements work and the programme is delivered at scale. There are, however, some improvements that can be made, and there is a sizable number of children who are eligible, but not in receipt of the CSG. The ECD intervention has increased access for poor children off a low base, but too few poor children benefit, and younger children, in particular, are being overlooked in service provision. The current model is deeply flawed. The model of service delivery remains largely centre-based. While there have been changes in policy, the National Integrated Plan (NIP) proposed a comprehensive package of services. This has not translated into implementation at scale. If government wants to make a significant impact on child poverty, this area must receive serious attention.

3. Methodology and sources of information

This review presents trends in respect of the situation of children between 1993 and 2011, using data from large-scale national household surveys conducted near the beginning and end of the period. In line with the Constitution, children are defined as those under 18 years of age.

The tabulations and graphs used in this review are derived from analyses of the raw data sets provided by Statistics South Africa and DataFirst, while the following four data sets were used to inform this paper:

- The Project for Statistics on Living Standards and Development (PSLSD) was designed and the fieldwork conducted during 1993 by the Southern African Labour and Development Research Unit (SALDRU) at the University of Cape Town (Project for Statistics on Living Standards and Development, 1994).
- The 1995 October Household Survey (OHS) was designed and conducted by Statistics South Africa (at that time still called the Central Statistical Service) as the second in a series of annual household surveys (Central Statistical Service, 1995).

- The 2008 National Income Dynamics Study (NIDS) Wave 1 survey was also designed and conducted by SALDRU, this time with financial support from The Presidency (SALDRU, 2009). The 2008 Wave 1 data is used in this review because of the panel nature of the NIDS.
- The 2011 General Household Survey (GHS) was part of an annual series of household surveys that Statistics South Africa has conducted since 2002 (Statistics South Africa, 2012b).

These four data sets include two near the beginning of the period and two near the end of the period, with one each at the beginning and end of the period designed and conducted by SALDRU, and the other designed and conducted by the country's national statistical agency. All four surveys were weighted so as to reflect estimates of the total population at the time of the survey.

The analysis in this review does not utilise the findings of Census 2011. One reason for this is that although South Africa's Census 2011 had more questions than are commonly found in a census, the number and scope of the questions were still less than those found in the surveys utilised for this survey. The census would thus not have been able to provide a single consistent source of estimates for all desired indicators. A second reason is that Census 2011's published results suggest a substantial change in the age profile, which affects children in particular, with some demographers doubting that such a large change is possible.

4. The journey since 1994

4.1 Legislation

The Constitution (1996), which includes the Bill of Rights, affords all South Africans basic socio-economic rights, such as the right to have access to healthcare, social security, sufficient food and water, adequate water and a safe environment. Significantly, children are afforded additional protection in section 28, which includes basic nutrition, shelter, basic healthcare, social services and protection from abuse and neglect.

In the initial period of transition, law reform was a key feature of the policy-making process. Existing legislation had to be aligned with the Constitution and the obligations South Africa had in relation to the UNCRC and the African Charter. At the time, the Child Care Act of 1983 regulated matters pertaining to children. After a lengthy process, the Children's Act of 2005 was passed, which gave effect to the rights provided for in section 28 of the Bill of Rights, and the UNCRC and the African Charter.

The Constitution recognises children as a specific and vulnerable group who require protection, and it promotes their best interests. The clauses below are pertinent to children.

Section 27:

- (1) (b) *Everyone has the right to have access to ... sufficient ... water ...*
- (c) *Everyone has the right to have access to ... social security, including if they are unable to support themselves and their dependents, appropriate social assistance.*

Section 28 of the South African Constitution:

- (1) *Every child has the right:*
 - (a) *to a name and nationality from birth;*
 - (b) *to family care or parental care, or to appropriate alternative care when removed from the family environment;*
 - (c) *to basic nutrition, shelter, basic healthcare, and social services;*
 - (d) *to be protected from maltreatment, neglect, abuse or degradation;*
 - (e) *to be protected from exploitative labour practices;*
 - (f) *not be required or permitted to perform work or provide services that (i) are inappropriate for that child's age or (ii) place at risk the child's wellbeing, education, physical or mental health or spiritual or moral or social development;*
 - (g) *not to be detained, except as a measure of last resort, in which case, in addition to the rights a child enjoys under sections 12 and 35, the child may be detained only for the shortest appropriate period of time, and has the right to be (i) kept separately from detained people over the age of 18 years and (ii) treated in a manner, and kept in conditions, that take account of the child's age;*
 - (h) *to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceedings affecting the child, if substantial injustice would otherwise result; and*
 - (i) *not to be used directly in armed conflict, and to be protected in times of armed conflict.*
- (2) *A child's best interests are of paramount importance in every matter concerning the child.*

- (3) *In this section "child" means a person under the age of 18 years.*

Section 29:

- (1) (a) *Everyone has the right to basic education;*
 - (b) *Everyone has the right to further education, ... progressively available and accessible*
- Constitution (1996) ...*

The Constitution provides us with a rights framework within which children are prioritised.

In the democratic period, legislation has been developed that gives effect to the Constitution. Some of the key laws pertaining to children are mentioned. This is by no means a comprehensive list.

The Children's Act of 2005, as amended by the Children's Amendment Act of 2007, sets out the principles related to the care and protection of children. The Children's Act is government's primary legislation for giving effect to its obligations in respect of children's constitutional rights. The full act, as amended, has been in operation since 1 April 2010.

The Social Assistance Act of 2004 provides the legislative framework for the realisation of the right to social security and stipulates eligibility criteria and procedures for access to social grants for children, the elderly and people with disabilities.

The National Health Act of 2003 ensures access to free primary healthcare, in particular, free healthcare to pregnant women and to children under six years old. The same act provides for a national health system that incorporates the public and private sectors and the provision of equitable healthcare services, and for the establishment of the district health system to implement primary healthcare throughout South Africa. It also provides for fulfilling the rights of children with regard to nutrition and basic services, and entrenches the rights of pregnant women and children to free care throughout the public sector if they are not on a medical scheme.

Legislative reform has been one of the areas where there has been significant progress.

4.2 Policies and programmes

A myriad of policies and programmes have been implemented after 1994. In early childhood education, the introduction of Grade R has been an important intervention and has increased access for poor children. There have also been programmatic interventions such as free healthcare for pregnant women and children, and improvements in child protection. Furthermore, children have benefitted from increased access to basic services and housing provision.

Some of the key policies and programmes that target children, and that have been implemented since 1994, are as follows:

- The Child Support Grant – a means-tested social grant.
- Free primary healthcare and free healthcare for children under six years of age.

- Prevention of Mother-to-child Transmission (PMTCT) – this is an intervention to prevent mother-to-child transmission of HIV. In 2012, this service was offered in more than 95 percent of public antenatal facilities.
- The School Fee Exemption Policy – no-fee schools in the poorest three quintiles and school fee waivers for poor learners in fee-paying schools through the National Norms and Standards for Public School Funding (1998, as amended) and the Exemption of Parents from the Payment of School Fees Regulations (1998, as amended) has made primary and secondary education free for more children.
- The National School Nutrition Programme – this programme, which started in 1994, contributes to enhanced learning capacity through school feeding schemes, promotes and supports food production and improves food production in school communities, and strengthens nutrition education in schools and communities. Since 2009, it has expanded to secondary schools.
- Grade R (reception year) – the provision of a formal preprimary year through the public school system in terms of *White Paper 5 on Early Childhood Development*.

Other policies, such as the housing subsidy scheme and the free basic water policies, also benefit children.

5. Reflection on achievements

5.1 Demographics

The estimated total population in South Africa increased from 38 million in 1993 to 50.3 million in 2011. The estimated total child population increased from 16.2 million in 1993 to 18.5 million in 2011. While the total population increased by 32.2 percent over the period, the child population increased by 14.6 percent. Expressed differently, children's estimated share of the total population decreased from 42.5 percent in 1993 to 36.8 percent in 2011. African children constitute the largest share – 84.4 percent – of the total child population.

5.1.1 Population distribution by age

Table 1 shows the distribution across the age cohorts for the four surveys and Census 2011. This distribution is shown across the three full five-year age groups and the population aged older than 15 years. Across the three age cohorts – 0–4 years, 5–10 years and 11–14 years – there was a slow, but steady decrease in the share of the population and a concomitant slow, but steady increase in the share of the age group 15 years and older. Over the period 1993–2008, a change in the age profile of children occurred, which is reflective of the aging profile of the South African population. The erratic pattern shown for the under-five age group is less than expected, and the sudden increase in the share for this age group in Census 2011 is not clear.

Table 1: Population distribution by age according to surveys and Census 2011 (percentage)

	0–4	5–10	11–14	15+	Total
PSLSD 1993	10.3	12.9	12.7	64.2	100
OHS 1995	10.2	12.4	12.1	65.2	100
NIDS 2008	10.2	10.7	10.9	67.1	99
GHS 2011	9.9	10.2	10.3	69.5	100
Census 2011	11.0	9.3	8.9	70.8	100

Source: Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1995; Leibbrandt et al., 2010; Statistics South Africa, 2012a; Statistics South Africa, 2012b.

5.1.2 Child share of the population by province

Table 2 shows that, overall, the share of the population accounted for by children decreased from 42.5 percent in 1993 to 36.8 percent in 2011. Limpopo had the highest share of children in its population in 1993 and retained this position in 2011. The Eastern Cape and KwaZulu-Natal followed with 48.7 percent and 47 percent respectively in 1993 and 40.4 percent and 39.6 percent respectively in 2011. In contrast, the Gauteng child share of the provincial population was the lowest in 1993 at 32.1 percent and decreased to 30.5 percent in 2011. This also holds for the Western Cape, in which the child share of the provincial population was 34.2 percent in 1993 and 32.6 percent in 2011. This reflects the uneven distribution of children across the provinces. The 2011 child population shares suggest that the historical legacy of apartheid remains. This is especially true in Limpopo, the Eastern Cape and KwaZulu-Natal, which have large rural populations where the former homeland areas were located.

Table 2: Child share of the population by province, 1993–2011 (percentage)

	1993	1995	2008	2011
Eastern Cape	48.7	47.3	44.7	40.4
Free State	39.8	38.7	37.9	36.2
Gauteng	32.1	30.4	29.8	30.5
KwaZulu-Natal	47.0	43.0	43.0	39.6
Limpopo	50.6	51.0	44.4	42.6
Mpumalanga	43.0	43.6	39.4	40.2
Northern Cape	44.7	40.4	34.7	37.5
North West	39.6	40.9	35.5	36.6
Western Cape	34.2	35.4	30.2	32.6
Total	42.5	41.2	37.9	36.8

Source: Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.

Another way of considering the population group of children is to examine the distribution by race within the child population. The African share increased from 81.8 percent in 1993 to 84.8 percent in 2011. There is a fall in the share of the white child population from 8.3 percent to 5.1 percent in 2011. Given that the majority of today's children were born after 1994, the relevance of using population might be questioned; however, race remains an important determinant of the situation and life chances of today's children.

5.2 Household characteristics and living arrangements

The concepts of household and family are distinct. There are diverse household types and families, and these are sometimes used interchangeably. While children live in various types of families within communities, for the purposes of this review, the focus will be on household forms as used in survey methodology.

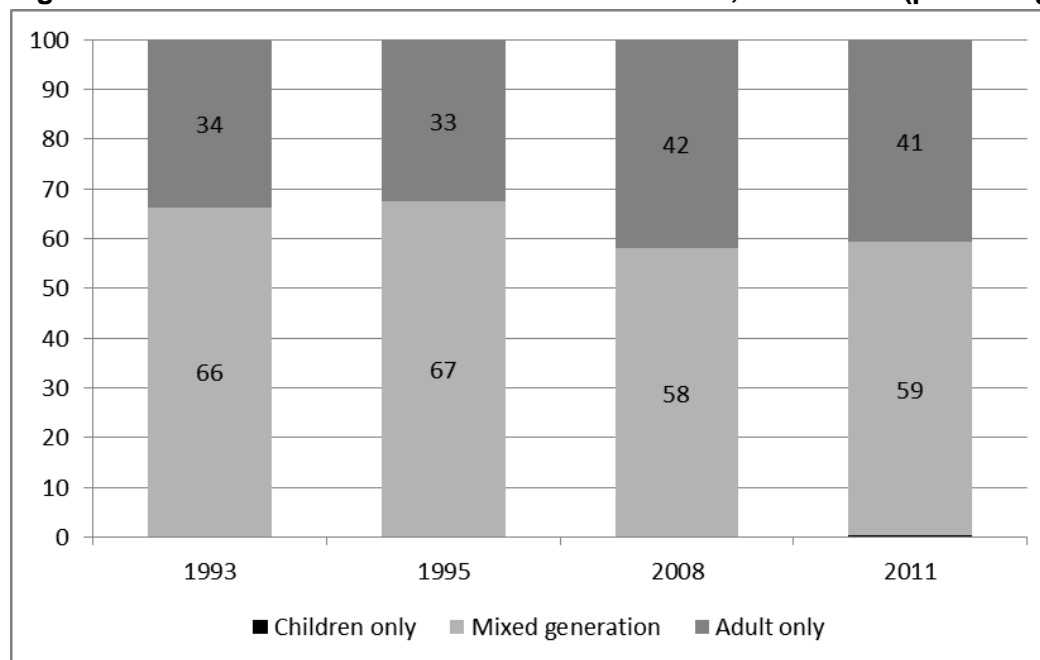
The disruption of African family life is one of the legacies of apartheid; it is a consequence of deliberate strategies implemented through the pass laws, forced removals and the creation of the homelands. The migrant labour system meant that it was mainly men who worked in urban areas, while the rural homelands had disproportionately large populations of women, children and pensioners. There was some expectation that, once the controls on population movement were lifted, families would be reunited and households would take a simpler (more nuclear) form. However, the data spanning the post-apartheid period suggests that complex household forms continue to predominate, marriage rates continue to decline and there has not been a shift towards a more nuclear family structure.

The changing dynamics of the post-apartheid period have reinforced patterns of migration, for women in particular (Posel, 2010). The impact of HIV/Aids, which has led to increased orphaning of children and increased labour force participation rates by women, has impacted on household formation and structure. This, in turn, has impacted on the care arrangements for children.

The number of households in South Africa has increased substantially, from around 8.5 million in 1993 to 13.0 million in 2011. This increase is partly due to the population growth, but it is also driven by a decrease in average family size and, in particular, a rise in the number of adult-only households; the latter nearly doubled over the period. Although the number of households with children has risen too, the rate of increase has been outstripped by adult-only households.

Figure 1 summarises household types as captured in the four surveys. The two early surveys are consistent with one another, indicating that children were present in two-thirds of households in the period around 1994. More recently, households with children have dropped to under 60 percent of all households. Child-only (or "child-headed") households are not visible on the graph, as they have remained well below 1 percent.

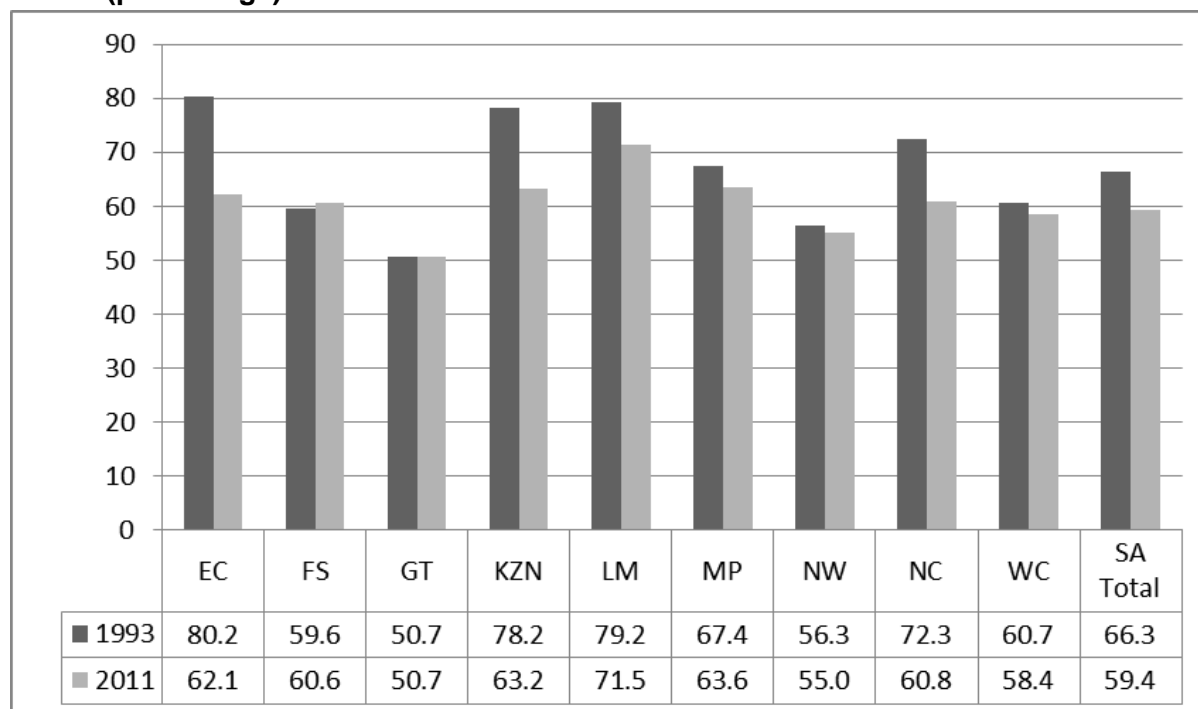
Figure 1: Child and adult distribution in households, 1993–2011 (percentage)



Source: Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.

The proportionate decline in households with children is consistent across the provinces, except for Gauteng and the Free State, where the distribution of adult-only and mixed-generation households has remained more or less the same.

Figure 2: Proportion of households with children, by province, 1993–2011 (percentage)



Source: Project for Statistics on Living Standards and Development, 1994; Statistics South Africa, 2012b.

The most striking decreases have taken place in the Eastern Cape (where the proportion of households with children dropped from 80 percent in 1993 to 62 percent in 2011), KwaZulu-Natal (a decrease of 15 percentage points from 78 percent to 63 percent of households) and the Northern Cape (decreasing from 72 percent to 61 percent in 2011). These decreases could be partly due to children being able to join their mothers in urban areas, rather than being left with relatives at a rural home.

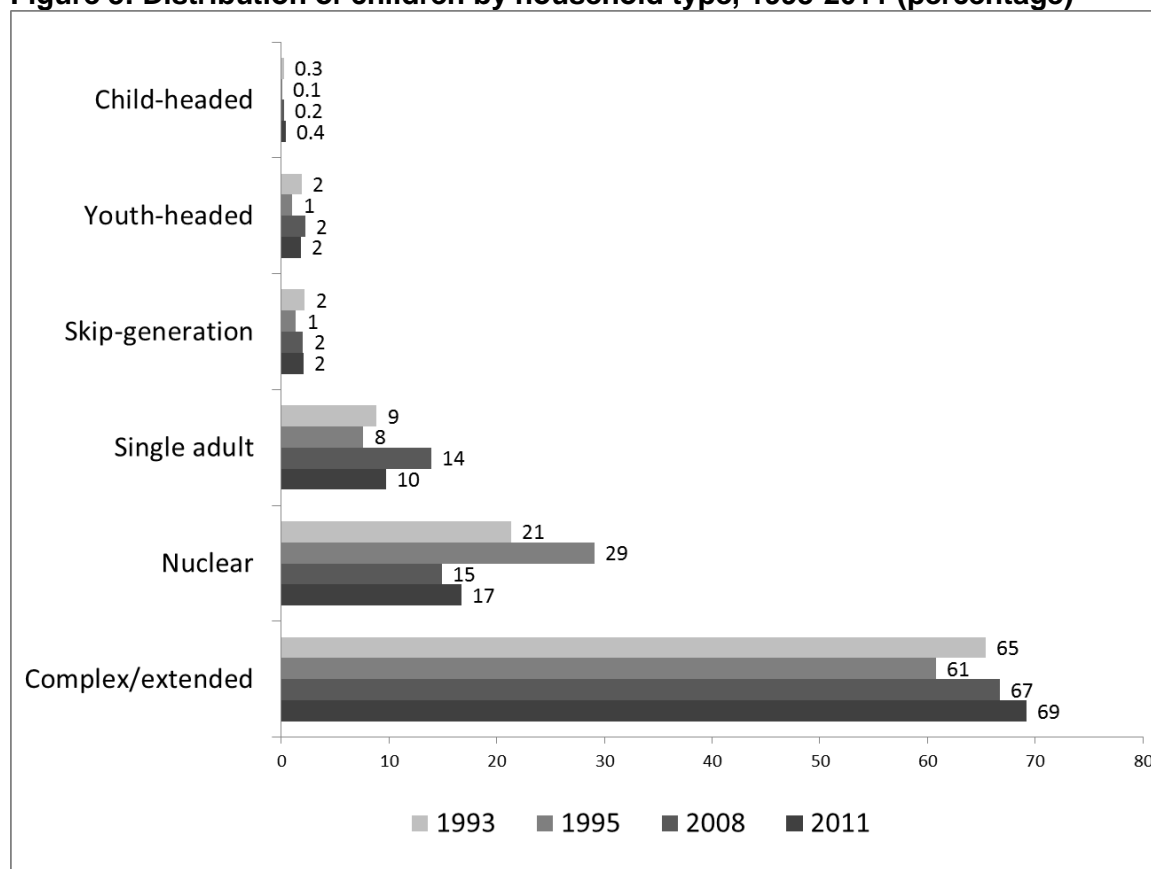
5.2.1 Household types

The main change in household form over the period has been a decline in the proportion of children living in “nuclear” families. It should be noted that this analysis uses a very strict definition of “nuclear”, where only two adults are resident in the household and all children in the household are the biological children of those two adults (who, although they are co-parents, are not necessarily married). This excludes, for instance, households with half-siblings or step-siblings, and households with additional adult members. Because of the limitations of the surveys (the Statistics South Africa surveys do not capture non-resident household members), it also excludes households with migrant parents who stay fewer than four nights a week in the household.

The typology² used here is as follows:

- **Child-only:** All household members are below 18 years of age (i.e. the strict definition of a child-headed household).
- **Young adult:** Household includes one or more children and at least one adult below the age of 25. No members are over the age of 24.
- **Skip-generation:** Household includes one or more children, and only adult members who are over 60 years.
- **Single adult:** Household includes one or more children and only one adult, where the adult is over the age of 24.
- **Nuclear:** Household includes one or more children and exactly two adults who are both biological parents of all the children in the household (but who are not necessarily married to each other).
- **Extended and compound:** Households contain children, but they are not captured by one of the above definitions, including three-generation households and two-generation households with extended family, non-relatives or a mix of biological and non-biological children.

² Drawn from previous work by Hill et al 2008 and Richter et al 2008.

Figure 3: Distribution of children by household type, 1993-2011 (percentage)

Source: *Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

Figure 3 shows that the trend over the period 1993–2011 has been a decline in nuclear families and an increase in the complex or extended family type.

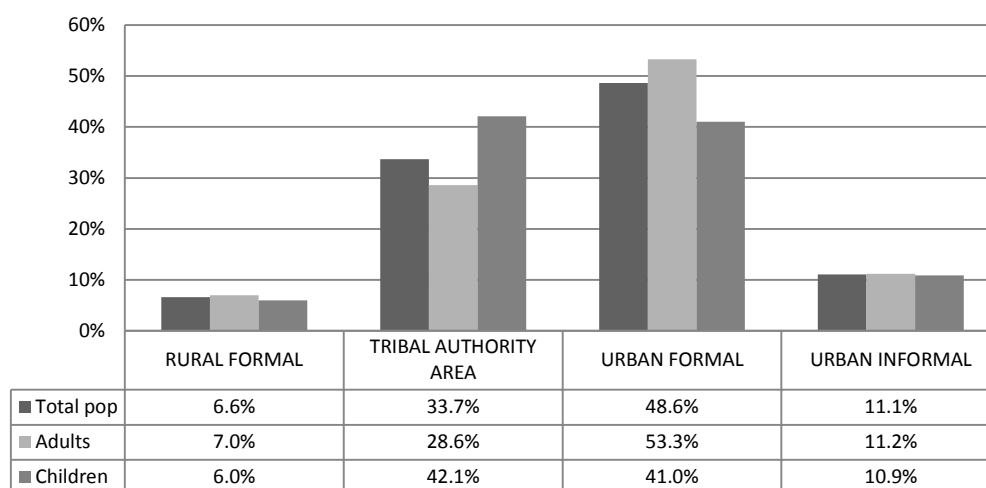
Young children are more likely than older children to live in nuclear households. In 2011, 21 percent of children in the 0–4 age group were defined as living in this household type, compared with only 10 percent of children in the 15–17 age group. The decline in the proportion of nuclear household forms is consistent across all age groups, but the difference between 1993 and 2011 is more pronounced for older children than for those under 5 years.

There is some variation in household structure across racial groups. White children are the most likely to live in nuclear families, although the proportion of strictly defined nuclear white households decreased substantially – from 65 percent to 53 percent – over the 1993–2011 period. Just 13 percent of African children lived in nuclear households in 2011, down from 18 percent in 1993. The dominant form of household for African and coloured children is the category entitled “complex or expanded”, which is a very broad category.

Geographical distribution of children

Figure 4 shows the spatial distribution of the adult and child population in South Africa. The analysis of the NIDS 2008 undertaken by Hall and Wright (2010) show that children are disproportionately represented relative to adults in rural and non-metropolitan areas. A greater proportion of children – 42 percent – are found in households located in “tribal authority areas”, (many former Bantustans), while only 29 percent of adults reside in these areas. This raises some concern, as many of these areas have poor municipal infrastructure, poor levels of service delivery and limited employment opportunities (Hall & Wright, 2010). A smaller proportion of children – 41 percent – live in urban formal households, while 53 percent of adults reside in these areas. While the difference of 42 percent and 41 percent between children in tribal authority areas and those in urban formal households is not material, the spatial distribution of children relative to adults is striking.

Figure 4: Child and adult distribution by area type



Source: Leibbrandt et al., 2010.

5.2.2 Family Cohabitation

There are two important differences in the surveys that may affect comparability. One is the way in which household members are defined on the household roster³. The other is the way in which parental co-residence is determined.

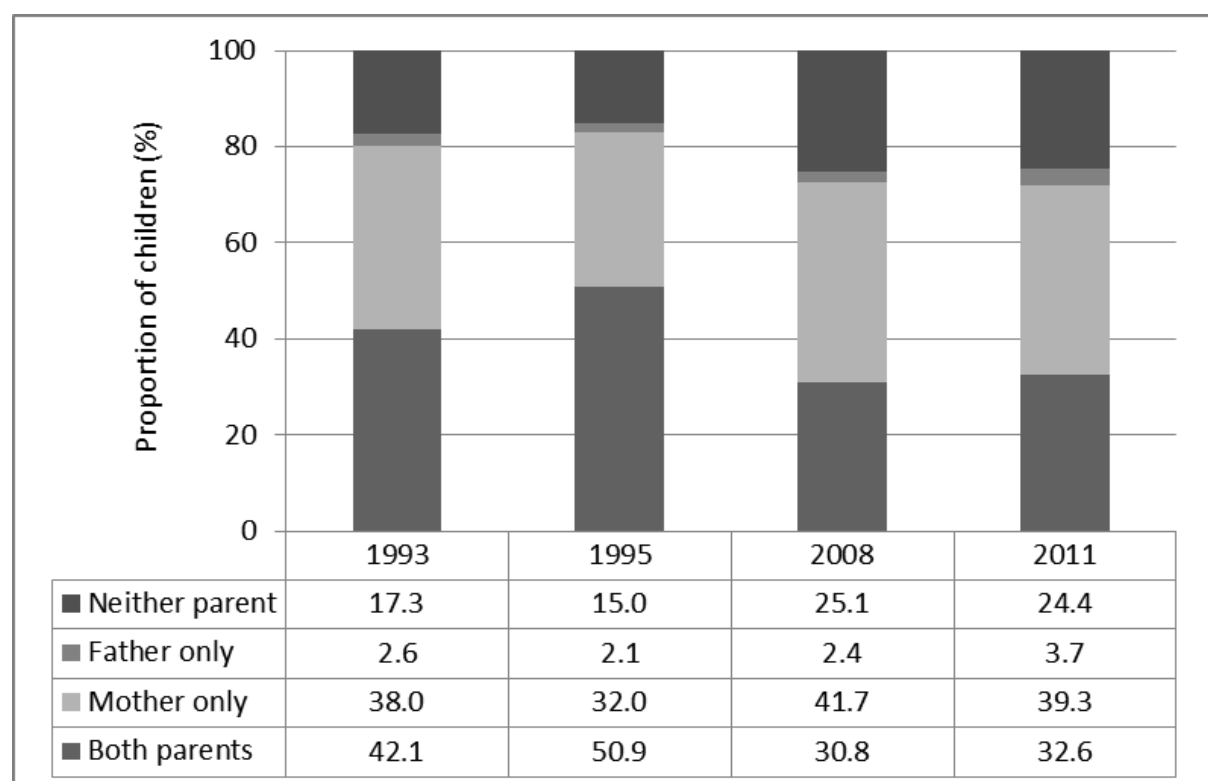
Figure 5 shows patterns of parental co-residence for children. About a third of children lived with both their parents in 2011. This proportion is higher than the strictly defined nuclear family described above, because households that include other family members (such as aunts or grandparents, as well as parents) would be classified as complex or extended. The graph shows that the proportion of children

³ Survey questionnaire.

who live with both parents decreased from 42 percent in 1993 to 33 percent in 2011. In terms of actual population numbers, the estimated number of children who live with both parents decreased from 6.8 million in 1993 to 5.9 million in 2011.

It is striking that over the same period, the number of children living with neither of their parents increased from 2.8 million (17 percent) to 4.4 million (24 percent). In other words, nearly a quarter of all children in South Africa live with neither of their biological parents. Some policies, such as the CSG, take this situation into account, where the grant is awarded to the caregiver and as such follows the child.

Figure 5: Parental co-residence with children, 1993-2011



Source: *Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

The overall trend is that the proportion of children living with both their parents is gradually, but steadily decreasing. Labour migration, declining marriage rates, single parenting and orphaning are all contributors to this trend. An analysis undertaken by Posel (2010) of the NIDS 2008 data set shows that women form an increasing share of labour migrants, increasing from 29 percent in 1993 to 37 percent in 2008.

Of the 3.2 million children who did not have their biological mother at home in 1993, only 10 percent had lost their mother. The remaining 90 percent had a mother who lived somewhere else. By 2011, the number of children without a co-resident mother had increased to 5.1 million, and orphaning rates had increased too. Orphaning

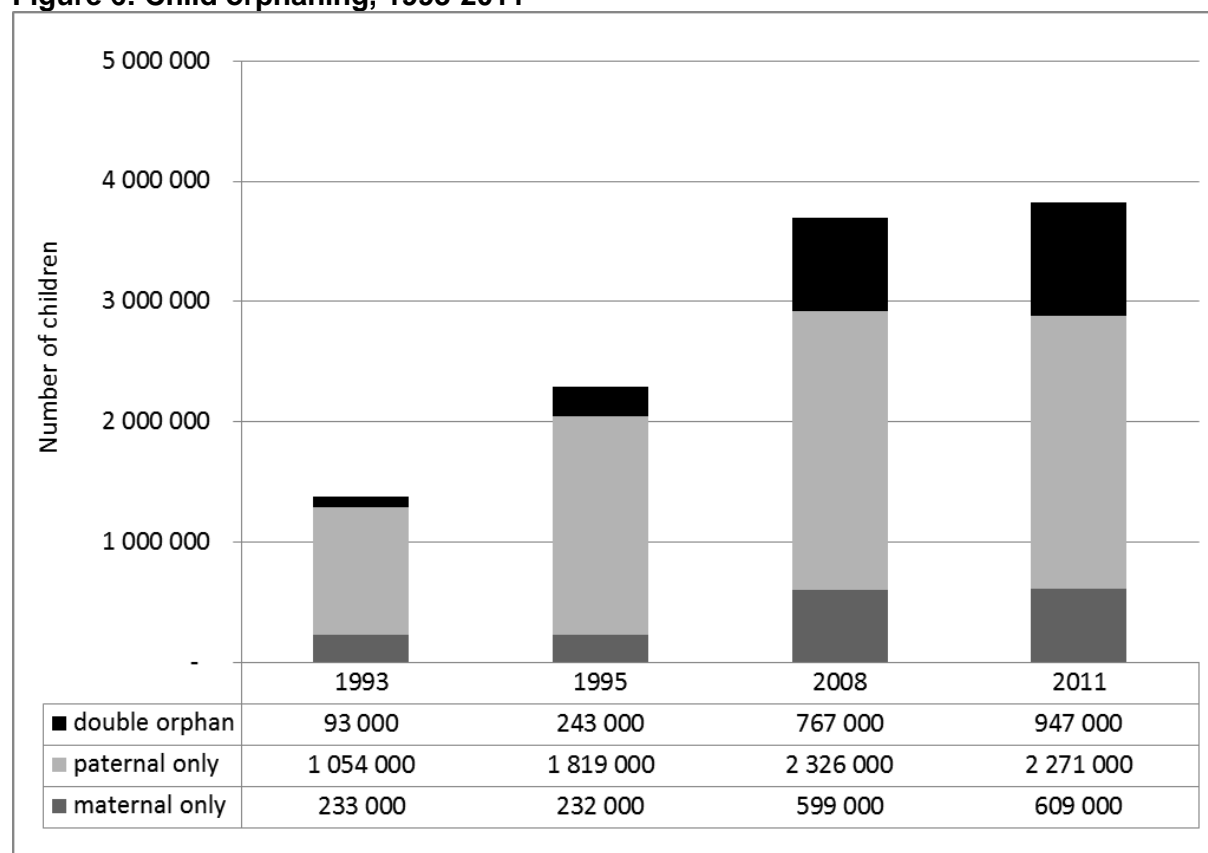
explained 30 percent of maternal absence in 2011, the majority of which was the result of Aids deaths.

Children are much more likely to live without their father than their mother, but by 2011, the effect of paternal orphaning on paternal absence was less pronounced than the effect of maternal orphaning on maternal absence. In other words, children who live without their mothers are more likely to be orphaned (maternally) than those living without their fathers (paternally). In 2011, 25 percent (2.8 million) of the 11.5 million children without co-resident fathers were paternally orphaned. The remaining 75 percent had a father living somewhere else.

Orphaning

Paternal orphaning is the predominant form of orphaning. However, there has been a substantial increase in all orphan categories over this period, even if one discounts the 1993 figures. Between 1995 and 2011, the number of paternal orphans increased by 25 percent, the number of maternal orphans increased by 160 percent and the number of double orphans increased by a massive 290 percent. The rising number of double orphans is driven largely by increased maternal orphaning rates, which, in turn, are driven largely by HIV/Aids.

Figure 6: Child orphaning, 1993-2011



Source: *Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

Nationally, paternal orphaning was by far the predominant form of orphaning in 1995, with paternal orphans (with living mothers) constituting 79 percent of all orphans. By 2011, paternal orphans still predominated, but only accounted for 59 percent of all orphans.

The vast majority of children who have lost their mothers continue living with family members, in that they have at least one reported relative (the household head) in the household. As shown in the previous figure, most children who have lost their mothers are not co-resident with their fathers. Furthermore, those who are double orphans, by definition do not have a surviving biological parent. It is likely that many of the household heads referred to as “parents” are step-parents or foster parents and therefore not blood relatives. Whether or not they are biologically related, there has been a decrease in the proportion of maternally orphaned children living in households headed by a “parent”.

The role of grandparents in providing a home for their maternally orphaned grandchildren has, if anything, increased over the past two decades. Around half of all maternal orphans live in the homes of their grandparents. Although it is not possible to verify that all the “relatives” recorded as household heads are actually blood relatives, the data certainly suggests that maternal orphans are cared for to a large extent by extended families. Despite concerns during the early 2000s that households would become “saturated” and unable to absorb any more children orphaned by Aids, the data suggests that this has not been the case. Neither has there been an exponential increase (or indeed, any increase) in the number of child-headed households, as some feared would happen.

Caring for orphans is undoubtedly a large financial and care burden. The financial strain is lessened to a certain extent, as it is for all poor mothers and caregivers, by the fact that those who pass the means test can apply for the CSG. In cases where orphans have been placed in foster care by a court, caregivers can apply for the larger Foster Care Grant. However, in a context where orphaning rates are increasing rapidly, the deployment of the foster care system for orphans in family care has put enormous strain on the courts, the grant system and the entire welfare system. It is clear that the sheer number of orphans (1.5 million children lost a mother in 2011) makes a sustained foster care approach infeasible.

5.3 Child poverty: Income poverty

Poverty rates in South Africa are relatively high. Depending on the poverty line that is used, it is estimated that poverty declined from 56 percent to 54 percent over the period 1993–2008, using a poverty line of R515 (Leibbrandt et al., 2010). However, Leibbrandt et al. (2010) suggest that it is useful to think of two distinct sub-periods, namely 1994 to 2000 and post-2000. A number of studies, among those of Statistics South Africa (2002) and Hoogeveen and Özler (2006), found that poverty increased in the first sub-period, and decreased after 2000.

Following the approach of most South African poverty analyses, income rather than expenditure variables are used to calculate poverty rates, and total household income is divided by the number of household members to calculate per capita income.

Table 3: Child poverty headcounts using different poverty lines, 1993 and 2011

Poverty line	1993 poverty rates			2011 poverty rates		
	Adults	Children		Adults	Children	
	%	%	Number	%	%	Number
Hoogeveen & Özler upper-bound	65.3	82.3	13 282 000	56.5	75.0	13 906 000
Hoogeveen & Özler lower-bound	48.3	67.9	10 951 000	37.7	56.4	10 449 000
Statistics South Africa upper-bound	49.7	69.0	11 137 000	38.9	58.2	10 789 000
Statistics South Africa lower-bound	40.1	59.5	9 596 000	28.3	44.4	8 230 000
\$2 a day	34.1	52.6	8 496 000	16.9	27.1	5 022 000
\$1.25 a day	21.6	35.9	5 791 000	7.7	12.2	2 258 000
Child population:			16 137 000			
						18 541 000

Source: Project for Statistics on Living Standards and Development, 1994; Statistics South Africa, 2012b.

Table 3 shows that children bear a larger share of poverty than their share of the population. Child poverty rates across all poverty lines are considerably higher than adult poverty rates.

Table 3 further indicates that whichever poverty line is used, child poverty declined over the 1993–2011 period. The greatest decline is in relation to the lowest poverty line of \$1.25 per day. The poverty rate decreased by 24 percentage points from 36 percent to 12 percent. In contrast, in the case of children living below the Hoogeveen and Özler upper-bound poverty line of R1 113 per month, the poverty rate decreased by only seven percentage points over the same period. However, this does mean that, in respect of the Millennium Development Goal (MDG) 1, South Africa has halved the proportion of people whose income is less than one dollar a day.

Although child poverty rates have fallen dramatically, a large number of children still live in poverty. In 2011, over eight million children (almost half the child population)

lived below the Statistics South Africa lower-bound poverty line of R456/month. Over two million children live on less than \$1.25 a day, an ultra-poor line designed as an absolute minimum in poor countries.

A decline in the poverty rate does not necessarily translate into a decrease in the number of poor children; this discrepancy arises because of population growth. When using the Hoogeveen and Özler upper-bound line of R1 113 per capita per month, the number of children living in poverty increased by over 600 000, even though the proportion of poor children decreased by 7 percentage points. When using the Statistics South Africa lower-bound poverty line of R456 per capita per month, there is a substantial decline in both the proportion and number of poor children. According to this line, child poverty decreased by 15 percentage points from 59.5 percent in 1993 to 44.4 percent in 2011. This translates into a decrease of over 1.3 million children.

Table 4 shows no difference in the child poverty rate (P0) over the period when using the PSLSD 1993 and the NIDS 2008. However, if one compares the PSLSD and the GHS, there is a significant decline of 13 percentage points.

Table 4: Poverty measures for children, 1993–2011

	P0	P1	P2
1993 PSLSD	0.57	0.28	0.18
2008 NIDS	0.57	0.28	0.18
2011 GHS	0.44	0.18	0.10
Percentage decrease 1993–2011	22%	35%	45%

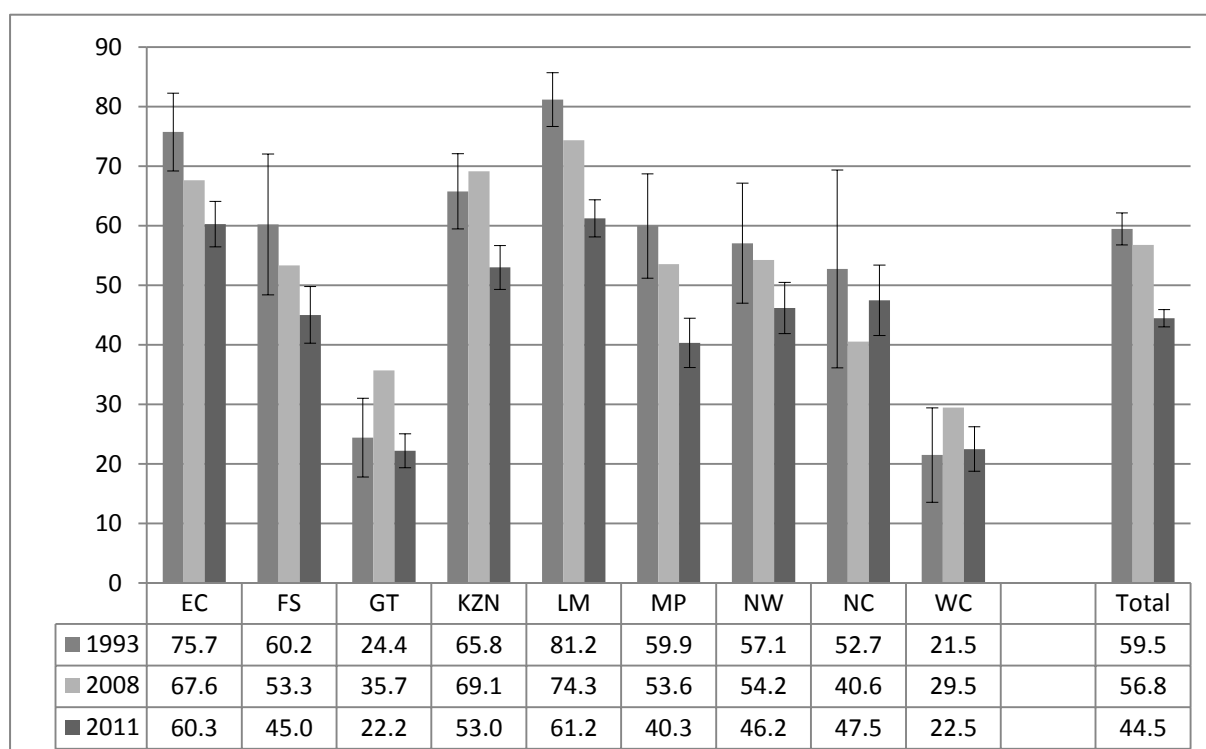
Source: Project for Statistics on Living Standards and Development, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.

Table 4 clearly shows that in respect of both the depth (P1) and severity (P2) of poverty, there has been a significant decline if one compares the PSLSD and the GHS. In other words, there is not only movement from below to above the poverty line, but the extent of poverty has been alleviated for those who remain below the poverty line, in particular for those who were furthest from the poverty line (Leibbrandt et al., 2010). These gains over the period 1993–2011 are even more pronounced than the change in the poverty rate. These improvements are largely due to the introduction and age expansion of the CSG. The gains have been more pronounced for those households at the lower end of the income distribution. However, the small value of the CSG is not sufficient to bring poor households above the poverty line.

Child poverty rates by province

There are substantial differences in poverty rates⁴, and it is unevenly distributed across the nine provinces. Limpopo, the Eastern Cape and KwaZulu-Natal, in particular, have consistently high rates of poverty across all years. However, it is also in Limpopo and the Eastern Cape that real decreases in the child poverty rate occurred between 1993 and 2011.

Figure 7. Child poverty rates by province, 1993-2011 (using Statistics South Africa lower-bound line)



Source: Project for Statistics on Living Standards and Development, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.

Using the Statistics South Africa lower-bound poverty line of R456, child poverty rates ranged from 60 percent in Limpopo and the Eastern Cape to around 22 percent in Gauteng and the Western Cape in 2011. The former are largely rural provinces with high rates of unemployment, while the latter two are primarily urban provinces with high rates of in-migration.

⁴There is a wide margin of error in the PSLSD, while we can confidently claim that there has been a real decline in child poverty, we cannot claim this for all provinces when comparing the 1993 and 2011 data.

Table 5: Child poverty according to urban-rural classification, 1993–2011
(poverty rates and shares based on Statistics South Africa lower-bound line)

	1993			2008			2011		
	Population share	Poverty rate	Poverty share	Population share	Poverty rate	Poverty share	Population share	Poverty rate	Poverty share
Urban	39.7%	33.3%	22.2%	51.7%	39.2%	35.8%	53.4%	29.0%	34.7%
Rural	60.3%	76.6%	77.8%	48.3%	75.6%	64.3%	46.6%	62.4%	65.3%

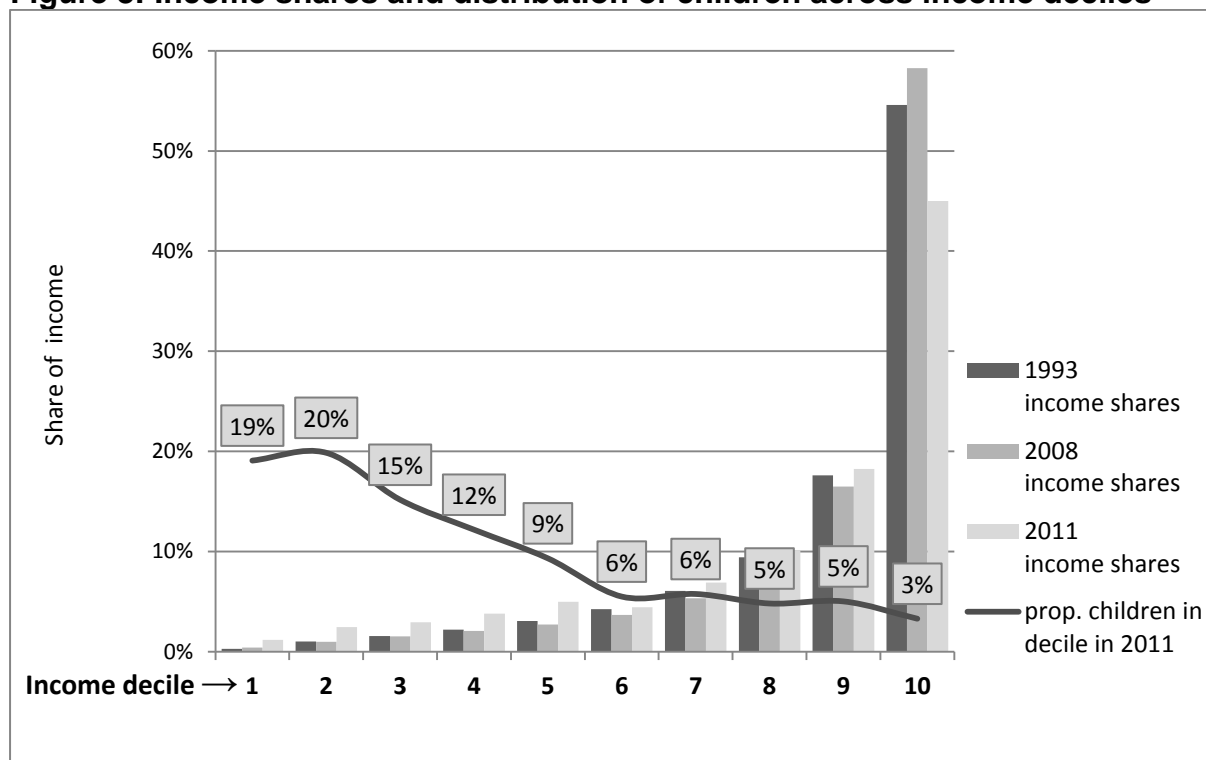
Source: *Project for Statistics on Living Standards and Development, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

Using the PSLSD and the NIDS, it is clear that in 1993, 60 percent of the child population lived in rural areas. By 2008, this had dropped to 48.3 percent, just below half. Over the period 1993–2008, there was a rise in the incidence of urban child poverty, while the rural poverty rates declined by a marginal 1 percentage point. However, between 2008 and 2011, a dramatic drop in both urban and rural child poverty was observed. This should be treated with some caution, as data from two different surveys, the NIDS 2008 and the GHS 2011, was used. However, what is not in dispute is that there is a decline in poverty trends.

Over the entire period, the urban child poverty share has increased from 25 percent to 28 percent, while the rural share has decreased from 75 percent to 62 percent. The actual number of poor children in urban areas increased substantially from 2.7 million in 1993 to 3.9 million in 2011. The number of poor children in rural areas decreased from 8.3 million to 6.5 million. These changes in numbers can largely be ascribed to urbanisation and population growth. Clearly the dynamics over the period 1993–2011 has changed the profile of child poverty.

Child inequality

Figure 8 shows the distribution of income over the period 1993–2011, as well as the proportion of children in each decile in 2011. The poorest deciles have a very small share of the income, while the richest 10 percent have about half of all the income. Children are proportionately over-represented in poor deciles, and under-represented in the top deciles. We see that inequality increased between 1993 and 2008, but by 2011, we see a slight decline, with small increases in the share of income for the first five deciles and a drop in the share of income accruing to the top decile.

Figure 8: Income shares and distribution of children across income deciles

Source: Compiled by Hall & Budlender, 2013 from official statistics

Even though there has been a decline in child poverty over the period 1993–2011, child poverty rates remain high.

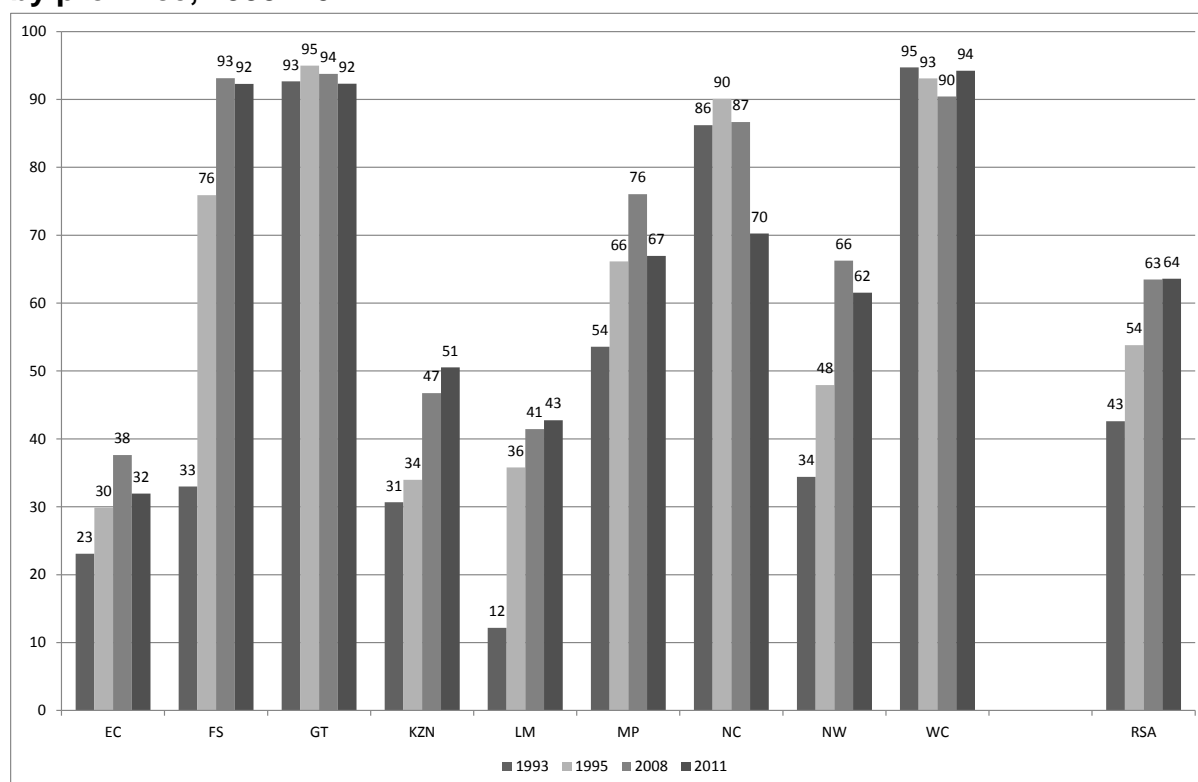
5.4 Basic services

Children's living environment is vitally important for their wellbeing, as basic services are essential for hygiene, health and survival. Access to water and sanitation, in particular, is essential, as poor sanitation is associated with diarrhea, cholera and skin diseases, among other problems. In addition, children, especially girls, may need to fetch water and find firewood.

Access to water

Figure 9 shows the extent of the progress made with regard to children's access to piped water services on the sites of their dwellings. Over the period 1993–2011, access increased on aggregate from 43 percent to 64 percent. However, this left more than one third of children without access to piped water on site in 2011. These aggregate figures hide the large discrepancies between provinces. Using the PSLSD's 1993 data set, it emerged that, in 1993, in both Limpopo and the Eastern Cape, 12 percent and 23 percent of children respectively had access to piped water services. In contrast, 93 percent of children in Gauteng and 95 percent in the Western Cape had access to these services.

Figure 9: Percentage of children with access to piped water on dwelling sites by province, 1993–2011



Source: *Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

In 1993, 17 percent of children in homeland areas had access to piped water. In 2011, this was still the case for only 30.8 percent of children living in rural former homeland areas.

If one were to use the measure of access to water within 200 metres of the dwelling site, access increases significantly. By definition, the percentage of children with access within 200 metres is higher than that for children with piped water on site. For the country as a whole, the percentage increased markedly between 1995 and 2008, from 73 percent to 88 percent. While these numbers reflect increased access, there have been challenges with regard to the maintenance of infrastructure and equipment.

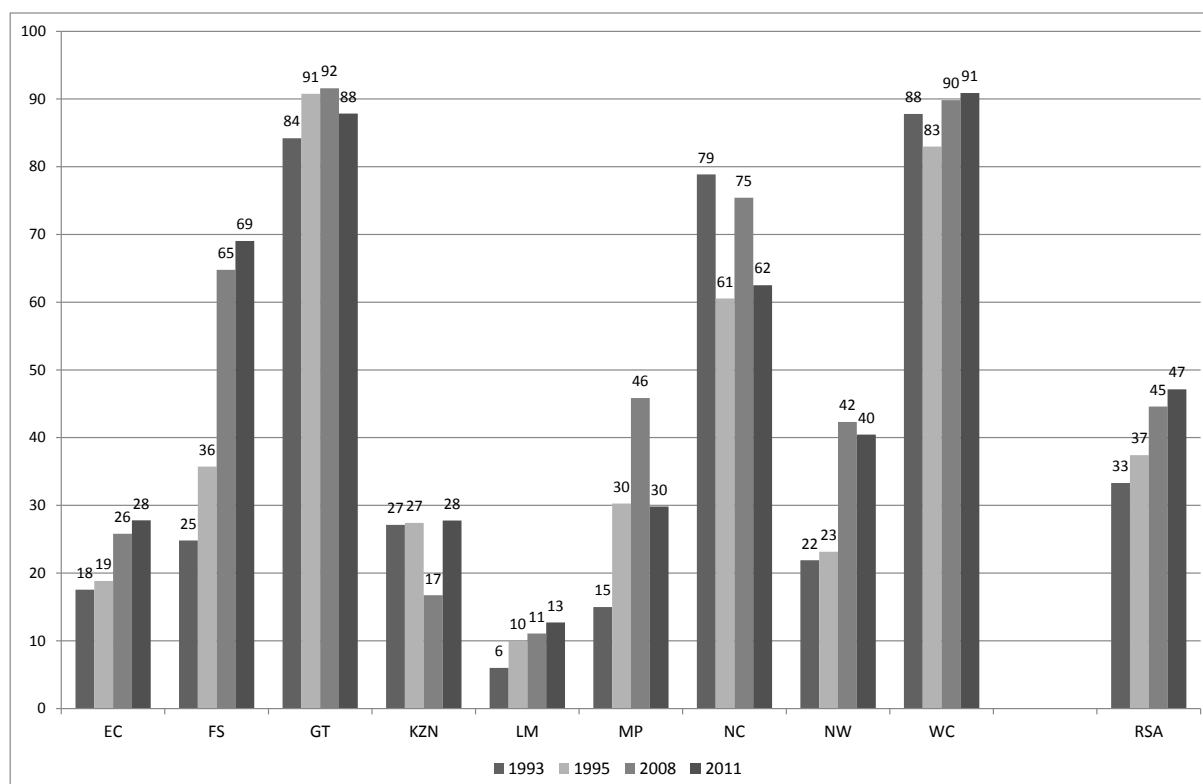
Access to sanitation

This is an area in which there have been significant challenges in delivery. Figure 10 shows that, for the country as a whole, there was a steady increase in on-site access to this service for children, with 33 percent of children having access in 1993 and 47 percent having access in 2008. However, what these figures also show is that by the end of the period, fewer than half of all children had this service in their homes.

There are significant provincial disparities. What the average masks is that for children in the Western Cape and Gauteng – largely urban provinces – access to a

flush toilet on the dwelling site is relatively high at over 90 percent. In Limpopo, only 13 percent of children have access to this service, and in the Eastern Cape, KwaZulu-Natal and Mpumalanga, access is around 30 percent. The Free State made significant progress between 1993 and 2008 and increased access from 25 percent to 65 percent.

Figure 10: Percentage of children with access to flush toilets on dwelling sites by province, 1995–2011



Source: Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Stats SA, 2012b.

However, if one uses the definition of basic sanitation, which includes a pit latrine, then access increases to 67 percent (Statistics South Africa, 2010). In 1993, 9 percent of children in homeland areas had access to a flush toilet on the site of their dwelling. In 2011, this was still the case for only 2.7 percent of children living in rural former homeland areas.

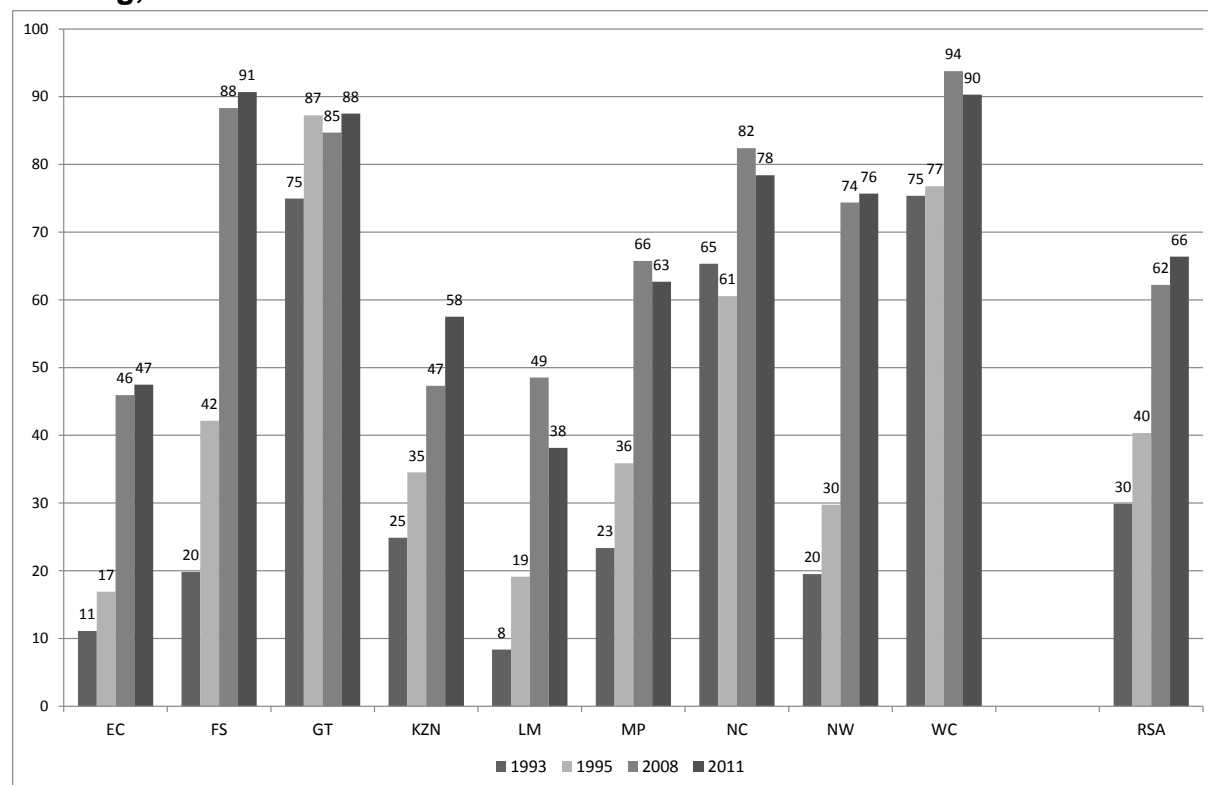
Access to electricity

Figure 11 shows the trend for children in households that use electricity as the main source of energy for cooking purposes. All forms of electricity are included, whether from the mains, a generator or solar energy. Between 1993 and 2011, there was a marked improvement in the percentage of households that mainly use electricity for cooking in four provinces. Gauteng, the Western Cape, the Free State and the Northern Cape are at 80 percent or above. Even in the poorer provinces of Limpopo,

the Eastern Cape and KwaZulu-Natal, about half the households use electricity for cooking.

In 1993, 9.6 percent of children in homeland areas lived in households that used electricity as the main source of energy for cooking. In 2011, this was the case for a much higher 41.2 percent of children living in rural former homelands.

Figure 11: Percentage of children in households that mainly use electricity for cooking, 1993–2011



Source: *Project for Statistics on Living Standards and Development, 1994; Central Statistical Service, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

In respect of the percentage of children in households that mainly use electricity for lighting, the numbers are impressive. The percentages of households using electricity for lighting purposes are higher than those using electricity for cooking purposes, an increase from 37 percent in 1993 to 86 percent in 2011.

Over the period, the increase in access to water and electricity has been remarkable, but access to sanitation is lagging. Significant provincial disparities in access to services remain.

5.5 Social grants: Child Support Grant

There are three child-focused grants in the South African social security regime: the CSG, the Foster Care Grant and the Care Dependency Grant, which is targeted at children with a disability. The CSG was only introduced in 1998 and therefore cannot

be included in the baseline analysis that has been undertaken in this review. This limits the scope of a longitudinal analysis over the period 1993–2011.

The CSG was introduced for children from 0 to 6 years of age at R100 per child per month, and replaced the apartheid-era State Maintenance Grant (SMG), which was accessed mainly by white and coloured women and their children. The objective of the CSG is to ensure that primary caregivers of children living in poverty are able to provide for their basic needs. This grant is an unconditional cash transfer available to the primary caregiver, irrespective of gender or biological relationship. Since the introduction of the CSG in 1998, there have been significant policy reforms. These include the expansion of the age limit up to the age of 18 years, raising the income threshold (currently set at 10 times the value of the grant), and keeping the grant slightly above inflation on average since 2003. From an initial low take-up rate, there has been rapid expansion from a zero base in 1998 to 8 million children in 2008, increasing to 10.9 million children in 2012. The CSG is arguably the most successful poverty alleviation intervention of the government in the democratic period.

While the rapid take-up of the CSG attests to its successful implementation, there is a significant number of poor children who are eligible, but who do not receive the grant. An analysis of the NIDS 2008 by McEwan et al. (2009) shows that there were about 2.8 million children who were eligible, but not in receipt of the grant. An analysis of the NIDS 2010, by Woolard et al. (2012) shows that approximately 3.2 million children who were eligible did not receive any of the child grants. Of these children who were eligible for the CSG but did not receive it are very young children, infants and the newly eligible age groups (Woolard et al., 2012; Department of Social Development, South African Social Security Agency & United Nations Children's Fund, 2012). There has been surprisingly little improvement in early access to the CSG over the last few years. This is of particular concern, as its early receipt has positive impacts on children's wellbeing, such as their nutrition status.

Social grant beneficiaries have automatic fee waivers for schooling up to Grade 12 and access to free healthcare at all levels. There is room for improvement so that the synergies between different interventions targeted at children can be maximised, but this is an area that requires further research.

Growth in the number of child grants

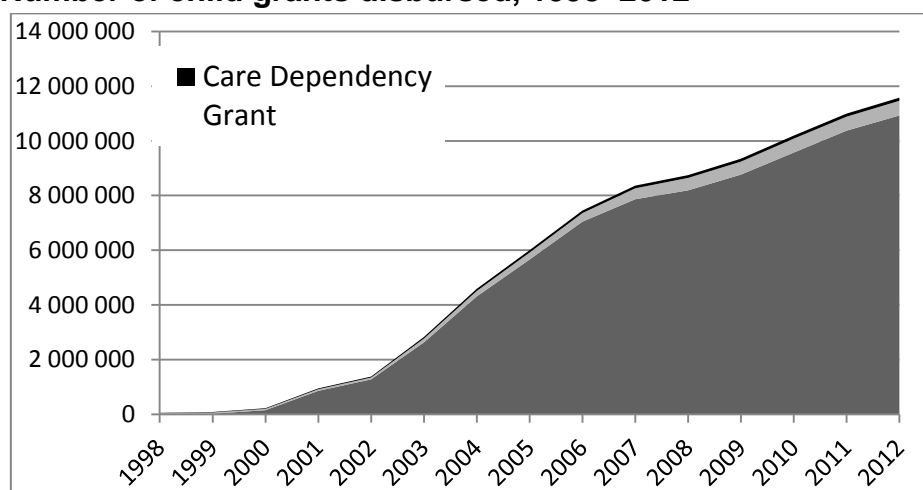
Table 6 shows the growth in child grants over the period 1997 to 2012. After slow take-up rates in the first two years, the CSG has grown exponentially since 2000/01 and then, in particular, over the years 2003/04 and 2005/06, as shown in Table 6, when the policy reforms in respect of the age extensions took effect. Subsequently a tapering-off has been seen in the later years.

Table 6: Total number of child grants for the period 1997–2012

Grant type	1996/97	1998/99	2000/01	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Foster Care	42 999	46 496	66 967	83 574	120 571	195 454	317 434	400 503	454 199	474 759	510 760	512 874	536 747
Care Dependency	2 707	16 835	33 574	42 355	76 494	86 917	90 112	98 631	102 292	107 065	110 731	112 185	114 993
Child Support		21 997	1 111 612	1 998 936	2 996 723	4 165 545	7 075 266	7 863 841	8 189 975	8 765 354	9 570 287	10 371 950	10 927 731
Total	45 706	85 328	1 212 153	2 124 865	3 314 359	4 447 916	7 800 246	8 362 975	8 746 466	9 347 178	10 191 778	10 997 009	11 579 471

Source: Department of Social Development, 2012

Figure 12 illustrates the growth in the number of child grants over the period 1998–2012. It further illustrates that the CSG accounts for the largest proportion of child grants. In this period, the number of care dependency grants disbursed each month increased from 10 000 to 115 000, the number of foster care grants increased from 44 000 to 537 000 and the number of child support grants increased from a base of zero to 11 million, reaching 60 percent of all children in South Africa in 2012.

Figure 12: Number of child grants disbursed, 1998–2012

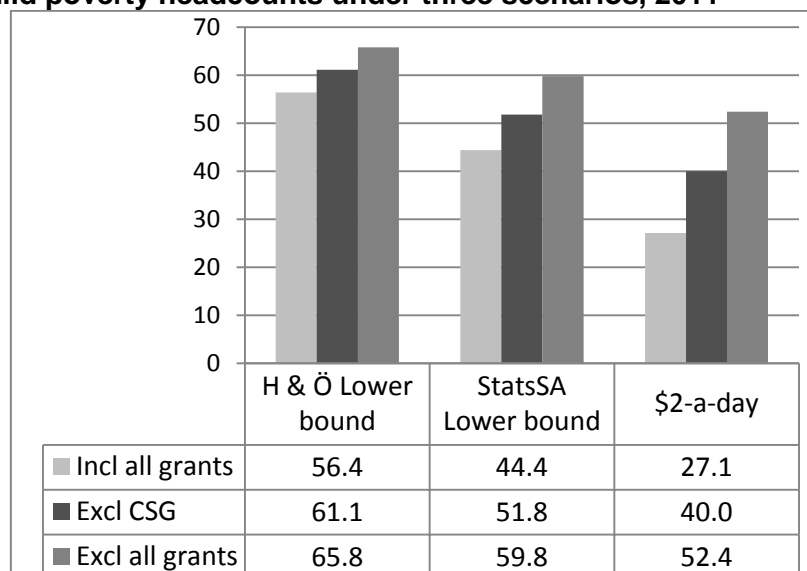
Source: Compiled by Hall & Budlender, 2013 from official statistics

Poverty impact of the CSG

Figure 13 shows child poverty headcounts in three scenarios, using six poverty lines. Scenario 1 (the first bar in each group) shows the poverty headcount for children. The child poverty rate, including all income from wages and social grants, is 56 percent if the Hoogeveen and Özler lower poverty line is used, 44 percent when the Statistics South Africa lower-bound line is used, ranging down to 27 percent for the \$2-a-day line. In Scenario 2, all reported child support grants have been removed from the household income, revealing what the child poverty rate would be if the CSG did not exist. Without the CSG, the proportion of children below the poverty line would increase by 5 percentage points when using the Hoogeveen and Özler lower-bound line and by 7 percentage points when using the Statistics South Africa lower-bound line. There would be a much larger difference in poverty rates measured by the lower poverty lines (the CSG reduces child poverty by 13 percentage points

when using the \$2-a-day poverty line). Scenario 3 removes all social grants from household income, showing the effect of the entire grant system on child poverty rates. The differences are far more pronounced. Social grants effectively reduce the child poverty rate by between 9 and 25 percentage points, depending on the poverty line used.

Figure 13: Child poverty headcounts under three scenarios, 2011



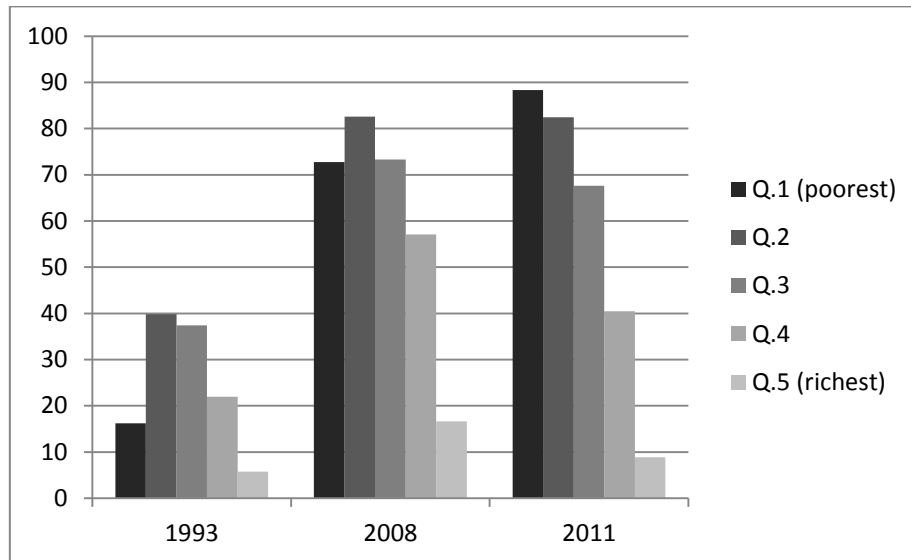
Source: Compiled by Hall & Budlender, 2013 from official statistics

Although the CSG is not large enough in value to make much of a dent in poverty rates when using the higher poverty lines, it is an indispensable income stream for poor households, particularly those in deep poverty. Leibbrandt et al. (2010) found that government social assistance grants have become increasingly important in the composition of the household income of low-income households and that “two-thirds of income to the bottom quintile now comes from social assistance, mainly child support grants”. Their analysis was based on NIDS 2008 data, in which they divided income into four sources: wage income, social grants, remittances and capital income. It is not possible to replicate these income divisions using the Statistics South Africa 2011 data, as the GHS does not record information on all sources of income. However, it is possible to see the proportion of households that receive any income from grants, and to compare this with those receiving any income from wages.

Income support through the social assistance programme is well targeted, and the targeting of grants has become increasingly pro-poor over time. Figure 14 shows household access to income from grants by income quintile. The analysis is based only on those households where children are present, but includes both adult and child grants. In 1993, only 16 percent of children’s households in the poorest quintile were receiving any income from grants. By 2011, this number had increased to 88 percent. The increase in grants targeted at the poorest households is

undoubtedly due to the introduction of the CSG. This grant reaches large numbers of households, but is not necessarily large enough in value to move the poorest households out of the bottom quintile, unless there are other sources of income or multiple grants to a household.

Figure 14: Any income from social grants in households where children live, by quintile



Source: *Project for Statistics on Living Standards and Development, 1994; Leibbrandt et al., 2010; Statistics South Africa, 2012b.*

Implementation of the CSG

The CSG is arguably the most successful poverty intervention of the South African government since 1994. The remarkable scale at which the grant is delivered each month to millions of South African children is impressive. What have been the key factors in the successful implementation of this intervention? The CSG replaced the SMG, thus there was an existing institutional infrastructure for delivering grants, albeit to a limited number of beneficiaries. Therefore, some capacity existed within the different welfare administrations that were amalgamated in 1994. In addition, the CSG was phased in over a five-year period and the initial target was 3 million poor children. Phasing in an intervention allows for capacity to be built over time. When the CSG was introduced, the Department of Social Development (formerly the Department of Welfare) allocated a conditional grant to provinces to assist with the implementation of the CSG. This was an acknowledgement of the limited capacity that existed in those departments at the time (Cassiem et al., 2000). Social grants delivery was a national and provincial competency from 1997, and the legislation was changed in 2004 to shift it to a national competency once again. The South African Social Security Agency (SASSA) was set up in 2006 and the delivery of responsibility was transferred to SASSA.

Notwithstanding the successful implementation of the CSG over the period 1998–2012, there have been challenges with accessing the grant. Initially, this was due, in a large part, to the onerous application procedures, which required a number of

documents. Over the years, the requirements have been relaxed and the Department of Social Development has been responsive to addressing the challenges. Innovative collaboration with the Department of Home Affairs has resulted in relatively easier access to identity documents.

CSG impact study

An evaluation of the CSG, commissioned by the Department of Social Development, has confirmed the positive developmental impacts of the grant. Children who received the CSG from birth completed significantly more grades of schooling compared to those who started receiving it at the age of six. There are significant health impacts for children; early receipt of the CSG reduced the likelihood of illness. For adolescents, receipt of the CSG has positive outcomes for schooling and reducing risky behaviour such as sexual activity, pregnancy, alcohol use and drug use (Department of Social Development, South African Social Security Agency & United Nations Children's Fund, 2012).

The CSG has an impact on reducing poverty, but because the value of the grant is quite small it has a limited impact.

5.6 Education: Early childhood development

There is incontrovertible scientific evidence that confirms the importance of the early years of life, which has a significant impact on future education and earnings, as well as health and longevity (National Planning Commission, 2011; Children's Institute, 2012 & 2013). The departments of Social Development, Basic Education, and Health are responsible for providing a comprehensive package of ECD services. The national Department of Social Development is the lead department for providing ECD services for children aged 0 to 4 years. This review only deals with children up to four years of age. Grade R, the reception year, is dealt with in the thematic paper on Education.

There are a number of laws, policies and plans that give effect to the provision of ECD services. Among these is the 2001 *White Paper on Early Childhood Development* and the Children's Act of 2005. A significant development in this area was the NIP (2005–2010), which set a target to provide services to 1 million children in the initial phase and 5 million children by 2010. The NIP promoted an integrated approach to the provision of ECD services with the key role-players being the departments of Social Development, Basic Education and Health. The NIP expands services beyond centre-based care and includes home-based care, community childcare centres, etc. However, the NIP did not meet its targets and is currently under review.

Another significant intervention was the Expanded Public Works Programme (EPWP), which brought additional resources with a focus on training ECD practitioners, but the scale of the intervention was limited.

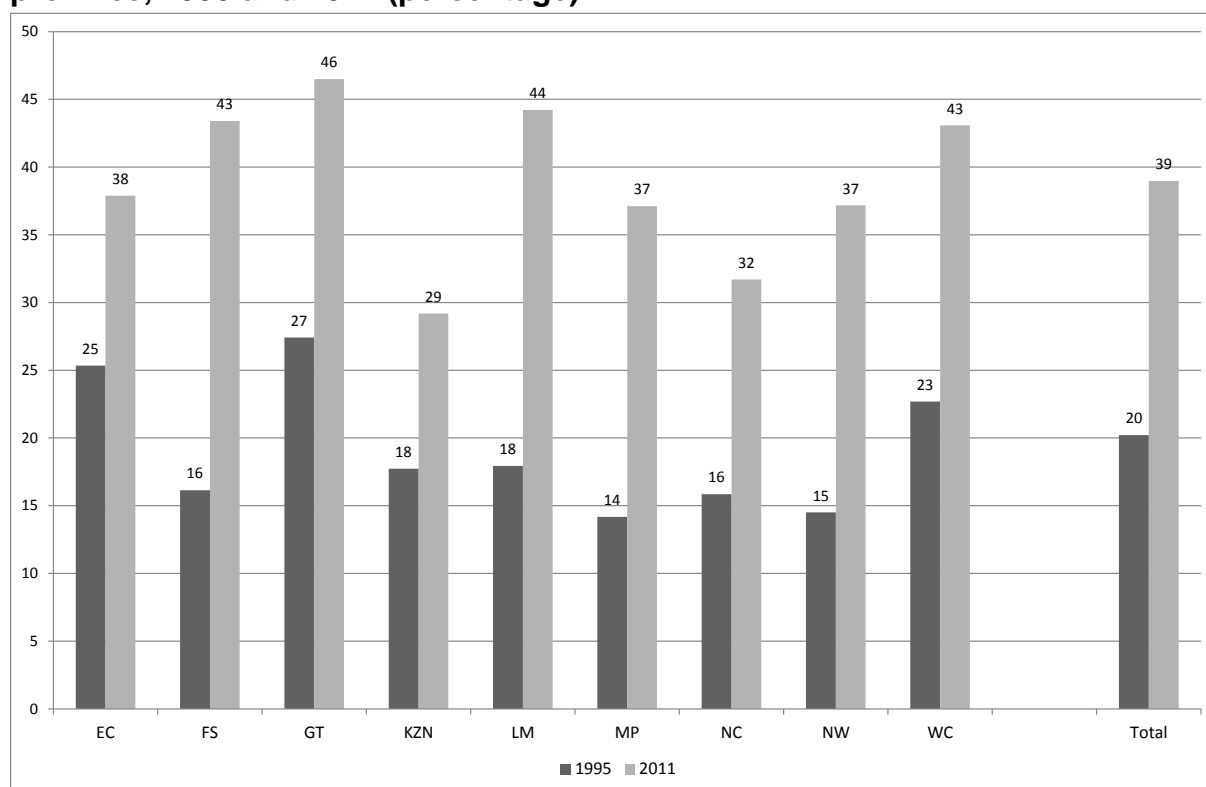
ECD legislation requires ECD facilities to be accessible to children with disabilities. The Department of Performance Monitoring and Evaluation undertook a diagnostic review in 2011, which points to some progress made since 1994, but indicates that significant challenges remain. Among these are that only 20 percent of poor children have access to an ECD facility. The National Planning Committee (2012) notes the importance of ECD in achieving the country's socio-economic goals by proposing that ECD should be made a priority, that dedicated resources should be channelled towards comprehensive service provision and that an additional year of ECD provision should be added.

Over the period 1994–2011, 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 aged 0 to 4 years are in an ECD facility or some form of out-of-home care. Of these, 467 000 receive means-tested subsidies in 18 826 registered centres. While the NIP has proposed different forms of provision, the focus has been on centre-based care. This is largely due to the current service delivery model whereby a non-profit organisation with a constitution must be set up according to a set of norms and standards. This entity must register with the Department of Social Development. Once the registration has been approved, the entity may apply for the per-learner subsidy. The subsidy is paid per learner per day and is meant to cover nutritional and other basic needs, but not salaries. Section 98 of the Children's Act makes provision for conditional registration.

While there has been a marked increase in access for 0- to 4-year-olds over time – with the percentage of children attending an ECD service in 2011 almost double that for 1995 – this is from a low base. All provinces show a substantial improvement, with Gauteng being the top performer in both 1995 and 2011, while Mpumalanga was the poorest performer in 1995 and KwaZulu-Natal the poorest performer in 2011. KwaZulu-Natal's poor performance is of concern, as it is the province with the largest number of very young children.

What is of concern, is that Gauteng and the Western Cape have the lowest child shares of the provincial populations at 46 percent and 43 percent respectively, while KwaZulu-Natal, with one of the largest shares of the provincial child population, only has 29 percent of children accessing any form of ECD. The numbers reflect increased access for the younger age group, but this is largely driven by Grade R.

Figure 15: Attendance of ECD service by children under seven years by province, 1995 and 2011 (percentage)



Source: Central Statistical Service, 1994; Statistics South Africa, 2012b.

Access to ECD by population group

Table 7 confirms the marked improvement in attendance for all four population groups. In both 1995 and 2011, African children were recorded as having a higher rate of attendance than coloured or Indian children. However, white children have the highest rate of attendance, which reflects historical patterns of inequity.

Table 7: Attendance of ECD service by children under six years by population group, 1995 and 2011 (percentage)

	1995	2011
African	22	41
Coloured	16	35
Indian	16	33
White	40	61
Total	22	41

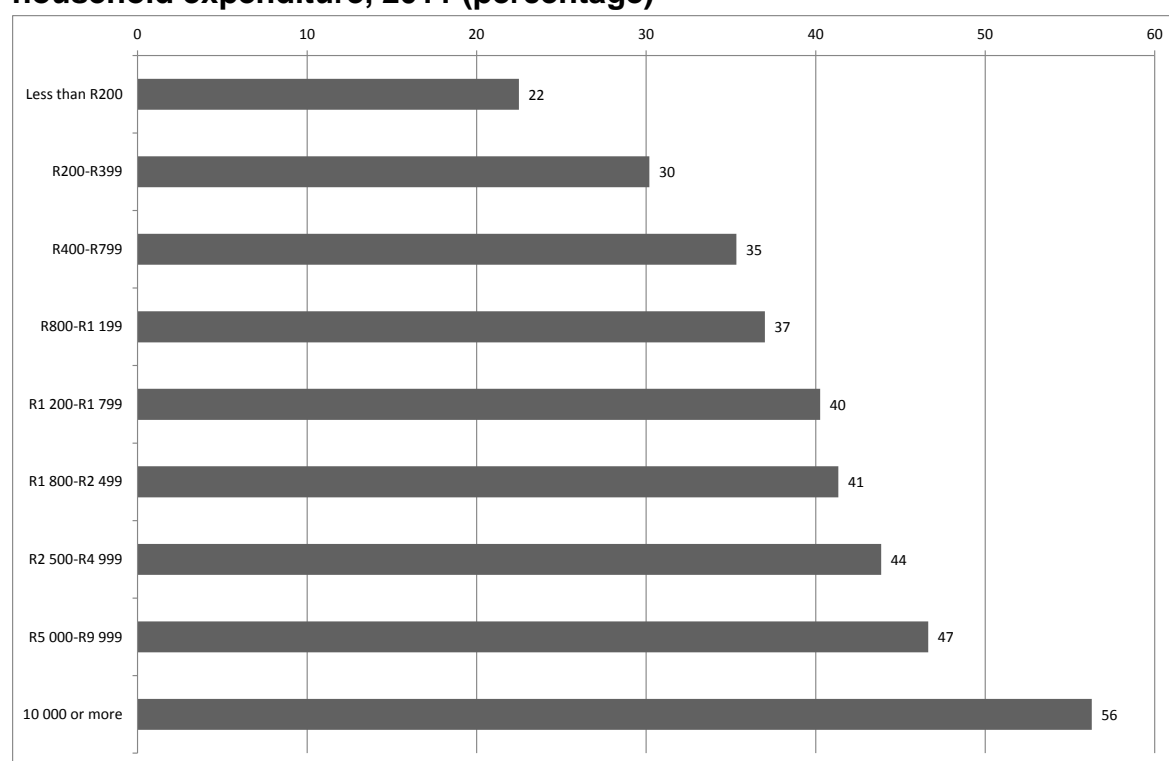
Source: Statistics SA, 2012b

With regard to spatial patterns, access to an ECD service has improved in both urban and rural areas. In 1995, the rate of attendance was 29 percent in urban areas, compared to 18 percent in rural areas. By 2011, the recorded rates for

children under six years were 44 percent and 37 percent respectively. The gap between urban and rural attendance rates thus reduced substantially over the period.

Figure 16 shows the percentage of children under six years attending ECD facilities by household expenditure for 2011. Among children in households with a monthly expenditure of R200 or less, only 22 percent are enrolled, against 56 percent of children in households with a monthly expenditure of R10 000 or more. Forty-one percent of children in households with an expenditure between R1 800 and R2 499 attend some form of ECD service. What this illustrates is that the higher the household expenditure, the more likely young children are to be enrolled in ECD services.

Figure 16: Attendance of ECD service by children under six years by monthly household expenditure, 2011 (percentage)



Source: Statistics South Africa, 2012b.

Figure 16 further illustrates the inequity in the system of ECD provision. Parents and caregivers with higher incomes are able to buy services for their children.

Registration and the subsidy

ECD provision in South Africa is largely centre-based. Table 8 shows the number of sites that are registered and are in receipt of the subsidy. Over the period 2004/05–2009/10, there was a steady increase in the number of children that were being supported through the provision of the subsidy. However, these figures fall far short of the NIP targets.

Table 8: Number of children at registered ECD sites

Item	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Number of sites registered and subsidised	4 382	5 054	5 531	5 872	7 091	16 250
Number of children supported	270 096	306 277	314 912	355 762	411 203	432 729

Source: Department of Social Development, 2012.

Table 9 shows the nominal increase in the subsidy amount over the financial years 2004/05–2009/10. The total subsidy allocation increased from R271 million to R961 million over the period, but this falls far short of what is needed, given the number of poor children in South Africa.

Table 9: Subsidy amounts in rands and total annual average between 2004/05 and 2009/10

Item	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Amount per child per day x 264 (lower and upper amounts included)	2.50–6.00	4.40–9.00	4.50–11.00	5.20–11.00	9.00–12.00	11.00–12.00
Total amount of annual average subsidies	271 815 500	311 490 800	350 189 490	766 022 000	792 005 000	961 562 000

Source: Department of Social Development, 2012.

Table 10 shows the number of children at ECD sites that are subsidised across the provinces. There has been significant progress in the number of poor children who are at ECD sites across the provinces. In the majority of the provinces, the number of children who accessed the subsidy doubled, and in the Northern Cape the number increased tenfold. However, Limpopo, which has a poverty rate of 61.2 percent, did not seem to have made much progress between 2004/05 and 2009/10. This is a cause for concern. The number of children at ECD sites in the Western Cape, which started off from a relatively high base, increased by a third.

While there has been some progress over the period 2004–2010, it has been off a low base and the reach of the subsidy for poor children has been limited.

Table 10: Number of children at ECD sites subsidised per province between 2004/05 and 2009/10

Province	2004/05	2005/06	2006/07	2007/08	2008/09	2009/2010
Eastern Cape	63 300	63 300	63 300	63 300	74 480	74 500
Free State	21 688	24 438	25 726	28 558	36 558	40 558
Gauteng	16 047	16 146	20 000	23 854	41 419	42 154
KwaZulu-Natal	42 377	53 500	58 000	59 000	70 305	70 815
Limpopo	50 142	54 377	56 622	59 622	49 290	50 035
Mpumalanga	16 183	22 960	22 253	22 552	30 808	37 624
North West	12 000	12 560	12 000	17 621	22 257	25 215
Northern Cape	2 400	11 089	12 000	12 600	23 790	24 967
Western Cape	45 959	57 483	47 011	68 655	62 296	66 859
Total	270 096	315 853	316 912	355 762	411 203	432 727

Source: Department of Social Development. 2012

The current model of ECD provision

The institutional and human resource capacity that is required to set up an ECD centre, as well as the registration requirements and the funding model, often inadvertently excludes poor children (Harrison, 2012). Furthermore, the centre-based model is targeted at 3- to 5-year-olds, with less emphasis on appropriate service provision for younger children. Approximately 20 percent of 0- to 4-year-olds from the poorest households have access to some form of ECD provision, which is of variable quality. This is of considerable concern, as supporting early development is an intervention that contributes to poverty alleviation in the short term and to reducing inequality over the longer term by giving disadvantaged and vulnerable children a better start to life (Children's Institute, 2012).

The current model is deeply flawed, as children who are eligible through a means test will only receive the service if they live in an area where there is a registered ECD centre and if their parents can afford the fees. Service provision is therefore driven by the capacity to set up an ECD facility, rather than where poor children are located (Harrison, 2012). Clearly the current model does not work for poor children. Alternative models of provision do not easily fit into uniform provision. Furthermore, delivery would be quite dispersed and good-quality ECD provision requires small numbers of children and well-trained teachers. What is required is funding models that are simplified and a human resource plan that is implemented over the medium term.

The ECD sector has been dominated by non-profit organisations (NPOs) in an area in which the government has not been willing to make a significant commitment. Capacity resides within this sector to expand services to all children and a suite of interventions should be developed whereby government works more closely with NPOs to provide the required resources. Intervention in this area could potentially

have positive poverty alleviation effects, while also addressing inequality over the longer term.

6. Towards improvement

The lives of South Africa's children have improved in the post-1994 period. To overcome the challenges that remain, there has to be an honest appraisal of areas in which the country has succeeded and why it has been able to succeed. An example of this would be an evaluation of the successful roll-out of the CSG. Attention must be given to policy implementation and a realistic appraisal of institutional capacity over the medium to longer term. The systematic use of research evidence, which provides empirical evidence of the nature and scale of social phenomena, must be implemented. Here the case of ECD is pertinent; the current service model is inappropriate and must be overhauled. Issues of programme design, planning for capacity that exists and sequencing interventions are key. The National Development Plan is a useful framework to plan over a longer time horizon, but also to understand that interventions take time to have an impact.

Implementation has been bedevilled by departments working in silos, not utilising research evidence or exploring all the possible options, and working on a short-term time horizon. Government needs to improve its ability to work collaboratively across departments and across spheres, as well as with civil society, and to commit resources where they will make an impact in the short and medium to longer term. An understanding of the synergies between programmes that are targeted at children must be improved; otherwise it could lead to undermining impact.

An understanding of the dynamic changes in society must be improved, in particular, the demographic shifts and changing household structure and formation.

7. Summary and recommendations

South Africa in 2013 is a much better country than South Africa in 1993. The evidence presented in this review shows that there has been significant progress over the last 20 years. However, significant challenges remain, in particular, for those children who live in former homeland areas, where service provision lags and limited economic opportunities exist.

While some interventions, such as the CSG, have been significant factors in the reduction of child poverty, the key question is how to maximise synergies with other interventions. For example, broadening access for poor children to a broad suite of quality ECD services, which includes nutrition, should be a first step. An improvement in access to quality basic services should also receive attention.

Recommendations

The following are proposed at the institutional level:

- Improved intersectoral collaboration across programmes
- Improved integrated service provision
- Improved collaboration across spheres of government
- Improved collaboration with civil society
- A research strategy that focuses on children across sectors

The following are proposed at the programme level:

Child Support Grant:

- A system whereby children registered at birth automatically qualify for the CSG
- Improving take-up rates for older children

Early Childhood Development:

- Developing a suite of interventions to increase coverage, in particular, for children between 0 and 3 years, with a focus on children in rural areas and those who live in informal settlements in urban areas
- Increasing the funding envelope over time
- Developing a human resource strategy

South Africa's children deserve no less.

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