

# SOUTH AFRICAN EARLY CHILDHOOD REVIEW 2016

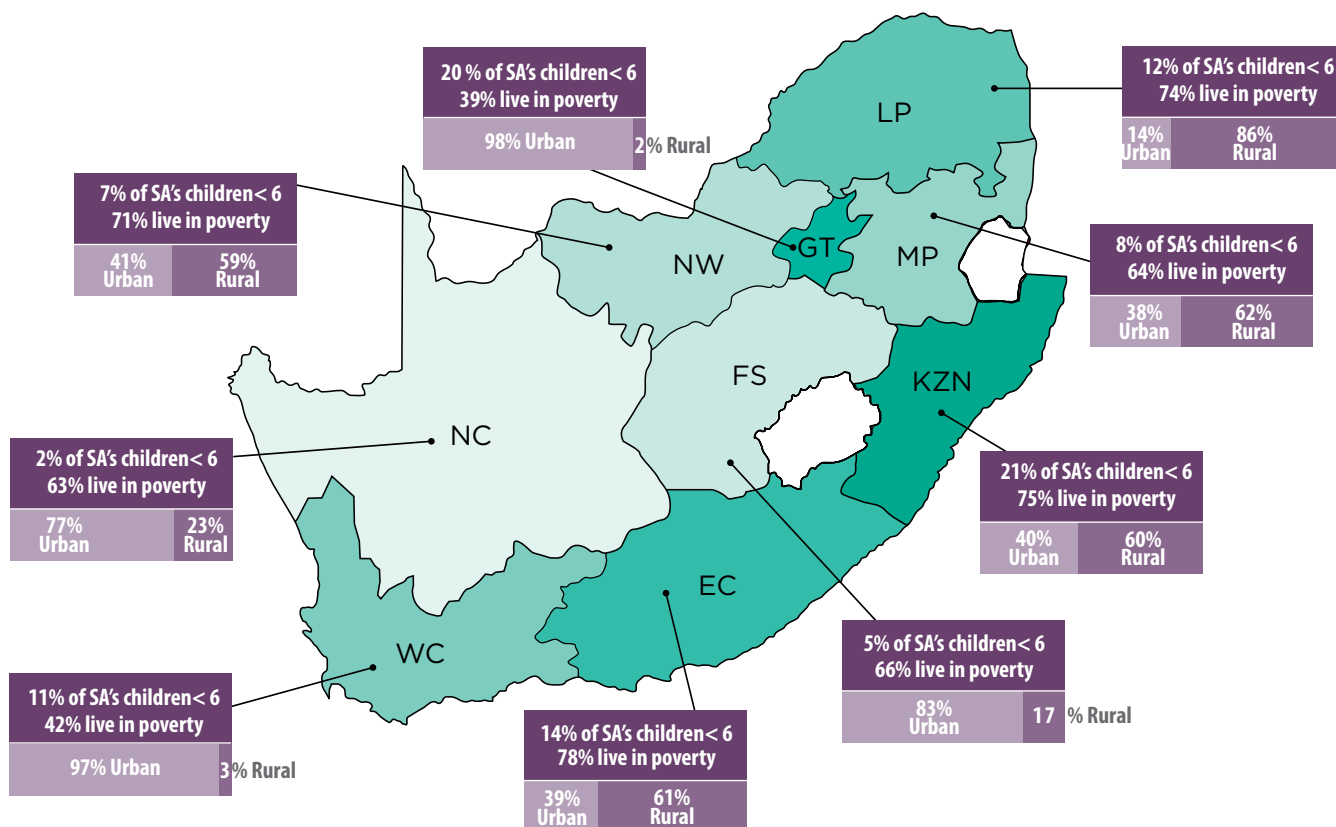


**KIDS**

KNOWLEDGE  
INFORMATION &  
DATA SOLUTIONS

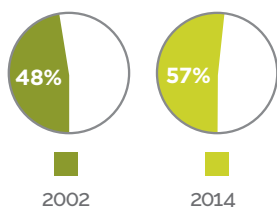
## General information on children under 6 in South Africa

**1 MIL** CHILDREN BORN IN SA EACH YEAR > **6 300 000** CHILDREN UNDER 6 IN SA > **4 000 000** OF THESE CHILDREN LIVE IN POVERTY (LESS THAN R923/MONTH)

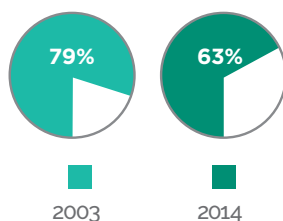


## Living conditions for children under 6 in SA

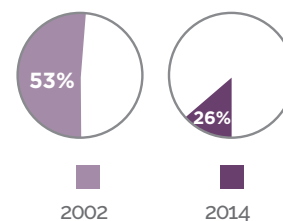
**↑ LIVING IN URBAN AREAS**  
Percentage of young children living in urban areas has increased from 48% in 2002 to 57% in 2014



**↓ LIVING IN POVERTY**  
Percentage of young children living in poverty has declined from 79% in 2003 to 63% in 2014



**↓ LIVING WITH POOR SANITATION**  
Percentage of young children living with poor sanitation has declined from 53% in 2002 to 26% in 2014



# The 5 essential components



## Maternal and child primary health (MCH) interventions



## Nutritional support

WHY IS THIS ESSENTIAL?

A child's health begins with the health of her mother. MCH services are critical for a safe pregnancy and birth, and to protect children from disease during their most vulnerable developmental period.

Good nutrition in pregnancy and early childhood is linked to better lifelong health and educational outcomes.

WHAT'S NEEDED?

- A health facility within 30 minutes of every home
- Early antenatal booking (before 20 weeks into pregnancy)
- HIV testing, prevention and treatment
- Safe delivery in health facilities
- Full immunisation

- Adequate nutrition for pregnant women
- Micronutrient supplementation
- Deworming
- Education on breastfeeding and child nutrition
- Income support

HOW IS SA DOING?

- ✓ The percentage of women giving birth at health facilities has increased from 66% in 2002 to 86% in 2014.
- ✓ The percentage of children completely immunised by their 1st birthday has increased from 70% in 2002 to 90% in 2014.
- ✓ Mother to child transmission of HIV is down to 2,6% nationally for infants aged 8 weeks.
- ✗ Just half of all pregnant women have their first antenatal visit before 20 weeks of pregnancy.

- ✗ Anaemia in women of reproductive age is a major problem with severe consequences for mother and child. Nearly a ¼ of SA women are anaemic.
- ✗ Only 58% of infants aged 4 - 8 weeks are exclusively breastfed.
- ✗ 29% of poor children under 6 years in SA suffer from stunting. Stunting impacts both physical and cognitive development and is associated with poor educational and health outcomes later in life.

WHAT SHOULD WE BE PRIORITISING?

All pregnant women must understand the importance of early antenatal care, and visit a clinic within the first 3 months of their pregnancy. This is a gateway to timeous primary health services for them and their babies.

Every clinic visit is an opportunity to reach caregivers and children with nutritional information and services. South Africa needs an anti-stunting campaign focused on achieving zero stunting within the next ten years, which should include routine tracking of every child's growth and an immediate intervention when there are signs of growth faltering.

# of the comprehensive package



## Support for primary caregivers

Children need caregivers who are responsive and nurturing, from pregnancy, through babyhood, toddlerhood and beyond. Young children benefit from services targeting their mothers.

In order to provide responsive and nurturing care, caregivers themselves need information and support, including parenting programmes and psychosocial services.

- ✓ In 2014, 74% of mothers received follow up care 6 days after the birth of their child - a significant jump from just 5% in 2009.
- ✗ Antenatal and postnatal depression, and anxiety are huge problems affecting over 1/3rd of mothers in SA.
- ✗ SA has the highest rate of foetal alcohol syndrome in the world.
- ✓ On average, pregnant women are attending public antenatal facilities 4 times during pregnancy.

Antenatal and immunisation visits to health facilities provide up to 10 valuable opportunities to connect mothers to support during a critical period of their child's development. Maternal mental health and wellbeing need to be included as a routine part of these clinic interactions.



## Social services

Social services and income support are critical to address child poverty and improve education, health and nutrition outcomes for children.

- Registration of birth within 30 days
- Immediate access to the child support grant (CSG) for eligible infants
- Early intervention for children who are at risk of neglect or abuse

- ✓ The number of children accessing the child support grant has surged from 22,000 in 1998 to 12 million in 2015.
- ✗ But, children are not getting the grant early enough, with just two out of three eligible infants under 1 year accessing the CSG.
- ✗ The child protection system is not equipped to deal with the high levels of physical and sexual abuse, and abandonment faced by young children in SA.

The uptake of antenatal care and high rates of delivery in health facilities are an opportunity for early birth registration and immediate enrolment on the child support grant. SA must strengthen the child protection system and ensure reliable data on the number of children needing social services.



## Stimulation for early learning

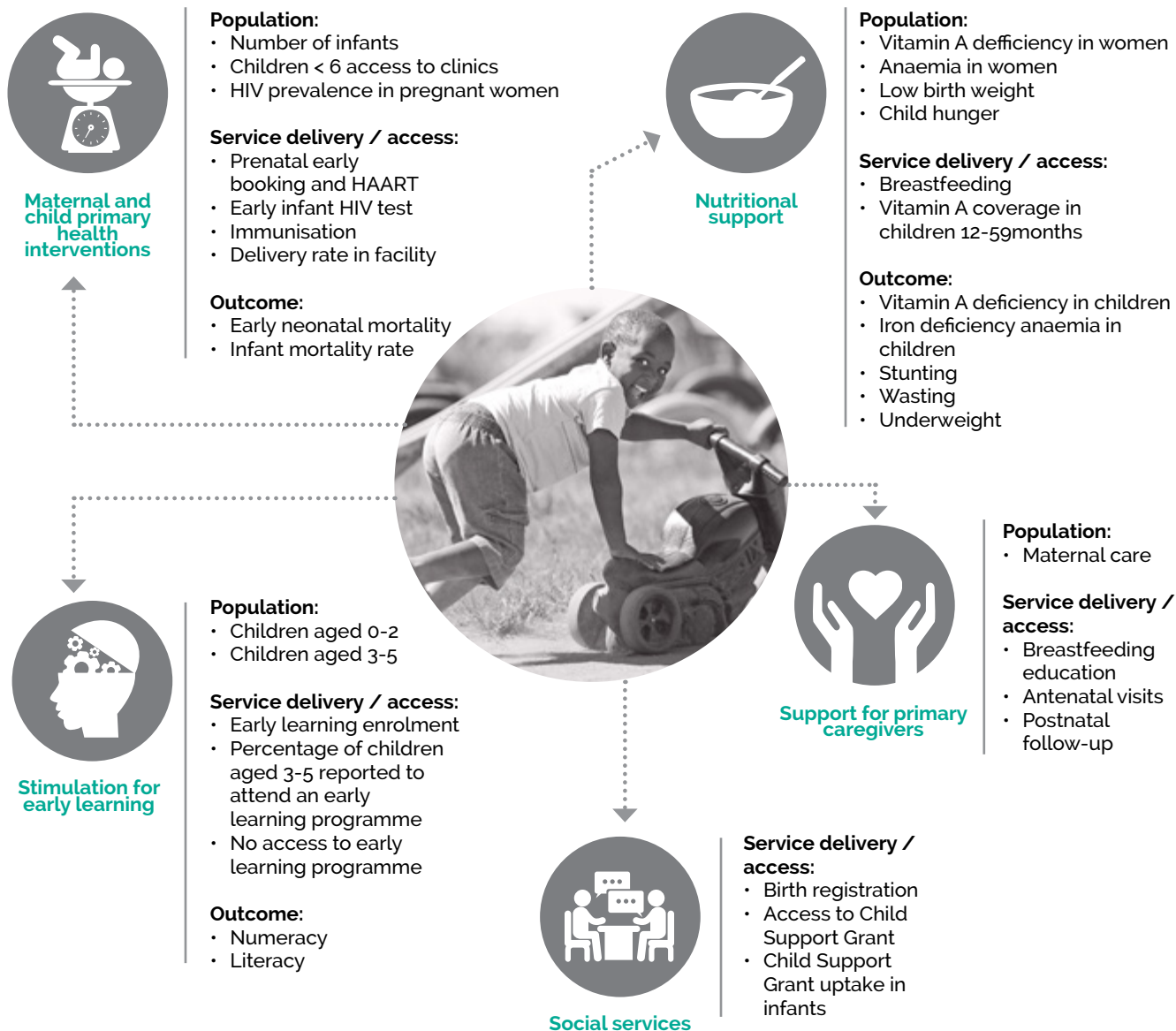
The foundations for lifelong learning are built in the first 6 years of life when the brain is most receptive to stimulation. Children who do not attend quality early learning programmes, start formal schooling at a disadvantage. The gap between them and their more advantaged peers widens over time.

Early learning is supported in the home, in playgroups and early childhood development (ECD) centres or preschools.

- ✗ Access to early learning opportunities is unequal across income levels - 84% of children aged 3-5 years in the richest quintile have access, compared to just 57% in the poorest quintile.
- ✗ 1 million poor children aged 3-5 years do not have access to an early learning programme. For those children who do, programmes often don't meet minimum standards.
- ✗ Only 56% of Grade 3 learners achieve the 50% benchmarks for Maths and English. This is linked to poor access to quality early learning opportunities.

The subsidy for early learning programmes needs to be increased to cover the full costs of a quality 20 hour per week programme, with sufficient support and monitoring to ensure quality.

# Key indicators for early childhood development in South Africa



The South African Early Childhood Review 2016 is a joint publication between Ilifa Labantwana, the Children's Institute at the University of Cape Town and the Department of Planning, Monitoring and Evaluation in the Presidency.

The South African Early Childhood Review 2016 is an annual publication which presents information on the essential components of the comprehensive package of Early Childhood Development services. The data in this brief is drawn from a range of sources, which may be found in the full Review publication.

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