Part three presents a set of key indicators highlighting drivers of child and adolescent morbidity and mortality and disaggregates data to make visible inequalities in children’s health, living conditions and access to services. A set of key indicators tracks progress in the following domains:

- Demography of South Africa’s children
- Income poverty, unemployment and social grants
- Child health
- Nutrition
- Education
- Housing
- Basic services

A full set of indicators and detailed commentaries are available on www.childrencount.uct.ac.za.

Continuously monitoring and measuring children’s development and well-being across their life course helps to track progress and, more importantly, address deficiencies.

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South Africa’s commitment to the realisation of socio-economic rights is contained in the Constitution, the highest law of the land, which includes provisions to ensure that no person should be without the basic necessities of life. These are specified in the Bill of Rights, particularly section 26 (access to adequate housing); section 27 (health care, sufficient food, water and social security); section 28 (the special rights of children) and section 29 (education).

Children are specifically mentioned and are also included under the general rights: every child has the right to basic nutrition, shelter, basic health-care services and social services. These form part of what are collectively known as socio-economic rights. While these rights are guaranteed by the Constitution, the question is: how well is South Africa doing in realising these rights for all children? In order to answer this question, it is necessary to monitor the situation of children, which means there is a need for regular information that is specifically about them.

A rights-based approach
Children Count was established in 2005 to monitor progress for children and is an ongoing data and advocacy project of the Children’s Institute. It provides reliable and accessible child-centred information that can be used to inform the design and targeting of policies, programmes and interventions, and as a tool for tracking progress in the realisation of children’s rights.

Child-centred data
Any monitoring project needs regular and reliable data, and South Africa is fortunate to have a fairly good supply. There is an array of administrative data sets, and the national statistics body, Statistics South Africa, undertakes regular national population surveys that provide useful information on a range of issues. Most reports about the social and economic situation of people living in South Africa do not focus on children, but rather count all individuals or households. This is the standard way for central statistics bodies to present national data, but it is of limited use for those interested in understanding the situation of children.

“Child-centred” data does not only mean the use of data about children specifically. It also means using national population or household data and analysing it at the level of the child. This is important, because the numbers can differ enormously depending on the unit of analysis. For example, national statistics describe the unemployment rate, but only a child-centred analysis can tell how many children live in households where no adult is employed. National statistics show the share of households without adequate sanitation, but when a child-centred analysis is used, the share is significantly higher.

Counting South Africa’s children
Children Count presents child-centred data on many of the areas covered under socio-economic rights. As new data become available with the release of national surveys and other data sources, it is possible to track changes in the conditions of children and their access to services over time. This year, national survey data are presented for each year from 2002 to 2018, and many of the indicators in this issue compare the situation of children over this 17-year period.

The tables on the following pages give basic information about children’s demographics, care arrangements, income poverty and social security, education, health and nutritional status, housing and basic services. Each table is accompanied by commentary that provides context and gives a brief interpretation of the data. The data are presented for all children in South Africa and, where possible, by province.

The indicators in this South African Child Gauge are a sub-set of the Children Count indicators. The project’s website contains the full range of indicators and more detailed interactive data, as well as links to websites and useful documents. It can be accessed at www.childrencount.uct.ac.za.

Confidence intervals
Sample surveys are subject to error. The percentages simply reflect the mid-point of a possible range, but the true values could fall anywhere between the upper and lower bounds. The confidence intervals indicate the reliability of the estimate at the 95% level. This means that, if independent samples were repeatedly taken from the same population, we would expect the estimate to lie between upper and lower bounds of the confidence interval 95% of the time.

It is important to look at the confidence intervals when assessing whether apparent differences between provinces or subgroups are real: the wider the confidence interval, the more uncertain the estimate. Where confidence intervals overlap for different subpopulations or time periods, it is not possible to claim that there is a real difference in the estimates, even if the mid-point percentages differ. In the accompanying bar graphs, the confidence intervals are represented by vertical lines at the top of each bar.

Data sources and citations
Children Count uses a few data sources. Most of the indicators are analysed by our team using data from the General Household Survey conducted by Statistics South Africa, while some draw on administrative databases used by government departments (Health, Education, and Social Development) to record and monitor the services they deliver.

Most of the indicators presented were developed specifically for this project. Data sources are carefully considered before inclusion, and the technical notes and strengths and limitations of each are outlined on the project website.

Here are a couple of examples of how to reference Children Count data correctly:

When referencing from the Demography section in this publication, for example:

When referencing from the Housing and Services online section, for example:


Each domain is introduced below, and key findings are highlighted.

**Demography of South Africa’s children**

*(pages 216 – 220)*

This section provides child population figures and gives a profile of South Africa’s children and their care arrangements, including children’s co-residence with biological parents, the number and proportion of orphans and children living in child-only households. There were 19.7 million children in South Africa in 2018. Fourteen percent of children are orphans who have lost either their mother, father or both parents; 20% of children do not live with either of their biological parents; and 0.3% of children live in child-only households.

**Income poverty, unemployment and social grants**

*(pages 221 – 227)*

In 2018, over half of children (59%) lived below the “upper bound” poverty line (with a per capita income below R1,183 per month), and 30% lived in households where no adults were employed. Social assistance grants are therefore an important source of income for caregivers to meet children’s basic needs. In March 2019, nearly 12.4 million children received the Child Support Grant; 386,000 children received the Foster Child Grant; and a further 150,000 children received the Care Dependency Grant.

**Child health**

*(pages 228 – 233)*

This section monitors child health through a range of indicators. Under-five mortality has decreased from 41 deaths per 1,000 live births in 2012 to 32 deaths per 1,000 live births in 2017. The infant mortality rate has also declined and is estimated at 23 deaths per 1,000 live births in 2017. The neonatal mortality rate, however, has not declined, remaining at 12 per 1,000 live births between 2012 and 2017. A fifth (20%) of children travel far to reach their primary health-care facility and 77% of children are fully immunised in their first year. Child-bearing rates among young women have remained stable over the last decade, at 7%, and are lowest in the 15 – 17-year age group, at 2%.

**Nutrition**

*(pages 234 – 239)*

Many children suffer the effects of food insecurity. Over two million (11%) live in households where children are reported to experience hunger and 27% of children younger than five years are stunted. This manifestation of chronic malnutrition has been persistent for many years. At the same time, rates of obesity are rising and in 2016, 13% of children under five years were estimated to be overweight or obese. Obesity is also a form of malnutrition, linked to poor diets and sedentary lifestyles.

**Children’s access to education**

*(pages 240 – 247)*

Many children in South Africa travel long distances to school. One in seven children (13%) live far from their primary school and this increases to nearly one in five children (19%) in secondary school. Despite these barriers, South Africa has made significant strides in improving access to education with a reported attendance rate of 98% in 2018. Access is also increasing in the preschool years, with 92% of 5 – 6-year-olds attending some kind of educational institution or care facility. However, this does not necessarily translate into improved educational outcomes or progress through school. In 2018, 88% of 10 – 11-year-olds had completed grade 3, and only 70% of 16 – 17-year-olds had completed grade 9. A third of young people aged 15 – 24 (34%) are not in employment, education or training, and there has been no improvement in this measure since 2002.

**Children’s access to housing**

*(pages 248 – 251)*

This domain presents data on children living in rural or urban areas, and in adequate housing. The latest available data show that, in 2018, 57% of children were living in urban areas, and 83% of children lived in formal housing. Nearly one in 10 children (1.7 million) lived in backyard dwellings and shacks in informal settlements, and one in six children (18%) lived in overcrowded households.

**Children’s access to basic services**

*(pages 252 – 254)*

Without water and sanitation, children face substantial health risks. In 2018, 70% of children had piped drinking water at home, and 79% have an adequate toilet on site – an improvement from 47% in 2002.