

South Africa's Third Periodic Report to the African Committee of Experts on the Rights and Welfare of the Child

Implementation of the African Charter on the Rights and Welfare of the Child

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social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA





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of Experts on the Rights and Welfare of the Child**
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Published by The Department of Social Development
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www.dsd.gov.za

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ISBN (print): tbc



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Foreword by the Minister of Social Development

I have the honour and pleasure to submit on behalf of the Government of National Unity of the Republic of South Africa, the third periodic report to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC). This is in fulfilment of the State Party's reporting obligations under Article 43 of the African Charter on the Rights and Welfare of the Child (ACRWC).

South Africa signed the ACRWC on 10 October 1997 and formally ratified it without any reservations three years later on 21 January 2000. Since the ratification, the Government of the Republic of South Africa has and continues to work hard to uphold the promotion and protection of the rights of all children.

The first democratically elected President of the Republic of South Africa, uTata Nelson Mandela said: "there can be no keener revelation of a society's soul than the way in which it treats its children". This report therefore serves as a mirror that reflects how well our government is doing in implementing its obligations under the Charter. Most importantly, the Report reaffirms South Africa's enduring commitment to ensuring that all children grow up safe, healthy and supported to reach their full potential.

South Africa's Third Periodic Report to the ACERWC is an outcome of a thorough national consultative process with all key national duty bearers across the country. The present Report builds on the previous reports and responds to the Concluding Observations and Recommendations of the African Committee of Experts on the Rights and Welfare of the Child.

It sets out the measures the State Party has adopted to give effect to the provisions of the Charter, including progress made in promoting, protecting and realising the rights of children to survive, be protected from harm and develop to their full potential. It further reflects the State Party's assessment of the extent to which children's rights under the Charter are enjoyed in practice, recording progress, identifying gaps and challenges, and setting out recommendations to strengthen further interventions.

This Report sets out the substantial and comprehensive range of measures - including legislative, judicial, and administrative – implemented during the review period to give effect to the provisions and underlying principles of the ACRWC. The Report also addresses the recommendations made following consideration of South Africa's Periodic Report to the ACERWC in May 2023.

Significant progress worth mentioning include the amendment of the Children's Act which is currently underway, the National Strategy to Accelerate Action for Children (NSAAC) in South Africa and the White Paper for Families, both of which were approved by the Cabinet. They are also both aligned with the World Health Organisation (WHO)'s INSPIRE Framework, with emphasis on prevention, early intervention and response services. These include support for children in alternative care, children on the move, and children in conflict with the law.

Significant progress has also been made in improving universal access to education for all children in South Africa, with President Cyril Ramaphosa's enactment of the Basic Education Laws Amendment Act (Act No. 32 of 2024). The Act is vital to the transformation of the education system in our country and part of government's ongoing efforts to build an education system that is more effective and more equitable in line with the precepts of our Constitution.





Key amongst others, the Act improves access to education by making Grade R compulsory, protecting undocumented children from exclusion, and giving provincial authorities final oversight of school admissions. Importantly, the Constitution guarantees the right of every child to receive education in the official language or languages of their choice where reasonably practicable.

President Ramaphosa's classification of gender-based violence and femicide as a crisis and national disaster serves as another important development in our government's national ongoing efforts to combat the scourge of violent crimes against women and children. This has strengthened accountability, coordination and regular reporting at all spheres of government working jointly with civil and community-based organisations.

Supporting children to have voice and agency on matters affecting them is a critical part of their development, and central to South Africa's implementation of Article 4 (2) and 7 of the ACRWC. In this regard, the Nelson Mandela Children's Parliament remains South Africa's effective platform for strengthening children by giving children meaningful opportunities to participate in, and influence decisions affecting them. At school level, Representative Councils of Learners (RCLs) have been established in accordance with the South African Schools Act to give learners a voice in matters affecting them, while helping them understand and support school governance.

The preparation of this Report is a whole of government and whole-of-society approach. It was led and coordinated by the Department of Social Development with the participation of other key service delivery departments such as Basic Education, Health, Home Affairs, Correctional Services, Cooperative Governance and Traditional Affairs, National Prosecuting Authority, Justice and Constitutional Development, amongst others.

As we celebrate the 30th anniversary of the adoption of the Constitution of the Republic of South Africa, which is fully aligned with the ACRWC, we note the undeniable achievements we have made in improving the wellbeing of all children. However, we equally acknowledge that much work still lies ahead to make the promise of the African Charter a reality for every child. (Act No. 108 of 1996). Section 28 of the Constitution guarantees every child the right to a name, nationality, family care, basic nutrition, shelter and protection from abuse, neglect and exploitation.

As we celebrate thirty years The work in this Report could not be done without the contribution of all our key partners. This contribution is valued, acknowledged and respected. As we forge ahead, we count on your continued support and valuable contribution to make every child's life count.


MS DINA PULE, MP
MINISTER OF SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA
16/09/26





Acronyms and abbreviations

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ANC	Antenatal Care
APP	Annual Performance Plan
ASIDI	Accelerated School Infrastructure Delivery Initiative
AU	African Union
BCEA	Basic Conditions of Employment Act
BELA	Basic Education Laws Amendment Act
CALHIV	Disclosure and Adherence Programme for Children and Adolescents Living with HIV
CARMMA	Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa
CDG	Care Dependency Grant
Child PIP	Child Healthcare Problem Identification Programme
CHW	Community Health Worker
CIA	Customary Initiation Act
CLPA	Child Labour Programme of Action
CoMMiC	Committee on Morbidity and Mortality in Children Under 5 Years
CPAP	Continuous Positive Airway Pressure
CSG	Child Support Grant
CSOs	Civil Society Organisations
DCS	Department of Correctional Services
DCSTs	District Clinical Specialist Teams
DHA	Department of Home Affairs
DICs	Drop-in Centres





DoH	Department of Health
DSD	Department of Social Development
DTA	Department of Traditional Affairs
ECD	Early Childhood Development
EMS	Early Childhood Development
EOST	Emergency Medical Services
ESMOE	Essential Steps in Managing Obstetric Emergencies
ETAT	Emergency Triage Assessment and Treatment
FBOs	Faith-Based Organisations
FCG	Foster Child Grant
FCS	Family Violence, Child Protection and Sexual Offences
GBV	Gender-Based Violence
HBB	Helping Babies Breathe
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDF	International Day of Families
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IRS	Indoor Residual Spraying
ISS	International Social Services
IYCF-E	Infant and Young Child Feeding in Emergencies
KMC	Kangaroo Mother Care
LARC	Long-Acting Reversible Contraception
MSSN	Management of Small and Sick Neonates





MTSF	Medium-Term Strategic Framework
NCCAS	National Climate Change Adaptation Strategy
NCCPF	National Child Care and Protection Forum
NDoH	National Department of Health
NDP	National Development Plan
NGOs	Non-Governmental Organisations
NIOC	National Initiation Oversight Committee
NMCP	Nelson Mandela Children's Parliament
NPA	National Prosecuting Authority
NPAC	National Plan of Action for Children
NPO	Non-Profit Organisation
NSNP	National School Nutrition Programme
NSP-GBVF	National Strategic Plan on Gender-Based Violence and Femicide
OFA	Office of the Family Advocate
OHCHR	Office of the High Commissioner for Human Rights
OPCRC	Optional Protocol to the Convention on the Rights of the Child
ORC	Office on the Rights of the Child
PICCs	Provincial Initiation Coordinating Committees
PIPP	Perinatal Problem Identification Programme
PoE	Portfolio of Evidence
RACAP	Register on Adoptable Children and Prospective Adoptive Parents
RCL	Representative Council of Learners
RFP	Request for Proposal





RtHB	Road to Health Booklet
RVA	Risk Vulnerability Assessment
SAHRC	South African Human Rights Commission
SALGA	South African Local Government Association
SANCR	South African National Child Rights Coalition
SAPS	South African Police Services
SASCE	South African Schools Choral Eisteddfod
SASL	South African Sign Language
SASSA	South African Social Security Agency
SBC	Social and Behaviour Change
SCC	Secure Care Centre
SDGs	Sustainable Development Goals
SDIF	Sanitary Dignity Implementation Framework
SRAT	Safety and Risk Assessment Tool
SRHR	Sexual and Reproductive Health and Rights
SSP	Social Service Professionals
TIP	Trafficking in Persons
TOP	Termination of Pregnancy
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
UTC	Universal Treatment Curriculum
VAC	Violence Against Children
VCANE	Violence, Child Abuse, Neglect and Exploitation





VFR	Victim Friendly Room
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WPRPD	White Paper on the Rights of Persons with Disabilities







Introduction and Background

1.1 Introduction

The Government of the Republic of South Africa (the Government) is pleased to submit its Third Periodic Report to the African Committee of Experts on the Rights and Welfare of the Child, in line with article 43(1)(b) of the African Charter on the Rights and Welfare of the Child (the Charter). The report reflects Government's commitment to continue strengthening measures to ensure the effective implementation of the Charter.



The report continues from previous reports submitted to the Committee and outlines progress made in advancing the country's commitment to ensuring that children are afforded the respect they are guaranteed under the Constitution. It sets out the measures the State Party has adopted to give effect to the provisions of the Charter, including progress made in promoting, protecting and realising the rights of children to survive, be protected from harm and develop to their full potential.

It further reflects the State Party's assessment of the extent to which children's rights under the Charter are enjoyed in practice, recording progress, identifying gaps and challenges, and setting out recommendations to strengthen further interventions.

The report has been drafted in line with the State Party reporting guidelines adopted by the Committee in September 2020 and covers the period from April 2021 to March 2026. It responds to the concluding observations and recommendations issued by the Committee in September 2023, following consideration of the country's second periodic report, presented to the Committee in May 2023 during its 41st session held in Maseru, Kingdom of Lesotho.

The report also highlights the important role played by civil society organisations and acknowledges the importance of strengthening collaboration with various stakeholders to ensure full implementation of the Charter. It further outlines progress on the implementation of policies and legislation to promote, protect and realise children's rights in line with the articles of the Charter.

1.2 Drafting and Adoption of the Report

This report was drafted by the Department of Social Development (DSD) in consultation with government departments.

It was also consulted on with civil society organisations (CSOs) through the National Children's Rights Intersectoral Coordination Committee and the National Child Care and Protection Forum (NCCPF), including children through the Nelson Mandela Children's Parliament (NMCP).

The report was approved by Cabinet.





PART 01

General Information about the State Party

South Africa remains committed to child rights through the implementation of international obligations like the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), alongside its robust national framework rooted in its Constitution. Key national commitments include the Constitution's Section 28, which enshrines children's rights. The country also implements various legislation to advance the rights of children, and national strategies like the anti-poverty strategy which prioritises child protection, poverty reduction and the promotion of child participation in decision-making.

In December 2025, Cabinet approved the National Strategy to Accelerate Action for Children (NSAAC) to ensure a coordinated response to the call for accelerated action for children. The development of the strategy was led by the Presidency and DSD in partnership with government departments, including organs of civil society. The NSAAC is a high-level, shared vision to place children's interests at the centre of decision-making, addressing declining progress and gaps in child well-being since 1994. It promotes intersectoral collaboration between government, civil society and the private sector to strengthen existing programmes and ensure effective implementation of national child protection and development priorities. It aims to further promote a comprehensive response to the ongoing challenges faced by children and adolescents, including poverty and violence, and is supported by public campaigns like "Hold My Hand".

The Ministerial Integrated Community Registration Outreach Programme (ICROP) is a flagship programme aimed at bridging service delivery gaps in rural areas and improving access to government services. ICROP reflects the government's commitment to empowering underserved communities by bringing essential services closer to the people. The programme forms part of the District Development Model (DDM), which promotes integrated planning and people-centred service delivery and creates a platform for government and civil society to collaborate on child protection and community support initiatives. Through this programme, government conducts dialogues with communities, raises awareness of key social issues and connects communities with government services, including onsite registration for grants, access to multiple government services and direct engagement with officials.



PART 02



General Measures of Implementation (Art. 1(1))

South Africa remains committed to ensuring the effective implementation of article 1(1) of the Charter. This commitment is reflected in its Constitution, which includes a comprehensive section on children's rights, as well as in legislation, policies, strategies and national programmes of action for children. The country has focused on implementing the Charter through legal reforms, such as abolishing corporal punishment, and by expanding programmes such as Early Childhood Development (ECD), the Child Support Grant (CSG), and access to education, health and social services to promote child well-being, among others. Programmes such as RISIHA strengthen implementation of the Children's Act by ensuring the continued provision of prevention and early intervention services to orphans and vulnerable children. The 365-day child protection programme of action also continues to intensify awareness-raising in communities and to address social ills affecting children's lives.

2.1 Constitutional, Legislative and Policy Framework for the Promotion and Protection of the Rights and Welfare of the Child

Changes in the constitutional, legislative and policy framework that have occurred during the reporting period.

Legislation	Purpose of the Legislation in Protecting Children
Constitution	Section 28, is known as the "Children's Bill of Rights" and guarantees fundamental rights to every child, including the right to a name and nationality, family or alternative care, basic necessities (nutrition, shelter, health care), protection from abuse and exploitation, and the right to be treated differently from adults if detained, with their best interests being paramount in all matters concerning them.
The Children's Act 38 of 2005	The Act aims to protect children's Constitutional rights, set out principles for their care and protection.





Children's Amendment Act 17 of 2022	This Amendment strengthens the safeguarding of vulnerable children, addresses deficiencies and challenges in the childcare and protection system and complies with a High Court order concerning foster care issues. This Amendment Act introduces changes and additions to specific definitions, expands the jurisdiction of children's courts, establishes provisions for the care of abandoned or orphaned children, and covers other matters that can be regulated. It also encompasses additional provisions relating to children in alternative care. These amendments aim to strengthen protective measures and bridge gaps in the child protection system, ultimately aiming to enhance the overall safeguarding of children in South Africa.
Children's Amendment Bill (2025)	The Bill was gazetted for public comments on 26 September 2025. The Bill seeks to amend the Children's Act, 38 of 2005 and to strengthen childcare and protection measures as well as to address gaps in the existing law.
National Development Plan	The plan aims to eliminate poverty and reduce inequality by 2030. This plan envisions a South Africa where everyone feels free yet bounded to others; where everyone embraces their full potential, a country where opportunity is determined not by birth, but by ability, education and hard work.
National Strategic Plan on Gender-based Violence and Femicide, (NSP on GBVF) 2020-2030	The plan outlines South Africa's roadmap for addressing gender-based violence and femicide over the next decade. Focused on creating a safe, violence-free environment, the plan sets clear, strategic outcomes centred on six key pillars: Accountability, Prevention, Justice, Response, Economic Empowerment, and Research. With an emphasis on bold leadership, multi-sectoral coordination, and survivor-centred support, the NSP seeks to drive social change, tackle harmful norms and ensure that survivors have access to the necessary resources for healing. By involving a wide range of stakeholders, including government, civil society and the private sector, the NSP aims to transform South Africa into a place where women, children and LGBTQIA+ persons can thrive, free from violence .
The Basic Education Laws Amendment (BELA) Act 32 of 2024	This Act amended the South African Schools Act of 1996 to improve education governance and address disparities. Key changes include mandatory Grade R from the age of six, registration for home schoolers, clearer admission and language policies with final authority given to the Department of Education, and broader definitions to prohibit corporal punishment and ensure learner welfare. The Act also aims to strengthen governance by requiring governing body members to declare an interest in staff appointments or procurement.





Customary Initiation Act 2 of 2021	The Act provides for the effective regulation of customary initiation practices, the establishment of a National Initiation Oversight Committee and Provincial Initiation Coordinating Committees and their functions. It further provides the responsibilities, roles and functions of the various role players involved in initiation practices as well as ensuring the effective regulation of initiation schools.
Policy on Integrating Children's Grant Beneficiaries	The policy is being developed with the aim of linking children grants to a basket of government services, which will lead to the sustainable and resilient well-being of children. The overall goal of the policy is to ensure that the socio-economic well-being of poor and vulnerable children in South Africa, is enhanced through integrating cash in the form of children's grants such as the CSG, CSG top-up, foster child grant (FCG) and the care dependency grant (CDG), with care to other social protection services. The policy further aims to maximise service delivery by moving away from a silo approach to integrated provisions and, from policy to system's level.
Revised White Paper on Families 2023	This paper was approved by Cabinet in November 2023. The White Paper has risen out of the need to prevent the family from disintegration and vulnerability. It seeks to provide guidelines and strategies for the strengthening of the families in South Africa and the realisation of their well-being as well as the strengthening of communities as support networks for families to change the unfavourable conditions affecting families and communities.
Child Offender Policy	The policy was revised and approved on 31 August 2023 to align with recent developments in children's rights, including South Africa's National Plan of Action for Children (2019–2024), the National Child Care and Protection Policy (2019), and relevant international frameworks.
Mother and Babies Policy	This policy was last approved in 2013, is currently under review to align with the National Child Care and Protection Policy (2019) and the Children's Act, with the aim of providing clear guidance on the care, treatment and management of babies living with their incarcerated mothers, while addressing their unique needs and ensuring early childhood development.
Intersectoral Policy on the Provision of Psychosocial Services for Victims of Gender-Based Violence (2024),	The policy has been developed to serve as a framework to guide the delivery of integrated and multidisciplinary psychosocial services aimed at effectively and efficiently addressing the diverse needs of victims, including children.
South African Police Services (SAPS) GBV and Sexual Offences Action Plan	The action plan was approved in March 2022. The implementation of this action plan is governed and overseen by the National Steering Committee on GBV and the Interdivisional Forum on Violence against Women, Children and Vulnerable Groups. Provincial Coordinators Forum convenes, monthly, to monitor provincial intervention plans addressing GBV.





National Department of Human Settlements Housing Code	Sets out the National Housing Policy and procedural guidelines for effective implementation and reiterates that housing provision must be sustainable and avail a range of choices to contribute positively to a non-racial, democratic and integrated society. It provides for prescripts enabling the delivery of inclusive, sustainable and well-planned housing solutions for people. It sets the underlying policy principles, guidelines and norms and standards which apply to Government's various housing assistance programmes introduced since 1994.
Human Settlements Vision 2030	Provides the roadmap to 2050 and ensures provision of houses and services in rural and urban areas and seek to address rapid urbanisation challenges and the transformation of rural areas into urban centres.
Domestic Violence Amendment Act, 2021 (Act No 12 of 2021)	On 14 April 2023 the Act came into operation to introduce measures to enhance the protection of persons in violence domestic relationships.
White Paper for Human Settlements (2024)	Mandates that child-headed households be prioritised in housing policy and supported through coordinated social services. Housing programmes are designed to be inclusive of persons with disabilities by incorporating universal design features that ensure accessibility for children and caregivers. Government-subsidised housing projects are strategically located near schools, health care facilities, and safe recreational areas to promote the holistic well-being of children. To prevent child homelessness and overcrowding, the government supports low-income families through rental subsidies, housing vouchers and progressive ownership schemes. Security of tenure is promoted through in-situ upgrading and legal protection against forced evictions, particularly in informal settlements.

2.2 Whether or not the Charter can be invoked in its courts of law, and if so, to what extent

This was already addressed in the previous country report whereby reference was made to section 233 of the Constitution.

2.3 The nature and extent of legal remedies available for violations of children rights

The South African criminal justice system involves several key departments and institutions that work together to uphold the law and ensure justice. These include:¹

¹ <https://www.gov.za/faq/justice-and-crime-prevention/how-does-criminal-justice-system-work>





- i. The South African Police Service, whose main role is to prevent and investigate crime, and to arrest suspects;
- ii. National Prosecuting Authority decides whether there is enough evidence to prosecute a suspect and presents the case in court;
- iii. Judiciary presides over court proceedings, determines guilt or innocence, and issues sentences;
- iv. Department of Justice and Constitutional Development oversees the administration of justice and ensures access to legal services;
- v. Department of Correctional Services manages prison facilities, enforces sentences, and works to rehabilitate offenders and;
- vi. Department of Social Development appoints probation officers and provides social support to victims, families and communities.

In line with the above, government has enacted various pieces of legislation to strengthen the protection of children. For example:

- i. Section 110 of the Children's Act mandates that certain individuals must report suspected child abuse and neglect to designated child protection organisations, the provincial department of social development, or the police.
- ii. National Register for Sex Offenders (NRSO) provides a record of names of those found guilty of sexual offences against vulnerable persons and seeks to ensure that offenders do not work with vulnerable persons.
- iii. National Child Protection Register (CPR) is a protection measure, ensuring that reported cases of child abuse are recorded and interventions provided to children, while also maintaining a register of persons unsuitable to work with children, so as to screen all persons who wish to work with, adopt or foster children.
- iv. The BELA Act makes it mandatory for every child to remain in school until they turn 15 or complete Grade 9. It and requires parents to ensure their children attend school during this period. It penalises a parent, or any other person, who without just cause prevents a learner subject to compulsory attendance from attending school, and it is an offence to interrupt, disrupt or hinder a school's official educational activities. It further prohibits corporal punishment at school, during school activities and at hostels accommodating learners.
- v. Customary initiation Act provides a national framework for the effective regulation of customary initiation practices.
- vi. Basic Conditions of Employment Act makes it illegal to employ a child under 15.
- vii. Domestic Violence Act defines different forms of domestic violence and explains how a child can get a protection order against the abuser.
- viii. South African Human Rights Commission (SAHRC) is an independent body to promote, protect and monitor human rights in South Africa.





2.4 Customary laws and regulations which impact on the enjoyment of child rights within its jurisdiction.

Customary initiation practices pose physical and psychological health and safety risks for children especially when circumcisions are performed in unregistered illegal schools. However, to address this, the country enacted the Customary Initiation Act to regulate customary initiation practices. Key components of the Act include, among others, criminal enforcement for unregistered initiation schools, forced enrolment whereby oversight bodies are mandated to immediately report any suspected criminal conduct to the SAPS.

2.5 Institutional framework for the promotion and protection of the rights and welfare of the child

The DSD is the main institutional body for the protection, promotion and realisation of the rights of children. This department is mandated to monitor compliance with, and report on, international and regional child rights treaty obligations, including reviewing and implementing the National Plan of Action for Children (NPAC) and producing the national status of children's report. At provincial level, the provincial ORCs support this mandate and coordinate child rights issues. To strengthen this, the National Children's Rights Intersectoral Coordination Committee was established in line with article 43 of the African Charter on the Rights and Welfare of the Child and article 44 of the United Nations Convention on the Rights of the Child, to facilitate coordination, collaboration and synergy in the promotion, protection and fulfilment of children's rights in South Africa.

2.6 Government agencies involved in the implementation of the Charter and which one of these has the overall responsibility for monitoring and coordination of such implementation

The Charter is implemented across all government departments in partnership with key stakeholders from civil society organisations. The DSD has overall responsibility for coordinating and monitoring implementation of the Charter, as well as ensuring compliance with reporting obligations.

2.7 A specific body responsible for receiving individual complaints from children and their representatives.

The Constitution established independent state institutions to strengthen Constitutional democracy, promote human rights and ensure accountability. These institutions include:

- i. South African Human Rights Commission (SAHRC) – As highlighted in the previous report, the SAHRC serves as a watchdog against violations of people's rights. The Commission remains committed to promoting, respecting, observing and protecting human rights without fear or favour, and promotes, protects and monitors children's rights through advocacy, public education, investigating violations, and pushing for policy reform. It investigates complaints and engages with government bodies to ensure accountability.





- ii. Commission for Gender Equality – This Commission advances, promotes and protects gender equality in South Africa through research, public education, policy development, legislative initiatives, monitoring and litigation.
- iii. Cultural, Religious and Linguistic Rights Commission – A constitutional body established to protect and promote cultural, religious and linguistic community rights in South Africa.
- iv. Civil society plays an important role in advancing children's rights, assisting government in implementing policies and holding it to account. Civil society also has insight into the gaps in realising children's rights, and lobbies government for improved policies, programmes and quality service delivery.

2.8 Establishment of the National Human Rights Institution

The National Human Rights Institution (NHRI) is yet to be established in South Africa.

2.9 Cooperation with non-state actors

Government continues to strengthen cooperation with non-state actors to ensure effective implementation of the Charter. This is achieved through various forums and platforms, such as:

- i. The National Child Care and Protection Forum (NCCPF), which continues to be successfully implemented and remains an effective national mechanism for coordinating, planning and providing technical support for the implementation and monitoring of the children's sector policy goals and objectives. The forum is the primary coordinating mechanism for enhancing cooperation and coordination on child care and protection issues in South Africa.
- ii. The National Children's Rights Intersectoral Coordination Committee (NCRICC) aims to strengthen child rights governance in South Africa through coordinated leadership, intersectoral collaboration, monitoring, evaluation and accountability across government and non-government stakeholders.
- iii. Government also partners with non-governmental organisations such as the SA Hotline on trafficking (A21), Teddy Bear Foundation, Child Welfare South Africa, Unchain Our Children, Tutela, Childline South Africa and REPSSI, to provide services and address child trafficking, child labour, commercial sexual exploitation and online safety.
- iv. The State Party partners with the United Nations Office on Drugs and Crime (UNODC) to commemorate the International Day against Drug Abuse and Illicit Trafficking, highlighting the harmful effects of substance abuse on children in communities, including rural areas. UNODC has also introduced a quality-assurance initiative aimed at enhancing the drug-use-disorder treatment system and ensuring a high standard of care for people with drug-use disorders in South Africa.
- v. Government actively participates in the Fundisa for Change programme, a multi-stakeholder national professional learning community established as a South African community of practice to support transformative environmental and sustainability learning through teacher education. Fundisa for Change partners include environmental and education organisations from government, higher education institutions, government entities, business and Non-Governmental Organisations (NGOs), working to strengthen teacher education and learning programmes in environmental and sustainability education.





- vi.** There is continued collaboration with non-governmental organisations, such as child protection organisations, traditional leaders, and faith- and community-based organisations, in planning and conducting community awareness campaigns to promote adoption services and commemorate World Adoption Day/Month.
- vii.** Government engaged with civil society on finalising the National Policy Framework on the Management of Sexual Offences (NPF). These engagements led to the NPF being finalised in February 2024.
- viii.** Save the Children South Africa provides technical support to the National Steering Committee on Unaccompanied and Separated Migrant Children, and to provincial steering committees in four provinces (Limpopo, Gauteng, Mpumalanga and Free State). Save the Children also supports the cross-border coordination forums between South Africa and Zimbabwe, South Africa and Mozambique, and South Africa and Lesotho. These forums are platforms where state and non-state actors engage on child protection issues affecting migrant children across borders, aiming to ensure effective and coordinated case management and child protection systems between the countries.
- ix.** Government continues to contribute towards the UNAIDS 95-95-95 target and to facilitate implementation of programmes aligned with the National Strategic Plan for HIV, TB and STIs (NSP 2023-2028). In partnership with PACT, government is finalising the disclosure and adherence programme for Children and Adolescents Living with HIV (CALHIV) and STARS (Special, Thriving, Responsible and Smart), a disclosure and adherence group-work curriculum for CALHIV. The programme targets children and adolescents living with HIV aged 12 and above and was piloted for three months in Limpopo (Capricorn district) and Gauteng (Ekurhuleni and Sedibeng regions). The first implementation phase is scheduled to begin in the third quarter of the 2025/2026 financial year, with national rollout to follow in the next financial year.
- x.** Government partnered with United Nations Children's Fund (UNICEF) South Africa:
 - a)** To conduct research on the online safety of children through the Kids Online Study and the Disrupting Harm Study. These studies aimed to establish children's patterns of online use and abuse, build social service practitioners' understanding of online use and abuse and their responsibilities, and research children's online use, benefits and risks.
 - b)** Drawing on the recommendations of its Child Support Grant (CSG) exclusion report, to improve the CSG take-up rate.
 - c)** Providing technical support to the department on developing a policy for integrating children's grants with other social protection services.
 - d)** On services to families, parenting programmes such as the Sinovuyo Teen Parenting Programme are delivered both face-to-face and on digital platforms. The programme aims to build caregivers' parenting skills and strengthen communication between caregivers and adolescents. It seeks to improve caregiver-teen relationships through active social learning, improve caregiver mental health through social support, and strengthen caregiver-teen communication about risky situations facing teens. Both programmes have been implemented nationally, with most social service professionals trained to deliver them in their communities.



- e) To conduct an audit of International Social Services (ISS) assistance of all unaccompanied and separated migrant children in alternative care in South Africa.
- f) To support the programme for unaccompanied and separated migrant children by providing financial and technical support, as well as seconding technical staff to the ISS programme.

2.10 Implementation of the decisions of the Committee and other relevant regional bodies:

2.10.1 A decision of the Committee made in a communication determined by pursuant to article 44 of the Charter

This article is already being implemented: on 14 January 2020, the Committee received a communication (Communication No. 0014/Com/002/2020) against the Republic of South Africa in accordance with article 44 of the Charter. The Committee considered the communication and issued a ruling in March 2021.

2.10.2 A recommendation of the Committee made following an investigative or factfinding mission

During the reporting period, the Committee did not conduct an investigative or fact-finding mission to the Republic. However, in August 2023, the Special Rapporteur on Child Marriages conducted a monitoring visit to engage on the progress of the country's laws and national strategies on child rights protection. This visit was in line with the Commission's three main projects within its broader framework for protecting children against all forms of violence and abuse: the Campaign to End Child Marriage, the Saleema Initiative to End Female Genital Mutilation, and strategies against online child sexual exploitation and abuse.

During the visit, the country provided in-depth information on the:

- i. Situational analysis for children particularly focusing on Violence Against Children and online child sexual exploitation;
- ii. Legislative developments on Ending Child Marriage;
- iii. National Strategic Plan on Gender Based Violence and Femicide;
- iv. National Policy on the Prevention and Management of Learner Pregnancy in Schools;
- v. Measures taken to address harmful practices;
- vi. Access to health services by children on vulnerable groups

The Special Rapporteur also engaged with civil society, Chapter 9 institutions and child representatives, and conducted a site visit to a shelter for abused women.

2.1 Implementation of relevant programmes, action plans and policies of the African Union African Union programmes and action plans involving child rights.

2.1.1 Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA)

To ensure effective implementation of the CARMMA South Africa continues to implement the following programmes:

- i. Reproductive health services across all facilities, with emergency contraception,
- ii. Long-Acting Reversible Contraception (LARC) methods, Termination of pregnancy (TOP), cervical cancer screening, and Information, Education and Communication (IEC) materials freely and consistently available.
- iii. Facility-based documents, such as the newly updated patient-held Maternity Case Records, include an updated ANC card covering HIV testing and screening as well as maternal vaccinations. South Africa is implementing Basic Antenatal Care Plus, which provides for eight antenatal contact visits to reduce stillbirths, particularly around 34 weeks of gestation.
- iv. Through the Mom Connect programme is a client engagement and health promotion strategy whereby all registered pregnant women receive electronic messages throughout their pregnancy, including gestational-age-appropriate messages, reminders for antenatal visits, and education on danger signs requiring early care-seeking.
- v. Labour and delivery: World Health Organization (WHO) 2018 recommendations aligned updated Intrapartum Care guidelines for latent and active phases to reduce labour complications and caesarean sections.
- vi. Safe Caesareans Section & Anaesthesia Strategies: Caesarean Section sites are accredited for Safety during caesarean with Anaesthesia minimum Standards.
- vii. Neonatal survival strategies: uptake of Management of Small and Sick Neonates (MSSN) and Helping Babies Breathe (HBB) training is full or near full in earlier facility cohorts, though a noticeable drop-off appears later, particularly for HBB. This inconsistency appears linked to the unavailability of District Clinical Specialist Teams (DCSTs).
- viii. Kangaroo Mother Care (KMC) strategy is widely implemented in tertiary regional and district hospitals. Thirty-three high-burdened district hospitals were supported with the procurement of Continuous Positive Airway Pressure machines through partner support.
- ix. HIV management in pregnancy: 95% coverage of testing, ART initiation, and adherence monitoring during pregnancy. HIV-exposed babies are PCR-tested at birth, with those testing positive initiated on ART immediately, and again at 10 weeks and 18 months, alongside compulsory viral load monitoring.
- x. Data performance and reviews: facilities conduct regular Perinatal Problem Identification Programme and Child Healthcare Problem Identification Programme (Child PIP) reviews, Mothers to Mothers meetings, and district and provincial morbidity and mortality meetings (ProPeMMCo), reinforcing a commitment to continuous quality improvement. Nationally, Ministerial-appointed committees collate data on maternal and neonatal mortality across the country, produce annual and triennial reports, and advise the Minister on recommended interventions for improvement.



- xi.** Non-rotation of staff: Dedicated nurse-midwifery staff are retained within maternity units, protecting service continuity.
- xii.** Management of obstetric emergencies: 80% of staff are trained in Essential Steps in the Managing Obstetric Emergencies (ESMOE), including compulsory training for medical and emergency medical services personnel. Reductions in District Clinical Specialist Team officials in some districts have affected the consistency of Emergency Obstetric Simulation Training, facilities' ability to improve such training, and CEOs' ability to sign off training registers.
- xiii.** Emergency dedicated obstetric transport: this component shows structural gaps in nearly all provinces. No facility reports having a dedicated maternity ambulance or a non-dedicated vehicle for maternity use; the data reflects a systemic shift, with all obstetric ambulances having been moved into the general pool of emergency vehicles.
- xiv.** Maternity waiting homes: although previously present in some areas and provinces, these were largely decommissioned during the COVID-19 pandemic due to underutilisation.
- xv.** Strengthening training in Emergency Triage Assessment and Treatment (ETAT) and Integrated Management of Childhood Illness (IMCI), accelerating child health training strategies to reach 80% saturation, and utilising the Knowledge Hub for IMCI online training.
- xvi.** Intensifying management of severe malnutrition in health facilities.
- xvii.** Early Childhood Development provincial training is conducted in collaboration with the Department of Basic Education and partners, focusing on nutrition, the Road to Health Booklet (RtHB) pillars, and side-by-side materials.
- xviii.** Providing training on ESMOE to doctors and midwives.
- xix.** The country has intensified Paediatric and midwifery education and training.
- xx.** Side-by-Side Campaign – In line with the National Integrated Early Childhood Development (ECD) Policy, the Department facilitates the broadcast of 48 episodes of the Side-by-Side radio drama on 12 national radio stations in 10 indigenous languages and strengthens community engagement through social media platforms such as Facebook, X, WhatsApp and MomConnect. The campaign seeks to ensure children receive nurturing care and protection so they can develop optimally and reach their full health, educational and learning potential. A key objective is to help primary caregivers understand the full scope of care required for ECD and the importance of their role in early childhood care and learning.
- xxi.** RtHB messages: the Department issues the RtHB to every child at birth and has also developed the “How to Raise a Healthy and Happy Child” booklet as a supplementary tool derived from the RtHB, containing the same educational content for caregivers. The booklet is available in 11 official languages, and the Department printed and distributed 70 000 copies in Tshivenda, Sepedi, Xitsonga and isiZulu.
- xxii.** Committee on Morbidity and Mortality in Children Under 5 Years (CoMMiC) – The Minister of Health appointed the Committee for the 2025-2028 term. CoMMiC's primary objective is to reduce childhood morbidity and mortality; its secondary objective is to provide oversight of childhood morbidity, mortality and health care, promoting good clinical governance and appropriate standards of care for children in South Africa; and its tertiary objective is to provide technical advice on child health to national and provincial health departments and other stakeholders, where requested and feasible.

- xxiii.** Maternal, newborn and child mortality audits: health facilities conduct timeous mortality audits to improve care and planning.
- xxiv.** Improving child survival – the Department promotes and supports exclusive breastfeeding for at least six months.
- xxv.** Promoting of Kangaroo Mother Care (KMC) for stable low birth weight babies at all levels of care.
- xxvi.** The Department is improving immunisation and vitamin A coverage.
- xxvii.** Intensifying management of HIV-positive mothers and children, and improving access to treatment for both, thereby improving management of co-infections and working towards eliminating mother-to-child transmission of HIV.

2.11.2 Call for Accelerated Action on the Implementation of the Plan of Action Towards Africa Fit for Children

Government continues to strengthen measures to accelerate action on implementing the Plan of Action Towards Africa Fit for Children. To mainstream child rights effectively, the National Plan of Action for Children (NPAC) (2019-2024) re-established the ORC, located in the DSD, to provide state-wide leadership, coordination, technical support, monitoring, oversight and reporting on the national child rights agenda. Since its re-establishment, the office has:

- i.** Provided leadership in coordinating and implementing child rights advocacy campaigns, such as the Nelson Mandela Children's Parliament, the commemoration of the Day of the African Child, the Take a Child to Work programme, and other international and national children's days;
- ii.** Continued to monitor government progress in strengthening the child rights agenda in line with international and regional treaty obligations and national policy frameworks;
- iii.** Conducted desktop research on pertinent children's rights issues and produced status of the child reports;
- iv.** Served as the national entry point on children's rights matters; and
- v.** Ensured the country's compliance with regional and international treaty reporting obligations.

To ensure children are fully protected, the Children's Act which is the primary legislation for the care and protection of children continues to be amended to maximise their care and protection. The Children's Amendment Bill (2025), which aims among other things to provide for children's right to privacy and protection of information, to designate and set functions for a Registrar of the National Child Protection Register, and to further provide for the care of abandoned or orphaned children, was gazetted for public comment on 26 September 2025.

The Child-Friendly Community Framework was developed to raise awareness of children's needs and rights by working with local government structures and other stakeholders. It is designed to support local government in systematically considering children's rights across all policies, plans, strategies and programmes, and to support the development of systems to measure and monitor the impact of these interventions on children's daily lives. It also seeks to increase and strengthen children's participation in their communities.





The National Child Participation Framework was developed and finalised in mid-2018 and implemented from 2019, aiming to ensure higher levels of child participation across all settings and fulfil children's right to be involved in matters affecting their lives. Government, in partnership with Save the Children South Africa, is currently reviewing the framework to assess and strengthen its effectiveness in promoting, realising and advancing children's rights. The review is expected to provide a comprehensive understanding of how well the framework has supported child participation over the past five years, and to inform targeted recommendations and an advocacy action plan to address identified gaps and refine the framework going forward.

South Africa has an effective birth registration system, and the law requires birth registration to be completed within 30 days of birth. A birth can be registered by a parent, guardian or any other person legally responsible for the child, at a Department of Home Affairs (DHA) office or, in some cases, a DHA desk within a hospital. Registration after 30 days is considered late registration, and additional requirements apply.

Measures continue to be strengthened to ensure all children in the country can access quality education. The BELA Act amended the South African Schools Act and came into force on 24 December 2024. The Act aims to improve the quality and management of education, and has, among other things, made Grade R compulsory, extended compulsory schooling to Grade 9 or age 15, and clarified that corporal punishment is illegal, extending the definition to include non-physical forms of humiliation and threats.

The Nelson Mandela Children's Parliament (NMCP) remains an effective platform for strengthening child participation at all levels, including in policy and legislative development, giving children meaningful opportunities to participate in, and influence, decisions made on their behalf. To amplify children's voices, the 2025 Children's Parliament was hosted in partnership with the national Parliament of the Republic. Government will continue to engage the national Parliament on the possible institutionalisation of the NMCP within it.

Government continues to strengthen measures to protect children from all forms of violence, exploitation and neglect. As part of these efforts, South Africa is a Pathfinder country and a member of the WeProtect Global Alliance to end online child sexual abuse and exploitation and participated in the 1st Global Ministerial Conference on Ending Violence Against Children, held from 7 to 8 November 2024 in Bogotá, Colombia. The Conference offered states and stakeholders a platform to profile their pledges, generating awareness and accountability for initiatives to end violence against children, with the aim of ensuring the issue is prioritised at the highest political level, with leadership and accountability at all levels. During the Conference, the Minister of Social Development presented South Africa's pledge to end violence against children.

Section 26 of the Constitution states that everyone has the right to access adequate housing and mandates the state to take reasonable legislative and other measures, within available resources, to progressively realise this right. To give effect to this, government programmes give special consideration to vulnerable groups such as poor households, child-headed families, women-headed households, persons with disabilities, and the elderly. The National Department of Human Settlements' Housing Code sets out national housing policy and procedural guidelines, reiterating that housing provision must be sustainable and offer a range of choices that contribute to a non-racial, democratic and integrated society. The Human Settlements Vision 2030, which provides a roadmap to 2050, aims to ensure the provision of houses and services in rural and urban areas





and to address the challenges of rapid urbanisation and the transformation of rural areas into urban centres.

South Africa's criminal justice system takes account of children's specific needs and rights. The Child Justice Act promotes restorative justice and rehabilitation, in line with the Constitution and international standards. Key features include diverting less serious offences from the formal justice system, setting a minimum age of criminal capacity, and ensuring detention is a last resort with children kept separate from adults.

Children can access primary health services at various health care facilities across the country. The Department of Health's 2023/24 annual report showed progress in expanding children's access to health care, with HIV infections and related deaths continuing to decline, though 250 000 children under 15 still live with HIV. Efforts included the Side-by-Side campaign, which supported 3,7 million caregivers, participation in the Global Alliance to End AIDS in Children by 2030, and an integrated mother/daughter HPV vaccination and screening model. Through the Child, Youth and School Health sub-programme, the Department prioritised immunisation, nutrition, and the management of HIV and malnutrition, as well as adolescent sexual and reproductive health, while also addressing obesity by restricting the marketing of unhealthy food and integrating prevention into the health care system.

Government continues to strengthen stakeholder collaboration and community involvement in ensuring the safety and protection of children. This includes implementing government policies and programmes in which parents and civil society play a critical role in raising awareness and collaborating with government on initiatives to support children.

2.11.3 Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa

a) Progress towards elimination

South Africa is among the few African countries on track to eliminate malaria. Notably, one subdistrict that historically reported a high number of cases has reached subnational elimination. The National Malaria Elimination Strategic Plan 2025/26-2029/30 sets out clear, time-bound targets and evidence-based interventions to interrupt local transmission and prevent reintroduction.

In line with the 2006 Abuja Call for Accelerated Action, which reaffirmed the commitment to universal access to prevention, treatment and care for HIV/AIDS, tuberculosis and malaria, South Africa has reduced local malaria transmission across the country by over 80% since 2019, demonstrating tangible progress towards elimination and fulfilling its regional obligations.

b) Surveillance and Case Management

The country has significantly strengthened malaria surveillance systems, enabling prompt detection, reporting and response to cases. This includes:

- i.** Malaria notification, with 73% on average reported within 24 hours for prompt follow-up.
- ii.** Case investigation coverage within 72 hours: 89%, particularly in high-risk border areas.
- iii.** Reactive case detection implemented in 33 districts.



- iv. Malaria diagnosis and treatment are freely available at all public health facilities, using artemisinin-based combination therapies (ACTs).
- v. In addition, government has introduced free chemoprophylaxis (doxycycline) for eligible individuals across all health care facilities, given to high-risk populations such as migrant workers and cross-border travellers.

c) Vector Control Measures

Government continues to implement Indoor Residual Spraying (IRS) annually in high-risk provinces. Over the past five years, spray coverage has consistently reached 90% of targeted structures, protecting a similar share of the population. Larviciding has also been used consistently to complement IRS efforts, and entomological surveillance has expanded, with sentinel sites established to monitor vector density, species composition, and insecticide resistance trends.

d) Cross-Border Collaboration

As malaria is a cross-border issue, South Africa actively participates in regional initiatives. The Elimination 8 (E8) and MOSASWA partnerships focus on shared border areas with Mozambique and Eswatini, and eight mobile surveillance units have been established through these partnerships. District-level cross-border committees have also been established in all endemic districts, enabling real-time coordination on case tracking, response and vector control with neighbouring countries.

e) Community Engagement and Education

Public health campaigns and community outreach efforts have been conducted at national and subnational level to raise awareness, promote early treatment-seeking behaviour, and reduce stigma associated with malaria, leveraging platforms such as the Knowledge Hub and social media.

f) Sustained Investment

The South African government continues to prioritise malaria elimination through dedicated and strategic financing. Funding has been mobilised through National Treasury to support cross-border transmission efforts, focusing on addressing sources of infection and strengthening coordination with Mozambique. The national conditional grant for malaria has been enhanced to support key interventions to transition malaria-affected areas from control to elimination, with greater emphasis now placed on surveillance, operational research and capacity building, in line with the Abuja targets and the Sustainable Development Goals.

2.12 Dissemination of the Charter and previous concluding observations of the Committee

The concluding observations and recommendations were disseminated as follows:

- i. National Child Care and Protection Forum
- ii. National Children's Rights Intersectoral Coordination Committee
- iii. National Steering Committee on the Rights of the Child
- iv. Families' consultative forum
- v. Forum on the implementation of Community Based Prevention and Early Intervention Services - RISIHA
- vi. National departments

- vii. Provincial Departments of Social Development
- viii. Provincial offices on the Rights of the Child
- ix. Provincial and national consultations with stakeholders and children.
- x. Bilaterals with national departments.

2.13 Training for professionals working with and for children, including judicial personnel, law enforcement personnel, teachers, health-care personnel and social workers.

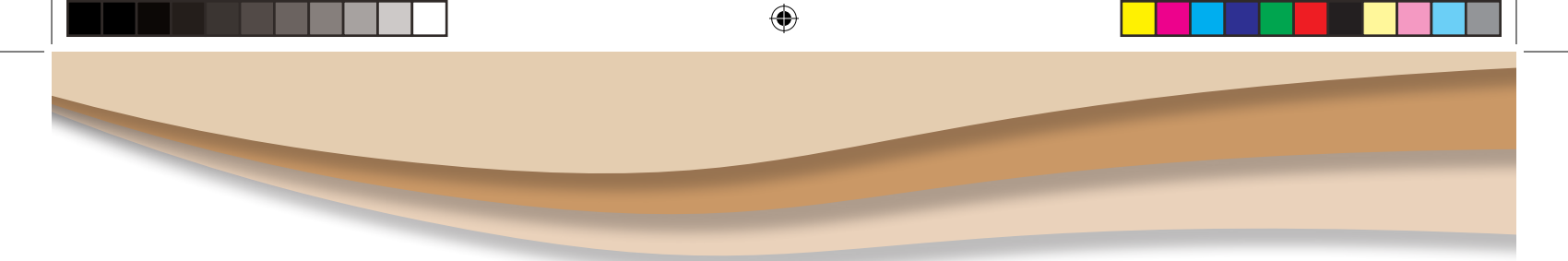
According to the National Development Plan 2030, South Africa needs to build a professional public service and capable state to create an effective social welfare system that delivers better results for vulnerable groups. Against this background, training of the children's sector workforce was prioritised over the 2019–2024 Medium-Term Strategic Framework (MTSF) period. To date, approximately 12 000 social service practitioners have been trained on the Children's Act 38 of 2005 and related policies and guidelines.

A baseline study conducted in 2020 found that 5 395 social service practitioners in the children's sector required capacity building. In 2021/22, the target was to train 10% of the sector workforce; 1 965 practitioners were capacitated, achieving 26% of the annual target. In 2022/23, the target was 20%, with 2 962 capacitated (40% of the annual target). In 2023/24, the target was 30%, with 4 687 capacitated (63% of the annual target). During the first two quarters of 2024/25, a further 1 164 practitioners were trained. In total, 10 778 social service practitioners were capacitated between the project's inception in 2020 and the end of September 2024. As the MTSF target was exceeded, training has continued, with the current focus on capacity building relating to the Children's Amendment Act 17 of 2022; between October 2024 and March 2025, 13 capacity-building sessions were conducted.

Government also ensures the sector is capacitated on the following:

- i. Register on Adoptable Children and Prospective Adoptive Parents (RACAP) – training continues to be provided to social workers responsible for adoption services in all nine provinces, to ensure effective practical implementation of RACAP, which is used to register adoptable children and prospective adoptive parents and to facilitate matching between them. The register also helps social workers comply with the subsidiarity principle of the Hague Convention on Inter-country Adoption, by enabling them to explore the availability of prospective adoptive parents in South Africa before considering inter-country adoption.
- ii. National and Inter-country Adoption Practice Guidelines – training to guide social workers in effectively interpreting and implementing the adoption provisions of the Children's Act, equipping them with the knowledge and skills to provide effective adoption services in compliance with the Act, its regulations, and the practice guidelines.
- iii. International Social Services Guidelines, and guidelines on unaccompanied and separated migrant children and South African children in distress in other countries, were provided to 390 professionals, mainly social workers, social service professionals, police, immigration officers and other frontline officials. The training aimed to raise awareness of the procedures to be followed when dealing with migrant children, and to ensure this group of children is treated in accordance with legislation.



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- iv. Quarterly training is also provided on the guidelines for preventing and responding to child exploitation (child trafficking, child labour, commercial sexual exploitation and online safety). This sets out good practice standards for practitioners upholding children's best interests, ensures services are provided uniformly to children at risk of, or who have experienced, exploitation, and guides stakeholders in defining their roles and responsibilities, building capacity, and delivering effective, uniform services.
 - v. Online safety training covers online definitions and terminology, the legislative framework, and the roles and responsibilities of social workers and other stakeholders in responding to children at risk of, or victims of, online violations. Online safety prevention, identification and services for children, and cybersecurity more broadly, are of paramount importance given the risks and benefits children encounter online.
 - vi. Refresher training on processing applications for ministerial determinations under section 50 of the Basic Conditions of Employment Act (BCEA), and on improving understanding of child labour, was held over four days from 29 October to 1 November 2024. Three senior inspectors from each province, specifically those responsible for processing ministerial determinations and addressing child labour in their areas, were invited. The training aimed to strengthen inspectors' BCEA knowledge and their understanding of ongoing efforts to eradicate child labour and Trafficking In Persons and is held annually.
 - vii. Training on the Policy on Psychosocial Support Services to Victims of Violence and Crime is essential for equipping frontline workers to prevent secondary victimisation of GBV survivors. In line with this mandate and Pillar 4 (Response, Healing, Care and Support) of the National Strategic Plan on Gender-Based Violence and Femicide, government conducts capacity-building for frontline workers from government departments and civil society organisations in 15 GBV hotspot districts across all provinces.
 - viii. Provinces are also capacitated in various social and behaviour change programmes, including You Only Live Once (YOLO), ChommY, Rock Leadership, Men and Boys Championing Change, and facilitation skills. The aim is to equip social service professionals and NPOs with the skills and knowledge to implement these programmes with different target groups in their communities, with a view to preventing new HIV infections.
 - ix. Social service professionals in districts across the country are capacitated on the Sinovuyo Teens Parenting Programme, which seeks to improve relationships and communication between caregivers and teens and to provide the support and interventions needed to help teenagers become effective parents. Its aims include, among others, increasing parenting skills and confidence, helping teenagers manage their behaviour, and improving mental health and social support.
 - x. SSPs are trained on the MenCare+ Programme, which encourages and equips fathers to be involved in family life and raising their children.
 - xi. SSPs in districts are trained on providing reunification services, which involve strengthening families' capacity to care for and protect their members through a reunification care plan and a permanency plan.
 - xii. Community care centres were capacitated to incorporate the Families Matter Programme into their work. The programme promotes healthy communication between parents and children about risky sexual behaviour, which can perpetuate new HIV infections.





- xiii.** Social service practitioners are capacitated on the Guidelines for Social Service Practitioners: Enabling Access to HIV Services, which enable them to screen and identify beneficiaries at risk of contracting HIV, facilitate referrals for HIV testing, and provide HIV services such as HIV counselling (pre-test, post-test and ongoing counselling), disclosure counselling and support, and treatment adherence counselling and support.
- xiv.** SSPs are trained on the psychosocial support (PSS) programme for Young People Living with HIV (YPLHIV), named Somelele, which targets young people aged 19-35. The programme has four building blocks: (1) stakeholder consultation and participation; (2) dialogues with young people; (3) group therapeutic sessions; and (4) post-programme support focused on economic strengthening.

 - a)** Somelele Building Block 1: Stakeholder consultation and participation bring together relevant stakeholders, partners, community members and parents.
 - b)** Somelele Building Block 2: Dialogues for young people raise awareness and create safe spaces for meaningful discussion, aiming to influence behaviour change on HIV, TB, STIs, sexual and reproductive health and rights, gender-based violence, and the stigma and discrimination associated with HIV and TB.
 - c)** Somelele Building Block 3: Group therapeutic sessions build the resilience of YPLHIV to support treatment adherence and viral load suppression in line with the 95-95-95 UNAIDS and NSP targets, with dedicated sessions on STIs, sexual and reproductive health and rights, gender-based violence, and stigma and discrimination, and TB.
 - d)** Somelele Building Block 4: Post-programme support focuses on economic strengthening.
- xv.** Social workers and social work supervisors are trained on the Safety and Risk Assessment Tools and Induction Manual, aimed at closing gaps in social workers' skills and knowledge in child protection.

 - a)** The Safety and Risk Assessment Tools (SRAT) training empowers social workers to determine what action is needed immediately to protect a child from abuse, to identify factors placing the child at risk of serious harm, and to recognise protective factors that counterbalance threats to safety. Implementing these tools helps social workers comply with Regulation 35 of the Children's Act (broad risk assessment) by conducting proper assessments as required. Implementation of SRAT is monitored to track progress and compliance with the Children's Act across all interventions, to assess understanding and application of the tools, identify gaps in applying newly gained knowledge, and provide support, mentoring and further training to social workers where necessary.
 - b)** The Induction Manual training, by contrast, aims to strengthen practice by building social workers' capacity to translate theory into practice and ensure quality child protection services for the most vulnerable children.
- xvi.** SSPs delivering the RISIHA programme are trained in its implementation and case management, with emphasis on assessment, since an accurate assessment supports the smooth development of a care plan and subsequent intervention. The intervention is evaluated at intervals to determine whether the child has reached a resilient level, and a case can only be closed once there is evidence that this level has been reached.



- xvii.** Through partnership with the Colombo Plan Drug Advisory Programme, the following training is conducted to equip professionals working with children with the necessary skills and competencies:
- a)** Universal Prevention Curriculum – addresses the need for knowledgeable and competent professionals in the prevention field.
 - b)** Universal Treatment Curriculum – aims to reduce the significant health, social and economic problems associated with substance use disorders (SUDs) by building international treatment capacity through training, professionalising and expanding the global treatment workforce.
 - c)** The CHILD Curriculum (Interventions for Children with Substance Use Disorders) – addresses the unique challenges of working with children who have SUDs, adapts intervention methods to children’s cognitive and emotional development levels, incorporates principles of attachment theory and trauma treatment, and provides information on the pharmacological treatment of SUDs in children.
- xviii.** Social service professionals, community-based workers, and SASSA and DSD officials who provide direct services to vulnerable communities are capacitated on Social Assistance Act regulations and the implementation of the CSG Top-Up, a new intervention for orphans in the care of relatives and children in child-headed households.
- xix.** South African Social Security Agency officials are capacitated on the 2022 amendments to the Social Assistance Act regulations, to ensure the changes affecting children with disabilities are effectively implemented.
- xx.** On birth registration, frontline officials, supervisors and managers are capacitated on relevant policies and legislation, including early and late registration of births under the Births and Deaths Registration Act 51 of 1992, and applicable standard operating procedures.
- xxi.** For health care personnel,
- a)** Early Childhood Development provincial training was conducted in collaboration with the Department of Basic Education and partners, focusing on nutrition, the RtHB pillars, and side-by-side materials.
 - b)** IMCI training is provided for pre-service (undergraduate) and in-service nursing and medical students, nurses, doctors, therapists and pharmacists with an interest in managing sick children. It is provided nationally through the National Health Department’s Knowledge Hub platform, with provinces and districts, including rural areas, conducting the same training.
 - c)** Emergency Triage Assessment and Treatment (ETAT) training equips health care professionals with the skills to rapidly assess and manage sick children, particularly in emergencies and low-resource settings. It focuses on identifying and prioritising children with life-threatening conditions, providing immediate and appropriate treatment, and facilitating timely referrals. It is provided to clinical associates, emergency medical service practitioners and technicians, medical interns and community service doctors, nurses, and physicians.
 - d)** Once-off training was conducted at provincial and district level and covered rural areas.
 - e)** Early Childhood Development provincial training focuses on implementing the RtHB and nutrition guidelines for health care workers and ECD programmes. It targets national, provincial and district coordinators responsible for nutrition and child health programmes, the DBE ECD programme and partners involved in ECD. This once-off training was conducted nationally, provincially and at district level, and covered rural areas.

- f) Community health worker training aims to equip Community Health Workers (CHWs) with knowledge and skills on South Africa's National Health System. This once-off training was conducted nationally through the Knowledge Hub platform, and provincially and at district level, covering rural areas.
- g) Growth Monitoring and Nutrition in Children training provides users with the information needed to appropriately assess and manage children's growth and nutrition. Growth monitoring is key to the early identification of growth faltering, enabling interventions to prevent or limit its consequences.

xxii. Government updates the Curriculum Assessment Policy Statements (CAPS) for Natural Sciences (Grades 10-12), Life Orientation (Grades 8 and 9) and Geography (Grades 10-12) as required, and provides training to subject advisors through teach-the-teacher programmes, the Gauteng Educators Forums and the Fundisa for Change programme.

2.14 International Covenant on Economic, Social and Cultural Rights (ICESCR)

South Africa notes the Committee's recommendation regarding the withdrawal of its reservation to the International Covenant on Economic, Social and Cultural Rights (ICESCR). The Constitutional Court has consistently affirmed that the right to basic education, as provided for in section 29(1)(a) of the Constitution, is immediately realisable and not subject to progressive realisation. South Africa remains committed to giving full effect to this constitutional right through legislative, policy and programmatic measures aimed at ensuring equitable access to quality basic education for all learners, including those from vulnerable and marginalised groups. The recommendation concerning the withdrawal of the reservation to the ICESCR will be considered by the Government of South Africa through the appropriate intergovernmental processes and in consultation with the relevant departments responsible for treaty obligations.

The DBE is further committed to the case law that positions education for children to be an immediately realisable right. The amended South African Schools Act makes it an offence for anyone who prevents a child from attending school. It further advocates that admission of learners must be absent of any form of discrimination. Circular 2024 of 2024 assists schools to understand that potential legible learners must be admitted into the entire programme of a school.

The Committee, therefore, reiterates its previous recommendations and urges the State Party to consider withdrawing its reservation under the ICESCR

2.15 Optional Protocol to the Convention on the Rights of the Child on the Communication Procedure.

A national workshop was held in July 2026 with key stakeholders and children to consult on the Optional Protocol. The consultation session revealed that more consultation sessions need to be conducted to guide the country's position on the matter.

The Committee urged the State Party to ratify the Third Optional Protocol to the CRC on the Communication Procedure.





2.16 Child rights budgeting

Every year, the Minister of Finance presents the national budget, setting out how government will fund its policy priorities and programme of action as outlined in the State of the Nation Address, and departments are allocated budgets to implement these priorities, including provisions for programmes vital to children, such as social grants, health, education and child protection. Government also partners with international and national civil society organisations, which provide technical support for implementing key child rights programmes.

The Committee recommended that the State Party mobilise resources and increase its budget allocation for children's rights sectors and programmes.

2.17 Migration of the Office on the Rights of the Child

The ORC remains located in the DSD, where it continues to implement its mandate to coordinate child rights issues in the country, and ensuring compliance with international and regional child rights treaty obligations. To advance children's rights, the Presidency in partnership with the DSD has developed the National Strategy to Accelerate Action for Children, focused on ten key priorities including poverty reduction, child protection, and addressing malnutrition.

The Committee recommended that the State Party continues accelerating the process of migrating the ORC, undertake consultations to ensure a smooth transition and set up strong governance and coordination structures for it.

2.18 Data collection (Information Management Systems)

Statistics South Africa (Stats SA) is the national statistical agency responsible for producing, coordinating and disseminating timely, accurate and official demographic, social and economic statistics. Governed by the Statistics Act of 1999, its primary purpose is to provide evidence-based data to support government policy formulation, planning and decision-making for the public and private sectors. South Africa uses various systems, housed across different government departments, to collect data on children, including:

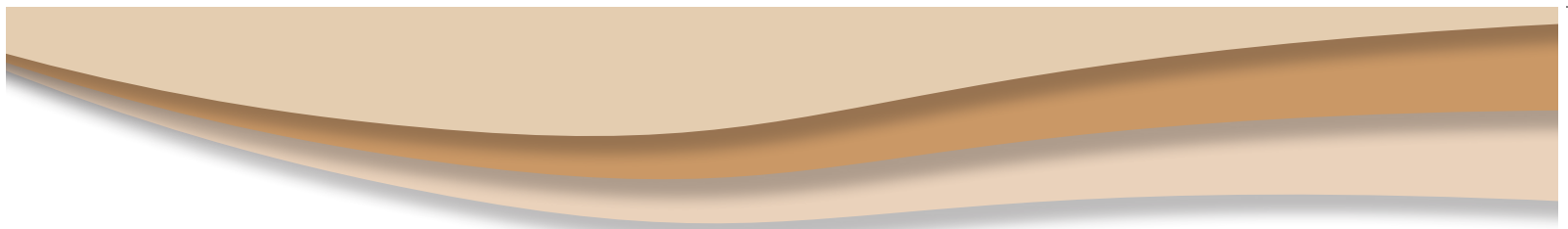
- i. The National Child Protection Register, is a national database used to protect children by keeping records of abuse and the circumstances surrounding it and provide abused children with the necessary protection and preventative services against further abuse. The register has two parts: Part A records all reports of abuse or deliberate neglect of a child, all convictions of persons on charges of abuse or deliberate neglect of a child, and all findings by a children's court that a child is in need of care and protection due to abuse or deliberate neglect; Part B records persons found guilty of crimes against children or declared by a court unsuitable to work with children.
- ii. The Integrated Case Management System for Child Justice captures data on children in the child justice system, recording all information about a child's court appearances until finalisation, disaggregated by age, sex, geographical location, criminal offence and outcome.
- iii. The National Register for Sex Offenders (NRSO) was established to protect children from convicted sex offenders. It is kept electronically as part of the infrastructure of the Department of Justice and Constitutional Development and the courts, in a manner that allows information to be forwarded from the Registrars of the High Courts and clerks of court.





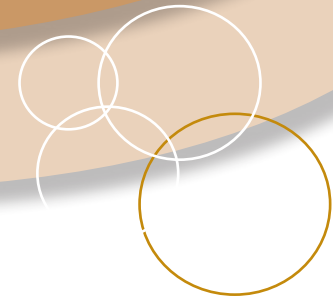
- iv. The Bana Pele ECD registration drive was launched, aiming to bring every ECD programme into the regulatory net and to support ECD programmes across communities in complying with legal requirements, taking into account the different contexts in which they operate.
- v. A custom-developed admissions and release system is used for the administrative functions relating to detained inmates of all ages, including children aged 14-17.
- vi. The Integrated Inmate Management System (IIMS), which introduces biometric identification technology to support a digital and integrated criminal justice system, is administered to enable interfacing between departments through the IJS hub, allowing information to be shared with other cluster departments on selected areas based on developed agreements.
- vii. Biometric technologies are used to precisely identify inmates, track reoffending behaviour, and assess the effectiveness of correctional programmes in successfully reintegrating offenders into their communities after sentencing. The e-Corrections system serves as an endpoint integration tool for all information exchange between internal and external systems.
- viii. Electronic information management systems, such as the Crime Administration System, the Integrated Case Docket Management System, and the Operational Monitoring System, provide required data.
- ix. The CAS/ICDMS system is linked with the Probation Case Management System, which created a computerised notification system for probation officers to track and process children through the child justice system.
- x. The National Population Register (NPR) provides a permanent record of identities, including births, marriages and deaths, which is crucial for accessing rights and services.
- xi. In accordance with section 9(1)(a)(vi) of the Customary Initiation Act, the National Initiation Oversight Committee (NIOC) is mandated to keep comprehensive statistics on initiation practices. The NIOC must also develop and maintain a central database, through the Department of Traditional Affairs, comprising statistics on initiation compiled from reports submitted by Provincial Initiation Coordinating Committees (PICCs), records of inspections and investigations, and reports on incidents of abuse, deaths, or illegal initiation schools. In collaboration with relevant oversight structures, the Department continues to explore ways to strengthen data collection so that reporting on customary initiation is progressively aligned with these principles.
- xii. SOCPEN is the South African Social Security Agency's administrative database, used to register, manage and pay social grants monthly, and to collect data on grant beneficiaries.
- xiii. The Register on Adoptable Children and Prospective Adoptive Parents (RACAP) is used to collect data on adoptable children and prospective adoptive parents, disaggregated by race, sex, age, disability, geographical location and national origin.
- xiv. The International Social Services (ISS) manual register is used to collect data on unaccompanied and separated migrant children, disaggregated by national origin.
- xv. The District Health Information System (DHIS) is the National Department of Health's primary, routine data system for tracking public health service delivery. It operates as an electronic platform to collect, analyse and report on health data in order to improve, monitor and evaluate health outcomes.





- xvi.** The DBE has established an integrated Education Management Information System (EMIS) to ensure the systematic collection, management and reporting of reliable, learner-level data. The South African School Administration and Management System (SA-SAMS) is the single source of school-level data for reporting by public schools. It is a fully integrated electronic school administration and data management system developed and maintained by the DBE and provided to schools at no cost. The system is updated quarterly to align with new legislation, policies, and reporting requirements. It supports the day-to-day administration of schools while serving as the primary source of education data.





PART 03

Definition of a Child (Art. 2)

South Africa conforms with article 2 of the Charter concerning the definition of the child. In South African law, a child is legally defined as a person under the age of 18. This definition is consistent across legislation, including the Constitution (1996) and the Children's Act (2005), and is aligned with both the UNCRC and the ACRWC.

3.1 Child marriages

South Africa is in the process of introducing legislation to end child marriages entirely by aligning the Children's Act with the country's marriage laws to set the minimum age of marriage at 18. The Marriage Bill, gazetted in September 2025, is currently the subject of national public hearings in Parliament. Key provisions of the Bill include prohibiting child marriage by setting the minimum legal age for marriage at 18 and criminalising the facilitation or solemnisation of marriages involving minors.

The Committee therefore encourages the State Party to prohibit child marriage and set the minimum age for all types of marriage at 18, without exceptions.



PART 04



General Principles (Arts. 3, 4, 5 and 26)

4.1 Non-discrimination (Arts. 3 and 26)

4.1.1 *Measures taken to prevent discrimination and to ensure equal and full enjoyment of the rights and freedoms recognised and guaranteed in the Charter.*

South Africa's Constitution prohibits unfair discrimination on various grounds, including race, gender, age, disability, sexual orientation, religion and culture. To give effect to this, the country has developed further policies and legislation aimed at ensuring no person is discriminated against on any ground. The Children's Act 38 of 2005 ensures the universal application of this principle, stating clearly that it applies to all children in the Republic, including refugee or undocumented children. This is reinforced in the Children's Amendment Bill (2025), which strengthens protection of children from unfair discrimination by aligning the Act with other legislation, such as the Child Justice Act, and strengthens protection measures for unaccompanied migrant children to ensure effective access to child care and protection services. The BELA Act reinforces that public schools cannot refuse a learner's admission based on a lack of documentation, such as birth certificates or permits, safeguarding the constitutional right to basic education, and gives provincial departments the authority to decide on learner admissions in public schools. Government also implements the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA, 2000), so that special measures are adopted to overcome barriers and ensure that all people with disabilities, including children, have meaningful access to their rights.

In practice, this principle ensures children have full access to survival, protection, development and participation measures provided through the country's laws, policies and public services. This is clear in the following areas:

- i. Implementing legislation to promote the rights of persons with disabilities by adopting special measures to overcome barriers and ensure meaningful access to rights for all people with disabilities, including children. Government continuously strengthens measures to ensure children with disabilities can access quality education, health care, social security and child protection services. This is achieved through measures such as ensuring access to buildings, providing medical and psychosocial support, reasonable accommodations, platforms for their right to be heard, strengthened participation in government programmes, sign language interpretation where needed, and braille documents to ensure access to information.



- ii. Ensuring all children in the Republic can access child protection services, including prevention and early intervention services, irrespective of nationality, socioeconomic status, gender, disability, religion, sexual orientation or any other factor.
- iii. Ensuring children with special needs are not discriminated against during the adoption process. This is emphasised in adoption training provided to social workers, and in campaigns raising community awareness of adoption services, to ensure adoptable children, their biological families and prospective adoptive families are not discriminated against during adoption. Prospective adoptive parents should also be recruited in line with the profile of children available for adoption, including those with disabilities or special needs, who equally require appropriate services and permanent homes.

The Committee recommends that the State Party place strong focus on the eradication of structural inequalities and discrimination in all legislative, policy and programmatic measures

4.1.2 *Sensitisation initiatives in schools and communities to empower citizens about the laws*

The country continues to sensitise communities about laws relating to non-discrimination, aiming to promote acceptance, humanity, respect and tolerance for diversity, through initiatives such as:

- i. Media awareness campaigns, workshops, information sessions, stakeholder engagements, community outreach programmes and dialogues, alongside capacity-building for officials.
- ii. Producing key messages and disseminating them through various media platforms to educate the public about the laws and improve their knowledge of accessing required services.
- iii. Information sessions, stakeholder engagements and workshops to raise awareness of the use of Equality Courts, aiming to promote equality and prevent unfair discrimination, harassment and hate speech.
- iv. Anti-xenophobia campaigns were conducted with communities, in collaboration with various stakeholders, aiming to change attitudes and behaviours and build a socially cohesive society.
- v. Awareness-raising on the National Action Plan to Combat Racism, Racial Discrimination, Xenophobia and Related Intolerance (NAP) was conducted through social media, radio interviews in several of the eleven official languages, and school visits during assemblies around Gauteng.
- vi. Strategic dialogues were held to raise public awareness of the prohibition of discrimination and to promote tolerance and respect for diversity, focusing on social transformation, fostering social cohesion, and building an inclusive and united society free of exclusion and separateness.
- vii. Radio interviews promoted Anti-Racism Week and the commemoration of the International Day for the Elimination of Racial Discrimination in March, marked nationally as Human Rights Day to honour the 1960 Sharpeville Massacre, when police killed 69 people during a protest against apartheid pass laws.
- viii. Child Protection Week is commemorated annually to strengthen child protection measures by intensifying awareness-raising, information-sharing and community education on issues affecting children. This involves an intensive preparatory process and dialogues with children and communities to deepen education and awareness of government policies and legislation.





- ix. The 365-Day Child Protection Programme continues to address issues affecting children, such as violence, abuse, neglect and exploitation, some of which may be linked to societal stereotypes based on nationality, disability or sexual orientation. The programme calls on children, parents, caregivers, families, communities, government and non-governmental organisations to build and strengthen child protection safety nets to better safeguard children.
- x. Community Policing Indabas are held to enhance participation by communities and other stakeholders in crime prevention through multidisciplinary collaboration.
- xi. Government implements an annual campaign for Disability Rights Awareness Month to raise awareness of the rights of people with disabilities, fight stigma and promote full inclusivity across communities, culminating in the International Day of Persons with Disabilities, which aims to accelerate the implementation of inclusive policies.
- xii. Government also holds forums with stakeholders working with persons with disabilities to deepen education and awareness of their rights and ensures national disability stakeholder engagements are held to raise awareness of accessibility and inclusivity in policing persons with disabilities.
- xiii. In relation to Gender-Based Violence and Femicide (GBVF), a stakeholder consultation session was held to inform SAPS training curricula, ensuring their relevance to GBVF-related cases and reducing barriers to reporting sexual offences and domestic violence.
- xiv. An LGBTQI+ consultation session was held on 27 March 2024 to inform the SAPS LGBTQI+ Standard Operating Procedure, enabling members to provide a professional, non-marginalising and non-judgemental service to LGBTQIA+ victims, perpetrators, and their families, friends and support networks.
- xv. Robust advocacy campaigns focused on violence prevention are regularly conducted, educating and empowering communities about the laws governing school safety and their implications.
- xvi. Communities are consistently encouraged to play an active role in supporting schools by safeguarding infrastructure and resources, participating in school activities and events, and contributing to the well-being and prosperity of school communities. Through this collaborative approach, government fosters a safe, supportive and inclusive environment that promotes the holistic development of all learners.

The Committee recommends that the State Party conduct sensitisation initiatives in schools and communities to empower citizens about the laws.

4.2 Best interests of the child (art. 4)

South Africa's legal and policy framework for children's rights is extensive. The Constitution enshrines children's rights to care, shelter, basic nutrition and protection, and elevates the "best interests of the child" principle. The Children's Act 38 of 2005 operationalises these rights, creating duties for the state to provide services and protection, and guides courts and legal professionals in decisions affecting children by requiring that a child's overall well-being be prioritised. The Child Justice Act likewise emphasises the best-interests principle by prioritising rehabilitation, restorative justice and diversion from formal criminal proceedings, treats detention as a last resort, and requires child-specific procedures that take the child's background and individual needs into account.





The National Child Care and Protection Policy (2019) set out a continuum of services for prevention, intervention and care, requiring collaboration across health, education, justice, policing and social development. The National Integrated Early Childhood Development Policy (2015) further institutionalises an interdepartmental approach to early learning, health and nutrition for young children.

In practice, the best interests of the child are paramount in every adoption and override any other principle. During the adoption process, the child's best interests are considered through in-depth adoptability assessments and investigations to determine whether the child is adoptable. The matching and placement of a child with prospective adoptive parents, and the adoption itself, proceed only if in the child's best interests, as provided for in the Children's Act.

Government ensures child care and protection services are provided in line with this principle, including through investigations, assessments, and interviews with children and affected parties, while exploring all avenues to ensure interventions and response services benefit the child. This principle is also critical where parents separate and parental responsibilities and rights agreements or parenting plans must be drafted; in this process, children's views are of utmost importance, and proper assessments and interviews with children are conducted.

4.2.1 *Review of emergency-related policies, legislation to align with the best interests of the child principle*

South Africa has officially classified Gender-Based Violence and Femicide (GBVF) as a national disaster under section 23 of the Disaster Management Act, to intensify the country's response. This follows a reassessment of updated reports from state organs and civil society organisations, which found that ongoing violence poses persistent and immediate life-safety risks meeting the threshold of a potential disaster. The classification places GBVF at the highest level of national priority, signals the urgency of strengthening prevention, protection and response measures nationwide, and compels a whole-of-society effort to reduce risks and protect vulnerable individuals.

The classification strengthens existing systems and draws all organs of state together in the fight against GBVF, aiming to ensure accountability and effective monitoring. It is envisaged that the national disaster classification will strengthen initiatives already under way to combat GBVF.

The Committee recommends the State Party reviews all emergency-related policies, legislation and administrative actions to be aligned with this principle

4.3 The right to life, survival and development (art. 5)

4.3.1 *Measures taken to ensure that every child has an inherent right to life and that this right is protected by law*

To protect children's right to survival and basic needs, government reaffirms its commitment to improving living conditions for all children by addressing the underlying social and economic deprivation and inequality they face. Central to this is the recognition that access to adequate, safe and affordable housing is a fundamental determinant of children's well-being. Government is implementing housing programmes that prioritise vulnerable households with children, including upgrading informal settlements, providing emergency housing in disaster-affected areas, and





allocating subsidised housing through the national human settlement's framework. Efforts are also under way to integrate housing projects with basic services, ECD facilities, schools, clinics and safe recreational spaces to support children's holistic development. The Child Support Grant continues to help low-income families meet their children's basic needs, including shelter, and government is strengthening intergovernmental coordination to align housing policies with child-sensitive planning and inclusive urban development.

4.3.2 National Food and Nutrition Plan (2018–2023)

The evaluation of the National Food and Nutrition Security Plan found limited progress towards its intended outcomes, with only a small proportion of impact and strategic targets met, due to weak coordination, inadequate funding, limited data availability, and the non-establishment of the National Council on Food and Nutrition Security. The Plan's departmentalised, top-down design has reinforced siloed implementation, hindering multisectoral collaboration and meaningful engagement with non-state actors. To strengthen future implementation, the evaluation underscores the need for high-level political commitment, coherent institutional arrangements, sustainable financing mechanisms, and a unified monitoring and evaluation framework.

The Committee recommends for the State Party to adequately monitor the implementation of the National Food and Nutrition Plan (2018-2023) and report on its effectiveness during its next report.

4.3.3 School nutrition programmes

Through the National School Nutrition Programme (NSNP), nutritious lunches continue to be provided to 9,7 million learners on all school days. All provinces have introduced breakfast porridge in primary schools, with breakfast in secondary schools to be phased in progressively; learners in quintiles 1–3 are prioritised.

The Committee, recommends for the State Party to strengthen school nutrition programmes and expand feeding programmes to children in vulnerable situations and children living in the rural areas

4.4 Respect for the views of the child (art. 4)

4.4.1 Implementing the principle of respect for the views of the child in judicial and administrative proceedings affecting a child who is capable of communicating his or her own views

The country's national legislation promotes children's voice and decision-making capacity in critical life choices affecting them. Under legislation such as the Children's Act, courts making decisions about children – for example, in divorce, adoption or care proceedings – must take children's views seriously. Children have the right to participate and express their views, which must be given due consideration, and where parents make informal or formal agreements about parental responsibilities and rights, children's views should likewise be considered.

Section 10 of the Children's Act provides for children's right to participate in matters affecting them, ensuring they can participate in any such matter and that their views are given due consideration. Section 233(1)(c) of the Act further provides for children to consent to adoption if the child is 10 or older, or under 10 but of sufficient age, maturity and stage of development





to understand the implications of such consent. To implement this, children are given the opportunity to participate effectively in the adoption process through counselling, so they can make an informed decision when consenting to their adoption; the legal implications of consent are explained, and they are able to express their views, opinions and experiences. Post-adoption agreements may not be entered into without the child's consent.

Children's views are considered in divorce proceedings to ensure decisions serve their best interests, with the weight given to their opinions and preferences depending on their age and maturity. The Office of the Family Advocate plays a critical role in empowering children to participate, through interviews with Family Counsellors (social workers), who capture the child's views in a report forming part of the Family Advocate's report to the court. Courts must also have regard to the "ascertainable wishes and feelings of the child concerned" when making decisions.

The right to participation, as a fundamental right, requires the inclusion and engagement of adults, whether as individuals or through governmental, public and non-public institutions, organisations and community groups whose work directly or indirectly affects children's lives. This right is realised through dialogue and the free exchange of opinions, in which children express their views and assume responsibilities.

To promote meaningful and empowered participation, Representative Councils of Learners (RCLs) have been established in accordance with the South African Schools Act. These councils give learners a voice in matters affecting them, while helping them understand and support school governance. Through RCLs, a child participation model is realised that fosters active involvement and decision-making among learners, ensuring they are not only heard but also equipped to contribute meaningfully to democratic processes within their schools.

As part of national preparatory workshops ahead of the 1st Global Ministerial Conference on Ending Violence Against Children, held in Bogotá in November 2024, children from all provinces of South Africa gathered in September 2024 to deliberate on issues affecting them. An action plan was compiled and submitted for consideration in the South African pledge presented by the Minister of Social Development at the Conference.

Government, in partnership with the Nelson Mandela Children's Fund, hosted a successful Africa Children's Summit in early April 2025. The Summit brought together more than 300 children from 13 African countries in person, with over 1 000 more participating virtually. The children developed an Outcome Statement, which was subsequently shared with the African Committee of Experts on the Rights and Welfare of the Child.

South Africa's National Science Festival takes place annually in Grahamstown, bringing scientists from across all nine provinces to learners, educators and communities who cannot afford to attend or otherwise lack access to the science world. The platform allows government to reach rural learners and educators to teach them about climate change, including through the online My2050 Calculator tool, with an offline version distributed to learners without internet access.

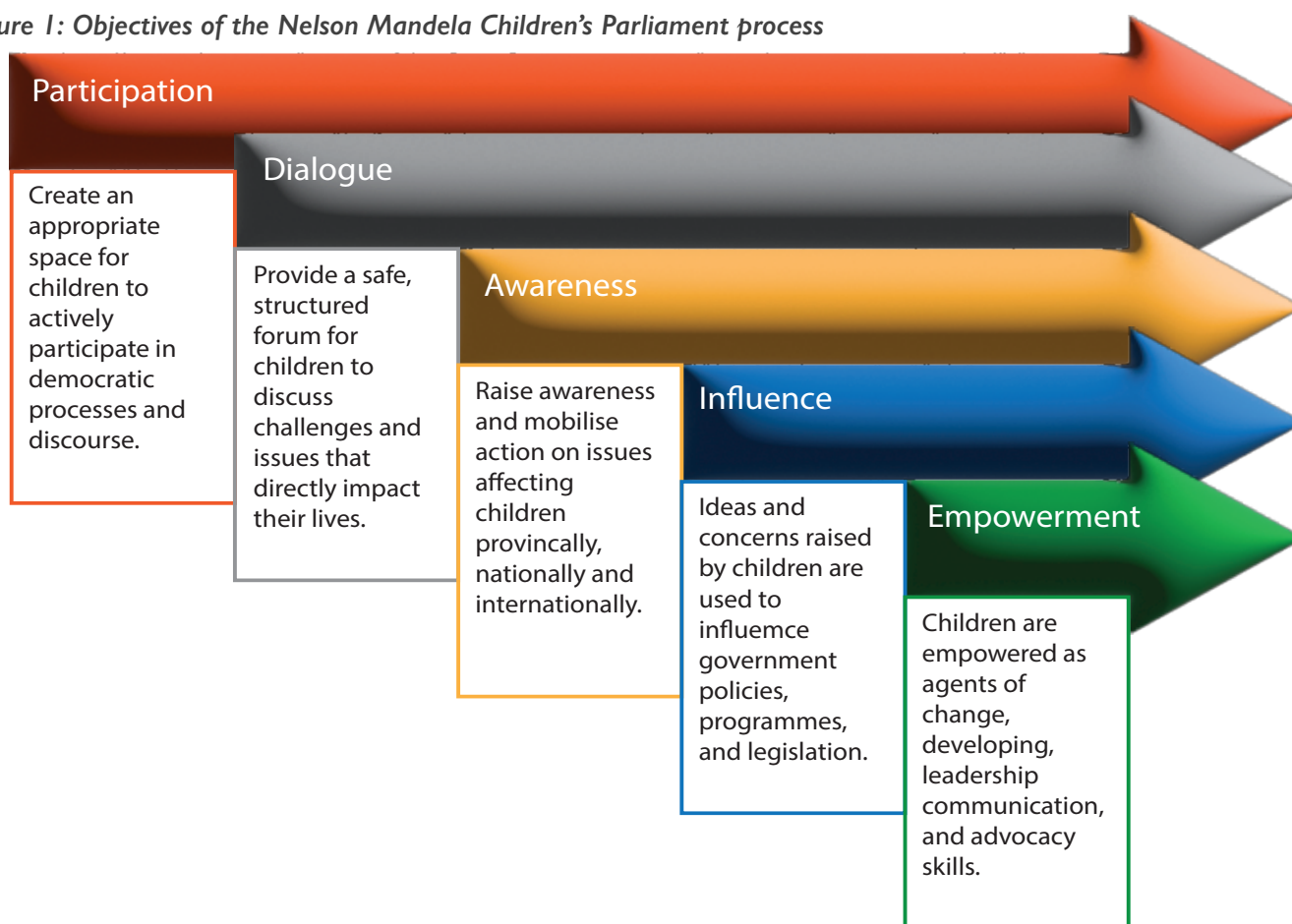


4.4.2 Participation of the child

Nelson Mandela Children's Parliament

Government, in partnership with the Nelson Mandela Children's Fund, Save the Children SA and UNICEF, has played a leading role since the Children's Parliament's inauguration in 2011 in ensuring children have the opportunity to voice their concerns. The Children's Parliament is a formal structure for child participation that ensures children's views are expressed and given due weight in collective decision-making. Over the past decade, the NMCP has empowered children to actively participate in decision-making, advocate for their rights, claim their rights from duty-bearers, and collaborate with policymakers to create inclusive and sustainable solutions for South Africa.

Figure 1: Objectives of the Nelson Mandela Children's Parliament process

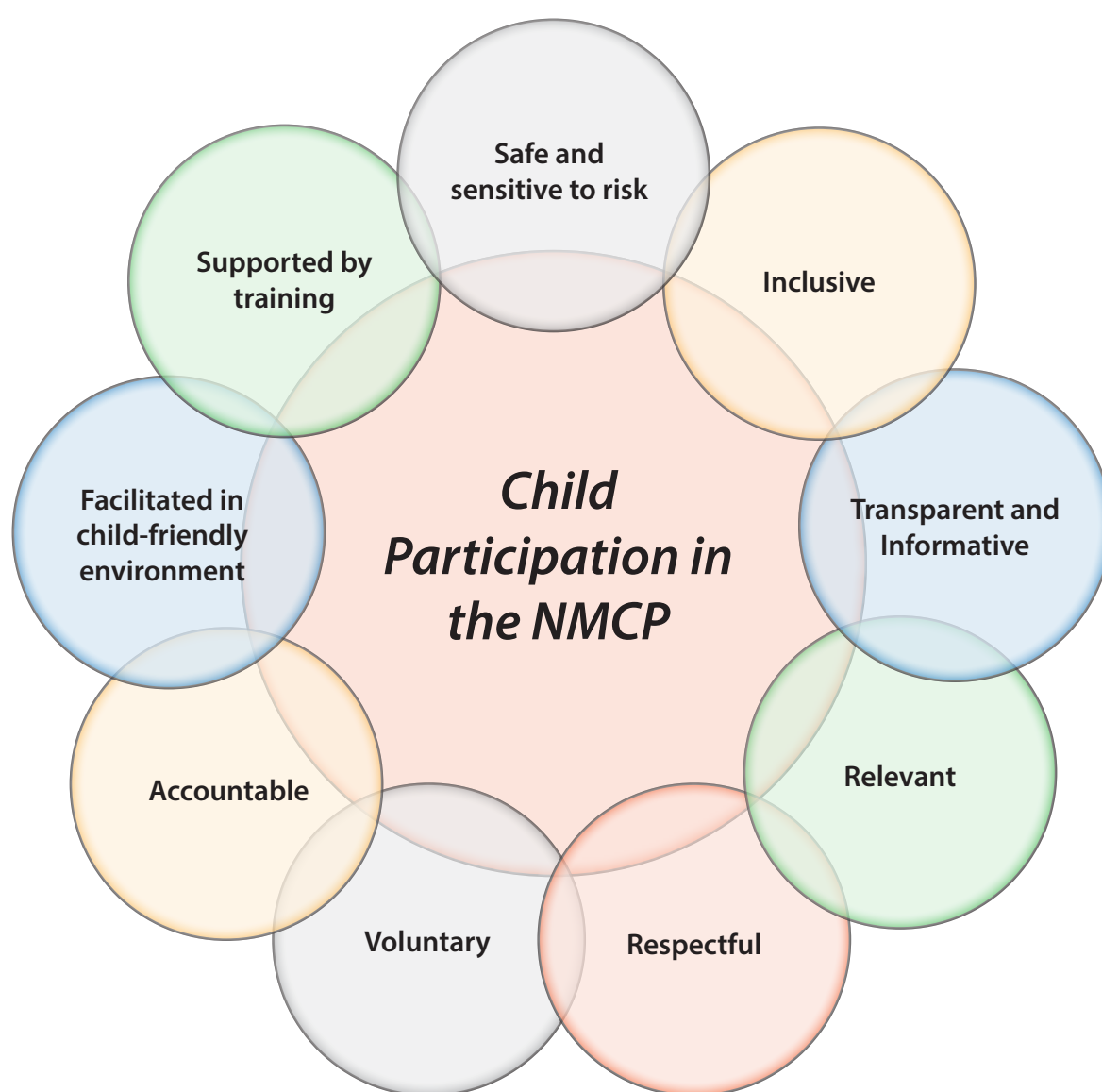


The 12th Nelson Mandela Children's Parliament convened on 9 October 2025 in Cape Town, Western Cape, under the theme "Amplifying the voices of children in planning and budgeting for children's rights".

As a concept, the Children's Parliament is valuable for child development, promoting leadership, encouraging advocacy, and building democratic skills while boosting children's self-confidence and civic responsibility. The NMCP provides a well-established platform for South African children to discuss the country's most urgent development issues, express their concerns and influence policies affecting them through their engagement, leading to more inclusive and effective governance. The process leading up to each sitting demonstrates children's analytical ability to assess the conditions affecting their rights and their confidence in articulating these clearly.

The Children's Parliament follows a preparatory process starting at provincial level, geared towards democratically electing provincial representatives. Child participation principles are applied throughout the processes leading up to each Parliament, including the 2025 sitting.

Figure 2: Principles underpinning child participation in the Children's Parliament





Children are selected for the NMCP at provincial level through election by their peers during provincial preparatory sessions, following guidelines that ensure fair representation from diverse communities. Provinces organise these sessions, with national stakeholders present to guide the selection process and ensure compliance with equity criteria. The process follows certain criteria to ensure equitable and inclusive representation, including:

- i. Gender equitable representation of girls and boys.
- ii. Equitable representation of children with disabilities.
- iii. Representation of LGBTQI+ children.
- iv. Representation from all the districts of each province.
- v. Equitable representation of race/ethnicity based on the unique demographic profile of each province.
- vi. Representation of children from differing socio-economic backgrounds.

In 2025, the nine provincial preparatory workshops were facilitated and led by children, with support from provincial officials. These adult intermediaries were encouraged to work with at least two former provincial child ambassadors to help facilitate the workshops; these could be executive members or former child parliamentarians, depending on availability. This ensured alignment with child participation principles while empowering provincial child delegates and provided continuity of knowledge and experience across each iteration of the NMCP. Applicants were required to be willing to represent other children's views in their communities and act as a bridge between peers and duty-bearers, to share insights and learnings with peers afterwards through feedback sessions, school engagements or local platforms, and to demonstrate respect, teamwork and ethical behaviour as essential traits for participation in a diverse and inclusive environment.

Each province had a minimum of 30 children participating in the provincial workshops. At the provincial sitting, five new child representatives, including a new provincial ambassador, were selected per province to serve at the national parliament, joined by the former ambassador and/or executive members. In line with the District Development Model, children were selected from all districts and a metro in each province to ensure equal geographic and urban/rural representation – crucial to ensuring children from all districts can participate in the NMCP and are equipped to advocate for children's rights in their districts, recognising that each district or community has different needs.

The primary purpose of the provincial preparatory workshops was to ensure selected participants were adequately prepared for the provincial sitting and, ultimately, the national parliament, equipping them with the knowledge, understanding and skills to fulfil their mandate: receiving feedback from duty-bearers on thematic issues and speaking out on pressing issues affecting them. The 2025 NMCP in Cape Town gave children from all nine provinces the opportunity to speak on an agreed set of challenges they face, and to offer practical suggestions for addressing them. The nine provincial groupings reached consensus on five overarching themes for the national gathering: substance abuse, climate change, child safety and protection, comprehensive sexuality education (teenage pregnancy and mental health), and child participation.

Government has strengthened measures to build the capacity of child ambassadors. An induction workshop for newly elected ambassadors equipped them with the skills and knowledge to become influential leaders and advocates for children's rights, especially in their provinces.





This is critical, as previous ambassadors were not always fully supported in performing their roles and had raised ongoing concerns about confusion over their roles and responsibilities, repeatedly calling on government to provide better support so they could carry out their roles effectively.

Government also uses platforms such as child rights advocacy programmes to keep children updated on progress made on NMCP resolutions, as well as challenges and proposed interventions.

The Committee encourages the State Party to continue its efforts in ensuring the meaningful participation of children through the NMCP, provide regular updates to the children on commitments made during the NMCP proceedings, maximise provincial mechanisms for child participation in the Parliament and ensure that the Parliament plays its intended role in boosting child participation in policy and law development.



PART 05



Civil Rights and Freedoms (Arts. 6–10 and 16)

5.1 Name and nationality (art. 6)

5.1.1 *Mechanisms in place to ensure that all children are registered immediately after birth*

Under the law, a child's birth must be registered within 30 days. To help ensure this, the Department of Home Affairs has opened offices in some hospitals and health facilities nationwide, so parents can register their child's birth immediately; parents are encouraged not to leave a hospital or health facility without registering the birth and receiving a birth certificate. The country currently has 348 offices nationwide, 391 health facilities, and 220 mobile offices where births can be registered, in addition to 116 South African missions abroad.

5.1.2 *Role of faith-based organisations and traditional structures of governance in birth registration*

In addition to the measures described in the previous report, government continues to conduct regular public awareness campaigns through the media, faith-based organisations, ward councillors and traditional leaders.

5.1.3 *Measures taken to remove social, economic and cultural barriers that hinder the registration of children immediately after birth*

To ensure accessibility, the 391 health facilities enable parents to register their children shortly after birth, before discharge from hospital. Parents can also register children at any of the 348 offices nationwide, or at any of the 220 mobile offices established to bring services closer to communities, or at any of the country's 116 missions abroad. The birth registration process allows for the registration of children born both within and outside wedlock.

5.1.4 *Measures taken to ensure that children who are not registered immediately after birth are registered soon thereafter and/or without unreasonable delay*

Under the Births and Deaths Registration Act, all births must be registered within 30 days; registration after this period is considered late and is processed accordingly by the Department of Home Affairs, overseen by office, district and provincial managers. The country's 116 missions abroad also take applications for children not registered within 30 days.





5.1.5 *Whether its laws recognise the principles according to which a child acquires nationality of the state in the territory of which he or she has been born.*

In line with the Births and Deaths Registration Act, South African citizenship may be granted by way of:

- i. Being born to a South African parent, inside or outside the country: such a child is South African by birth, provided the birth is registered in accordance with South African law.
- ii. Being born to non-South African parents but adopted by South African parents: such a child is a citizen by descent.
- iii. An application for naturalisation as a South African citizen.
- iv. Registration of the birth of children born outside South Africa to South African fathers or mothers.
- v. An application for exemption; and
- vi. The South African Citizenship Amendment Act, 2010 (Act 17 of 2010) ensures, among other things, that a child born in South Africa to non-South African parents may apply for naturalisation at age 18. While minors, such children retain their parents' citizenship, with no claim to South African citizenship.

5.1.6 *DNA test requirement for birth registration purpose*

Birth registrations completed within 30 days do not require DNA tests. This requirement was introduced to protect the integrity of the National Population Register, and the Department of Home Affairs conducts public awareness campaigns to encourage parents to register their children within 30 days.

The Committee recommends that the State Party consider other forms of proving paternity for the purposes of birth registration, including court orders recognising paternity.

5.1.6 *Birth registration for orphaned and abandoned children*

Birth registration of abandoned and orphaned children is governed by section 12 of the Births and Deaths Registration Act, with a social worker acting as informant on the child's behalf. Regarding the waiving of fees, the country informs the Committee that birth registration is free of charge when completed within 30 days of birth.

The Committee recommends that the State Party addresses impediments whereby the local offices require social workers to find parents and bring them to the office to participate in the registration process by enforcing the BDR Act, putting in place policies to allow social workers to be prioritised at the local offices where they are acting on behalf of children in need of care and protection, and waiving all fees connected to such cases.





5.1.7 Capacity building for birth registration officials

The Department of Home Affairs' Learning Academy provides civic services training rolled out to front offices where birth registration applications are taken. Between 2021 and 2025, a total of 2 477 officials were capacitated on policies and legislation relating to birth registration. The training targets frontline officials, supervisors and managers, equipping them on early and late birth registration and applicable legislation (the Births and Deaths Registration Act 51 of 1992) and standard operating procedures.

The Committee recommends that the State Party conducts regular capacity strengthening of officials at the registry offices should be conducted to ensure that they are aware of the legislative provisions relating to the birth registration of children.

5.1.8 Enforcement of court orders related to birth registration

Court orders are implemented in a manner that ensures legal requirements are followed and that the Births and Deaths Registration Act is complied with.

The Committee recommends the State Party ensure compliance with all court rulings, amend the BDR Act and other relevant laws and enact supporting regulations to strengthen the rights of all children to birth registration, identity documents and nationality.

5.1.9 Stateless children

Registration of children is carried out in adherence to and compliance with the Births and Deaths Registration Act.

The Committee urges the State Party to ensure that there is regulation facilitating the implementation of the relevant Sections of the Citizenship Act, which provides application platforms enabling every stateless child to apply for citizenship.

5.1.10 ID applications for children aged 16 and blocked identification documents for parents

In compliance with the Act, the Department of Home Affairs makes provision for instances where parents are unavailable; in such cases, informants may assist children in applying for IDs.

The State Party is urged to ensure that IDs are issued to children at 16 years of age as required by law without any hindrance.

5.1.11 Enforcement of existing policies and laws through the publication of circulars

Regular updates and circulars on existing laws and policies are published, and Home Affairs officials are regularly trained on lawful administrative processes through the Learning Academy.

The Committee urges the State Party to take measures to enforce existing policies and laws through the publication of circulars directing lawful administrative processes and designing training programmes for various stakeholders.





5.2 Freedom of expression (art. 7)

In South Africa, children capable of forming their own views are guaranteed the right to express and disseminate their opinions freely in all matters. Section 16 of the Constitution guarantees everyone the right to freedom of expression, including the freedom to receive and impart information, and the Children's Act upholds children's right to participate in all matters affecting them in line with their age, maturity and stage of development, ensuring their views are given due consideration. As a democratic country, South Africa recognises the following principles regarding children's right to freedom of expression:

- i. The right of children to express and receive information – this can be done verbally, in writing or using any other means of communication.
- ii. Right to participate in all matters affecting them including on policies and legislation.
- iii. The right to be heard, ensuring children's voices are taken into account in families, schools, communities and government.
- iv. Respect for the views of the child, allowing children the opportunity to thrive and demonstrate their capabilities under the necessary guidance of parents, caregivers, guardians and other relevant stakeholders.

To help children express their views across various platforms, government continuously engages with children on matters affecting them through dialogues, including consultations on government programmes, policies and legislation. Platforms such as the Learner Representative Councils, Children's Commissioner, SAPS Junior Commissioners and the Nelson Mandela Children's Parliament have also been established to strengthen child participation in the country.

5.3 Freedom of association (art. 8)

Everyone in the country, including children, has the right to freedom of association, as guaranteed by the Constitution.

5.4 Freedom of thought, conscience and religion (art. 9)

Children enjoy the right to freedom of thought, conscience and religion, as guaranteed by the Constitution.

5.5 Protection of privacy (art. 10)

Measures taken to ensure children are not subjected to arbitrary or unlawful interference with their privacy.

Government emphasises the importance of protecting children's privacy, both online and offline, and remains committed to safeguarding children from exploitation, abuse and any form of harm, including the misuse of their personal information on digital platforms.

In line with the Children's Act and applicable data protection laws, children's right to dignity, privacy and safety must always be upheld. The Protection of Personal Information Act and the Promotion of Access to Information Act regulate matters relating to the right to privacy, including children's right to privacy, and the Children's Amendment Bill proposes further amendments on children's privacy aligned with these two Acts.





In practice, children's records are kept confidential, and interviews take place in spaces that protect their privacy. Victims of intimate violence, such as sexual offences, domestic violence and child abuse, and other traumatised victims, are able to make statements privately, to promote unhindered communication about their cases. Where no designated Victim-Friendly Rooms (VFRs) are available, alternative arrangements are made for private statement-taking; besides VFRs at police stations, VFRs at other facilities, such as contact points and Family Violence, Child Protection and Sexual Offences (FCS) offices, are also used.

5.5.1 Children's right to privacy in court proceedings

The recommendation is noted, and government will strengthen capacity among stakeholders and the media on protecting children's right to privacy in court proceedings.

The Committee recommends the State Party to conduct capacity-strengthening initiatives to educate stakeholders in the justice system as well as the media on the protection of children's right to privacy in court proceedings

5.5.2 Awareness raising on the protection of children's privacy and personal information online

Government continues to strengthen measures to educate citizens on protecting children's privacy through various media platforms and stakeholder engagement. To support this, the Information Regulator, as custodian of the Protection of Personal Information Act and the Promotion of Access to Information Act, was invited to build the sector's capacity on these two statutes. This was critical, as the NCCPF is a national platform for sharing information and capacitating the children's sector workforce; members of the NCCPF are, in turn, expected to disseminate this information and raise awareness in their communities.

The Committee recommends the State Party to disseminate information and conduct awareness-raising initiatives in collaboration with CSOs, targeting communities, stakeholders, businesses and the media to educate the citizens on the protection of children's privacy and personal information online.





PART 06

Protection Against Abuse and Torture (Art. 16)

6.1 Legislative, administrative, social and educational measures taken to protect children from all forms of torture, inhuman or degrading treatment.

Legislative level

The Children's Act and the National Child Care and Protection Policy emphasise the need for children to be raised in a stable family environment, or, where this is not possible, in an environment resembling one as closely as possible. They also emphasise the need to protect children from physical or psychological harm, and prohibit maltreatment, abuse, neglect, exploitation or degradation; exposing a child to violence, exploitation or other harmful behaviour; exposing a child to maltreatment or violence directed at another person; and family violence involving the child or a family member.

To ensure cases involving children are effectively reported, the Children's Act requires reporting of abused or neglected children and children in need of care and protection. Section 110(1) requires anyone who, on reasonable grounds, concludes that a child has been physically injured, sexually abused or deliberately neglected to report this to a designated child protection organisation, the provincial department of social development, or a police official. The Act also allows anyone who reasonably believes a child is in need of care and protection to report this belief to the same bodies. Section 305(3) further provides that a parent, caregiver, guardian, or other person with parental responsibilities and rights in respect of a child is guilty of an offence if they abuse or deliberately neglect the child.

The White Paper on Families advocates for non-punitive, alternative disciplinary measures free of violence, by building parents' and caregivers' capacity to address children's unwarranted behaviour through parenting programmes and mediation as an alternative dispute resolution mechanism, including diversion programmes.

Section 2B of the Domestic Violence Act, 1998, was amended, and since 14 April 2023 places an obligation on any adult in South Africa who knows, believes or reasonably suspects that an act of domestic violence has been committed against a child, a person with a disability or an older person, to report this as soon as possible to a social worker or the South African Police Service. Failure to report is a punishable offence, and, as under the Criminal Law (Sexual Offences



and Related Matters) Amendment Act of 2007, whistle-blowers who report in good faith are protected. Under section 2B(3) of the Domestic Violence Act, a person making such a report is also entitled to confidentiality, unless the interests of justice require otherwise.

The National Strategy on Domestic Violence Court-Based Victim Support Services was developed in the 2023/24 financial year to provide a basket of support services for domestic violence survivors, aiming to eliminate attrition, secondary victimisation and re-traumatisation within the court system. This aligns with article 13 of the 2019 Presidential Summit Declaration against GBVF, which requires a victim-centric court system. During the 2024-2029 Medium-Term Development Plan period, 180 district courts will be upgraded to meet the minimum standards of the Strategy, providing a service model tailored to domestic violence victims.

On 31 July 2022, the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2021 (Act No. 13 of 2021) came into operation, introducing the following changes:¹

- a. National Register for Sex Offenders (NRSO): the particulars of every convicted sex offender are now entered into the Register, whereas previously only offenders convicted of sex crimes against children and persons with mental disabilities were included.
- b. Any registered sex offender is prohibited from being employed in a manner that places them in a position to work with or have authority or supervision over or care of persons who are vulnerable.
- c. A vulnerable person is defined by the Act to include a child, a person with mental disabilities, a female under 25 receiving tuition at a higher education institution, a person receiving sheltering services, a person with a physical, intellectual or sensory disability receiving community-based care and support, and an older person receiving community-based care and support other than from a family member. This broadened definition has expanded the range of persons entitled to protection under the NRSO.
- d. The Act still prohibits removing a registered sex offender's particulars from the Register if that person is sentenced to 18 months' imprisonment or more or is a repeat sex offender.
- e. Access to the Register: since 31 July 2022, any person may apply, in the prescribed form, to the Registrar to determine whether a person's particulars have been included in the Register.
- f. Tougher sentences: the Amendment Act empowers courts to impose life imprisonment on persons convicted of child murder, murder in domestic relationships (e.g. femicide), attempted murder related to GBV, rape or compelled rape, child rape, gang rape and serial rape, among others.
- g. New offences were also introduced: sexual intimidation, where a person unlawfully and intentionally utters or conveys a threat that creates a reasonable belief of imminent harm that a sexual offence will be committed against the complainant or a family member or close associate, is now a crime, punishable as if the sexual offence itself had been committed. Since 31 July 2022, threats of sexual violence therefore amount to a criminal offence.
- h. The definition of incest was extended to help curb child pregnancies: it now includes sexual violation between two people where one is a child, and the act was of a nature that made it reprehensible for the adult to have acted as they did in the circumstances. The perpetrator is charged with incest regardless of mutual consent, with the amendment aimed at curbing teenage pregnancy within domestic relationships.

¹ All these amendments have been incorporated in the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No 32 of 2007)



No victim of gender-based violence should die or suffer further violence at the hands of an accused person released on bail. On 5 August 2022, the Criminal and Related Matters Amendment Act, 2021 (Act No. 12 of 2021) introduced the following measures to enhance victim safety and strengthen the victim-centric approach in court proceedings:

- a. Police may no longer release from custody persons accused of certain offences against someone with whom they have a domestic relationship, including violation of a domestic violence protection order, marital rape, and date rape.
- b. Police may also not grant police bail to persons in custody accused of murder or attempted murder, including where this arose from an act of domestic violence, such as femicide or domestic homicide.
- c. No police bail is granted in cases of rape or compelled rape involving, among others, a child victim, a victim with a disability, or a victim in a domestic relationship with the accused.
- d. No police bail is granted in cases of assault with intent to do grievous bodily harm against a child under 16, or a child of 16 or 17 where the accused is four years older, and where the victim is or was in a domestic relationship with the accused.
- e. During a bail application, the accused must now disclose not only previous convictions but also any existing interim, final, or pending domestic violence or harassment protection orders, and whether they were on correctional supervision or parole at the time of the alleged offence.
- f. When considering the interests of justice before granting bail, a court must determine the victim's safety, including factors such as any threats of violence or resentment shown by the accused towards the victim, and the accused's disposition to offend against anyone with whom they have a domestic relationship.
- g. When granting bail to an accused in a domestic relationship with the victim, the court must issue a protection order against the accused if none already exists.
- h. If an accused fails to observe any bail condition, the court will cancel bail, forfeit the bail money to the state and detain the accused until the case is finalised.
- i. A court may also cancel bail if it finds the accused failed to disclose, during the bail application, existing domestic violence or harassment protection order, or that they were on correctional supervision or parole at the time of the alleged offence.

Domestic Violence Act, 1998 (Act No. 116 of 1998): amendments that came into operation on 14 April 2023 enhance protection for persons in violent domestic relationships as follows:

- i. Mandatory reporting in domestic violence matters: Any adult has a legal obligation to report to a social worker or SAPS any knowledge, belief or suspicion of an act of domestic violence perpetrated against a child, a person with a disability or an older person. Failure to do so is a punishable offence.
- ii. The definition of domestic violence has been extended to include 'exposing a child to domestic violence' – where an abuser intentionally causes a child to see, hear or experience the effects of domestic violence. The law allows such a child to apply for a protection order, with or without the assistance of a guardian or third party, and to testify during proceedings with the assistance of an intermediary.



The White Paper on Safety and Security guides government departments in developing and aligning policies, strategies and operational plans to create safer communities. It provides an overarching policy framework for safety and crime and violence prevention, and supports the creation of a sustainable, well-resourced mechanism to coordinate, monitor, evaluate and report on crime prevention priorities across all sectors.

The Safer Cities Framework, providing an overarching strategy for a collaborative approach to strengthening safety and security in South Africa, was initiated, bringing together a broad range of stakeholders with the goal of achieving crime-free cities and towns and enhancing the economic status of targeted precincts.

The Community-in-Blue concept mobilises communities to work with police as “eyes and ears on the ground” and enhances police visibility, with community-in-blue patrollers recruited to support this. It aims to maximise the police footprint at local level without deploying additional officers, and to promote participatory policing so that communities take greater ownership of crime prevention.

The Traditional Policing Concept is implemented to enhance the role of traditional leaders and other relevant structures in fighting crime and ensuring a safe environment for all in South Africa.

Sector Policing is implemented as a community-centred policing approach to enhance service delivery, police responsiveness and community participation in crime prevention.

Administrative level

Classifying GBVF as a national disaster is a critical step to intensify South Africa’s response, underscoring the urgency of strengthening prevention, protection and response measures nationwide, and bringing all organs of state together in a collaborative effort to reduce risks and protect vulnerable individuals.

Government continues to strengthen measures to protect children from all forms of violence. To this end, South Africa made a pledge to end violence against children at the 1st Global Ministerial Conference on Ending Violence Against Children in Bogotá, which aimed to drive policy change, marshal resources and demonstrate that violence prevention is possible. South Africa’s commitments included:

- i. Parent and caregiver support: scaling up parenting programmes to prevent abuse, neglect and the use of physical punishment, and prohibiting reasonable chastisement as a form of discipline.
- ii. Safe environments: addressing safety at home, in schools, in communities and on digital platforms, including addressing online harms and enforcing the ban on corporal punishment in schools.
- iii. Response, care, support and healing: ensuring 24/7 availability and accessibility of psychosocial support for children and parents/caregivers who have experienced trauma.
- iv. Norms and values: addressing harmful cultural practices and patriarchal norms that normalise the abuse of children, by 2027.
- v. Child participation and community engagement;
- vi. Income and economic strengthening: increasing access to child support grants to reach all vulnerable children and upscaling the National School Nutrition Programme to address malnutrition and child hunger.

- vii.** Collaboration and coordination with SADC: strengthening collaboration with SADC and the wider continent to build child protection systems and promote and protect children's rights across Africa.

Through this commitment, the country has put measures in place to deliver on South Africa's commitment to keep children safe, including:

Continued implementation of the 365 Days Child Protection Programme of Action on ending violence against children, an ongoing programme that strengthens government's commitment to upholding children's constitutional rights to care and protection.

Implementing the intersectoral protocol on preventing and managing violence against children, and child abuse, neglect and exploitation.

Developing Pillar 7 of the National Strategic Plan on Gender-Based Violence and Femicide, which currently has six pillars. The proposed Pillar 7 is dedicated specifically to children, to ensure a single, fully resourced plan.

Implementation is further strengthened by the Minister's pledge made in Bogotá in November 2024, committing South Africa to seven breakthrough areas for ending violence against children by 2030. An intersectoral implementation plan has been developed to ensure delivery of national commitments by all key stakeholders in the child protection system, with monitoring in place.

Strengthening collaboration to ensure programmes are implemented jointly with partner departments, civil society organisations and international donors in child protection, bringing government and civil society together within their respective mandates to scale up interventions promoting and protecting children's rights, particularly the right to be protected from abuse, neglect, exploitation and degradation.

Since the Bogotá Conference, activities for November-December 2024, falling within the 16 Days of Activism for No Violence Against Women and Children, focused on the themes:

- i.** Involving men and boys in the fight against violence against women and children.
- ii.** Children: promoting norms and values and addressing digital harms that expose children to online violation, while promoting children's online safety.
- iii.** Harnessing technology and innovation to combat gender-based violence and accelerate a gender-inclusive digital economy

Furthermore, the following actions were taken to implement Government's pledge

- i.** The country conducted nationwide education and awareness programmes, including dialogues with men and boys addressing social norms that perpetuate violence, and encouraging men to seek help rather than resort to violence.
- ii.** A total of 33 981 beneficiaries, including children, parents, caregivers and community members, were reached nationally, with provinces implementing activities across districts to strengthen child protection services among key stakeholders.
- iii.** Topics covered included child abuse, child trafficking, the prevention of abandonment, and the availability of alternative care services, such as temporary safe care, foster care, child and youth care, and adoption, for parents and caregivers experiencing distress or unable to care for their children.



- iv. Programmes on teenage pregnancy, mental health, substance abuse, bullying, gangsterism and HIV/AIDS, focusing on life skills through social and behaviour change approaches, were conducted in schools.
- v. Continuation of the work of the Coordinating Structure on Online Safety, with progress reported by government departments and civil society organisations on protecting children's online safety.
- vi. A key milestone, achieved with UNICEF support, was building the capacity of social service practitioners and educators on online safety and responding to cases of online violation.
- vii. Education and awareness-raising for children, parents and caregivers on online safety, focusing on digital literacy.
- viii. Development of the Model National Response – a South African strategy for addressing online sexual exploitation and abuse of children, comprising six pillars for prevention and management – has been finalised and is in the approval process.
- ix. Continued upscaling of the 365 Days Child Protection Programme of Action on ending violence against children, under the theme “Working together in ending violence against children”, with sub-themes “Let us build a better future for our children” and “Creating a safe environment for our children”.
- x. This is a five-year theme linked to the global commitment made at the 1st Global Ministerial Conference on Ending Violence Against Children in Bogotá, November 2024, to end violence against children by 2030. It emphasises accelerating prevention and early intervention programmes, strengthening collaboration and coordination among key stakeholders, and promoting healing for victims through intensified services throughout the year.
- xi. As the country developed a draft implementation plan for the national commitments, the DSD has placed children's issues firmly on its Annual Performance Plan (2025/26), leading education and awareness programmes addressing the sexual abuse of children, including online sexual exploitation and abuse, and teenage pregnancy, with efforts directed at creating safe environments for children.

The Khuseleka One-Stop Centres provide support services to women and children who are victims of crime and violence, ensuring survivors receive appropriate care as they recover and rebuild their lives. Services include psychosocial support and trauma counselling, health care, police services, legal assistance, school placement for children, shelter services, and court preparation, among others. The name “Khuseleka” comes from the Zulu word for protection, and the centres' multisectoral approach is crucial to preventing and breaking the cycle of violence against women and children.²

Victim-friendly services at police stations, and functional Community Police Forums (CPFs) at nearly every station, foster a collaborative, consultative approach to policing that significantly enhances police responsiveness to GBV, builds active community engagement in crime prevention, and creates a safer, more supportive environment, particularly for victims of GBV. Victim-friendly facilities and services, including specialised GBV desks, have been rolled out at SAPS stations nationwide.³

² DSD annual report 2023-2024

³ SAPS annual report 2023/2024



Social and educational measures

In line with the National Strategic Plan on Gender-Based Violence and Femicide, capacity-building sessions were conducted for frontline workers from government departments and CSOs in hotspot districts across all provinces. Training on the Policy on Psychosocial Support Services to Victims of Violence and Crime is essential for equipping frontline workers to prevent secondary victimisation of GBV victims.

Government also invests in comprehensive sexuality education to reduce unintended pregnancies, including teenage pregnancy. The national rollout complements other initiatives such as ChommY and YOLO, with a focus on teenage pregnancy hotspot areas.

Dialogues with men form part of the prevention and social behaviour change programme, with participants including GBVF and anti-substance-abuse ambassadors who help strengthen prevention efforts.

Awareness campaigns educate learners, churches and communities on GBVF-related crimes, supported by braille booklets on sexual offences, domestic violence, older persons, children's rights and child justice.

School-based crime awareness engagements have been intensified to cover bullying, cyberbullying, substance use, dangerous weapons, sexual offences, xenophobia, occult-related crimes, gangsterism and the importance of reporting all forms of child abuse.

Through the Integrated Community Registration Outreach Programme, social and community services support GBV victims, raise awareness and assist with issues such as substance abuse, child protection, and social and behaviour change programmes.

6.2 In particular, the State Party should indicate whether it has outlawed corporal punishment in all settings.

Corporal punishment is strictly prohibited in all settings, including schools, homes and alternative care. A Constitutional Court judgment declared the common-law defence of reasonable chastisement unconstitutional, effectively banning corporal punishment of children by parents at home as a violation of the constitutional right to dignity and freedom from violence. The BELA Act reinforces the ban in schools and extends the definition of corporal punishment to include all forms of physical and psychological abuse. The DBE issues an annual circular reminding schools of the ban and is developing materials on positive discipline to equip teachers with skills for managing learner behaviour.





6.3 Violent behaviour in schools

Creating safer school environments is essential for learners' well-being and academic success. A safe, supportive environment promotes inclusivity, diversity, mental health and learner empowerment. To address school violence, the National School Safety Framework (NSSF) remains a key strategic response to violence, bullying and abuse, providing a management tool to help schools identify, record and respond to incidents. The Framework calls on all stakeholders – management, teachers, unions, parents, learners and communities – to work together to make schools safe, drug-free spaces where all learners can thrive.⁴

Government continues to work closely with community organisations to improve school safety. SAPS and the DBE have a protocol on preventing crime and violence in schools, and Police Liaison Officers conduct visits to address factors that make children vulnerable to crime; searches are conducted at the request of School Safety Committees or School Governing Bodies. Through this programme, crime prevention awareness on bullying, substance abuse, carrying dangerous weapons, and crime and violence more broadly is raised among learners, alongside education on GBVF-related crimes.

The DBE continues to run campaigns raising awareness of the impact of bullying and violence in schools, under the theme "School Safety, Violence and Bullying Prevention Initiative", in response to rising incidents nationally. Government, local municipalities and school communities have joined forces on this multi-sectoral, interdepartmental intervention, which continues to raise awareness of the ongoing impact of bullying and violence affecting the country's communities.

These programmes aim to empower school communities to promote safety and protection at all times, and to encourage schools and surrounding communities to take up the fight against violent and harmful behaviour and practices.

The Probation Services Act mandates programmes that proactively address the root causes of crime and prevent children from becoming involved in criminal activity, and promotes services aimed at preventing crime. The Act emphasises restorative justice programmes designed to resolve issues before they escalate into more serious problems.

To implement this Act effectively, government continues to reach children in schools, families and communities through the Restorative Justice approach, supported by the Anti-Gangsterism Strategy and the Integrated Social Crime Prevention Strategy. The Anti-Gangsterism Strategy educates children and parents on the early signs of gangsterism and how to prevent children from joining gangs. Integrated social crime prevention awareness campaigns are conducted in schools and communities, focusing on children and covering topics such as the consequences of a criminal record, the duration of a record, tips for staying away from crime, and the expungement of diversion orders. Protection and prevention services are also provided in communities, reaching children at risk of, or in conflict with, the law through education and awareness sessions, with particular focus on anti-gangsterism in high-risk districts.

The Committee recommends the State Party to strengthen preventative, positive discipline measures to curb violent behaviour in schools

4 Department of Basic Education annual report 2022/2023





6.4 Training of security staff in schools

The National School Safety Framework builds the capacity of teachers and school leaders on safety matters. This training has been digitised so that everyone working in schools can protect learners and effectively handle all forms of violence.

The Committee recommends the State Party to ensure that security staff are adequately trained to protect learners and effectively handle cases of violence in schools.

6.5 Promoting positive discipline

The Children's Act provides for prevention and early intervention programmes focused on developing appropriate parenting skills and building parents' and caregivers' capacity to safeguard their children's well-being and best interests, including through promoting positive, non-violent discipline. The revised White Paper on Families (2023) discourages corporal punishment and advocates alternative discipline measures that reaffirm children's positive values, recommending wider access to parenting support and advice programmes that help caregivers adapt to children's changing needs over their life course.

The 365-Day Child Protection Programme of Action recognises the importance of families, communities and all stakeholders in addressing violence against children. Through this programme, government continues to raise awareness of violence against children perpetrated by parents, caregivers and other significant persons in a child's life, aiming to scale up prevention and early intervention services and equip parents with parenting skills as an alternative to corporal punishment.

The Sinovuyo Teens Parenting Programme improves caregiver-teen relationships and communication, building positive parenting and problem-solving skills, helping families respond better to crises, and equipping them to practise positive discipline.

To ensure positive discipline is effectively applied in schools, the DBE, in partnership with the Labour Section, teacher unions and the South African Council for Educators (SACE), will roll out training for educators on positive discipline. Government also continues to raise awareness of positive parenting through dialogues, community outreach and various media platforms.

The Committee recommends the State Party to continue with its efforts to promote positive discipline through awareness creation, training those who are working for and with children, such as teachers and caregivers, and hold accountable educators and caregivers who still inflict corporal punishment on children.

6.6 Temporary safe spaces for children with albinism

Child and Youth Care Centres, registered under section 195 of the Children's Act 38 of 2005, provide services to vulnerable children found by the children's court to need care and protection. Available nationwide, they offer residential care, therapeutic programmes, educational support and developmental assessments, with services focused on rehabilitation, life skills, family reunification, and care for abused and neglected children. Placement follows a detailed assessment and investigation by a social worker, whose report on the child and family circumstances, including recommendations, is presented to the children's court, with the child's best interests central to every step.





The Committee recommends the State Party to provide appropriate temporary safe spaces for children with albinism who are at risk of violence, guided by the principle of the best interests of the child and respecting all their rights, including the right to parental care and protection

6.7 Provision of psychosocial, medical and other support to children with albinism

The Strategy and Guidelines on Services for Children with Chronic Illnesses have been developed, emphasising the provision of psychosocial support to children with chronic illnesses, including albinism, by social service practitioners. Practitioners continue to be capacitated on implementing the RISIHA programme for services to children with disabilities, and information continues to be shared on children with albinism at risk of violence, to ensure effective response services guided by the best-interests principle set out in the Children's Act.

The Committee recommends the State Party to provide psychosocial, medical and other support to children with albinism who are victims of violence and abuse based on their condition

6.8 Impact and cost-benefit analysis of the various campaigns and projects

A 2016 diagnostic review of the state response to Violence Against Women and Children (VAWC) found a significant implementation gap between South Africa's strong VAWC legislation and its actual execution, revealing inconsistent political prioritisation, fragmented planning frameworks, and critical skills gaps in frontline services such as police and health. The review recommended increased, more nuanced training for government officials, particularly social workers and police, to address these systemic failings.

Government is also conducting an evaluation of priority areas under the Children's Act, including prevention and early intervention programmes and services, during the 2025/26 and 2026/27 financial years. The study is expected to determine the impact of the various campaigns and projects undertaken to prevent violence, child abuse, neglect and exploitation.

The DBE also conducts the School Monitoring Survey and draws on Statistics South Africa's General Household Survey to measure the impact of violence prevention programmes in basic education.

In partnership with PACT SA, government has developed and reviewed various social and behaviour change programmes. The Boys Championing Change programme, targeting boys aged 14-18, was reviewed and updated to better meet the changing implementation landscape, drawing on input from NPO implementers at community level, government officials supporting and monitoring implementation, and programme beneficiaries. An evaluation study was also conducted on the design and implementation of the YOLO programme.

The Committee recommends the State Party to evaluate the impact and do a cost-benefit analysis of the various campaigns and projects undertaken to prevent violence against children and disseminate the results.





PART 07

Economic, Social and Cultural Rights (Arts. 11–12 and 14)

7.1 Education (art. 11), measures taken to ensure full realisation of the right to education

7.1.1 *Aims and objectives for which the State Party's educational policy and curriculum have been designed to foster and achieve*

The Curriculum and Assessment Policy Statement (CAPS), anchored in the Constitution and the Bill of Rights, is designed to promote equitable access to quality basic education, redress historical inequality and develop learners who are socially responsible, critically literate and equipped for further education, training and the world of work. Life Orientation and the social cohesion and nation building programming of the basic education sector, delivered through the Care and Support for Teaching and Learning (CSTL) operational framework, specifically foster constitutional values, human rights awareness, health promotion and inclusive citizenship.

The National Curriculum Statement Grades R-12 gives expression to the knowledge, skills and values worth learning in South African schools. This curriculum aims to ensure that children acquire and apply knowledge and skills in ways that are meaningful to their own lives. In this regard, the curriculum promotes knowledge in local contexts, while being sensitive to global imperatives.

The National Curriculum Statement Grades R-12 is based on the following principles:

- i. Social transformation
- ii. Active and critical learning
- iii. High knowledge and high skills
- iv. Progression
- v. Human rights, inclusivity, environmental and social justice

The National Curriculum Statement Grades R-12 is sensitive to issues of diversity such as poverty, inequality, race, gender, language, age, disability and other factors.



7.2 Measures taken to provide free and compulsory basic education

Basic education is compulsory for learners from age 7 until the completion of Grade 9 or age 15, under the South African Schools Act. The majority of public schools are declared no-fee schools under the National Norms and Standards for School Funding, entitling learners to free education, free workbooks and textbooks and, in Quintiles 1 to 3 and Special Schools, daily meals through the National School Nutrition Programme (NSNP). To strengthen these efforts;

- i. The department prints and delivers grades R to 9 life skills, languages and mathematics state owned workbooks to all public schools
- ii. Provide nutritious meals for learners
- iii. Increase the supply of quality teachers through the state-funded Funza Lushaka bursary
- iv. Support learners with intellectual disabilities complemented by profound intellectual disabilities grant that aims to improve the provision of quality education to learners with severe to profound intellectual disabilities
- v. Improve school infrastructure through the School Infrastructure Backlogs Grant (SIBG), which addresses infrastructure backlogs at schools that do not meet the norms and standards for basic school infrastructure.
- vi. Provide learner transport through the National Learner Transport Policy which was published in 2015. The overarching objective of the policy is to improve access to quality education by providing subsidised safe, decent, effective, integrated, and sustainable learner transport Programme. As at the end of the 2025/2026 Financial Year, 741 151 Learners were transported in 4 542 public ordinary schools and 65 880 learners with special educational needs were transported in 352 Special Schools.
- vii. No-fee schools policy learners from poor socio-economic conditions. In this case learners do not pay a cent to access education.

The Department Annually conducts Learner Admissions advocacies to ensure that parents apply for learner placement spaces in the ordinary public schools some months before the start of the new School Calendar Year. Draft regulations which respond to the South African Schools Act 84 of 1996, as amended on 24 December 2024, are in the final stages for public consumption

7.3 Measures taken to progressively make secondary education free and accessible to all include;

- i. Provision of high-quality learning materials in the form of textbooks that are state funded.
- ii. Nutritious meals expanded to some secondary schools.
- iii. Provisioning of Learner Transport through the entire schooling system for those who qualify based on distance.
- iv. No-fee schools policy learners from poor socio-economic conditions. In this case learners do not pay a cent to access education.

The Department Annually conducts Learner Admissions Advocacies to ensure that Parents Apply for Learner Placement Spaces in the Ordinary Public Schools some months before the start of the new School Calendar Year. Draft Regulations which respond to the South African Schools Act 84 of 1996, as amended on 24 December 2024, are in the final stages for public consumption.

7.4 Measures taken to provide early childhood education and pre-primary schooling

Since assuming responsibility for ECD in 2022, the DBE has adopted an evidence-based approach to develop its 2030 Strategy for ECD Programmes – a comprehensive blueprint for achieving universal access to quality ECD programmes by 2030, with strong emphasis on expanding access for the most vulnerable children. Central to the strategy is a new Social Compact for ECD, uniting stakeholders across sectors and communities in recognition that government efforts alone cannot achieve this goal, harnessing community strengths and resources towards a shared vision of universal access by 2030.

Since the launch of the Strategy, the DBE has seen many successes in developing the systems required to achieve universal access to ECD:

- i. Constituted the first Inter-Ministerial Committee for ECD, and developed an Outcomes Framework to collectively track progress on improving child outcomes nationally;
- ii. Finalised and published the Children's Amendment Bill for public comment, aimed at enabling the DBE to streamline processes, reduce red tape, and increase access to ECD programmes;
- iii. Designed and implemented the Bana Pele mass registration drive, a new, streamlined, digitised registration process. Since implementation began, an additional 915 ECD programmes have come under the DBE's oversight and support, registered sites across Gauteng have increased by approximately 30%, and 31 191 children have been reached through registration;
- iv. Developed and implemented the first phase of the Early Childhood Administration and Reporting System (eCares), alongside the mass registration drive, enabling more strategic planning for expanding access and increasing accountability in the system;
- v. Secured funding for an innovative financing mechanism that harnesses public-private partnerships more strategically through a results-based financing initiative;
- vi. Developed daily activity plans and integrated learning and teaching support materials to support ECD practitioners in implementing the National Curriculum Framework for children from birth to four years.

7.5 ECD subsidy

A budget bid was submitted for the 2025/26 MTEF to expand the subsidy from R17 to R23 per child per day, and to extend access to an additional 700 000 children.

The Committee recommends the government to increase the R17 subsidy per qualifying child per day





7.6 Measures taken to encourage regular attendance and retention at schools and the reduction of drop-out rates (e.g. school feeding programmes and provision of sanitary towels to girls)

Government continues to strengthen measures to ensure regular school attendance through programmes such as the National School Nutrition Programme (NSNP) and the Sanitary Dignity Implementation Framework (SDIF). The SDIF aims to ensure indigent girls and women can manage menstruation knowledgeably, safely and with dignity, through the distribution of disposable sanitary pads to selected beneficiaries. Implementation of the framework by provinces allows beneficiaries to attend school without interruption, addressing cases where learners were previously unable to attend due to lack of access to sanitary pads.⁵

As reported previously, government also continues to implement the NSNP, providing nutritious lunches to 9,7 million learners on all school days. All provinces have introduced breakfast porridge in primary schools, with breakfast in secondary schools to be phased in progressively.

The Committee, therefore, recommends the State Party to put in place measures and programmes to provide sanitary wear to children in all provinces, including in the rural areas.

7.7 Special measures taken to ensure equal access to education for all sections of the community especially for female children, children with disabilities and children belonging to minority and indigenous groups;

Care and Support for Teaching and Learning (CSTL) framework coordinating learner support across ten pillars

Girls and Boys Education Movement (GEM/BEM) clubs addressing gender-based violence and harmful norms; sanitary dignity programmes providing free sanitary products to learners from low-income households; policy prohibiting exclusion of pregnant learners; SOGIESC guidelines (in development) protecting learners regardless of gender identity/sexual orientation.

- i. Strengthening intersectoral collaboration: The DBE has established national and provincial intersectoral coordination mechanisms involving the Departments of Basic Education, Health, Social Development, Transport and other key stakeholders to coordinate the identification, assessment, placement and provision of support services for children experiencing barriers to learning.
- ii. Mobilisation and placement of out-of-school into schools: Circular S28 of 2023 provides provinces with a standardised framework for the identification, mobilisation, placement and ongoing support of out-of-school learners with mild to moderate and severe intellectual disabilities, and no intellectual disabilities. To date, 1 235 learners have been placed in schools. For those who remain in special care centres, 5 319 learners were taught using the learning programme for learners with profound intellectual disabilities. Recognising that placement must be accompanied by appropriate support, the Department of Basic Education obtained approval from the National Treasury for

5 Department of Women, Youth and Persons With Disabilities annual report 2024/2025



additional support, so that learners requiring high levels of support receive appropriate human resource and learner support interventions. In terms of this, provincial education departments may utilise up to 3% of their LSPID Conditional Grant allocation to appoint class assistants and caregivers to support learners with high support needs. The utilisation of this allocation is guided by Circular S5 of 2026, which establishes a uniform implementation framework to strengthen learner support, facilitate successful transition from community-based special care centres to schools, and improve learner retention and educational outcomes.

- iii. Strengthening provincial implementation and accountability: Provincial Task Teams have been established to coordinate the mobilisation and placement of out-of-school learners with disabilities, with regular engagements with Provincial Heads of Department, districts, school principals and School Governing Bodies to strengthen accountability, monitor progress and address systemic barriers affecting learner placement and retention.
- iv. Quarterly engagement with organisations representing persons with disabilities: In June 2025, the Department of Basic Education (DBE) established a formal quarterly stakeholder platform to facilitate structured and sustained engagement between the Directorate: Inclusive Education and organisations representing persons with disabilities. This platform gives practical effect to a coordinated partnership approach aimed at strengthening the implementation of inclusive education policies and programmes. The purpose of the platform is to create a consistent and structured mechanism for collaborative dialogue, shared problem-solving, and the exchange of knowledge and resources in support of inclusive education. Four high-level meetings were convened during the reporting period (June, September, December 2025 and March 2026), resulting in advancements across several priority areas.
- v. Training of teachers in specialised areas of inclusive education: For 2025/26, 20 013 teachers were trained in inclusive education. Of these, 3 754 teachers received focused training in literacy strategies and 1 568 in numeracy, ensuring targeted capacity-building in foundational learning areas. The remaining 14 691 teachers were equipped across a broad range of inclusive education priorities, including South African Sign Language (SASL), Autism, the Screening, Identification, Assessment and Support (SIAS) process, differentiated teaching strategies, as well as accommodations and concessions.
- vii. Early Identification and Intervention Project for Children in Early Childhood Development (Birth to 4 Years): Early Childhood Development (ECD) is a critical phase that shapes children's cognitive, social, emotional, and physical development. Evidence shows that early identification of developmental delays and barriers to learning significantly improves long-term educational outcomes, school readiness, and overall well-being. In response, the Department of Basic Education (DBE), in partnership with the Department of Health and UNICEF, prioritised strengthening systems for early identification and intervention across ECD centres in South Africa. This aligns with the National Curriculum Framework (Birth to Four) and the national commitment to inclusive education. Key initiatives implemented during the reporting period include: Development of an Inclusion Course for ECD Practitioners; Field-testing of a National Screening Tool for parents and caregivers; and Implementation of a Hearing Screening Programme using KuduWave Audiometers. These initiatives collectively aim to ensure that no child is excluded from early learning opportunities due to undetected developmental barriers.



Number of learners with disabilities enrolled in public special and ordinary schools: 121 459 learners with disabilities are enrolled in special schools, of whom 46 143 are female and 75 316 are male. Tracking these numbers is crucial to ensuring learners with disabilities have access to basic education and the curriculum and are actively participating in the school environment. A further 85 082 learners with disabilities are enrolled in public ordinary schools, of whom 39 358 are female and 45 724 are male.

Learners experiencing barriers supported through the Policy on Screening, Identification, Assessment and Support (SIAS): During the 2025 academic year, 47 505 learners were identified and supported through the Policy on SIAS. The achievement demonstrates meaningful strides in improving early identification and intervention measures, thereby contributing to more responsive and inclusive learning environments.

No-fee schools policy and school nutrition programme (NSNP) for poor communities; rural education strategy addressing infrastructure and multi-grade teaching; scholar transport in remote areas.

The DBE monitors learner admissions processes in provinces as well as school admission policies to verify compliance with relevant legislation that advocates for access to education for all legible learners. Monitoring visits also cover scrutiny of learner admission forms to establish the absence of barriers to access to schooling.

Where discrepancies are found, PEDs are requested to address the barriers as speedily as possible.

7.8 Measures taken to ensure that a child who is subjected to school or parental discipline is treated with humanity and respect

Government emphasises the positive discipline approach which put emphasis on developing a healthy relationship between the parent and child. Parents and caregivers are therefore encouraged to adopt positive parenting practices instead of resorting to corporal punishment which violates the child rights to dignity. Through the 365-child protection programme of action, parents and caregivers are sensitised and educated on the legislative prescripts that prohibits the use of corporal punishment. Furthermore, awareness is raised and parents are taught parenting skills and alternative ways of disciplining children. By rolling out the Sinovuyo parenting programme, Government aims to reduce child maltreatment, improve care giver child relationship and non-violent discipline, improve communication, reduce conflict and support adolescents.

South Africa abolished corporal punishment in schools (SASA, 1996), replacing it with positive discipline approaches. Key measures include:

- i. Care and Support for Teaching and Learning (CSTL) framework embedding psychosocial support alongside discipline
- ii. Codes of Conduct for learners developed democratically at each school, balancing discipline with learners' rights to dignity
- iii. Alternatives to Corporal Punishment guidelines promoting restorative justice, counselling and behaviour management over punitive measures through Positive Discipline
- iv. Ongoing BELA Act provisions strengthening safe, humane school environments

- v. Ubuntu-based restorative practices addressing root causes of misbehaviour rather than punishment alone

Discipline Guidelines ensure that discipline processes respect learners' constitutional rights to dignity and freedom from degrading treatment, though implementation gaps persist, particularly in under-resourced schools.

All Ordinary Public Schools make use of Learners' School Codes of Conduct, developed and adopted by School Governing Bodies in consultation with learners, parents and educators, which set out expected standards of behaviour, disciplinary procedures, and learners' rights and responsibilities. Guidelines on Learner Discipline have been shared with Provincial Education Departments (PEDs) to support the consistent implementation of lawful and fair disciplinary practices in schools. These guidelines provide for progressive and corrective disciplinary measures, including counselling, verbal and written warnings, and behaviour improvement plans; formal disciplinary hearings for serious misconduct, conducted in accordance with the principles of procedural fairness and the provisions of the South African Schools Act; and psycho-social support and referral mechanisms, where appropriate, to address underlying behavioural, emotional or social challenges affecting learners.

7.9 Measures taken to ensure girls who become pregnant before completing their education have an opportunity to continue with their education

South Africa's Policy on Learner Pregnancy in Schools aims to balance educational continuity with health and wellbeing and provides for:

- i. Right to remain in school: Pregnant learners may not be excluded or forced to leave; continued attendance is encouraged as long as medically safe
- ii. Leave provisions: Recommended minimum absence allowing time for pregnancy as close as possible to birth, birth and early childcare, with immediate reintegration after birth
- iii. Non-discrimination: Schools must not stigmatise, victimise or deny admission based on pregnancy or motherhood
- iv. Support systems: Guidance and counselling services, referral to psychosocial support and health education for both the pregnant learner and the father where the father is a learner
- v. Re-admission: Clear pathways for returning to the same or another school

7.10 Policy on the Prevention and Management of Learner Pregnancy in Schools

The Policy on the Prevention and Management of Learner Pregnancy in Schools (LPPM) was approved by cabinet in 2021 and jointly launched by the Deputy Ministers of Basic Education and Department of Health in February 2022. In 2023, the Policy was disseminated in all nine provinces. Copies of the Policies were distributed to all schools. Subsequently, a draft implementation plan was developed together with implementation guidelines which was consulted on with Provincial Departments (PEDs). However, following the enactment of the Basic Education Laws Amendment (BELA) Act, which was signed into law by the President on 13 September 2024, a legislative



requirement was introduced mandating the development of Regulations on the Management of Learner Pregnancy in Schools. In response to this development, the sector undertook a process to convert and align the existing implementation guidelines into a regulatory framework. The Regulations were gazetted by the Minister in December 2025 for public comments until end of May 2026.

The National Policy on the Prevention and Management of Learner Pregnancy in Schools (2021) has been finalised and adopted. Provincial Education Departments are at varying stages of developing operational implementation plans, supported by DBE circulars, training for School-Based Support Teams, educators and Learner Support Agents. At the moment, the DBE is finalising the Regulations for the Management of Learner Pregnancy in Schools, collating public commentary.

The DBE is currently consolidating the public comments to finalise the Regulations for approval by cabinet. The DBE is currently working with the Department of Women, Youth and Persons with Disabilities (DWYPD) to develop a National Strategic Plan (NSP) to Reduce Adolescent Pregnancy and Its Adverse Effects. Once the Regulations are finalised, the DBE will revise the draft implementation plan to align with the NSP.

The DBE established a Task team to oversee the development of the draft Regulations. The Task team will be maintained to oversee and monitor the implementation of the LPPM post the approval of the Regulations. In addition, the DBE has created a field on South African Schools Administration and Management Systems (SASAMS) for the mandatory collection of data on learner pregnancy.

In order to address the challenge of non-compliance with reporting of learner pregnancies in schools, the DG has issued a Circular to all public schools for compliance.

Successes include growing awareness of prevention measures and improved psychosocial support and referral pathways for pregnant and parenting learners to enable re-integration into schooling. Challenges include uneven provincial capacity to deliver consistent psychosocial support, stigma affecting disclosure and re-enrolment and the need for stronger data systems to track re-integration and retention outcomes.

The Committee recommends the State Party to: Finalise and adopt the Implementation Plan for the Policy on the Prevention and Management of Learner Pregnancy in Schools and monitor its overall implementation;

7.11 School infrastructure

The Accelerated School Infrastructure Delivery Initiative (ASIDI) has almost completed its allocated scope and is coming to an end, with the 2025/26 financial year earmarked to close out the programme. The budget for infrastructure provision will revert to the provinces and the DBE will strengthen its monitoring and oversight role to the provinces. The achievements of ASIDI since inception can be reported as follows:

- i. 331 allocated schools that were built using inappropriate materials, have been provided with state-of-the-art facilities;
- ii. By the end of Quarter 3 of 2024/25 Financial Year, a total of 3 199 schools have already been provided with safe and age-appropriate sanitation facilities;

- iii. 1 336 of the allocated 1 336 schools identified to be without potable water have been provided with safe drinking water in the various provinces; and
- iv. The seven schools identified in the Mpumalanga, Eastern Cape, Gauteng, KwaZulu-Natal, North West and the Northern Cape Provinces to champion the building of additional classrooms under the ASIDI Initiative are all going to be completed by the First Quarter of the 2025/26 Financial Year.

The Education Infrastructure Grant (EIG) makes provision for the rehabilitation of recreational facilities at schools. Provincial Departments make provision for such in their annual plans for provision of school infrastructure.

The Committee encourages the State Party to strengthen the implementation of the Accelerated Schools Infrastructure Delivery Initiative, urgently equip schools with relevant infrastructures, and prioritise funding for school infrastructure

7.12 Education for children with disabilities

7.12.1 Inclusive education

Government remains committed to promoting a culture of non-discrimination in schools, as enshrined in Section 9 (3) of Chapter 2 of the South African Constitution. This provision guarantees equal protection and benefit of the law for all individuals, regardless of their background, culture or circumstances. In line with this constitutional imperative, the department continues to advocate for inclusive and equitable education, where every learner feels valued, respected and supported in their schooling journey.

South Africa remains committed to progressively strengthening the implementation of inclusive education in accordance with the Constitution, Education White Paper 6, the Policy on Screening, Identification, Assessment and Support (SIAS), and its international obligations. The Department of Basic Education recognises that the implementation of inclusive education requires systemic transformation of the education system, including strengthening access, support, resourcing, coordination and accountability.

To address these challenges, the Department has undertaken several strategic interventions. These include the establishment of intersectoral coordination mechanisms involving the Departments of Basic Education, Health, Social Development, Transport and other stakeholders; the introduction of the Learners with Severe to Profound Intellectual Disability (LSPID) Conditional Grant to expand educational opportunities and learner support; and the establishment of National and Provincial Task Teams to facilitate the identification, mobilisation, placement and retention of out-of-school learners with disabilities.

The Department also recognises the importance of strengthening implementation of the Policy on Screening, Identification, Assessment and Support (SIAS) as a key mechanism for the early identification of learning barriers and the provision of appropriate support.

Recognising that inclusive education extends beyond learner placement, the Department is also implementing measures to strengthen admissions processes, improve learner tracking, build educator capacity, expand advocacy and communication initiatives, strengthen monitoring and





accountability, and improve coordination across sectors. The Department has further developed Draft Guidelines on Exemption from Compulsory School Attendance, currently being field-tested in Gauteng and North West Provinces, to ensure that decisions affecting learners remain consistent with the constitutional right to basic education, the principles of inclusive education, and the best interests of the child.

Key measures include the implementation of the Learners with Severe to Profound Intellectual Disability (LSPID) Conditional Grant, which provides dedicated funding to expand educational opportunities and support services for learners with severe to profound intellectual disabilities. The grant supports educational programmes, learner transport where applicable, assistive devices, learning and teaching support materials, therapeutic services, educator development and other learner support interventions.

To strengthen the placement and retention of learners requiring high levels of support, the Department issued Circular S28 of 2023, which provides a standardised framework for identification, mobilisation, placement and ongoing support of out-of-school learners with disabilities. In addition, Circular S5 of 2026 guides Provincial Education Departments on the utilisation of up to 3% of the LSPID Conditional Grant allocation to appoint class assistants and caregivers to provide reasonable accommodation and support to learners with high support needs during their transition into, and participation in, school.

The DBE has also established National and Provincial Task Teams to coordinate implementation across the education sector and with the Departments of Health, Social Development, Transport and other stakeholders. A Generic National Intervention Plan further guides coordinated action to strengthen policy implementation, mobilise resources, build sector capacity, improve learner support services, strengthen learner transport, expand access to assistive devices, and improve monitoring and accountability.

Recognising that the successful implementation of inclusive education requires more than financial resources, the Department has developed a National Communication, Information and Advocacy Plan to strengthen awareness, address stigma and misconceptions, and promote a whole-of-sector approach to inclusive education. Ongoing engagement with provincial education departments, school principals, School Governing Bodies, caregivers and organisations representing persons with disabilities supports the implementation of inclusive education and contributes to sustainable system change.

South Africa acknowledges that further investment and sustained resource mobilisation remain necessary to address historical inequalities and systemic barriers affecting children with disabilities. The Department will continue to work with relevant government departments, provincial education departments and development partners to strengthen the availability of financial, human and technical resources required to progressively realise inclusive and equitable quality education for all learners.

The Committee recommends the State Party to continue its efforts in ensuring inclusive education for children with disabilities, including the mobilisation of resources to support the education of children with disabilities





White Paper 6 on special needs education

South Africa notes the Committee's recommendation regarding the legislative strengthening of the framework for inclusive education. The Department of Basic Education recognises the importance of a coherent and enforceable legislative and policy framework to support the progressive realisation of the right to inclusive education for learners with disabilities.

Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System has provided the national policy framework for inclusive education since its approval in 2001. It has guided the development of key policies, systems and implementation mechanisms, including the Policy on Screening, Identification, Assessment and Support (SIAS), curriculum differentiation, assessment accommodations, and other measures to strengthen support for learners experiencing barriers to learning.

In 2023, the Minister of Basic Education appointed a Ministerial Task Team to review the implementation of Education White Paper 6, assess its conceptual, legislative and funding framework, and make recommendations on the future direction of inclusive education in South Africa. The Ministerial Task Team submitted its report in March 2026. The Department is currently undertaking a comprehensive consultation process with stakeholders, including organisations representing persons with disabilities, to consider the findings and recommendations of the Ministerial Task Team. Stakeholder inputs will inform the Department's consolidated position and subsequent recommendations to the Minister for consideration.

The Committee recommends the State Party to promulgate into law White Paper 6 on Special Needs Education, Building an Inclusive Education and Training System.

7.12.2 Policy on Screening, Identification, Assessment and Support (SIAS)

The DBE continues to strengthen the implementation of the Policy on Screening, Identification, Assessment and Support (SIAS) as the primary national framework for the early identification of learners experiencing barriers to learning and the provision of appropriate educational support. The Department recognises that the effective implementation of SIAS is essential to ensuring equitable access, participation and meaningful learning for all learners. During the 2025 academic year, 47 505 learners experiencing barriers to learning were identified through the SIAS process and provided with appropriate educational support interventions, demonstrating continued progress in strengthening early identification, assessment and support within schools. In addition, informed by the findings of the Ministerial Task Team Review of Education White Paper 6, the Department is taking steps to strengthen the implementation of SIAS by reinforcing its role as a learner support tool rather than a placement mechanism.

Implementation of the Policy on Screening, Identification, Assessment and Support (SIAS) continues to guide the identification and support of learners with disabilities in both special and full-service/mainstream schools. The Department continues to expand full-service schools, mobilise resources including through conditional grant funding for learners with severe to profound intellectual disability and partner with social partners on inclusive education initiatives, alongside continuing educator training on inclusive pedagogy.

The Committee recommends the State Party to accelerate and improve efforts to implement the SIAS Policy.



PART 08



Leisure, Recreational and Cultural Activities (Art. 12)

8.1 Measures taken to ensure children's full participation in leisure, recreational and cultural activities.

In promoting mass participation in sport and enrichment activities, the DBE, the Department of Sport, Arts and Culture (DSAC), provincial education departments, teacher unions and School Governing Bodies work together to ensure all learners in South Africa can showcase their talent through sport, music, and arts and culture programmes.

The South African Schools Choral Eisteddfod (SASCE), a flagship programme of the DBE, affirms the role of arts and culture in supporting curriculum implementation and learners' holistic development through co-curricular programming. SASCE aims to promote learner attendance and retention, as captured in Output 10 of the Action Plan to 2030, and promotes the involvement of parents, teacher organisations and communities, strengthening the social contract between the Department and other stakeholders to achieve improved quality education through choral music.

School sport forms part of the enrichment and co-curricular programmes schools offer, providing continuous learning opportunities that engage learners in activities transferring competencies from the curriculum to the sustainable development of self and community. Sport plays a meaningful role in positively engaging the country's youth, and integrating sport into the school day makes it accessible to all children, regardless of physical ability, gender, socioeconomic status or ethno-cultural background. This integration builds on children's early experiences by:

- i. Helping children develop the physical and motor capacities to lead active, healthy lives – a major protective factor against non-communicable disease;
- ii. Giving children opportunities to have fun and be active, reinforcing the desire to make physical activity a lifelong habit;
- iii. Helping children understand and overcome barriers to physical activity;
- iv. Informing, equipping and motivating children to make healthy lifestyle choices by integrating sport and physical activity with health education;
- v. Improving children's relaxation, concentration and mindset at school, helping them focus and learn;





- vi. Attracting more children to enrol and remain in school to access sport and play opportunities they may not otherwise have.

To ensure Arts and Culture Education programmes are fully supported and implemented across provinces, the Directorate has initiated co-management engagements with DSAC on these programmes, in line with the signed Implementation Protocol between the DBE and DSAC. These programmes are:

- i. Artists in Schools
- ii. Capacity Building and Workshops
- iii. School Arts Championships



PART 09



Health and Welfare (Art. 14)

9.1 Measures taken to ensure every child enjoys the best attainable state of physical, mental and spiritual health

Government, particularly the Department of Health, is responsible for health and nutrition programmes for pregnant women, infants and children. These include parenting support and learning and play opportunities for children from birth to five, delivered through health facilities and home visits by community health workers for children at risk of poor developmental outcomes.

This includes full use of the RtHB to support, monitor and where necessary remedy issues in a child's growth and development. It serves as both a health record and a child health promotion tool, reaching an estimated one million households annually.

The Side-by-Side Campaign is implemented in line with the National Integrated Early Childhood Development (ECD) Policy. The programme entails the broadcast of 48 episodes of Side-by-Side radio drama on 12 National Radio stations in 10 indigenous languages, while strengthening community engagement through social media such as Facebook, X, WhatsApp and the MomConnect platform. The campaign seeks to ensure that children receive nurturing care and protection to enable them to develop optimally and reach their full health, educational and learning potential. A key objective of the campaign is to ensure that primary caregivers understand the full scope of care required for ECD, and the importance of their role in early childhood care and learning.

The Sub-Committee on Health and Nutrition within the ECD Committees is co-led with UN agencies and partner organisations, meeting quarterly to strengthen ECD indicators and action plans. The National Inter-Departmental Committee for Early Childhood Development (NIDC) is coordinated to fulfil stakeholders' roles and responsibilities and provide guidance and support on ECD systems.

Government has also developed a Compendium of Social and Behaviour Change (SBC) programmes, targeting vulnerable populations across the life span using a Social Ecology Model that responds to individuals, families, communities and society at large. The following programmes provide a targeted response to adolescent girls and boys:



- i. ChommY: targets children aged 10-14 with age-appropriate education on sexual and reproductive health to prevent HIV and teenage pregnancy.
- ii. YOLO: a life-skills programme within the SBC compendium, targeting 15-18- and 19-24-year-olds to address risky behaviours.
- iii. Boys Championing Change: an SBC programme addressing gender norms that increase boys' risk of HIV, and coaching boys on recognising human rights.
- iv. Family Matters Programme: empowers parents and caregivers to educate their children openly about sexual and reproductive health and rights.
- v. Men Championing Change: targets adult men, raising awareness of the need to protect the rights of children and other vulnerable people as a supportive intervention in caregiving.
- vi. Rock Leadership Programme for Traditional Leaders: raises awareness and strengthens supportive structures for delivering services to children and other vulnerable communities.

A referral system is embedded within the SBC programmes: awareness is raised on sexual and reproductive health and rights, and where needed, girls and boys participating in the programmes are referred for relevant services. Partnerships with primary health care practitioners have also been established, with practitioners invited to present on Sexual and Reproductive Health and Rights (SRHR) during SBC programme sessions.

There is also a partnership with the Global Alliance Country Working Team. The Global Alliance is founded on four pillars, focused on:

- i. Early testing and comprehensive, high-quality treatment and care for children and adolescents living with, or perinatally exposed to, HIV;
- ii. Closing the treatment gap and optimising continuity of treatment for pregnant and breastfeeding women living with HIV;
- iii. Preventing new infections among pregnant and breastfeeding women (Start Free); and
- iv. Addressing rights, gender equality, and the social and structural barriers that hinder access.
- v. Target Children (0-14 years) and Adolescents (15-19 years) Living with HIV
- vi. The Department, in partnership with PACT Achieve, is finalising the Disclosure and Adherence Programme for Children and Adolescents Living with HIV (CALHIV) and STARS (Special, Thriving, Responsible, and Smart), a disclosure and adherence group-work curriculum for CALHIV.
- vii. Targeting children and adolescents living with HIV aged 12-18.

In line with the National Mental Health Policy Framework and Strategic Plan 2023-2030, measures are in place to strengthen care, treatment and rehabilitation for mental health and substance use disorders, and to prevent and identify mental health conditions early among children and adolescents. These include integrating maternal mental health screening and management into maternal and child health guidelines to reduce the risk to the child; integrating mental health screening and referral into the school health programme; including developmental milestone screening on the under-5 Road to Health Card; and contracting additional mental health care providers (psychologists, social workers, occupational therapists and registered counsellors) through a mental health conditional grant to complement existing primary health care staff and increase access to mental health services for children and adolescents. Various platforms are used to build public knowledge of mental health services, including for children and adolescents, to facilitate prevention, early identification and help-seeking behaviour.



Integration of mental health services into primary health care for all age groups is further strengthened by the availability of mental health care providers and psychotropic medication at this level; primary health care facilities refer only those needing more specialised interventions to higher levels. To increase capacity for admitting children and adolescents needing inpatient mental health treatment and rehabilitation, the National Mental Health Policy Framework and Strategic Plan 2023-2030 requires that all future regional and tertiary hospitals include inpatient facilities for child and adolescent mental health.

9.2 Measures taken to reduce infant and child mortality

The following measures are in place;

- i. Universal access to family planning and reproductive health services across all facilities, including emergency contraception, LARC methods, termination of pregnancy (TOP) and cervical cancer screening.
- ii. South Africa is implementing Basic Antenatal Care Plus, which supports 8 contact visits for pregnant women for the reduction of stillbirths, especially around 34 weeks of gestation
- iii. Improved uptake of Management of Small and Sick Neonates (MSSN) and Helping Babies Breathe (HBB) training, though with a noticeable drop-off in later cohorts, particularly for HBB. The Kangaroo Mother Care (KMC) strategy is widely implemented in tertiary, regional and district hospitals.
- iv. Providing training on ESMOE to doctors and midwives
- v. The country has intensified Paediatric and midwifery education and training.
- vi. Empowering pregnant women and mothers and promoting healthy behaviours through mass communication (MomConnect) and supporting parents to deliver the full range of interventions required for optimal Early Childhood Development (Side-by-Side campaign).
- vii. Preventing and managing the leading causes of child mortality (pneumonia, diarrhoea, HIV, malnutrition) by strengthening Emergency Triage Assessment and Treatment (ETAT) and IMCI training.
- viii. Improved optimal infant and young child feeding
 - a) Scaled-up early identification of malnutrition at community level (MUAC initiative).
 - b) Improved health system factors to strengthen maternal, infant and child nutrition.
 - c) Intensified management of severe malnutrition in health facilities, reducing severe acute malnutrition (SAM) case fatality rates.
 - d) Strengthened exclusive breastfeeding rates through implementing relevant policies and guidelines.
- ix. Strengthened intersectoral collaboration to address malnutrition, food insecurity, hunger, child care and protection, and early childhood development.
- x. Intensified prevention and management of disease outbreaks by ensuring all children are fully immunised, including deworming and Vitamin A supplementation.
- xi. Implementing maternal, newborn and child morbidity and mortality audits nationally, with facilities conducting timeous audits to improve care and planning.

- xii. Improving management of co-infections and working towards eliminating mother-to-child transmission of HIV, including through:
- xiii. The HIV Impact Network for Vertical Transmission Elimination (HIVE): a two-year (2024-2026) project addressing the need for more effective action to eliminate paediatric HIV infections through an action network including health ministries and other key stakeholders.
- xiv. The Global Alliance to End AIDS in Children, which seeks broad participation from stakeholders, national governments, implementing agencies, regional and country-based organisations, and faith-based and community partners, including women, children and adolescents living with HIV. It measures progress towards the SDGs and focuses on priority actions for children defined in the Global AIDS Strategy 2021-2026.
- xv. The “Closing 1.1 million HIV Treatment Gap” campaign, accelerating efforts towards the 95-95-95 HIV targets by identifying and supporting the 1.1 million people who know their HIV status but are not yet on treatment, addressing a critical gap in the country’s HIV response.
- xvi. Committee on Morbidity and Mortality in Children Under 5 Years (CoMMiC) – appointed by the Minister of Health to guide measures to reduce infant and child mortality, the Committee’s recommendations to national, provincial and district level are being implemented and monitored.
- xvii. Capacity building – strengthening training on Emergency Triage Assessment and Treatment (ETAT) and IMCI, and on nutrition, HIV management, the Expanded Programme on Immunisation (EPI), and maternal and neonatal guidelines.
- xviii. Human resources – dedicated staff are placed in facilities through the Ideal Clinic streams.
- xix. The community health worker programme also focuses on screening, care and referrals, reducing mortality rates. Children under six access health care services for free, with access widened through clinic construction and outreach services.
- xx. Health education – the Department provides caregivers with education on illness recognition, preventive care and available services, using methods such as the Side-by-Side Campaign.
- xxi. Standardised health guidelines – the Department provides and updates standardised guidelines on nutrition, TB, IMCI, standardised treatment, hospital care for children, EPI, and maternal and neonatal care, helping to reduce mortality rates.
- xxii. Provision of immunisation – to reduce mortality, children are vaccinated from birth to prevent vaccine-preventable deaths, through the Expanded Programme on Immunisation.

9.3 Measures taken to ensure access to health and health services, in particular primary health care

Primary health care services are provided free to all patients, including children, accessible through fixed facilities (clinics and community health centres) and mobile services to rural areas and schools.





9.4 Measures taken to ensure the provision of adequate nutrition and safe drinking water

Access to water and sanitation is a basic human right in South Africa. The Department of Water and Sanitation is legislatively mandated to ensure the country's water resources are protected, managed, used, developed, conserved and controlled, by regulating and supporting effective water supply and sanitation delivery, in accordance with legislation and policies critical to honouring the right to sufficient food and water, growing the economy, and eradicating poverty.⁶

South Africa faces significant challenges in providing universal access to clean drinking water in both urban and rural areas, exacerbated by ageing infrastructure, inadequate maintenance, population growth, urbanisation, and the impacts of climate change (droughts, floods and shifting rainfall patterns). Addressing these challenges requires a multi-faceted approach involving different spheres and departments of government and community participation.

The key programmes and strategies to increase access to clean drinking water:

- i. National Environmental Health Policy review: the National Department of Health (NDoH) is reviewing the National Environmental Health Policy 2014, which provides a broad framework for implementing Environmental Health Services in South Africa, to ensure it remains relevant, effective, compliant, and aligned with the country's evolving needs. A priority area is water quality monitoring across all spheres of government, covering water supplied to communities and institutions such as hospitals and schools.
- ii. Review of National Environmental Health Norms and Standards: the NDoH is reviewing the National Environmental Health Norms and Standards for Premises and Acceptable Monitoring Standards for Environmental Health Practitioners, 2015, with a key focus on ensuring water quality monitoring is rigorously conducted in line with municipal water quality plans, alongside other essential functions.
- iii. Norms and Standards audits: to ensure high-quality Environmental Health Services, the NDoH conducts Norms and Standards audits, having audited two institutions so far, this financial year. These assess how effectively environmental health policies and standards are implemented across government, with water quality monitoring a key focus, evaluating factors such as:
 - a) Institutional plans for service delivery.
 - b) The inclusion of water quality monitoring in municipal Service Delivery Budget Implementation Plans (SDBIPs) and Integrated Development Plans (IDPs).
 - c) Adequate budget and resource allocation for these services.
 - d) The gauging of service delivery against established norms and standards.This comprehensive review covers water quality monitoring as well as other essential Environmental Health services.
- iv. WASH FIT programme: the Water and Sanitation, Hygiene in Facility Improvement Tool (WASH FIT) is a risk-based methodology to improve water, sanitation, hygiene and health care waste management in health facilities, particularly useful in low-resource settings. A rollout plan for implementation in three provinces this financial year has been developed.

⁶ <https://www.gov.za/about-sa/water-affairs>



- v. Capacity building: to strengthen the capabilities of Environmental Health Practitioners (EHPs), the NDoH participated as a guest presenter in a webinar organised by the South African Institute of Environmental Health (SAIEH), providing guidelines for developing effective water quality monitoring plans. Further webinars on water-related subjects are planned, focusing on how EHPs can develop health-related water quality monitoring plans.

The National Department of Human Settlements also sets out key measures for improving access to Water, Sanitation and Hygiene (WASH) for qualifying beneficiaries, including children, as part of its national policy; these are included in the Housing Code, as set out below.

- i. The Housing Code includes norms and standards for housing development and technical requirements for engineering services, including water, sanitation, refuse removal, roads, stormwater and electricity.
- ii. These are implemented by provinces, municipalities and implementing agents, funded through grants allocated to the National Department of Human Settlements (NDHS) and other sector departments. Providing water, sanitation and refuse removal is a local government function under the Constitution.
- iii. Policy and planning: child-sensitive WASH policies should be developed to ensure children's needs are prioritised in local and national planning.

WASH should also be fully integrated into disaster preparedness and emergency response frameworks.

- i. Services and infrastructure: child-friendly toilets and handwashing facilities should be built in schools, early childhood centres and informal settlements. In emergencies, mobile toilets, water tanks and temporary handwashing stations can help ensure immediate access to safe water and sanitation.
- ii. Informal settlements: efforts to improve WASH in informal settlements should involve communities in managing and planning services. Affordable, innovative technologies such as rainwater harvesting and solar-powered water systems should be considered, with mapping tools used to identify the most vulnerable areas for targeted intervention.
- iii. Hygiene education: schools and ECD programmes should help promote hygiene, with handwashing and other key practices promoted through radio, social media and community health workers, particularly in disaster and emergency situations.
- iv. Disaster and emergency preparedness: emergency WASH supplies, including hygiene kits and clean water containers, should be pre-positioned in disaster-prone areas, with trained mobile response teams available to provide rapid support. Child protection concerns must be integrated into WASH responses to reduce risks such as violence around communal facilities.
- v. Monitoring and accountability: coordination between government departments, NGOs and community stakeholders is essential for effective, sustained WASH delivery. Data on children's access to WASH services should be collected by government and community-based organisations, with SMS platforms and mobile applications used to identify service gaps and support community-based reporting.

Government, through the Department of Health, also focuses on nutrition education and counselling to support individuals and communities in consuming nutritious diets, using platforms



such as print and mass media. Groups at risk of malnutrition are supplemented with specialised therapeutic foods and fortified porridges, and micronutrient supplements such as iron and folic acid are provided to vulnerable groups; pregnant women, infants and young children receive Vitamin A supplementation and deworming as part of routine interventions.

Provision of adequate nutrition is rooted in strengthening food systems to ensure access to affordable local food. Key sectors involved include Agriculture, the DBE through the National School Nutrition Programme (NSNP), and the DSD through social protection measures such as social relief of distress and the Child Support Grant. The WASH strategy is a key part of implementation within health and school environments, and nutrition education is also a core component of the NSNP.

The Committee recommends the State Party to launch programmes and strategies to increase access to clean drinking water in both urban and rural areas

9.5 Measures taken to ensure appropriate health care for expectant and nursing mothers, and particularly measures taken to prevent transmission of HIV from mother to child

The ANC and Intrapartum Care guidelines and visit schedules have been revised to align with WHO recommendations.

- i. Positive childbirth experience.
- ii. The programme updated the 2016 Maternal and Perinatal Care Guidelines for South Africa to align with the latest evidence on intrapartum care, updated maternal vaccinations, new HIV testing aligned with BANC visits, and management of syphilis in pregnancy.
- iii. New recommendations on the Management of Obstetric Haemorrhage (EMOTIVE) are being rolled out.
- iv. The Maternity Case Record has been updated and aligned with care protocol prompts from the newly updated Maternity Care Guidelines.
- v. The programme conducts quality improvement projects in provinces and districts, including oversight visits to assess implementation of policies and guidelines and to provide guidance to clinicians and managers on correct implementation of maternal health guidelines.
- vi. The Ministerial Committee assessing causes of maternal and neonatal deaths, appointed by the Minister, recommends interventions to reduce and prevent such deaths.
- vii. Reports from the Ministerial Committee are shared and cascaded down to health care workers at facility level.

9.6 Measures taken to ensure the meaningful participation of non-governmental organisations, local communities and the beneficiary population in the planning and management of basic service programmes for children

This is addressed in paragraph 2.9 (on cooperation with non-state actors).



9.7 Access to health services

Primary health care services are provided free to all patients, including children, accessible through fixed facilities (clinics and community health centres) and mobile services to rural areas and schools. Health education on HIV-related topics and support is given to adolescent girls and boys to help them make informed choices about their sexual and reproductive health, including HIV testing, which is encouraged but not compulsory. Adolescents aged 12 and above can consent to HIV testing and contraceptives without parental consent. Youth Zones in primary health care facilities provide access to a comprehensive package of services, including risk assessment and the provision of post-exposure and pre-exposure prophylaxis, with condom demonstrations and distribution also provided.

Health facilities are being transformed to be more accessible to young people through the establishment of Youth Zones. Though implementation is at different stages, government had already established 2 168 by March 2025. Youth Zones set aside dedicated time to prioritise young people in service provision, offering comprehensive integrated services, including non-biomedical interventions and extramural activities chosen and led by young people, with support from health providers, subject to available resources. Facilities have also established youth care clubs to improve adherence and integration of service provision, not limited to HIV treatment.

The Department of Health funds loveLife and Soul City to support youth interventions, including capacity building. Through loveLife, ground BREAKERS are placed in health facilities as one of the country's most effective and recognised youth peer-to-peer programmes, while Soul City runs Soul Buddies clubs in schools, aiming to give children a voice and promote real action on their health and well-being. The objectives are to:

- i. Teach life skills relating to HIV, TB, alcohol use, GBV and bullying;
- ii. Promote sexual and reproductive health and rights (SRHR) and gender activism;
- iii. Mobilise children to take responsibility for their health
- iv. Create an environment for ongoing learning.

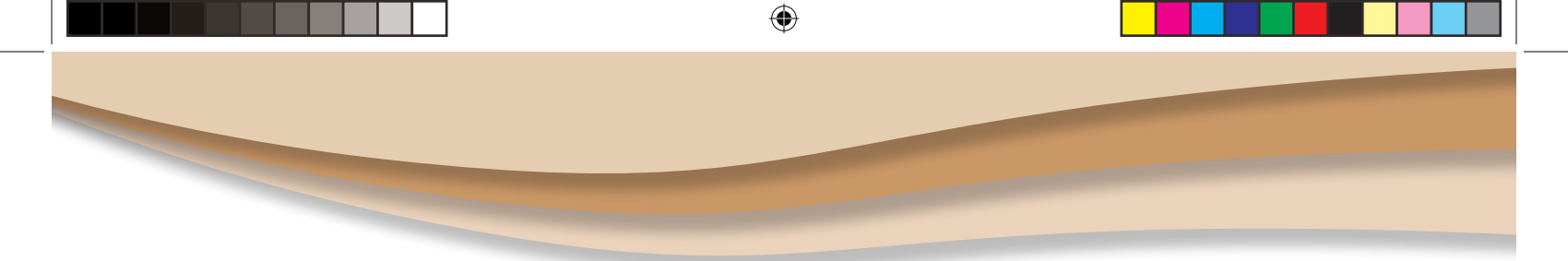
All programmes are implemented under the Adolescent Youth Programme, an umbrella for the Global Fund AYP and DREAMS programmes and other youth implementing partners. The Close the Gap campaign is also used to conduct outreach events and youth engagements in hotspots, targeting out-of-school youth and those in tertiary institutions, to strengthen prevention and treatment adherence and bring services closer to young people. The B-Wise platform provides relevant, accurate information, and loveLife provides psychosocial support through its contact centre.

The Committee recommends the State Party to increase the budgetary allocation for the health sector to increase the accessibility and quality of the health care offered by the Government, with particular attention being paid to the remote areas.

9.8 Immunisation programmes

Several factors influence equitable access to immunisation services in South Africa, including limited resources at sub-national level, which constrain the ability to reach hard-to-reach communities, and the growing spread of anti-vaccination messaging, which has increased vaccine refusal and vaccine hesitancy. Ongoing commitments to address this include:



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- i. Progress towards the Immunisation Agenda 2030 (IA2030):
 - a) Sustained delivery of the Expanded Programme on Immunisation (EPI), providing vaccines against 13 vaccine-preventable diseases;
 - b) Scaled-up catch-up campaigns and outreach to reach zero-dose and under-immunised children, guided by IA2030 targets and national microplanning;
 - c) Strengthening vaccine management systems and cold chain infrastructure to improve supply reliability and reach underserved areas;
 - d) Enhanced disease surveillance for measles, rubella, polio and other vaccine-preventable diseases, to ensure rapid detection and response;
 - e) Ongoing efforts to increase community engagement and address vaccine hesitancy to improve uptake.
 - ii. Progress on National Health Insurance Implementation:
 - a) Contracting of general practitioners and other health professionals to expand service delivery, particularly in under-served areas.
 - b) Establishment of contracting units for primary health care, integrating outreach services such as immunisation with comprehensive health care.
 - c) Strengthening information systems to improve health service planning, including immunisation coverage monitoring.
 - d) Alignment of NHI benefits to ensure that essential services like immunisation remain free and accessible to all children.
 - iii. Efforts to address anti-vaccination messaging and counter vaccine misinformation include:
 - a) Risk communication and community engagement (RCCE): targeted campaigns providing accurate, evidence-based information on vaccine safety and benefits.
 - b) Partnerships with community leaders: collaborating with traditional leaders, faith-based organisations and civil society to promote positive messages and dispel myths.
 - c) Use of multiple communication platforms: disseminating reliable information through radio, social media and print materials in local languages to reach diverse audiences.
 - d) Health worker training: equipping health professionals with tools and skills to counsel caregivers, address concerns and build trust during vaccination encounters.
 - e) Monitoring and rapid response: tracking misinformation trends and responding in real time to counter emerging rumours and misconceptions.

The Committee recommends the State Party to continue with its efforts to reach all communities with immunisation programmes and provide sufficient vaccination to all children to prevent diseases

9.9 Climate change adaptation strategies

The National Climate Change Adaptation Strategy (NCCAS), 2019 provides a common vision of climate change adaptation and resilience for the country, outlining priority areas for achieving it. The strategy emphasises the role of education in building awareness and capacity to respond to climate change, and considers several key actions to enhance education and training across society, namely:⁷

- i. Incorporation of climate change into schools' curricula
- ii. Development and implementation of training programmes
- iii. Establishing accredited training courses on climate change adaptation and environmental education, through the Fundisa for Change programme.

The NDoH has also concluded a review of its Climate Change and Health Adaptation Plan 2014-2019, incorporating considerations of food security in the context of health impacts; the revised plan is pending approval. A comprehensive Risk Vulnerability Assessment (RVA) was conducted across all 52 health districts in 2021, identifying persons with disabilities, pregnant women, children and people with comorbidities as particularly susceptible to environmental hazards, often exacerbated by gaps in basic service delivery. The Department produced a Health Synthesis Report based on the RVA findings, demonstrating the substantial influence of social determinants of health on climate adaptation and response, and informing key adaptation strategies, including strengthening food systems and nutrition, enhancing maternal and child health, and building climate-resilient health, environmental health and WASH systems. Related work includes the Food and Nutrition Security Committee's development of the 2025-2029 National Food and Nutrition Security Plan, involving all actors in the local food system and food environment.

The Committee recommends the State Party to develop climate change adaptation strategies that integrate nutrition and food security, maternal and childcare and feeding practices, and health, including environmental health and water and sanitation

9.10 Capacitating families on the impact of climate change on food crises

The draft National Food and Nutrition Security (NFNS) Plan 2025-2029 includes broader goals to ensure equitable and dignified access to nutritious, safe, affordable and healthy food for individuals, households and communities. This includes anticipatory warnings for food system shocks from natural causes, disaster risk reduction and preparedness, and responses to both acute and chronic food shortages, with participation from all actors in the local food system and food environment.

From a health perspective, a draft guideline on Infant and Young Child Nutrition in Emergencies has been developed to guide IYCF-E Preparedness and Response Plans at national, provincial, district and local level, ensuring a predictable, timely and effective nutrition response during emergencies. Local government support interventions are implemented in line with the District Development Model, alongside sensitisation and awareness campaigns addressing the risks and mitigation of climate change on children's right to health.

⁷ National Climate Change Adaptation Strategy Republic of South Africa Version UE10 13 November 2019





The Committee recommends the State Party to ensure that children and their families in areas susceptible to food crises brought on by climate change are equipped to deal with the effects by increasing national capacity for alternative feeding, micronutrients, and models for alternative, climate-adapted crops, sustainable food systems, anticipatory action, and shock-response systems, among other things

9.11 Water, sanitation and waste removal policies

The NDoH is reviewing the National Environmental Health Policy 2014, a broad framework for implementing Environmental Health Services in South Africa, to ensure it remains relevant, effective, compliant, and aligned with the country's evolving needs. Priority areas include water quality monitoring, waste management and health surveillance of premises, with particular consideration for vulnerable groups, including children under five, older persons and pregnant women.

The Committee recommends the State Party to put in place water, sanitation and waste removal policies prioritising the provision of services to households where children are found

9.12 Climate change risks on children's rights

Government ensures local government is adequately capacitated to execute its environmental management functions. Support interventions are implemented in line with the District Development Model, with sensitisation and awareness campaigns addressing the risks and mitigation of climate change on children's right to health, under Climate Change Adaptation Strategic Outcome 6.1 on strengthening capacity-building and awareness for climate response, through formal and informal capacity development, education and awareness programmes.

The NDoH recognises children as among the groups most vulnerable to climate change, due to their developing physiology, higher metabolic rates, and reliance on adult care. To monitor these impacts, particularly on children under five and those in schools, the Department has set specific indicators tracked through the District Health Information System (DHIS). The 2014-2019 Climate Change and Health Adaptation Plan emphasised tracking food insecurity, hunger and malnutrition in young children, alongside broader direct and indirect health effects of climate variables. To mitigate these impacts, the Department has implemented measures including WASH interventions, food security and nutrition programmes, climate-resilient health systems, early warning systems, preparedness strategies and environmental health protections, detailed further in the Department's updated climate change and health strategy and implementation plan.

The Committee recommends the State Party to conduct sensitisation campaigns for communities and children to ensure that the citizens are aware of the risks of climate change on children's right to health and fully integrate climate change considerations and their impact on children's right to health into the next periodic report.





9.13 Children with disabilities

9.13.1 Access to health services

Partnerships have been forged with stakeholders, including Basic Education and Health officials, who have worked together at national, provincial, district and local level since implementing the Screening, Identification, Assessment and Support (SIAS) policy and the Integrated School Health Programme (ISHP). Government also collaborates with provinces on learners' access to assistive devices, identifying backlogs and their causes, and measures to reduce them, and maintains ongoing communication with provinces on realising the rights of persons with disabilities, with follow-up to continue.

The Committee recommends the State Party to ensure that health services are accessible and affordable for children with disabilities

9.13.2 Psychosocial support for children diagnosed with a disability

The Strategy and Guidelines on Services for Children with Chronic Illnesses emphasise the social worker's role in providing a broad range of psychosocial services, from emotional support to referrals for community resources, outlining four key levels of intervention: prevention, early intervention, protection and rehabilitation.

The Committee recommends the State Party to provide psychosocial support for children diagnosed with a disability

9.13.3 Sign language interpreters for children with hearing impairment

In 2023, the Constitution of South Africa was amended to add South African Sign Language (SASL) as an official language, aiming to improve access to education, justice and other public services for the Deaf community. Government departments are accordingly mandated to provide sign language interpreters for public services.

To strengthen access to justice, the Criminal and Related Matters Amendment Act, 2021 (Act No. 12 of 2021), which came into operation on 5 August 2022, gives legal recognition to sign language as viva voce (oral) evidence in court. A witness who cannot hear or speak may testify using demonstrations, gestures or other non-verbal expression, including communication devices, as viva voce evidence. The same applies to a witness under 18, or one with a physical, psychological, mental or emotional condition inhibiting their ability to give oral evidence. The Department of Justice and Constitutional Development has built a capacity of 21 full-time sign language interpreters, with plans to progressively increase this to meet demand.

The Committee recommends the State Party to provide sign language interpreters for children with hearing impairment.



PART 10



Family Environment and Alternative Care (Arts. 18–20 and 24)

10.1 Principal legislative, judicial, administrative or other measures in force, on the following aspects relating to family environment and alternative care

The Children's Amendment Bill (2025), which seeks to amend the Children's Act to strengthen child care and protection measures, has been gazetted for public comment. Among other things, it aims to strengthen provisions for the care of abandoned or orphaned children and to address additional matters relating to children in alternative care.

The Revised White Paper on Families (2023) was approved by Cabinet in November 2023. It provides guidelines and strategies for the twin goals of strengthening families and their well-being and strengthening communities as support networks for families. Recognising diverse family structures, it aims to provide coordinated support to families across South Africa, arising from the need to prevent family disintegration and address the conditions affecting families and communities. It views the family as a key development imperative and seeks government-wide and multi-sectoral support to enhance families' socialising, caring, nurturing and supporting capabilities, so their members can contribute effectively to the country's development, and it highlights the critical need for integrated, multi-sectoral collaboration in implementation.

The Paper was launched during the International Day of Families session in May 2025, inviting all sectors – government, communities, faith-based institutions and ordinary citizens – to reimagine what it means to support families. It also called for dismantling the stigma around non-traditional family structures, bridging policy gaps that exclude the most vulnerable, and recognising caregiving as a shared societal responsibility. Stakeholders continue to be capacitated on the revised White Paper across districts nationwide to ensure effective implementation, supported by a functional, intersectoral coordinating structure that strengthens coordination, integration and collaboration.

The International Day of Families (IDF) is celebrated annually on 15 May, as proclaimed by UN General Assembly resolution 47/237 of 20 September 1993. It is an occasion to reflect on the work begun in 1994 and to celebrate the importance of families, people, societies and cultures worldwide, highlighting the critical role families play in promoting emotional and social well-





being and strengthening communities. The day promotes awareness of issues relating to families and increases knowledge of the social, economic and demographic processes affecting them, recognising the family as the basic unit of society and working to ensure families have access to services. Children are involved through this programme to ensure their voices are heard and that relevant support services are offered when needed.

The marriage retreat programme promotes social cohesion and safe communities, and helps build a capable, ethical and developmental state, recognising that stable marriages are essential to family stability and, ultimately, society's well-being. National Marriage Week supports and encourages married couples and those preparing for marriage to engage in discussions and equips them with knowledge and skills to strengthen their marriages. The Families Matter Programme, an evidence-based, parent-focused intervention, encourages positive parenting and effective parent-child communication on difficult issues, including sexuality and sexual risk reduction, while the MenCare+ Programme encourages and equips fathers to be involved in family life and their children's upbringing. International Men's Day celebrates men's contribution to society, aiming to improve gender relations, promote unity, and encourage men and boys to care for their mental and physical health. Government also continues to promote and provide reunification services, aiming to restore family well-being, help families regain self-reliance and optimal social functioning, and facilitate reintegration into family and community life after separation.

10.2 Protection of the family (art. 18)

Parents' common responsibilities during marriage and on the measures taken to ensure necessary protection of the child following dissolution of marriage.

Under the Children's Act, parental responsibilities and rights include the duty to care for, protect, maintain and act as guardian for the child. The Office of the Family Advocate (OFA), empowered by the Mediation in Certain Divorce Matters Act, investigates the welfare of children affected by divorce, parental separation, parental conflict and other domestic or family disputes, and compiles a report recommending what is in the child's best interests. The OFA's primary role is to help families reach agreement on issues such as custody, access and guardianship through mediation, and to make recommendations to the court where agreement cannot be reached. Its family counsellors conduct enquiries and interview parties and children to help draft psychosocial reports. Government also ensures psychosocial support services are provided to children and parents, and provides for drawing up parental responsibilities and rights agreements, as well as parenting plans.

10.3 Parental care and protection (art. 19):

Measures taken to ensure necessary protection of the child in case of separation from one or both parents

The Constitution guarantees children's rights to family care and parental care, or appropriate alternative care when removed from the home environment. Chapter 12 of the Children's Act gives effect to this right, providing for placement in foster care, temporary safe care, or a Child and Youth Care Centre, while Chapters 15 and 16 provide for national or intercountry adoption.





10.4 Parental responsibilities (art. 20):

Measures taken to assist parents and other persons responsible for the child in the performance of child-rearing and in case of need provide material assistance

The Children's Act provides measures to assist parents and other persons responsible for a child in child-rearing, including partial care services, programmes and facilities such as centre-based and non-centre-based ECD services, respite care, after-school care centres and private hostels. It also provides for the establishment and operation of Drop-in Centres (DICs) offering services such as laundry, meals, school support, psychosocial support, hygiene services and holiday programmes.

Provision is also made for parenting programmes to help parents fulfil their parental responsibilities effectively. Government, in partnership with development partners, implements parenting programmes for different age groups to build parenting skills. One effective example is the Sinovuyo (Xhosa for “we have joy”) Teen Parenting Programme, which builds caregivers' parenting skills and strengthens communication between caregivers and adolescents. To implement this effectively, government trains social service professionals through both digital and in-person methods.

Government's various programmes aim to strengthen parents so as to avoid removing children from their family of origin, recognising the family as the first line of defence in socialising children and instilling values. However, where parental responsibility fails or parents are absent, the state must take responsibility for ensuring care and protection, considering alternative care such as foster care, adoption, or institutional care.

10.5 Measures taken to ensure development of institutions responsible for providing care of children

The revised White Paper on Families (2023) ensures the family, as an institution, is empowered and strengthened to continue discharging its responsibilities towards vulnerable members, including older persons, children, and persons with disabilities. Recognising the challenges facing South African families, which in some cases lead to children being removed for placement in alternative care, Child and Youth Care Centres (CYCCs) have been established. These centres provide residential care for more than six children outside the family environment, in line with a residential care programme suited to the facility, offering care, protection and integrated programmes, including therapeutic support, to children found by a court to need care and protection.

CYCCs cater for children aged 0-18, with some accommodated until age 21 if still in school, as provided for in section 176 of the Children's Act. The centres cater for both boys and girls. The country currently has 418 CYCCs, accommodating a total of 15 878 children, including 1 187 children with disabilities.

10.6 Measures taken to ensure that the children of working parents are provided with care services and facilities.

Early Childhood Development centres provide working parents with safe, reliable childcare during the critical period from birth to five years, when the foundation for a child's physical, cognitive, emotional and social development is laid. Government recognises the importance of investing in these early years to help every child reach their full potential; quality ECD services improve children's school readiness, positively impacting their academic achievement and lifelong well-being.





10.7 Adoption (art. 24)

10.7.1 *Legislative, judicial and administrative measures taken to ensure both national and inter-country adoption are in the best interests of the child.*

Legislative: section 9 of the Children's Act requires that the child's best interests be treated as paramount in all matters concerning a child's care, protection and well-being.

Judicial: the children's court grants an adoption order once satisfied that the adoption complies with the Children's Act and is in the child's best interests.

Administrative: adoption social workers consider the child's best interests during the adoptability assessment. All adoption applications are assessed by the Provincial Head of Social Development to ensure compliance before the children's court finalises the adoption order; intercountry adoption applications are additionally assessed by the South African Central Authority for the same purpose.

10.7.2 *Measures taken to encourage national or in-country adoption*

Government has strengthened measures to promote and popularise adoption services, encourage communities to adopt, celebrate adoptive families, and improve uptake. This includes community-based events, media awareness campaigns, dialogues and information-sharing sessions promoting national adoption, including commemorating World Adoption Day/Month, in partnership with child protection organisations, communities and other government departments, supported by print and electronic media and the distribution of pamphlets and promotional material. These interventions target community members, foster parents, temporary safe care parents and traditional leaders, and government also facilitates recruiting prospective adoptive parents for children with disabilities.

Adoption issues are also discussed at the National Child Care and Protection Forum, which brings together stakeholders from government departments, civil society, the South African Council for Social Service Professions, academia and the judiciary; the National Adoption Coalition of South Africa, comprising accredited adoption service providers; and cross-border forums with neighbouring countries addressing intercountry adoption.

10.7.3 *Bilateral or multilateral arrangements or agreements it has concluded in respect to adoption matters, and particularly whether it has adopted the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption*

South Africa has working agreements with foreign countries on intercountry adoption and has acceded to The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.





10.7.4 Institutional machinery established to monitor the well-being of children in adoption, foster care and other systems of alternative care

Monitoring and evaluation of adoption services rendered by DSD social workers and accredited adoption service providers is conducted. Adoption social workers provide after-care services to adoptive families to support adopted children's well-being and assist with further services as needed. Statistical data on registered adoptions is collected monthly and shared with stakeholders at various forums; this data shows a decrease in annual adoption registrations, helping identify the need to promote national adoption and encourage prospective adoptive parents to improve uptake.

10.7.5 Achievements and challenges of local and indigenous alternative care systems (such as Kafalah and kinship care) and the measures taken to ensure that such systems are in the best interest of the child and in compliance with the Charter.

South Africa recognises legal adoption by any person, including family members, and other forms of legal alternative care placement, but does not recognise Kafalah, as its effects are contrary to those of an adoption order under South African law (section 242 of the Children's Act).

10.8 Child and Youth Care Centres

Government continues to strengthen measures to improve the quality of care in CYCCs. As part of monitoring, provincial DSDs submit quarterly reports to the national DSD, indicating challenges and plans to address them, with national DSD support provided where needed. A dedicated task team for CYCC operations and management has been formed to address identified challenges.

The Committee recommends the State Party continue conducting regular monitoring at a provincial level to ensure compliance with minimum standards

10.8.1 Draft monitoring tool for Child and Youth Care Centres

The draft monitoring tool for CYCCs was finalised in December 2023, following consultation with provinces in September 2023, and remains an effective tool for improving quality of care. It is being implemented and will be reviewed regularly to address implementation gaps; further consultation in February 2025 identified gaps that led to a review of the tool in March 2025.

The State Party is further recommended to finalise the draft monitoring tool that was developed to guide the State Party in assessing the efficacy of the CYCCs.

10.8.2 Deinstitutionalisation strategies and reunification services

With regard to deinstitutionalisation strategies, the country is strengthening the implementation of the provisions of the Children's Act to address the issue of children under three years who find themselves placed in Child and Youth Care Centres.

Regarding reunification services, government continues to train social service professionals at district level in strengthening families' capacity to care for and protect their members through reunification care plans and permanency plans. These services aim to restore family well-being, help families regain self-reliance and optimal social functioning, and facilitate reintegration into family and community life after separation.⁸

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The Committee further recommends that the Government promotes deinstitutionalisation strategies, including reunification services, to ensure that children having biological parents reunify with their parents.

10.9 Child support grant

South Africa continues to provide the following children's grants;

- i. The Child Support Grant provides financial assistance to primary caregivers of children up to age 18 living in extreme poverty, to supplement household income.
- ii. The Child Support Grant Top-Up is an additional amount added to the standard CSG for orphaned children in the care of relatives or in child-headed households, providing increased financial support to caregivers without requiring them to go through the foster care system. The top-up is not a separate grant, but an increase to the existing CSG.
- iii. The Care Dependency Grant provides income support to caregivers providing permanent care for children with severe mental or physical disabilities.
- iv. The Foster Child Grant provides financial support to a foster parent for the care of a child, up to age 21 if still in secondary or tertiary education, placed in their care by court order of the Children's Court.

These grants receive an annual increment linked to inflation to help reduce income poverty affecting the most vulnerable children. The value of the CSG Top-Up is R800, above the Food Poverty Line of R796, while the Care Dependency Grant, valued at R2 190, is well above the upper-bound poverty line of R1 634.

The Committee, therefore, recommends the State Party to double its efforts in mobilising resources to increase the CSG so as to address all basic needs of children in the State Party.



PART 11



Protection of Children in Most Vulnerable Situations (Arts. 13, 22-23 and 25)

11.1 Special measures it has taken to promote and protect the rights of children in most vulnerable situations

To strengthen the protection of orphans and vulnerable children, government began implementing the community-based prevention/early intervention initiative RISIHA in 2020, aimed at protecting vulnerable children and strengthening families. It provides a core package of services across seven domains – child protection, psychosocial support, food/nutrition, economic strengthening, education, health and HIV/AIDS – to help move children from vulnerability to resilience, with families and communities as the first line of response in child protection.

Strengthening and upscaling the RISIHA programme aims to identify risks, support and sustain families, and prevent children's removal from the home, moving children from vulnerability to resilience. UNICEF seconded an official from June 2022 to June 2025 to provide technical support and oversee RISIHA implementation, assisting the rollout of training to implementers at district level in four provinces; 1 146 participants were trained through this initiative.

A core package of services also continues to be provided to orphans, vulnerable children and youth in Government-to-Government (G2G) districts, supporting children's holistic development through psychological support, educational support, health promotion, HIV/AIDS services and support, child care and protection, economic strengthening, and food and nutrition promotion.

Drop-in centres serve as access points for the RISIHA programme in South Africa. UNICEF has leveraged resources to help these centres comply with health and safety standards and national norms, and to provide quality programmes and services for all vulnerable children, including those with disabilities, in line with the Children's Act 38 of 2005. There are 975 drop-in centres nationwide, with the highest numbers in the rural provinces of Limpopo, KwaZulu-Natal and Mpumalanga.

DICs have also received infrastructure upgrades and equipment, including computers, printers, office furniture, appliances, kitchen utensils, stationery, recreational equipment and books, and WiFi access; some received support to establish vegetable gardens, and rural centres received



boreholes and water tanks to ensure clean drinking water. Handwashing stations were installed in centres in Mpumalanga, Limpopo, Eastern Cape, Western Cape, Free State and Gauteng, with UNICEF providing on-site training on their use and good hygiene practices and supporting eight centres with organisational development for good governance and effective management.

I 1.2 Children with disabilities (art. 13)

I 1.2.1 Special measures taken in respect to children with disabilities

The legislative and policy mandate for services to children with disabilities derives from the Children's Act, which provides comprehensive protection giving effect to children's rights under the Constitution and ratified international and regional instruments. Section 11(1) of the Act provides for children with disabilities to:

- i.** Benefit from prevention and early intervention programmes that build families' capacity and self-reliance to respond to the needs of children with disabilities and chronic illnesses.
- ii.** Benefit from strengthened intersectoral collaboration between government departments for the effective and efficient use of resources in providing services to children with disabilities and chronic illnesses.
- iii.** Be provided with conditions that ensure dignity, promote self-reliance, and facilitate active participation in the community.
- iv.** Have barriers that exclude children with disabilities and chronic illnesses identified and addressed.

The Strategy for Integrated Services to Children with Disabilities was also developed to guide the integration and mainstreaming of children with disabilities into broader children's programmes. The strategy:

- i.** Is aligned with the Children's Act and other national policies on services to children;
- ii.** Addresses institutional, community-based and family support services, as well as funding and support services;
- iii.** Is reinforced by ongoing parental dialogue facilitated across provinces, particularly rural provinces where services are limited.

Depending on a child's circumstances, services are aligned to their needs, ranging from institution-based to community-based services (RISIHA, with 1 200 sites, having reached 992 children with disabilities to date).

These services are rendered through partial care (respite care), Child and Youth Care Centres (for court-ordered placements) and DICs.

As part of its commitment to improving the lives of persons with disabilities, government developed the draft Policy on Social Development Services to Persons with Disabilities, advocating for mainstreaming persons with disabilities into social development policies, strategies, programmes and projects addressing systemic poverty and inequality among poor and marginalised groups. Once finalised, the policy will ensure the DSD implements the directives of the overarching White Paper on the Rights of Persons with Disabilities, reflecting the Department's continued commitment to realising their dignity. It sets out two strategic objectives for implementation,



monitoring, evaluation and reporting: ensuring persons with disabilities continually receive disability-specific social development services, and mainstreaming disability across all departmental service interventions, in line with the National Development Plan: Vision 2030.

The Strategy and Guidelines on Services for Children with Chronic Illnesses, developed in line with section 11(2) of the Children's Act, emphasises the social worker's role in providing psychosocial services, from emotional support to referrals for community resources, outlining four levels of intervention: prevention, early intervention, protection and rehabilitation.

Furthermore, the draft Strategy for integrated services to children with disabilities has been developed to guide and support the integration and mainstreaming of children with disabilities into broader children's programme.

To ensure effective response services for children with disabilities, SSPs are capacitated in implementing the RISIHA programme on mainstreaming children with disabilities and chronic illnesses.

The DSD, in partnership with the Japan International Cooperation Agency (JICA), is developing community-based respite care services for families of children with disabilities, focusing on underserved areas in Mpumalanga and Northern Cape. Respite care gives parents or primary caregivers of children with severe disabilities a short break from the demanding, round-the-clock responsibility of caregiving, which can affect their mental health and overall well-being. Parents of children with disabilities are also encouraged to join or establish support structures in their communities, such as support groups, the Disabled Children's Action Group (DICAG) and parent networks.

Furthermore, government continues to:

- i. Raising awareness of different types of disability, discrimination and stereotypes, in partnership with other departments and civil society, targeting communities and parents of children with disabilities.
- ii. Capacitating officials and civil society organisations on the social model of disability, types of disability, the respite care programme and relevant legislative mandates (the UN Convention on the Rights of Persons with Disabilities, the White Paper on the Rights of Persons with Disabilities, the Guidelines on Respite Care Services to Families of and/or Children with Disabilities, and the Disability Empowerment and Mainstreaming Guidelines).
- iii. Advocating for reasonable accommodation – including sign language interpretation, braille, tactile deafblind communication, large font and audio formats – to enable participation and inclusion in all activities; and
- iv. Advocate for accessible environments.

The White Paper on the Rights of Persons with Disabilities (2016) informs the mainstreaming of disability considerations across human settlements planning and service delivery. Integrated housing interventions are implemented in collaboration with health, education and social development departments to address children's comprehensive needs, and child-headed households are supported through emergency housing programmes involving social workers to ensure appropriate legal and administrative protection. Through these measures, the Department remains committed

to inclusive housing delivery that addresses structural inequality and supports all children's rights and development.

The country has also developed learning material for training on disabilities, building understanding of different disability types, court-based support needs, reasonable accommodations for court users with disabilities and the applicable minimum standards. This training was offered to administrative personnel at courts selected for upgrading in line with the Minimum Standards, reaching a total of 403 officials since 2021/22.

The Department also conducted capacity-building sessions on implementing the Guidelines on Community-Based Prevention and Early Intervention Services for vulnerable children and mainstreaming children with disabilities.

11.2.4 Measures taken to ensure children with disabilities have effective access to public highways, buildings and other places

The National Policy Framework on Reasonable Accommodations and Measures to Access Justice for Court Users with Disabilities at the Lower Courts was developed in 2020 and became operational in the 2021/22 financial year. It is accompanied by Minimum Standards setting out reasonable accommodations and correlating support services for establishing disability-centric courts, developed in line with the Constitution, which guarantees everyone, including court users with disabilities, equality before the law and equal protection and benefit of the law, and in compliance with relevant international and regional instruments requiring access to justice for all. This requires courts to be inclusive, with substantive and procedural standards developed and complied with to ensure equal access and participation for persons with disabilities.

In line with these developments, some 70 lower courts were upgraded to meet the Minimum Service Standards for the Strategy on Reasonable Accommodations and Measures to Access Justice for Court Users with Disabilities, providing reasonable accommodations and disability-centric support services.

Since 2021/22, 283 lower courts have been upgraded in line with the Minimum Standards on Reasonable Accommodations and Measures to Access Justice for Court Users with Disabilities. Various public education products have also been made accessible to persons with disabilities through large print and braille formats, for example:

- i.** Constitution of the Republic of South Africa is available in braille for the blind and persons who are visually impaired. It has also been printed in large font for older persons and the visually impaired.
- ii.** A booklet explaining the 3 GBV Amendment Acts of 2021 is available in braille for the blind and persons who are visually impaired. It has also been printed in large font for older persons and the visually impaired.
- iii.** A Safety Plan for Victims/Survivors of Domestic Violence is available in braille and pictorial formats, though printing has been paused pending the South African Medical Research Council's research, in partnership with the Department, into the tool's efficacy.
- iv.** A brochure introducing amendments to the Domestic Violence Act, 1998, titled 'Protect Victims/Survivors of Domestic Violence', is available in braille and large font.





- v. A Maintenance brochure is available in braille;
- vi. A Handy Hints Brochure for Court Officials: 'Equal Access to Justice for Persons with Disabilities' is also available in braille;
- vii. Child Justice Information Booklets: (i) Don't Use or Sell Drugs, (ii) Stop Bullying are available in braille and large print.

11.3 Children in situations of economic exploitation (art. 15)

11.3.1 Measures, including legislative and administrative measures, taken to protect children from all forms of economic exploitation

Government continues to ensure safe and healthy working conditions, fundamental to decent work, and to protect young persons from hazardous work by enforcing legislation promoting workplace safety, including ensuring children permitted to work under a Sectoral Determination receive all benefits due to them. To strengthen this, government initiated the Child Labour Programme of Action (CLPA), the country's action plan for preventing, reducing and eventually eliminating child labour. Following the fifth Global Conference on the Elimination of Child Labour, the Department of Employment and Labour drafted the fifth phase around the 49 immediate and effective measures outlined in the Durban Call to Action, assigning responsibility for these steps to government departments.

The labour inspectorate will continue to be strengthened in handling child labour issues and understanding Basic Conditions of Employment Act (BCEA) provisions and regulations. The National Day Against Child Labour was commemorated to raise awareness, and a roadmap for preventing, reducing and eliminating child labour – the CLPA – was developed in partnership with government, organised business, organised labour, civil society, and groups of teenage children involved in various forms of child labour.

Child labour in the informal sector is a serious issue, particularly in townships and cities, where it is often overlooked and unregulated. Children in this sector are frequently engaged in menial, low-paid and exploitative work, sacrificing education and well-being for meagre wages, often driven by poverty, lack of access to education and inadequate legal protection. Regular inspections are conducted in the informal sector to address child labour, refer survivors to social workers and report violations to the police.

In light of these challenges, government is committed to continuing to strengthen the labour inspectorate within the Department of Employment and Labour in handling child labour issues and understanding BCEA provisions and regulations.

11.3.2 Whether the minimum age for admission to every employment is provided through legislation

Section 43 of the BCEA prohibits employing children under 15, or below the minimum school-leaving age, and sets out conditions for employing children aged 15 and above.

11.3.3 Whether appropriate regulation of hours and conditions of employment is provided

Sectoral Determination 10 prescribes conditions of employment for children under 15 performing advertising, artistic and cultural activities in South Africa.





11.3.4 Whether appropriate penalties or other sanctions for non-compliance are provided

Section 43(3) of the BCEA makes it an offence to require or permit a child to work, with section 93 prescribing a sentence of up to six years' imprisonment.

Cabinet approved the Fifth Child Labour Programme of Action (CLPA) in 2025. It serves as South Africa's national framework for preventing, reducing and eventually eliminating child labour, providing a more integrated and targeted approach, including strengthened enforcement, improved intersectoral coordination, early identification of vulnerable children, and comprehensive support for affected and at-risk children.

11.3.5 Measures taken against the worst forms of child labour Efforts taken to disseminate information on the hazards of child labour to all sectors of the community

Department of Labour inspectors visit workplaces to check compliance with labour legislation, and will undertake joint inspections with Home Affairs, SAPS and other stakeholders through Joint Inspection Forums to ensure compliance with labour laws. A child found to be a victim of child labour or the worst forms of child labour is treated as a child in need of care and protection and taken through a court process to ensure appropriate care, including placement in alternative care where necessary.

The Committee recommends the State Party to develop systems for providing children removed from hazardous work and worst forms of child labour with support services and training

11.3.6 Data collection and monitoring of child labour complaints

The Department maintains monthly, updated registers of all inspections conducted, prosecutions undertaken and penalties applied for child labour violations, with inspectors also conducting advocacy on labour law compliance during daily inspections.

The Committee recommends the State Party to systematically collect, monitor and make available information on child labour complaints as well as the types and numbers of inspections conducted, citations issued, prosecutions undertaken, and penalties applied in relation to child labour violations

11.3.7 Economic vulnerabilities associated with child labour

One intervention being implemented is ensuring safe and healthy working conditions, fundamental to decent work, and protecting young persons from hazardous work by enforcing legislation that promotes workplace safety, including ensuring children permitted to work under a Sectoral Determination receive all benefits due to them.

Government also provides social grants to children and families as social protection, through the Child Support, Foster Care, Disability and Care Dependency Grants.

The Committee recommends the State Party to mitigate economic vulnerabilities associated with child labour, such as expanding child-sensitive social protection programmes to poor, marginalised and vulnerable households.





11.3.8 National Baseline Assessment and National Action Plan on Business and Human Rights

The Child Labour Programme of Action (CLPA) is a national strategy to address and eliminate child labour through government and civil society collaboration, intended to complement and strengthen existing programmes where they inadequately prevent child labour. It sets out specific actions and assigns responsibility to different government departments, all of which have a role in eliminating child labour.

The Committee recommends the State Party to consider developing a National Baseline Assessment and National Action Plan on Business and Human Rights, which include children's rights.

11.4 Refugee Children, Children Seeking Asylum and Internally Displaced Children (art. 23):

11.4.1 Measures taken to provide access for children to procedures for determining refugee status, taking into account the special needs and rights of children

Refugee children are assisted to apply for asylum or refugee status under the Refugees Act 130 of 1998.

11.4.2 Measures taken to provide protection and humanitarian assistance to refugee children, children seeking asylum and internally displaced children

Refugee children in South Africa can qualify for social assistance. Any child found to need care and protection is removed and placed in alternative care, with social services provided to all children in the country, and government ensures family tracing and reunification services through the ISS network and international collaboration.

The Committee recommends the State Party to facilitate intensive integration support and alternative care arrangements for refugee children

11.4.3 Measures to facilitate family tracing and reunification and other protection measures for unaccompanied and separate children

Government has reviewed the National Guidelines on Unaccompanied and Separated Migrant Children in South Africa and South African Children in Distress in Other Countries. These guidelines set out the processes to be followed by child protection stakeholders in dealing with these children, and were developed in consultation with key government departments, with implementing partners trained on the guidelines and related topics on children on the move.

The National Steering Committee on Unaccompanied and Separated Migrant Children has been strengthened to discuss the challenges facing this group of children and continually unblock service delivery.

The Inter-Departmental Protocol on the Management of Unaccompanied and Separated Migrant Children was developed to clarify and standardise the roles of different departments and how they collaborate to care for these children effectively, fostering interdepartmental cooperation, information-sharing and networking among departments, agencies and other



stakeholders.

An audit report on unaccompanied and separated migrant children in alternative care in South Africa was completed in March 2021, in partnership with UNICEF, to collect, understand and analyse their situation.

Policy review: including the definition of unaccompanied and separated migrant children in the Children's Amendment Act.

Cross-border coordination forums have been established and strengthened between South Africa, Zimbabwe, Lesotho, Mozambique and Eswatini, with the objectives of:

- i. Coordinating meetings and activities to share experiences, develop joint strategies and build capacity for protecting unaccompanied and separated minors across the countries involved;
- ii. Coordinating and facilitating the review of existing policies, legislation and regulations on unaccompanied and separated minors, identifying gaps, making recommendations to relevant stakeholders, and advocating for improved service delivery to this group of children.

The Committee recommends the State Party to consider rolling out projects aimed at offering services to refugees, asylum seekers and migrants, including unaccompanied minors, to all the other provinces

11.4.5 Measures taken to cooperate with existing international organisations which protect and assist refugees, asylum seekers and internally displaced persons.

International organisation partnered with the Department cooperates with organisations such as UNHCR, UNICEF and IOM, when necessary, to help provide services to this group of children.

11.4.5.1 UNICEF supported:

- i. ISS for the unaccompanied and separated migrant children programme,
- ii. Financial and technical support, secondment of technical staff to support ISS programme
- iii. Audit on unaccompanied and separated migrant children in alternative care
- iv. Support with the development of the Interdepartmental protocol on the multidisciplinary management of unaccompanied and separated migrant children in South Africa

11.4.5.2 Save the Children

- i. Funded the training and capacity building programme
- ii. Financial and technical support for cross-border collaboration with neighbouring countries. The programme is nationwide, including rural areas and farms, and targets all children within South Africa's borders.
- iii. The programme aims to provide care and protection to unaccompanied and separated migrant children (USMC) within South Africa's borders and reunify them with their families.



11.4.5.3 Children in armed conflicts

Sensitising communities about negative impacts of attacks and destruction of schools

Disasters often lead to disruption of teaching and learning in affected schools. To maintain health and safety of those affected, the sector often has to provide emergency facilities while planning on the rehabilitation of the affected assets. Temporary classrooms are provided in such circumstances to ensure that there is no breakup on teaching and learning.

- i. The Sector Report to the National Disaster Management Centre (NDMC) is prepared.
- ii. DBE provides support and guidance to provincial sector departments and NDMC regarding matters related to assessments and costing verifications
- iii. The Disaster Management Act places the onus for rehabilitation and construction of infrastructure on the organ of state responsible for maintenance. This implies that PEDs are responsible for rehabilitation and construction of schools affected by disasters;
- iv. Make provision during the budget planning process to include disaster allocation;
- v. Provinces have to reprioritise funding allocated in the Education Infrastructure Grant to provide emergency facilities and address the damaged schools;
- vi. PEDs must submit their funding applications through their PDMCs and copy DBE
- vii. DBE consolidates the Provincial Applications and draft a consolidated sector funding Application to NDMC.
- viii. Business plans for the allocated disaster funds must be in line with the post disaster verification assessment reports submitted to the NDMC;
- ix. Provide monthly progress reports to DBE on Storm Damaged Schools;
- x. Disaster reconstruction and rehabilitation funds may only be utilised for approved projects as listed in the post disaster verification assessment reports and approved business plans; and
- xi. Quarterly performance reports on disaster allocations must be submitted to the NDMC and DBE.
- xii. Adjustment of the EIG in terms of Section 6(1)(b) of the Appropriation Act, 2025 (Act No 3 of 2025), to cover expenditure on disasters is also done

The Committee recommends the State Party to Sensitize communities about the negative impacts of attacks and destruction of schools and school properties during civil unrest

Measures to establish essential lessons for preventing, managing and resolving future socio-political unrest

- i. Curriculum catch up (recovery) programmes are provided to learners.
- ii. The DBE has developed Guidelines for General Upkeep and Maintenance of Education Facilities to guide the basic education sector, stakeholders and service providers on the procedures and protocols for looking after and maintaining the basic education facilities.
- iii. The DBE has developed School infrastructure safety and security Guidelines and one of the areas of concern it seeks to address was “sheer vandalism of education facilities by learners and by the outsiders”, including community induced violent crimes and acts.
- iv. In order to address the safety and security problems in schools, some of the recommendations that have been advanced by some authors (Xaba, 2006; Masitsa, 2011; SAHRC, 2012; CJCP, 2013;



Hanover Research, 2013; DBE, 2016) include the following: create fencing around school yards, provide alarm systems and burglar proofing, Provide adequate and effective exterior lighting;

- v. Government has been playing a proactive role in dealing with unrest. through PROVJOINTS and NATJOINTS, which have been on alert and able to identify hotspots and provide safety.
- vi. Reaffirming that schools are violence-free environments under the Regulations for Safety Measures in Public Schools and has prioritised School Community Engagements, supported by a UNHCR-backed toolkit, to sensitise communities on the impact of violence and destruction on learners' constitutional right to education. School Safety Committees and Quality Learning and Teaching Campaign (QLTC) structures further support community-level prebunking and debunking of harmful narratives.

The Committee recommends the State Party to: Establish essential lessons for preventing, managing and resolving future socio-political unrest in the State Party.

I 1.5 Children of imprisoned mothers (art. 30)

The presence of children in conflict with the law (aged 14-17), as well as babies (0-2 years), in correctional facilities is a reality faced by the Department of Correctional Services (DCS). Babies may enter facilities with their mothers at incarceration or be born during the mother's sentence. The Correctional Services Amendment Act (Act 25 of 2008) allows mothers, whether remand detainees or sentenced offenders, to keep their babies with them until the child turns two.

To uphold the rights and welfare of children in correctional settings, the Department has implemented measures to ensure the environment supports both the child's care and the mother's rehabilitation, including:

- i. Establishing 17 Mother and Baby Units within female correctional centres, where mothers with babies are accommodated separately from the general female offender population.
- ii. Providing specialised housing arrangements, either in single cells (with a bed for the mother and a cot for the baby) or in communal cells where cots are placed next to the mother's bed.
- iii. Ensuring the holistic development of babies through Early Childhood Development (ECD) Centres, designed to deliver programmes that support growth, learning and stimulation.
- iv. The provision of Mother and Baby Units and ECD Centres contribute to:
 - a) Child well-being: Ensuring babies receive appropriate care and developmental support during their formative years.
 - b) Mother-child bonding: Allowing incarcerated mothers to maintain close relationships with their babies, which is critical for emotional and psychological development.
 - c) Compliance with child rights obligations: Aligning correctional services with constitutional, legislative and international child protection standards.
 - d) Institutional collaboration: several ECD centres have been registered with the Department of Social Development (DSD), while others have conditional registration, reflecting interdepartmental cooperation.

The Committee recommends the State Party to continue with its efforts in ensuring that children of imprisoned caregivers have access to basic services





I 1.6 Children in situations of sexual exploitation (art. 27)

I 1.6.1 Measures taken to protect the child from all forms of sexual exploitation and sexual abuse

Government offers programmes for exploited children addressing their specific needs. These therapeutic programmes, delivered by social workers, promote healing from trauma, build or strengthen children's resilience and protection against further exploitation, and equip them with life skills to support their well-being, ensuring exploited children receive adequate services from well-capacitated, empowered practitioners. The country is also implementing findings from the Disrupting Harm Study, which focused on children's online use, risks and benefits, and the recruitment and grooming of children for online and offline sexual exploitation.

Government also educates children, parents, caregivers and communities, and continues to raise awareness on preventing and responding to child sexual exploitation and abuse, aiming to minimise the risk of sexual abuse.

To meet the high demand for therapeutic services for children and families, capacity-building is conducted through therapeutic training for social workers and supervisors on supporting children and families affected by child sexual abuse, reducing the impact of traumatic experiences and improving functioning for those affected by violence, abuse and exploitation.

Government ensures SSPs are capacitated quarterly on:

- i. The Guidelines for the Prevention of and Response to Child Exploitation (child trafficking, child labour, commercial sexual exploitation and online safety), addressing the specific needs of exploited children and enabling social workers to deliver therapeutic programmes that promote healing, strengthen resilience, and reduce further risk of exploitation. The training ensures practitioners adopt a child-rights-based response when working with children in street situations, with emphasis on effective case management and clear roles and responsibilities in line with stakeholders' respective mandates.
- ii. Programmes for exploited children, setting good practice standards for practitioners upholding children's best interests, and ensuring stakeholders are guided in defining their roles and responsibilities and effectively capacitated to deliver efficient, uniform services.
- iii. Online Safety Training covers online definitions and terminology, the legislative framework, and social workers' and stakeholders' roles and responsibilities in responding to children at risk of, or victims of, online violations, given the paramount importance of online safety and cybersecurity as children use cyberspace. This training is also provided as part of the school safety programme.
- iv. Therapeutic training for SSPs on supporting children and families affected by child sexual abuse, violence, neglect and exploitation.

Children are also engaged in community dialogues as build-up activities for Child Protection Month, raising education and awareness on child care and protection. Strong intersectoral collaboration among government departments and non-governmental organisations addresses sexual exploitation through response programmes on identifying and preventing exploitation of children at risk or who are victims, aiming to prevent secondary exploitation and promote a uniform response in line with legislative mandates. This collaboration supports:



- i. Education and awareness programmes for children on the risks of online recruitment and grooming for sexual exploitation, online and offline;
- ii. Digital literacy programmes helping children understand online terminology, risks and benefits;
- iii. Programmes addressing online reporting, reporting to helplines and safety tips for online use;
- iv. Education and awareness programmes on children being used by adults to commit crime;
- v. Prevention and intervention programmes addressing sexual exploitation;
- vi. Awareness programmes on crime and criminal syndicates operating in street situations and exploiting vulnerable children;
- vii. Engagement with children in street situations on health risks, available services for victims of sexual exploitation, and education on substance abuse and related criminal activities, emphasising the importance of education and schooling, and providing safety tips and reporting mechanisms;

Collaboration with local authorities, community leaders, religious and traditional authorities, and local civil society organisations to prevent and combat sexual violence in both urban and rural areas.

Education and awareness campaigns on child sexual abuse are continuously conducted with children, parents, caregivers, community members and child protection stakeholders. As part of the build-up to the 365 Days POA, an audit of child protection files was conducted to assess implementation of targeted interventions, including therapeutic services for victims of child sexual abuse.

Strengthened collaboration between stakeholders has helped identify gaps, clarify roles and responsibilities, and encourage child participation and listening to children's voices. Coordinating structures remain in place and continue to be strengthened to ensure well-coordinated intersectoral collaboration, reinforcing the child protection system and ensuring services respond to children's needs.

Intersectoral collaboration between government and civil society helps outline each stakeholder's responsibilities in operating child-friendly complaints mechanisms. Available mechanisms include:

- i. The GBV Command Centre, which provides an avenue for children and parents to report online violations, cyberbullying and child trafficking (0800 428 428);
- ii. Childline, which supports reporting of all forms of violation through its helpline and provides online counselling (toll-free: 116);
- iii. The Human Trafficking Hotline, for cases of child trafficking;
- iv. The Films and Publications Board, for online violations (0800 148 148); and
- v. SAPS: 0800 10111





The State Party is recommended to cooperate with local authorities, community leaders, religious and traditional authorities and local civil society organisations to implement policies and measures to prevent and combat sexual violence in both urban and rural areas

I 1.7 Capacity building for law enforcement bodies

Section 66 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 provides for training of law enforcement agencies. Training and awareness sessions were held for various law enforcement bodies, particularly within the Justice, Crime Prevention and Security (JCPS) Cluster, from 2022 to 2024, delivered by individual departments through training institutions such as Justice College and the South African Judicial Training Institute. Prosecutors, clerks of court, police, correctional services officials, health workers, intermediaries and court managers were trained on social context and legislation.

The Committee recommends the State Party to ensure that law enforcement bodies are educated on interviewing child victims and on investigating and prosecuting these types of crimes (including online sexual exploitation)

I 1.8 Measures to prevent convicted child sex offenders from reoffending in other countries

The NRSO is in the process of implementing measures to register sex offenders across foreign jurisdictions. This process is still in its early stages and will take time to finalise, given capacity challenges in the implementing office.

The Committee recommends the State Party to consider adopting measures to prevent convicted child sex offenders from reoffending in other countries, such as through cross-border exchange of information by placing travel restrictions on convicted offenders

I 1.9 Awareness raising regarding access to support services

As part of prevention and rebuilding social cohesion, government continues activities to raise awareness among children, families, stakeholders and communities on caring for and protecting children against violence, abuse, neglect and exploitation. Through education on reporting to the National Child Protection Register, children are encouraged to report abuse and seek therapy available through government interventions such as the therapeutic programme for sexually abused children and their families.

Child Protection Week is commemorated annually, raising awareness, sharing information, and educating people about mental health and the provision of psychosocial support to teenagers.

Government also implements the 365 Days Programme of Action on ending violence against children, aligned with the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) pillars since 2020. The programme has made significant progress in strengthening child protection, including webinars raising awareness and educating stakeholders on child killings, abuse and exploitation (child trafficking, child labour, commercial sexual exploitation and cybercrime against children), and providing education and information-sharing across provinces on issues affecting children. Through this campaign, government calls on children, parents, caregivers, families, communities, government and non-governmental organisations to build and strengthen child protection safety nets.





Government services also respond to Pillars 2 and 4 of the NSP-GBVF by providing comprehensive services to children who are victims of violence, abuse, neglect and exploitation, at four levels of intervention – prevention, early intervention, statutory and after-care services – in line with the continuum of care mandated by the Children's Act.

Education and awareness campaigns for children and youth at higher education institutions and colleges nationwide build knowledge of crime prevention, including how to avoid becoming victims or perpetrators of crime and violence, promote equitable access to services and encourage whistleblowing on social ills that contribute to criminal and violent activity.

Focused interventions disseminate information at school level through awareness and outreach programmes, including national and international commemorative days such as Child Protection Week, National Youth Month, the 365 Days National Action Plan on ending violence against women and children, and the 16 Days of Activism. Topics covered include child pornography, the practice of Ukuthwala, protection from sexual offences, statutory rape, teenage pregnancy, HIV/AIDS, comprehensive sexuality education and GBV.

Child-led awareness-raising activities include participation in child protection events, campaigns for children with special needs, children's rights commemorative days, and environmental programmes, including child protection and safety programmes coordinated by Junior Commissioners in collaboration with Community Policing Forums, calling for punitive measures against perpetrators of child abuse. Community health activities include the Hand Wash Campaign and reproductive health and HIV/AIDS awareness.

Parent seminars and workshops are also conducted to build parenting skills, strengthen parent-child bonds, and equip children with the resilience and life skills needed to thrive into successful adulthood.

Government continues to monitor implementation of the Intersectoral Protocol on the Prevention and Management of Violence, Child Abuse, Neglect and Exploitation (VCANE) across the nine provinces. The 2024/25 and 2025/26 financial years have been dedicated to monitoring provincial implementation, strengthening child protection services, promoting intersectoral collaboration, and ensuring accountability in identifying, reporting and referring VCANE cases. The monitoring tool aims to strengthen reporting on VCANE, and the piloting process has helped identify data collection gaps for more effective prevention and management.

The Committee recommends the State Party to disseminate information at various levels and conduct awareness raising regarding access to support services to ensure that child victims are able to open cases, provide evidence and receive therapeutic intervention for sexual violence that they have experienced

11.10 Children in the tourism industries

The Guidelines for the Prevention of and Response to Child Exploitation provide context for identifying, responding to and caring for children at risk of, or victims of, child sex tourism.





The Committee recommends the State Party to adopt and implement specific protocols, guidelines or codes of conduct in the context of the risks of sexual exploitation of children in the tourism industries

11.11 Extradition for the commission of specified child sexual abuse offences

Extradition in South Africa is regulated by domestic legislation alongside bilateral and multilateral treaties. Section 2(1)(b) of the Extradition Act, 1962 (Act No. 67 of 1962) allows the President to designate a foreign state, and section 3(3) provides that any person accused or convicted of an extraditable offence committed within a designated state's jurisdiction may be surrendered to that state, regardless of when the offence was committed or whether a South African court has jurisdiction to try the offence.

A fugitive sought by a foreign state that does not have an Extradition Treaty with South Africa, or who is not a "designated state" in terms of the Extradition Act, can still be surrendered to the requesting state should the President approves. South Africa therefore already has the legislation needed to process incoming extradition requests and has provided such assistance to foreign states on numerous occasions. South Africa, or a foreign state, can also rely on the international principle of reciprocity when sending an extradition request.

The Committee recommends the State Party to adopt legislative measures that would make extradition for the commission of specified child sexual abuse offences possible without the prior existence of a treaty between South Africa and other countries.

11.12 Children in situations of drug abuse (art. 28)

11.12.1 Measures taken to protect the child from the use of narcotics and illicit use of psychotropic substances and to prevent the use of children in the production and trafficking of such substances.

Legislative measures

Addressing substance use disorders (SUDs) among children is a global, continental, regional and national priority. While the country has no single piece of legislation specifically addressing children's involvement in drug production and trafficking, the Constitution, the Children's Act, the Prevention and Combating of Trafficking in Persons Act, and the Child Justice Act apply when dealing with children in substance abuse situations.

The Policy on the Prevention of and Treatment for Substance Use Disorders has been developed to enhance service delivery for preventing and treating SUDs in communities, including among children. The Policy sets out feasible management strategies and sectoral interventions informed by the operational recommendations of the 2016 UN General Assembly Special Session on the World Drug Problem (UNGASS), also reflected in the African Union Plan of Action on Drug Control and Crime Prevention (2019-2025), including demand reduction and other health-related measures. It advocates evidence-based prevention, treatment and support services, providing a comprehensive framework to address the sector's challenges with harmful substance use and SUDs, and setting out interventions to strengthen prevention, treatment, rehabilitation, harm reduction, reintegration and aftercare, while minimising the adverse public health effects of drug abuse in communities.





Administrative measures

Prevention is the first level of intervention, aiming to identify individuals, families, communities and children broadly vulnerable to risk factors such as substance abuse. Prevention services encompass all activities aimed at preventing initial use of psychoactive substances and delaying the onset of problematic use. Effective drug prevention contributes significantly to the healthy functioning of children, young people, adults, families, schools, workplaces and communities, with children receiving services that strengthen existing and develop new capacities to promote resilience and benefit from developmental opportunities.

The country has developed the Ke Moja Drug Awareness Programme to prevent the use, abuse and misuse of narcotics and highlight the effects and consequences of substance use among children, protecting them from narcotics and illicit psychotropic substances while equipping them with life skills, including coping mechanisms against substance abuse, with children's rights taken into account throughout. The Ke Moja Puppets Programme specifically targets children in early childhood learning centres and primary schools, teaching them to recognise the signs and symptoms of drug abuse and building life skills to resist peer pressure to experiment with drugs.

The State Party has also partnered with the Colombo Plan Drug Advisory Programme on evidence-based training, such as the CHILD Intervention for Children with SUDs, targeting officials in the substance abuse field. Developed to bring realistic, effective SUD treatment options to children across diverse settings, cultures and conditions, the training aims to improve evidence-based, science-driven interventions for children affected by SUDs. Training is ongoing, equipping officials with skills and competencies comparable to international treatment regimens for children with SUDs.

Government continues to strengthen partnerships with stakeholders, including councillors, traditional leadership, civil society and communities, to combat substance abuse in line with the National Drug Master Plan, the country's overarching blueprint for responding to substance abuse. Various media platforms are used to raise awareness of the harmful effects of substance abuse on children, including through:

- i. The International Day Against Drug Abuse and Illicit Trafficking, observed annually on 26 June and commonly known as World Drug Day, was established by the UN General Assembly in 1987 to strengthen action and cooperation towards a society free of drug abuse. World Drug Day 2024 was commemorated under the theme "The evidence is clear: invest in prevention," emphasising that effective drug policies must be grounded in science, research, compassion and full respect for human rights, and highlighting the social, economic and health consequences of drug use. The day aims to raise awareness of the severe consequences of drug abuse and illicit trafficking, which destroy lives, disrupt communities, fuel crime and weaken economies, underscoring the international cooperation needed to address this transnational challenge through education, support and rehabilitation.
- ii. Prevention and early intervention measures are implemented on campuses to curb social ills among children and youth, aiming to create a substance-abuse-free environment and empower students, including those with disabilities, to pursue a healthy, substance-free lifestyle. The campaign targets institutions in both urban and rural areas.





- iii. The Festive Season Campaign reminds communities, both rural and urban, of the dangers of alcohol and substance abuse over the festive period, when many lives are lost to drink-driving accidents, and young people may engage in irresponsible sexual behaviour under the influence, risking sexually transmitted infections and unwanted pregnancies.
- iv. The Siyalulama outreach programme takes services to people, including children, in rural and urban areas affected by substance use disorders and other social ills who are unable to seek out such services themselves.
- v. The International Fetal Alcohol Spectrum Disorder Campaign highlights the dangers of drinking during pregnancy and is conducted in both rural and urban areas.
- vi. International Overdose Awareness Day raises awareness of the risks of drug overdose and shares information on available prevention, treatment and recovery support services.

11.12.2 Access to psychosocial and medical assistance necessary for rehabilitation

The country has state treatment centres providing children affected by substance use disorders with adequate psychosocial interventions, treatment and rehabilitation. CYCC facilities also support the care and protection of children through behavioural management programmes that include substance use psychosocial interventions. Training on interventions for children with SUDs is conducted for officials working in these treatment centres to build therapists' capacity, and proper assessment determines the type and duration of treatment required for each child. As SUD treatment is a specialised field, psychosocial support is recommended to be provided by service providers with recognised qualifications, registered with their professional bodies.

Detoxification services are indicated when a service user needs medical assistance during the initial days of treatment, when experiencing physical withdrawal symptoms such as cramps, vomiting or headaches; not all users require this. The Department of Health has developed detoxification guidelines that in- and out-patient treatment settings should follow. Where a centre lacks detoxification facilities, users identified as needing them referred to the nearest DoH facility, which should have the range of medications needed to manage withdrawal from different substances.

Effective treatment requires reintegration services as part of each user's individualised treatment plan, addressing factors contributing to their SUD and mitigating structural and environmental factors that could hinder recovery. Where reintegration involves more than one service provider – for example, education or vocational training – a case manager should coordinate to ensure proper management of the recovery process, with treatment tailored to individual needs. Screening and assessment should also check for co-occurring drug use disorders and mental or medical conditions.

The Committee recommends the State Party to ensure that children who are victims of drug and substance abuse receive adequate psychosocial and medical assistance to be rehabilitated.

11.12.3 Conducting regular inspections at Taverns and sensitising taverns on how to comply with the Liquor Act

South Africa's Liquor Act 59 of 2003 prohibits the sale and supply of alcohol to minors, and is enforceable nationwide, including in rural villages and townships. The country hosted the Underage



Drinking Summit in 2025 and subsequently adopted a Plan of Action to address underage drinking, with several campaigns and workshops targeting both minors and liquor outlets.

Law enforcement agencies, including SAPS, the Department of Trade, Industry and Competition, and Provincial Liquor Boards, conduct regular joint operations at taverns. Tavern licences clearly set out the conditions owners must meet, and owners of non-compliant outlets are arrested for violating the Liquor Act. Workshops and awareness campaigns continue among tavern owners to prevent the sale and supply of alcohol to children and ensure compliance with relevant legislation.

The Committee, therefore, recommends the State Party to ensure the enforcement of the Liquor Act through conducting regular inspections at Taverns and other hot spots to ensure that liquor is not sold to minors and continue with its efforts in sensitising taverns on how to comply with and implement legislative requirements that prevent the selling of alcohol to children and prevent their access to liquor facilities.

11.13 Children in situations of sale, trafficking and abduction (art. 29)

11.13.1 Measures taken to prevent the abduction, the pornography, the sale of, or traffic in children for any purpose and the use of children in all forms of begging.

The Prevention and Combating of Trafficking in Persons Act continues to be implemented to address human trafficking in all its forms, including child trafficking, and provides for the protection of and assistance to victims.

The first National Policy Framework (NPF) on the Management of Trafficking in Persons was approved by the Justice, Crime Prevention and Security Cluster in 2019. Government led two workshops to revise the NPF in consultation with relevant departments, stakeholders, the National Inter-Sectoral Committee on Trafficking in Persons, co-chairs of Provincial Task Teams (PTTs), civil society organisations and international organisations. The revised NPF was approved by Cabinet on 8 August 2023 and tabled before Parliament on 8 February 2024.

Workshops were held across all nine provinces to popularise the NPF and inform implementing departments and stakeholders of their roles and responsibilities. The revised NPF includes an integrated strategy and action plan for 2023-2025, to be revised every five years under the TIP Act, with follow-up workshops ensuring PTTs align their Annual Performance Plans with the strategy.

a) Development of programmes, guidelines and strategies

Government has developed, and continues to implement, the following documents:

- i.** Guidelines for the Prevention of and Response to Child Exploitation (child trafficking, child labour, commercial sexual exploitation, online safety and child marriage);
- ii.** Programmes for Exploited Children, addressing their specific needs;
- iii.** Social workers Guide on child exploitation
- iv.** Child Exploitation Brochure
- v.** Standard Operating Procedure for child trafficking
- vi.** Standard Operating Procedure for Online Safety



vii. Data Collection Tool developed for monitoring cases and incidence of trafficking in persons.

b) Multi stakeholder Structures on Trafficking in Persons

The National Inter-Sectoral Committee on Trafficking in Persons (NICTIP) has been strengthened by including financial institutions such as the South African Revenue Service and SAMLIT (South African Anti-Money Laundering Integrated Task Force), to improve asset forfeiture from convicted traffickers in compliance with sections 29 and 30 of the TIP Act. NICTIP and the PTTs hold quarterly meetings, with PTT co-chairs reporting progress in writing.

NICTIP has also been strengthened by establishing the National Case Monitoring Committee, ensuring reliable data collection and following up on cases that remain on the roll for extended periods, which can discourage victims from reporting.

c) Establishment of the Border Management Authority

The Border Management Authority is now fully established and plays a larger role in managing ports of entry, while the Department of Home Affairs focuses on policy development and internal matters. This has significantly improved stability at ports of entry, with increased visibility and engagement deterring would-be traffickers and assisting potential victims.

During the 2025 commemoration of the International Day Against Trafficking in Persons, held on 30 July 2025 at Cape Town International Airport, NICTIP also launched a local task team for ports of entry and a framework for implementing collaboration and cooperation among relevant stakeholders.

d) Reporting of cases

To ensure effective reporting, cases of children suspected of, or victims of, abuse, neglect, violence and exploitation (including trafficking, child labour, commercial sexual exploitation, online violations and child marriage) are submitted monthly to the Child Protection Register, to track and trace cases, establish trends, and inform the development or amendment of policies and strategies.

Partnerships have also been strengthened with helplines in the country, such as:

- i.** Childline also supports reporting of all forms of violations through their helpline and is also providing online counselling.
- ii.** SA Resource Line for cases of child trafficking
- iii.** Films and Publications Board for online violations
- iv.** SAPS: 0800 10111

The country has a well-established Gender-Based Violence Command Centre, where trained professionals assist children who report cases, providing an avenue for children and parents to report online violations, cyberbullying and child trafficking.

e.) Training and capacity building

Intersectoral training and capacity-building on relevant documents and legislation for the care and protection of children.

f) Education and awareness-raising on concepts of child exploitation with parents/caregivers and children.



11.13.2 Repatriation and reunification of the unaccompanied and separated migrant children

The repatriation and reunification of child trafficking victims is guided by the guidelines for unaccompanied and separated migrant children, which require all repatriations to be in the child's best interests. Child victims are only repatriated once the related criminal case is finalised, their family circumstances investigated, families supported through appropriate structures in the country of origin and a home study report confirming the family is prepared to receive the child. Children are handed over to officials from the country of origin at an international port of entry by South African officials, in the presence of family members where possible; the same process applies to South African child trafficking victims returning from abroad.

The Committee recommends the State Party to put in place measures to ensure reunification of child trafficking victims with their families, review its strategy for repatriation of victims of trafficking, including the provision of appropriate reception and care centres.

11.13.3 Communication and Awareness Strategy

The Government Communication and Information System has been brought into NICTIP and is responsible for finalising the communication strategy for NICTIP activities. A draft strategy was discussed at the NICTIP meeting on 29 August 2025 and will be finalised in due course; communication among stakeholders on managing public awareness and preventing trafficking has otherwise been successful. Provincial Task Teams regularly conduct public awareness activities, including for students and other vulnerable persons, on indicators of trafficking, targeting basic education learners and university students to help them identify red flags and prevent this crime.

The Committee recommends the State Party to finalise the Communication and Awareness Strategy to raise public awareness and prevent human trafficking

11.13.4 Generic Training Manual on the TIP Act

With financial assistance from the UN Office on Drugs and Crime (UNODC), an Integrated Generic Training Manual on the TIP Act was developed for stakeholders responsible for implementing and managing the Act and the National Policy Framework, alongside sector-specific manuals for the Department of Social Development, Department of Home Affairs, Department of Labour, and National Prosecuting Authority.

The Committee recommends the State Party to finalise the Generic Training Manual on the TIP Act to promote the institutionalisation of training of the various role-players in the criminal justice system, thereby making provision for standardised, integrated and multidisciplinary training to role-players throughout the criminal justice value chain.

11.13.5 Prosecution and conviction of the perpetrators

There have been numerous convictions in cases involving children, with perpetrators sentenced to life imprisonment in all cases. Effective collaboration exists among stakeholders involved in the return and repatriation of children; foreign children are escorted to their country of origin, or a third country, if necessary, at state expense, after thorough preparation with DSD counterparts. International Social Services also plays a significant role in ensuring conditions are conducive to



receiving children in their country of origin. Children are treated differently from adults: unless there is a compelling reason not to separate them from their mothers or parents, they are kept in a CYCC, whereas adults are kept in accredited shelters.

The Committee recommends the State Party to ensure effective prosecution and conviction of the perpetrators and support and reintegrate victims of sale, abduction, and trafficking

11.13.6 Collaboration with other countries

The Southern African Development Community (SADC) developed a data collection tool, holding three sessions in South Africa to validate and approve it. The tool helps member states gather relevant information and monitor the movement of victims and traffickers to more effectively combat child trafficking. Several Provincial Task Teams collaborate with counterparts on cross-border cases – for example, Mpumalanga and Mozambique – sharing best practices, with civil society organisations assisting in tracing parents and supporting repatriation.

The tool used to collect and consolidate information from the Departments of Social Development, Home Affairs, the South African Police Service and the National Prosecuting Authority, for the report to Parliament under section 42(a)(ii) of the TIP Act, has also been enhanced with graphic analysis, informing stakeholders' planning and interventions to prevent this crime.

South Africa also engages continuously in cross-border coordination forums with Zimbabwe, Mozambique and Lesotho, chosen due to higher rates of child migration between these countries. These forums function as a task force coordinating effective protection and services for unaccompanied and separated migrant children (USMC), including child trafficking cases, collectively addressing challenges through a coordinated response, since no single entity can address all issues affecting migrant children alone.

The Committee recommends the State Party to collaborate with other countries in the region to prevent child trafficking

11.13.7 Engagement with families and communities

Provincial Task Teams train service providers and raise public awareness among community members and leaders on indicators of potential trafficking victims, significantly increasing the reporting of cases involving children. Education and awareness programmes under the 365 Days Child Protection Programme of Action also engage families and communities on trafficking methods, risk factors, recruitment and mitigating children's risk of being trafficked, including online.

The Committee recommends the State Party to continue engaging with families and communities in combatting child trafficking.

11.14 Children in street situation

11.14.1 Measures taken to alleviate the plight of children in street situations, including information on their rehabilitation and reintegration into society.

Services to children living and working on the streets are multi-sectoral, delivered by various government departments and non-governmental organisations. South Africa's rights-based approach to these services rests on the following principles:



Protection is the primary reason for intervening in the lives of children living and working on the street, encompassing immediate protection from danger, abuse and exploitation, as well as longer-term, proactive approaches to build children's skills, knowledge and support structures, and reduce their vulnerability.

Participation is a human right of particular significance for children living and working on the street, who care for themselves and are key sources of information on their own situations and needs. It is therefore essential to listen to children and encourage their participation in designing, implementing and evaluating services intended for them.

The best-interests-of-the-child principle is applied in line with national legislation, which requires that all possible solutions be considered and due weight given to the child's best interests in every decision affecting them. This is relevant to children living and working on the street when formulating policies, developing programmes and allocating public resources, as emphasised in section 7(1) of the Children's Act 38 of 2005.

Respect for the views of the child, in line with child participation, affirms children's right to express their views in all matters affecting them, with due weight given according to their age and maturity. It recognises children's potential to enrich decision-making as citizens and agents of change, underscoring the importance of involving children living and working on the street in decisions that affect them, such as reintegration with their families.

11.14.2 Monitoring of the implementation of the policy for children living and working in the streets

The strategy and guidelines for children living and working on the streets are currently under review. For 2025/26, government has prioritised consultation sessions in Gauteng, Free State, KwaZulu-Natal and Mpumalanga.

The Committee recommends the State Party to effectively monitor the implementation of the policy for children living and working in the streets and include details on the progress made and challenges in the next report.

11.14.3 Rehabilitation and reintegration services

Government has developed guidelines for programmes for children in CYCCs, forming part of the rehabilitation and reintegration of street children placed in these centres. Children living on the streets also benefit from the RISIHA programme, which aims to move children from vulnerability to resilience, reaching largely rural, poor communities. To strengthen implementation, SSPs – including social workers, social auxiliary workers, child and youth care workers, community development practitioners, and community caregivers – raise awareness of the vulnerabilities affected populations face and link them with existing services.

The Committee recommends the State Party to ensure rehabilitation and reintegration of children in street situations.



PART 12



Harmful Practices (Arts. 1(3) and 21)

12.1 The nature, type and prevalence of harmful social and cultural practices within its jurisdiction

In South Africa, social and cultural practices such as early and forced child marriage (Ukuthwala), virginity testing, and customary initiation are more prevalent in some cultures than others, and in most cases are not practised nationwide.

12.2 Measures taken to discourage and eliminate harmful social and cultural practices

The country continues to amend legislation to maximise children's care and protection and to ensure effective regulation of cultural, religious and social practices such as genital mutilation, virginity testing and circumcision of children. Government also continues to raise awareness in communities and through media platforms and conducts community dialogues and workshops to educate the public on practices that negatively affect children's well-being.

The country commissioned and finalised an investigation into the practice of Ukuthwala in 2017, with the resulting report and recommendations submitted to the Minister in 2018, and again in September 2021 for consideration. The report has played a critical role in the country's legislative process, with significant progress made as South Africa is in the process of introducing legislation to end child marriage entirely by aligning the Children's Act with the country's marriage laws to set the minimum age of marriage at 18.

Regarding the harmful practice of witchcraft, the SA Law Reform Commission's report on the review of the Witchcraft Suppression Act was finalised in November 2024 and submitted to the Minister of Justice and Constitutional Development in March 2025 for consideration.

Regarding initiation practices, government and the traditional leadership sector have worked to raise public awareness and education aimed at curbing the harms associated with this practice. Government and the National House of Traditional and Khoisan Leaders are also promoting safe customary initiation through:

- i. Media channels used to actively promote harmless cultural practices, traditions and customs, indirectly discouraging harmful ones by advocating for positive aspects of culture.





- ii. Public engagements, such as community events, workshops and dialogues, to raise awareness and speak out in favour of harmless cultural expressions and traditions.

12.3 Measures taken to rescue and rehabilitate children who have been subjected to or affected by harmful social and harmful practices

In the context of customary initiation, harmful practices such as forced circumcision, abduction, abuse and illegal initiation schools have caused serious physical and psychological harm to children. In line with the Customary Initiation Act (CIA) (Act No. 2 of 2021), SAPS, health departments and the DSD have coordinated efforts to rescue, rehabilitate and support affected initiates, as follows.

- a) Rescue operations: to ensure children are effectively rescued from illegal initiation schools, SAPS, in collaboration with PICCs and the National Initiation Oversight Committee (NIOC), is mandated by the CIA to:
 - i. Close illegal initiation schools (Section 15(6)(b)),
 - ii. Investigate abductions, kidnapping and abuse (sections 25(1)-(3));
 - iii. Rescue initiates held without consent or medical clearance.These interventions are often triggered by community reports, whistleblowers, or monitoring visits, leading to the removal of children from unsafe, non-compliant initiation environments.
- b) Medical rehabilitation: the Department of Health has instituted medical interventions to treat complications from botched circumcisions, including:
 - i. Penile reconstruction surgeries for severe injuries;
 - ii. Emergency health care for infection control, excessive bleeding, and sepsis;
 - iii. Medical screening and post-rescue assessments of rescued initiates to determine fitness and injury status (as guided by section 15(7)(b)).
- c) Psychosocial support: provided in line with section 3(c) of the CIA, which requires compliance with section 28 of the Constitution, including children's rights to be protected from maltreatment, neglect, abuse or degradation, and to have a legal representative assigned by the state and appropriate alternative care when removed from the family environment.

The Children's Act, referenced in the CIA's definitions section, provides the statutory mandate for psychosocial services by the DSD. To strengthen implementation, the DSD provides:

- i. Trauma counselling and psychosocial support to rescued initiates;
 - ii. Family reunification services where abuse or neglect has occurred;
 - iii. Support programmes for children dealing with the psychological effects of forced attendance, violence or sexual abuse.
- d) Referral and monitoring mechanisms: under section 15(6)(a) of the CIA, all cases involving abuse or harm must be reported to SAPS within one day, with referral to the National Prosecuting Authority (NPA) for decisions on criminal charges. PICCs must maintain comprehensive records and initiate follow-up action, including the possible re-enrolment of rescued initiates into safe, registered schools if medically and emotionally fit (section 15(7)).



- e) Awareness and prevention: as part of broader rehabilitation and prevention efforts, both the NIOC and PICCs conduct awareness campaigns to educate families, communities and traditional leaders on:

- i. Dangers of illegal initiation schools,
- ii. Legal requirements for registration and consent,
- iii. Rights of children under the Constitution and the CIA.

Through this multi-sectoral approach, involving SAPS, health services, social workers and oversight bodies, the state continues to implement rescue and rehabilitation interventions responsive to the physical, psychological and legal needs of children affected by harmful initiation practices, aiming to uphold constitutional rights, restore dignity, and rebuild lives affected by abuse carried out under the guise of tradition.

12.4 Measures taken to specifically protect children with albinism from violence

Section 11 of the Children's Act requires that due consideration be given to any child with a disability or chronic illness in matters concerning them and provides that such a child has the right not to be subjected to medical, social, cultural or religious practices detrimental to their health, well-being or dignity. Building the capacity of SSPs and sharing information on different types of disability, including albinism, remains critical for government to ensure these children's protection. Practitioners are also sensitised to International Albinism Awareness Day, declared by the United Nations on 13 June 2013 to raise awareness of the discrimination and stigma faced by persons with albinism, with provinces requested to commemorate the day and align interventions accordingly.

12.5 Whether child marriage and the betrothal of girls and boys are prohibited under its laws

Under current legislation, parents are permitted to consent to the marriage of individuals under 18.

12.6 Whether the State Party has taken effective action to specify the minimum age of marriage to be eighteen years

South Africa has developed the Marriage Bill, which proposes the complete prohibition of child marriage, one of the most significant changes to current marriage legislation. The Bill sets the minimum legal age for marriage at 18, aligning with international and regional standards to protect children's well-being and strengthen protection of their rights, ensuring no person under 18 can marry regardless of parental consent. Government is currently participating in parliamentary provincial consultations on the Bill to understand emerging issues, share operational experience and prepare for implementation once it is signed into law.

Government will also introduce amendments to the Children's Act prohibiting child marriage, with the Amendment Bill.



The Committee recommends the State Party to fast-track the amendment process and ensure that all legislation explicitly criminalises and/or prohibits child marriage and ukuthwala without exceptions.

12.7 Virginity testing

Government informs the Committee that virginity testing remains a highly controversial issue in the country. To understand the extent of the practice and social perceptions around it, government is commissioning independent research to generate recommendations for possible legislative reform.

The Committee recommends the State Party to intensify legislative amendments to ban this practice with regard to all children.

12.8 Sensitising communities and traditional leaders on their legislative mandate to perform their functions and roles as provided for in the CIA

The CIA explicitly prohibits harmful practices under section 28(7), ensuring initiates are not subjected to physical harm, including skin-cutting or permanent marking. The Act criminalises:

- i. Kidnapping or abduction of children for initiation (sections 1 and 33(6)(b));
- ii. Female genital mutilation, which is outlawed (section 1, “genital mutilation”);
- iii. Participation without consent, or by a person unsuitable to work with children (section 2(5));
- iv. Misconduct disguised as “discipline” (Section 29(1)(c))

The Department of Traditional Affairs is mandated to ensure full implementation of the CIA, including sensitising communities about the Act. To strengthen this, three Customary Initiation Act awareness campaigns were conducted in 2024 in identified hotspot districts, in collaboration with the NIOC and PICCs, covering the OR Tambo District (Eastern Cape), Ngaka Modiri Molema District (North West) and Sekhukhune District (Limpopo).

These campaigns, conducted under section 9(1)(b)(iii)-(iv) of the CIA, which mandates promoting compliance and awareness of initiation practices, targeted traditional leaders, initiation principals, caregivers, parents, youth, health professionals, SAPS and the NPA, aiming to:

- i. Promote legal compliance, especially the minimum initiation age (16) and medical fitness requirements;
- ii. Combat harmful practices such as abductions, gangsterism and unregistered initiation schools;
- iii. Clarify SAPS’ enforcement role and the NPA’s prosecutorial responsibilities; and
- iv. Reinforce community education and traditional leadership accountability.

These campaigns revealed challenges, including widespread non-compliance, limited awareness of legal provisions, community resistance, and insufficient municipal support for services such as water and sanitation. The Minister for Cooperative Governance and Traditional Affairs has provided direct political leadership to address these challenges, convening a high-level national engagement on customary initiation in 2025 with:



- i. National Ministers responsible for Police, Justice, Health, Basic Education, Women, Youth and Persons with Disabilities, and Sport, Arts and Culture;
- ii. the South African Local Government Association (SALGA), to improve municipal cooperation.
- iii. MECs for Traditional Affairs, to align provincial responses.

Direct high-level engagements were also held with the Eastern Cape, focusing on initiation-related deaths, illegal schools and cross-departmental coordination challenges. These strategic interventions are ensuring a coordinated government response to protect initiates' lives and dignity and restore the integrity of the practice. Going forward, government, working with relevant stakeholders, will:

- i. Continue awareness campaigns in identified hotspots and other affected provinces;
- ii. Strengthen intergovernmental cooperation and operational alignment; and
- iii. Pursue legislative amendments to close enforcement gaps and safeguard initiates.

The Committee recommends the State Party to continue sensitising communities and traditional leaders on their legislative mandate to perform their functions and roles as provided for in the Customary Initiation Act.

12.9 Investigation and prosecution of cases of kidnapping boys to unofficial initiation schools and incidents of death of children in such schools

In response to the Committee's recommendation to intensify investigation and prosecution of cases relating to illegal initiation schools, including kidnappings and child deaths, the State Party has adopted an integrated institutional approach. Both SAPS and the National Prosecuting Authority (NPA) are integral members of the National and Provincial Initiation Oversight Committees, operational in all provinces, where their role is to ensure that:

- i. Illegal initiation schools are identified and closed down; and
- ii. Individuals responsible for operating illegal schools, or for crimes committed within them, including kidnapping and causing death, are subject to the full legal process and consequences.

This collaborative approach, involving key law enforcement agencies within dedicated oversight committees, is the mechanism through which the State Party addresses illegal initiations and associated criminal activity: SAPS focuses on investigation and closing illegal schools, while the NPA focuses on prosecuting offenders.



PART 13

Child Justice (Art. 17)

13.1 Detention as a last resort and for a short time

Section 28(1)(g) of the Constitution guarantees a child's right not to be detained except as a measure of last resort, and then only for the shortest appropriate period. The Child Justice Act (CJA), 2008 requires courts to consider options for a child's release, and where detention is necessary, to prefer the least restrictive option available. The Act also sets time limits on postponements where a child is detained awaiting trial: children in correctional facilities must be brought to court every 14 days to reconsider continued detention, while those in child and youth care centres must appear every 30 days. Section 32 requires the court to reconsider continued detention at every subsequent appearance and record the reasons for detention or further detention.

13.2 Measures taken to ensure that children deprived of their liberty are not subjected to torture or any other form of physical or psychological violence

The Child Justice Act was enacted to establish a criminal justice system for children in conflict with the law, in accordance with the values underpinning section 28 of the Constitution and the Republic's international obligations, including democratic values, social and economic justice, equality, and fundamental human rights.

Specific Rights for Children in Conflict with the Law include but not limited to:

- i. A separate justice system: a dedicated justice system for children, emphasising rehabilitation over punishment.
- ii. Detention as a last resort: used only for the shortest appropriate period.
- iii. Separation from adults: children in detention must be kept separate from adults.
- iv. Age-appropriate conditions: detention facilities (secure care centres/CYCCs) and treatment must account for the child's age.
- v. Legal representation: the child has the right to a legal practitioner assigned and paid for by the state.





- vi. Age-appropriate treatment: the child must be treated and addressed in a manner appropriate to their age, development and cultural background.
- vii. Participation: children have the right to participate effectively in proceedings, with the assistance of a parent or guardian.

13.3 Measures taken to divert children from detention facilities

The CJA provides for a preliminary inquiry and, as a central feature, the possibility of diverting matters away from the formal criminal justice system.

The policy framework for accrediting diversion services and programmes requires service providers to meet minimum standards set by the DSD to ensure programme quality and effectiveness, and mandates that children may only be referred to accredited diversion programmes and providers.

13.4 Whether children are separated from adults in their place of detention or imprisonment

The CJA provides for young offenders to be detained or imprisoned separately from adults, in line with international obligations and standards. Where a child is detained in a police cell, which should only occur if a suitable child and youth care centre is unavailable, they must be kept separate from adults and for the shortest possible period before their first court appearance.

Chapter 13 of the Children's Act provides for the establishment and maintenance of Child and Youth Care Centres (Secure Care Centres) for children awaiting trial, in residential diversion, or sentenced. The country has 28 operational Secure Care Centres across all nine provinces.

To ensure effective application of the law, the Department of Correctional Services accommodates children in detention, whether remanded or sentenced, separately from the general offender population, with boys housed apart from girls, to safeguard their well-being and minimise the risk of harm, including from interaction with other children. Child inmates are placed in cells meeting regulatory standards for floor space, cubic capacity, lighting, ventilation, sanitation and overall health conditions, creating an environment that upholds safety and complies with legal and human rights requirements.

13.5 Whether children accused of a criminal offence are afforded legal assistance and fair trial guarantees

Among the constitutional rights afforded to offenders generally is the right to legal representation. Young offenders have the right to a legal practitioner assigned and paid for by the state; a service Legal Aid South Africa was established to provide. The CJA guarantees fair trial rights, including children's right to be heard in judicial proceedings, directly or through a representative, and to have parents or guardians present throughout their case. In line with the Constitution and instruments such as the UN Convention on the Rights of the Child, the CJA also guarantees a child offender's right to participate effectively in criminal proceedings as part of their right to a fair trial.

Section 82(1) of the CJA provides that where a child appears before a child justice court without a legal representative of their own choice and at their own expense, the presiding officer must refer the child to Legal Aid South Africa for evaluation by its Board.





Section 83 of the CJA provides that a child may not waive legal representation in a child justice court. If the child does not wish to have a legal representative, or declines to instruct one that has been appointed, the court must record this, and Legal Aid South Africa must appoint a legal representative to assist the court.

13.6 Whether the press and the public are prohibited from the trial of children

Section 63(5) of the Child Justice Act provides that no person may attend a child justice court sitting unless their presence is necessary for the proceedings, or the presiding officer has granted permission. Trials of minors are held in camera, in the absence of the public, save for necessary parties, though section 63(5) allows the presiding officer discretion to permit others to attend as an exception.

The Criminal Procedure Amendment Act, 2021 (Act No. 16 of 2021), which amended the Criminal Procedure Act, 1977 (Act No. 51 of 1977), further regulates the publication of information that reveals, or may reveal, the identity of an accused, witness, or victim under 18. The amendment came into operation on 9 February 2022, and protects child offenders, witnesses and victims from identification even after they turn 18, unless the court decides otherwise.

13.7 Whether the minimum age below which children are presumed not to have the capacity to infringe the penal law is prescribed

Section 7 of the Child Justice Act, 2008 (Act 75 of 2008) prescribes the minimum age of criminal capacity. On 19 August 2022, by presidential proclamation published in Government Gazette No. 11475, this was raised from 10 to 12 years. Under section 7(1) as amended, a child who commits an offence while under 12 lacks criminal capacity and cannot be prosecuted but must instead be dealt with under section 9 of the Act, which provides for handling such children outside the criminal justice process.

13.8 Measures taken to train law enforcement, prison wardens and judicial officers on child justice

Section 96 of the CJA provides for a national policy framework promoting a uniform, coordinated and cooperative approach among government departments, organs of state and institutions in dealing with child justice matters, with training and capacity-building among role players central to this.

The DCS, through its Human Resource Development unit, implements an annual training programme to build the capacity of professionals working with children, including correctional officials, educators, health care practitioners and social workers. Since 2015/16, the Child Justice Act has been incorporated as a dedicated training module, equipping officials with the knowledge and skills to uphold children's rights and apply child-sensitive approaches. Between 2021/22 and 2024/25, a total of 385 officials were trained, enhancing compliance with child justice legislation, promoting safer, more rehabilitative environments for children in conflict with the law and strengthening intersectoral collaboration in protecting children's rights.





13.9 Measures taken to ensure that children deprived of their liberty access essential services including education and health services.

The Children's Act and the CJA provide measures to ensure children deprived of their liberty can access essential services, including education and health care. The Children's Act provides a comprehensive framework for children's care and protection, making the appointment of health care practitioners within Child and Youth Care Centres essential. Providing education remains a challenge in most Secure Care Centres (SCCs), due to security concerns around using nearby community schools; some SCCs have built schools within their own confines rather than using nearby community schools. The SAHRC also has a constitutional mandate to monitor the realisation of children's rights, including education and health care, and plays a role in overseeing institutions such as Secure Care Centres.

13.10 Administration of Juvenile Justice

South Africa's juvenile justice system is governed by the Child Justice Act 75 of 2008 (CJA), establishing a specialised framework for children aged 12 to 18 in conflict with the law, focused on diversion from the formal criminal justice system, restorative justice principles and keeping children out of detention, with a minimum age of criminal capacity of 12.

13.11 Access to services by children in conflict with the law

Children in conflict with the law have a constitutional right to a range of services, including social services, health care, education and legal representation, further detailed in the Child Justice Act. This basket of services can be delivered through school-based or community-based programmes, including counselling, therapy and vocational training to address the underlying causes of offending behaviour, alongside diversion programmes offered at the court's discretion for all offence types. Section 55(1)(a)-(h) of the Child Justice Act, as amended, sets minimum standards for diversion, including that objectives may not be exploitative, harmful or hazardous to the child's physical or mental health, must be appropriate to the child's age and maturity, and may not interfere with schooling. As reported previously, government continues to provide rehabilitation programmes and services to children in detention, including social work services, correctional programmes, sport, recreation, arts and culture, spiritual care, psychological services, and formal education.

The Committee urges the State Party to continue its efforts in ensuring pre-trial diversion of children in conflict with the law and ensure that children in conflict with the law placed in Secure Care Centres have access to basic services.

13.12 Policy on Offenders with Disabilities

The reviewed Policy on Offenders with Disabilities, approved on 9 March 2022, reflects government's commitment to the well-being and empowerment of offenders with disabilities, focusing on eliminating discrimination and removing barriers to equal participation. Framed by the Correctional Services Act and supported by the broader White Paper on the Rights of Persons with Disabilities, it emphasises individual assessment, appropriate accommodation, access to assistive devices and health care, and the principles of dignity and equality.





Child offenders are therefore being dealt with in line with the Children's Act key provisions regarding children with disabilities as follows:

- i. Recognition of special needs: the Act acknowledges that children living with a disability or chronic illness have special needs requiring consideration.
- ii. Right to participation: children with disabilities must be given every opportunity to participate in social, cultural, religious and educational activities.
- iii. Dignity and self-reliance: the Act prioritises conditions that foster dignity, promote self-reliance and facilitate active community participation for children with disabilities.
- iv. Support services: children with disabilities and their caregivers are entitled to the support services they need.
- v. Protection from harmful practices: children with disabilities have the right not to be subjected to medical, social, cultural or religious practices detrimental to their health, well-being or dignity.

The Child Justice Act recognises that children with disabilities have the same fundamental rights as other children, with specific provisions addressing their unique needs within the justice system. It mandates a personalised approach, requiring probation officers to assess and develop written plans detailing services and assistance for children with disabilities in conflict with the law. The Act emphasises restorative justice, aiming to ensure these children receive appropriate support that fosters their social integration and development, taking their individual circumstances into account throughout the legal process.

The State Party is also recommended to finalise the review of the Policy on Offenders with Disabilities and ensure the protection of the rights of children with disabilities in conflict with the law



PART 14



Responsibilities of the Child (Art. 31)

Measures taken to ensure the creation of an environment in which children are capable of performing the duties enumerated in article 31 of the Charter, to ensure that the responsibilities of the child are performed within the ability and capability of the child and the child's rights are not violated in the process and to create various platforms to ensure that children are educated and informed of their responsibilities under the Charter

South Africa continues to strengthen measures to implement article 31 of the Charter effectively. Its legal and policy framework recognises children's responsibilities, reflecting the country's rights-based legislation and policies, which are aimed primarily at promoting human dignity, respect and well-being for all. Children's rights are clearly set out in the Constitution and the Bill of Rights, and most comprehensively in the Children's Act, including the right to family or parental care, or appropriate alternative care when removed from the family environment; basic nutrition, shelter, health care and social services; and protection from maltreatment, neglect, abuse or degradation.

Linked to these rights are responsibilities, including respecting others (peers, parents, teachers), obeying the law, contributing positively to society, caring for oneself and others, respecting others' privacy, honesty, behaving appropriately, attending school and taking care of one's health, among others.

The National Development Plan: Vision 2030 (NDP) includes a "Children's NDP" initiative, providing a vision for realising children's rights and incorporating their priorities for the future. The NDP aims to give full effect to children's rights, recognising that the country's prosperity depends on its youth, with the National Plan of Action for Children (NPAC) serving as a roadmap to achieve this by strengthening education, health care, safety and protection, and participation for children.

The country has introduced various interventions to educate children about their responsibilities and help them carry these out effectively. These include structures such as Representative Councils of Learners – legally recognised, organised learner bodies representing learners' interests in schools, acting as a voice for students, and collaborating with school governing bodies and management to promote leadership and school improvement. This structure gives learners a platform to influence school policies, ensuring their voices are heard, representing their views and concerns, promoting a culture of learning and discipline, supporting student well-being,





The Nelson Mandela Children's Parliament aims to integrate children's perspectives into government-wide planning, giving children a voice to share their experiences and challenges and influence policies and legislation. Dialogues are held with children nationwide on critical social issues, including gangsterism, teenage pregnancy and abuse, aiming to educate, amplify children's voices, provide safe spaces for engagement, and strengthen prevention and early intervention services. Boys' assemblies, parliaments and dialogues are also conducted in collaboration with civil society organisations to discuss issues affecting the boy child, raising awareness of neglect of boys, traditional gender norms and traditional initiation schools as a rite of passage into manhood.

Social and Behaviour Change programmes aimed at reducing risky behaviours, HIV infections and teenage pregnancies are implemented, including ChommY, which targets children aged 10–14 with age-appropriate sexual and reproductive health education to prevent HIV and teenage pregnancy, and YOLO, a life-skills programme targeting 15–18 and 19–24-year-olds to address risky behaviours. These programmes focus on building self-esteem, resilience and positive decision-making skills. The Boys Championing Change programme addresses gender norms that increase the spread of HIV, coaching boys on recognising human rights.

14.1 Life orientation

Through the CSTL framework, the Department provides Life Orientation teacher training and support materials covering sensitive topics such as sexuality education, substance abuse, gender-based violence and children's rights and responsibilities. This includes the development of standardised, open-source Life Orientation textbooks (the At the Crossroads series) to give educators consistent, age-appropriate content, complemented by continuing professional development support for teaching these topics.

The Committee recommends the State Party to: Capacitate educators on how to appropriately teach the Life Orientation subject, particularly sensitive topics that affect the lives of children as well as their rights and responsibilities and Create platforms for children to provide feedback and inputs on the teaching of the Life Orientation subject

14.2 Monitoring school curriculum

The DBE monitors curriculum implementation in schools and tracks curriculum coverage in sampled schools. Monitoring of curriculum coverage in the Life Skills and Life Orientation subjects in Grades R-9 has been embedded in the Annual Operational Plan of the Directorate: Curriculum Implementation and Quality Improvement (GET). Furthermore, the DBE continues to support and monitor the teaching of Life Orientation in Grades 10-12. The monitoring and support in selected districts conclude with a workshop for subject teachers in the selected districts. Follow up sessions are conducted through Subject Committee Meetings in which Provincial Coordinators provide progress reports.

The Committee recommends that the State Party continue its monitoring initiatives in schools to ensure that curriculum coverage with regard to Life Skills and Life Orientation





Annexure A: Data and Statistical Information





II General Measures of Implementation (Art. 1(I))

Allocation of resources and actual expenditures during the reporting period for social services for:

Table 1: Early childhood development

Province	Allocation 2024/2025						
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Conditional Grant			Equitable Share			Conditional Grant & Equitable Share
	Sub	Infra	Total	Sub	Infra	Total	
EC	248 269	20 719	268 988	245 342	96 039	341 381	610 369
FS	68 084	8 952	77 036	254 196	15	269 196	346 232
GP	297 355	39 033	336 388	439 516	0	439 516	775 904
KZN	224 53	24 12	248 65	439 395	70 292	509 687	758 337
LP	218 926	19 076	238 002	365 917	0	365 917	603 919
MP	111 992	11 667	123 659	200 001	0	200 001	323 66
NC	23 278	5 519	28 797	50 18	13 038	63 218	92 015
NW	131 849	11 349	143 198	127 75	20	147 75	290 948
WC	108 008	16 349	124 357	303 099	0	303 099	427 456
TOTAL	1 432 291	156 784	1 589 075	2 425 396	214 369	2 639 765	4 228 840

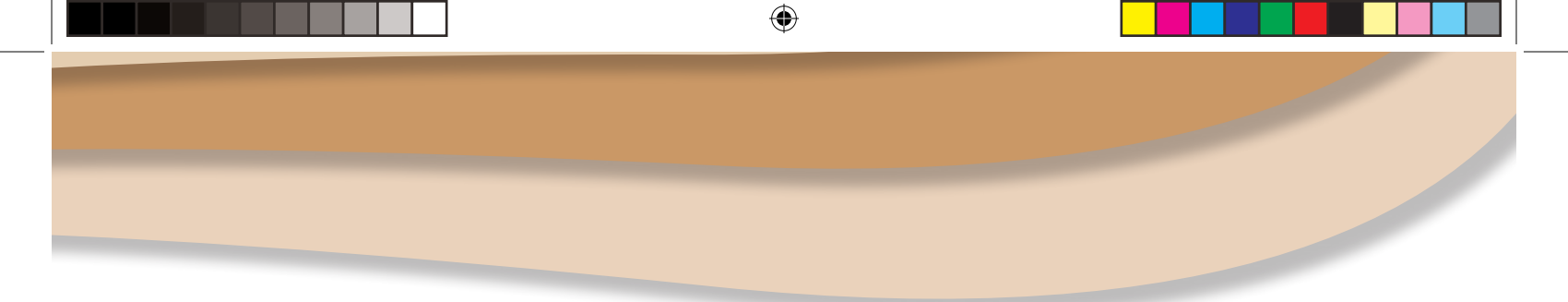


Definition of a child: Art 2

Table 2: Number and proportion of children living in the State Party

On the number/percentage of children by age, sex, province | Data source: 2025 mid-year population estimates (Stats SA)

WC		EC		NC		FS		KZN		M
Males	2025	Males	2025	Males	2025	Males	2025	Males	2025	
0	54 465	0	70 364	0	13 415	0	26 960	0	121 163	
1	53 960	1	69 921	1	13 300	1	26 817	1	119 815	
2	53 938	2	70 094	2	13 267	2	26 826	2	119 376	
3	54 457	3	70 948	3	13 332	3	27 029	3	119 976	
4	55 175	4	72 018	4	13 414	4	27 264	4	120 855	
5	55 789	5	72 879	5	13 436	5	27 266	5	121 300	
6	55 546	6	72 519	6	13 222	6	26 846	6	119 741	
7	55 017	7	71 675	7	12 919	7	26 297	7	117 467	
8	52 693	8	68 389	8	12 186	8	24 921	8	111 337	
9	52 797	9	68 128	9	12 013	9	24 696	9	110 293	
10	56 564	10	72 391	10	12 652	10	26 131	10	116 693	
11	59 569	11	75 532	11	13 090	11	27 320	11	121 414	
12	59 191	12	74 316	12	12 772	12	27 159	12	119 321	
13	60 477	13	75 071	13	12 815	13	27 876	13	120 627	
14	60 336	14	73 906	14	12 553	14	27 892	14	119 016	
15	60 034	15	72 532	15	12 255	15	27 833	15	117 152	
16	61 314	16	72 419	16	12 322	16	28 334	16	117 946	
17	62 238	17	70 839	17	12 373	17	28 386	17	117 292	
18	61 456	18	66 561	18	12 117	18	27 450	18	112 891	
19	60 523	19	62 161	19	11 829	19	26 462	19	108 285	
20	59 921	20	58 050	20	11 619	20	25 616	20	104 233	
21	57 715	21	52 634	21	11 052	21	24 030	21	97 780	
22	55 123	22	47 542	22	10 347	22	22 284	22	91 459	
23	57 153	23	46 920	23	10 475	23	22 413	23	93 330	
24	58 731	24	45 818	24	10 525	24	22 336	24	94 364	
25	61 592	25	45 516	25	10 787	25	22 690	25	97 335	
26	61 964	26	44 265	26	10 676	26	22 289	26	96 897	
27	61 987	27	44 144	27	10 615	27	22 045	27	96 697	
28	63 702	28	46 093	28	10 912	28	22 588	28	99 608	
29	65 685	29	48 258	29	11 248	29	23 215	29	102 914	
30	66 425	30	49 744	30	11 385	30	23 420	30	104 362	
31	67 310	31	50 762	31	11 508	31	23 681	31	105 594	
32	68 645	32	51 084	32	11 637	32	24 074	32	106 789	
33	69 580	33	50 463	33	11 656	33	24 306	33	106 843	
34	70 388	34	49 991	34	11 673	34	24 525	34	106 810	
35	71 538	35	49 864	35	11 754	35	24 910	35	107 378	
36	72 416	36	49 498	36	11 795	36	25 073	36	107 070	
37	72 377	37	48 477	37	11 695	37	24 716	37	104 738	
38	72 291	38	47 427	38	11 595	38	24 213	38	101 895	
39	72 637	39	46 613	39	11 560	39	23 865	39	99 598	



NW		GP		MP		LP		RSA	
Males	2025	Males	2025	Males	2025	Males	2025	Males	2025
0	38 842	0	116 569	0	46 471	0	68 084	0	556 334
1	38 069	1	117 654	1	46 072	1	68 023	1	553 633
2	37 665	2	119 055	2	45 944	2	68 363	2	554 528
3	37 661	3	121 008	3	46 154	3	69 193	3	559 759
4	37 810	4	122 834	4	46 424	4	70 081	4	565 874
5	37 939	5	123 551	5	46 269	5	70 714	5	569 142
6	37 491	6	122 024	6	45 414	6	70 013	6	562 816
7	36 860	7	119 627	7	44 363	7	68 738	7	552 962
8	35 047	8	113 229	8	41 937	8	65 072	8	524 812
9	34 866	9	112 014	9	41 471	9	64 276	9	520 554
10	37 088	10	118 431	10	43 804	10	67 717	10	551 472
11	38 783	11	123 167	11	45 709	11	70 028	11	574 611
12	38 263	12	121 037	12	45 339	12	68 272	12	565 669
13	38 815	13	122 529	13	46 428	13	68 381	13	573 020
14	38 444	14	121 184	14	46 403	14	66 772	14	566 506
15	37 973	15	119 527	15	46 341	15	64 946	15	558 592
16	38 468	16	121 748	16	47 097	16	64 718	16	564 366
17	38 670	17	124 312	17	46 909	17	63 878	17	564 897
18	37 752	18	124 198	18	44 998	18	61 083	18	548 507
19	36 752	19	123 848	19	43 062	19	58 148	19	531 070
20	35 982	20	124 448	20	41 305	20	55 583	20	516 757
21	34 176	21	121 260	21	38 857	21	51 426	21	488 930
22	32 075	22	116 367	22	36 852	22	46 937	22	458 985
23	32 643	23	120 748	23	38 370	23	46 455	23	468 507
24	32 952	24	124 402	24	39 524	24	45 583	24	474 235
25	33 921	25	130 823	25	41 569	25	45 522	25	489 754
26	33 778	26	132 393	26	41 929	26	44 420	26	488 611
27	33 864	27	133 860	27	41 973	27	44 355	27	489 540
28	35 133	28	139 401	28	43 116	28	46 298	28	506 851
29	36 525	29	145 404	29	44 488	29	48 407	29	526 145
30	37 258	30	148 503	30	45 050	30	49 781	30	535 928
31	37 935	31	152 118	31	45 657	31	50 736	31	545 301
32	38 622	32	157 037	32	46 487	32	51 099	32	555 473
33	38 918	33	161 097	33	46 983	33	50 582	33	560 428
34	39 196	34	164 762	34	47 388	34	50 167	34	564 900
35	39 702	35	169 345	35	48 006	35	50 045	35	572 542
36	39 939	36	172 217	36	48 401	36	49 757	36	576 167
37	39 499	37	171 266	37	48 134	37	48 926	37	569 826
38	38 929	38	169 133	38	47 790	38	48 123	38	561 395
39	38 570	39	167 993	39	47 693	39	47 536	39	556 066





40	66 860	40	41 853	40	10 548	40	21 508	40	88 941
41	65 327	41	40 207	41	10 244	41	20 668	41	84 547
42	63 758	42	39 127	42	9 981	42	20 014	42	80 788
43	60 359	43	37 313	43	9 459	43	18 916	43	75 184
44	57 946	44	36 087	44	9 091	44	18 109	44	70 737
45	53 314	45	33 546	45	8 384	45	16 624	45	63 587
46	50 085	46	31 728	46	7 866	46	15 567	46	58 491
47	48 673	47	30 753	47	7 577	47	15 040	47	55 996
48	47 462	48	29 713	48	7 288	48	14 559	48	54 063
49	46 161	49	28 708	49	6 994	49	14 079	49	52 130
50	45 125	50	27 919	50	6 741	50	13 701	50	50 706
51	43 790	51	26 916	51	6 465	51	13 244	51	48 665
52	42 956	52	26 180	52	6 300	52	12 953	52	46 628
53	41 893	53	25 286	53	6 124	53	12 604	53	44 001
54	39 632	54	23 688	54	5 773	54	11 905	54	40 294
55	37 178	55	21 983	55	5 402	55	11 154	55	36 470
56	35 772	56	21 046	56	5 176	56	10 746	56	34 186
57	34 357	57	20 317	57	4 933	57	10 374	57	32 642
58	33 185	58	19 879	58	4 718	58	10 101	58	31 829
59	31 977	59	19 416	59	4 506	59	9 818	59	30 966
60	30 658	60	18 896	60	4 280	60	9 503	60	30 085
61	29 377	61	18 430	61	4 084	61	9 191	61	29 119
62	28 153	62	18 028	62	3 934	62	8 876	62	27 931
63	26 699	63	17 490	63	3 776	63	8 475	63	26 347
64	25 265	64	16 967	64	3 619	64	8 077	64	24 874
65	23 743	65	16 394	65	3 451	65	7 645	65	23 346
66	22 287	66	15 768	66	3 284	66	7 221	66	21 922
67	20 919	67	15 055	67	3 113	67	6 807	67	20 648
68	19 654	68	14 310	68	2 945	68	6 411	68	19 510
69	18 421	69	13 582	69	2 782	69	6 016	69	18 378
70	17 204	70	12 846	70	2 619	70	5 615	70	17 242
71	15 997	71	12 077	71	2 448	71	5 197	71	16 088
72	14 801	72	11 276	72	2 266	72	4 758	72	14 905
72	13 794	72	10 589	72	2 103	72	4 361	72	13 873
74	12 649	74	9 778	74	1 912	74	3 910	74	12 669
75	11 543	75	8 980	75	1 720	75	3 462	75	11 463
76	10 512	76	8 232	76	1 532	76	3 029	76	10 285
77	9 503	77	7 494	77	1 340	77	2 595	77	9 078
78	8 595	78	6 837	78	1 155	78	2 183	78	7 914
79	7 694	79	6 397	79	1 042	79	1 915	79	6 721
80+	37 049	80+	56 626	80+	5 358	80+	7 922	80+	30 638
Total	3 803 047	Total	3 293 541	Total	682 131	Total	1 426 903	Total	5 851 546





40	34 923	40	152 516	40	43 564	40	42 931	40	503 644
41	33 753	41	147 559	41	42 186	41	41 279	41	485 770
42	32 921	42	143 769	42	40 736	42	39 859	42	470 953
43	31 366	43	136 624	43	38 072	43	37 457	43	444 750
44	30 286	44	131 442	44	36 013	44	35 660	44	425 372
45	28 090	45	121 192	45	32 576	45	32 546	45	389 859
46	26 425	46	113 769	46	29 989	46	30 214	46	364 134
47	25 372	47	109 858	47	28 481	47	28 831	47	350 582
48	24 219	48	106 004	48	27 109	48	27 495	48	337 911
49	23 085	49	102 071	49	25 710	49	26 168	49	325 105
50	22 093	50	98 817	50	24 488	50	25 024	50	314 614
51	21 055	51	94 722	51	23 176	51	23 793	51	301 828
52	20 420	52	91 425	52	22 209	52	22 935	52	292 005
53	19 790	53	87 454	53	21 184	53	22 023	53	280 360
54	18 586	54	81 053	54	19 596	54	20 508	54	261 034
55	17 301	55	74 313	55	17 956	55	18 936	55	240 692
56	16 588	56	70 205	56	16 980	56	17 972	56	228 671
57	15 975	57	66 855	57	16 203	57	17 084	57	218 741
58	15 545	58	64 520	58	15 680	58	16 381	58	211 837
59	15 104	59	62 114	59	15 166	59	15 692	59	204 758
60	14 621	60	59 563	60	14 653	60	14 987	60	197 245
61	14 133	61	57 171	61	14 096	61	14 299	61	189 901
62	13 625	62	54 909	62	13 436	62	13 613	62	182 506
63	12 967	63	52 216	63	12 590	63	12 806	63	173 367
64	12 322	64	49 639	64	11 791	64	12 033	64	164 586
65	11 647	65	46 966	65	10 956	65	11 228	65	155 375
66	10 905	66	44 272	66	10 206	66	10 502	66	146 366
67	10 064	67	41 500	67	9 584	67	9 886	67	137 574
68	9 182	68	38 764	68	9 060	68	9 359	68	129 196
69	8 334	69	36 116	69	8 529	69	8 835	69	120 994
70	7 503	70	33 494	70	7 994	70	8 311	70	112 828
71	6 695	71	30 867	71	7 438	71	7 773	71	104 581
72	5 931	72	28 244	72	6 847	72	7 206	72	96 235
72	5 285	72	25 972	72	6 306	72	6 698	73	88 981
74	4 630	74	23 435	74	5 678	74	6 096	74	80 757
75	4 048	75	20 979	75	5 036	75	5 478	75	72 709
76	3 567	76	18 680	76	4 390	76	4 853	76	65 079
77	3 178	77	16 448	77	3 711	77	4 191	77	57 537
78	2 918	78	14 430	78	3 027	78	3 521	78	50 580
79	2 572	79	12 539	79	2 665	79	3 044	79	44 590
80+	6 898	80+	43 860	80+	15 927	80+	18 756	80+	223 034
Total	2 126 796	Total	8 136 465	Total	2 507 173	Total	3 044 504	Total	30 872 106



General Principles (Arts. 3, 4, 5, and 26)

Death of children as a result of illnesses such as malaria, HIV/AIDS, tuberculosis, polio, hepatitis and acute respiratory infections.

Table 3: Child Deaths as a result of illnesses (Malaria and Pneumonia)

Period	za South Africa (National Government) Malaria death reported	za South Africa (National Government) Pneumonia death under 5 years
April 2021 - March 2022	99	690
April 2022 - March 2023	90	939
April 2023 - March 2024	75	870
April 2024 - March 2025	16	694

Children (i.e. 0 – 14 years) reported in 2023 cohort were 137 DS-TB (males = 71; females = 56 and for one province there were patients that did not have sex recorded) and there was 373 DR-TB child patients (Males = 189 and Female = 184). In 2022, DR-Tb children's cohort was reported 322 (Males = 176 and Female = 146). It should be borne in mind that the deaths reported to not necessarily reflect mortality due to TB, but can be due to other factors.

Table 4: Number of children who died from certain communicable diseases, South Africa, 2021

Period	WC	EC	NC	FS	KZN	NW	GP	MP	LM	Total
Tuberculosis	33	87	28	31	96	47	55	32	41	450
Viral hepatitis	0	1	1	0	1	1	2	0	0	6
Human immunodeficiency virus [HIV] disease	57	84	32	72	80	55	73	52	71	576
Diabetes mellitus	4	9	2	9	14	13	25	12	17	105
Malnutrition	26	62	18	75	99	104	105	51	55	595
Influenza and pneumonia	97	216	48	149	323	133	404	227	368	1 965
Total	217	459	129	336	613	353	664	374	552	3 697

Death of children as a result of causes such as unlawful killings (extrajudicial, summary or arbitrary executions), capital punishment, traffic or other accidents, crime and other forms of violence.



Table 5: Number of children who died from external causes of death by age group, South Africa, 2021

Underlying cause	Age in completed years	WC	EC	NC	FS	KZN	NW	GP	MP	LM	Total
Transport accidents	0-4	32	21	11	14	31	22	20	7	44	202
	5-17	30	89	42	15	117	51	22	30	82	478
	Total	62	110	53	29	148	73	42	37	126	680
Assault	0-4	2	5	0	4	6	1	6	1	7	32
	5-17	36	58	7	11	47	9	16	8	14	206
	Total	38	63	7	15	53	10	22	9	21	238

Civil Rights and Freedoms (Arts. 6-10 and 16) 22

The number and percentage of children who are registered after birth, and when such registration takes place

Table 6: Distribution of birth registrations by the number of days it took to register the birth, South Africa, 2019-2023

Number of days/ years	Number of birth registrations					Percentage*				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
0-30 days	840 746	710 814	811 622	778 716	752 412	80.0	70.8	74.6	78.0	80.7
31-364 days	132 367	248 209	214 578	157 565	116 335	12.6	24.7	19.7	15.8	12.5
1-14 years	50 580	31 332	44 278	44 456	49 770	4.8	3.1	4.1	4.5	5.3
15 years and older**	27 618	12 952	17 048	17 625	13 621	2.6	1.3	1.6	1.8	1.5
Total	1 051 311	1 003 307	1 087 526	998 362	932 138	100.0	100.0	100.0	100.0	100.0
*Percentages may not add up to 100 due to rounding off.										
**Age group includes individuals 15 years and older										



Table 7: The number of birth registration centres particularly in rural and inaccessible areas

Offices nationwide	Health facilities	Mobile offices	Mission abroad
348	391	220	116

Source: DHA

Table 8: The National Child Protection Register - Annual Statistics: 2023/24 Financial Year: Provincial Statistics on the Reported Cases

Province	Q1		Q2		Q3		Q4	
Forms	F22	F23	F22	F23	F22	F23	F22	F23
Eastern Cape					590	73	549	344
Free State	255	59	395	82	426	156	143	71
Gauteng	756	38	1 104	68	757	42	1 083	86
KZN	881	712	878	213	697	264	880	211
Limpopo	227	129	121	138	246	120	237	159
Mpumalanga	438	78	302	72	449	61	259	74
Northern Cape	48	00	78	00	78	00	83	00
North West	142	132	139	52	160	99	121	106
Western Cape	2 475	281	2 850	298	2 435	201	2 347	292
TOTAL	5 322	788	5 867	923	6 838	1 016	6 705	1 343

Table 9: Overview of the Reported Cases

Province	Types of abuse											
	Physical Abuse		Sexual Abuse		Emotional Abuse		Deliberate Neglect		Abandonment		Other	
Forms	F22	F23	F22	F23	F22	F23	F22	F23	F22	F23	F22	F23
Eastern Cape	105	29	491	159	73	23	450	160	20	08	05	00
Free State	156	32	503	153	72	15	394	76	66	00	00	00
Gauteng	533	39	1 503	116	420	17	1 088	52	56	14	35	32
KZN	377	133	1 552	366	222	50	1 075	208	101	02	02	02
Limpopo	76	44	347	172	83	31	459	294	04	03	14	00
Mpumalanga	121	18	782	111	114	21	305	120	37	06	23	15
Northern Cape	41	00	94	00	08	00	136	00	01	00	00	00
North West	32	26	200	84	28	15	229	118	01	01	02	02
Western Cape	1 947	193	3 073	327	1 734	120	3 393	439	46	13	23	01
TOTAL	3 488	510	8 345	1 388	2 754	282	7 529	1 467	312	47	104	52

Economic, Social and Cultural Rights (Arts. 11-12 and 14)

Right to education

Table 10: Functional literacy of children aged 15-17 years

Func_lite	Male	Female	RSA
Illiterate	89 304	45 790	135 093
	5.2	2.6	3.9
Literate	1 637 311	1 697 906	3 335 217
	94.8	97.4	96.1
Total	1 726 615	1 743 696	3 470 311





Table 11: Functional literacy of children aged 20+ years

Func_lite	Male	Female	RSA
Illiterate	1 715 665	2 058 880	3 774 546
	9.0	10.1	9.6
Literate	17 308 547	18 359 368	35 667 915
	91.0	89.9	90.4
Total	19 024 212	20 418 249	39 442 461

Table 12: Primary Net enrolment rates for children 5-13 years

	Yes	No	Total
2024	9 331 613	2 478 705	11 810 318
	79.0	21.0	100.0
Total	9 331 613	2 478 705	11 810 318

Table 13: Table of sex by attend2

	Yes	No	Total
Male	4 758 054	1 165 258	5 923 312
	80.3	19.7	100.0
Female	4 573 559	1 313 447	5 887 006
	77.7	22.3	100.0
Total	9 331 613	2 478 705	11 810 318





Table 14: Secondary Net enrolment for Children 14-18 years

	Yes	No	Total
2024	4 761 177	984 074	5 745 251
	82.9	17.1	100.0
Total	4 761 177	984 074	5 745 251

Table 15: Table of sex by attend2

	Yes	No	Total
Male	2 352 446	537 915	2 890 361
	81.4	18.8	100.0
Female	2 408 731	446 159	2 854 890
	84.4	15.6	100.0
Total	4 761 177	984 074	5 745 251

Table 16: Primary attendance rates for children 5-13 years

	Yes	No	Total
2024	10 329 473	299 822	10 629 295
	97.2	2.8	100.0
Total	10 329 473	299 822	10 629 295

	Yes	No	Total
Male	5 179 113	156 058	5 335 171
	97.1	2.9	100.0
Female	5 150 360	143 764	5 294 125
	97.3	2.7	100.0
Total	10 329 473	299 822	10 629 295





Table 17: Secondary attendance for Children 14-18 years

	Yes	No	Total
2024	5 197 489	547 762	5 745 251
	90.5	9.5	100.0
Total	5 197 489	547 762	5 745 251

	Yes	No	Total
Male	2 617 815	272 546	2 890 361
	90.6	9.4	100.0
Female	2 579 675	275 215	2 854 890
	90.4	9.6	100.0
Total	5 197 489	547 762	547 762

Table 18: Primary and Secondary out of school

Table of sex by attend2	Yes	No	Total
Male	4 628 988	156 058	4 785 046
	96.7	3.3	100.0
Female	4 522 574	143 764	4 666 338
	96.9	3.1	100.0
Total	9 151 562	299 822	9 451 383





Table of sex by attend2	Yes	No	Total
Male	1 515 106	107 282	1 622 388
	93.4	6.6	100.0
Female	1 582 804	109 957	1 692 761
	93.5	6.5	100.0
Total	3 097 910	217 239	3 315 149

Right to health

Table 19: Rates of infant and child mortality

Five-year indicator performance on the Rates of infant and child mortality < five mortality												
Period	Child under 5 years diarrhoea case fatality rate	Child under 5 years moderate acute malnutrition case fatality rate	Child under 5 years pneumonia case fatality rate	Child under 5 years severe acute malnutrition case fatality rate	Death in facility 12-59 months rate	Child under 5 years severe acute malnutrition in facility rate	Death in facility 29 days – 11 months rate	Early neonatal death in facility rate	Neonatal death in facility rate	Death in facility under 5 years rate	Death in facility under 1 year rate	Child under 1 year mortality in facility rate (annualised)
April 2020 - March 2021	2.5	4.7	2.1	7.0	0.14	5.5	0.24	9.7	12.6	4.8	5.1	13.2
April 2021 - March 2022	1.8	4.7	1.7	7.9	0.17	5.5	0.32	10.0	13.1	5.0	5.1	14.0
April 2022 - March 2023	1.7	4.2	1.5	7.2	0.21	5.2	0.36	9.6	12.7	4.3	4.4	13.3
April 2023 - March 2024	1.3	3.8	1.8	7.0	0.21	4.6	0.38	10.1	13.4	4.3	4.4	12.7
April 2024 - March 2025	1.4	3.5	1.3	6.9	0.22	4.0	0.38	9.8	13	3.9	3.9	11.7

Source: Department of health





		Life Expectancy						
	Crude birth rate	Male	Female	Total	Infant Mortality rate	Under 5-Mortality rate	Crude death rate	Rate of Natural increase (%)
2015	20.3	61.4	67.2	64.4	29.1	36.0	9.1	1.10
2016	18.8	61.5	67.4	64.5	28.6	35.6	9.1	0.96
2017	18.7	61.9	67.7	64.9	27.0	34.0	9.0	0.96
2018	19.4	62.2	67.8	65.1	26.2	32.1	9.0	1.03
2019	19.5	62.6	68.4	65.5	24.7	29.0	8.9	1.04
2020	19.4	62.8	68.8	65.9	24.5	27.7	8.9	1.04
2021	19.1	59.8	65.2	62.6	25.1	28.4	11.5	0.75
2022	18.7	61.7	67.4	64.6	25	28.2	10.0	0.86
2023	18.3	63.2	69.2	66.3	24.3	27.4	8.9	0.92
2024	18	63.8	69.4	66.7	23.2	26.4	8.8	0.91
2025	17.8	64	69.6	66.9	23.1	26.1	8.8	0.89

Source: Statssa



Table 20: Number and percentage of households without access to sanitation facilities, by province and sex of the household head, 2024

Province	Sex	Flush toilet	Pit latrine/toilet with ventilation pipe	Pit latrine/ toilet without ventilation pipe	Chemical toilet	Other	No access to sanitation facilities	Total
Western Cape	Male	1 278 742	3 764	1 176	5 401	35 059	691	1 324 833
	Female	844 748	3 930	5 901	2 967	13 042	-	870 588
	Total	2 123 489	7 695	7 076	8 368	48 100	691	2 195 420
Eastern Cape	Male	464 188	351 294	59 717	1 791	11 693	23 040	911 724
	Female	388 337	396 147	60 962	-	4 048	19 108	868 602
	Total	852 526	747 441	120 679	1 791	15 741	42 148	1 780 326
Northern Cape	Male	154 789	19 736	23 511	-	4 389	8 243	210 669
	Female	131 651	21 069	13 909	-	5 451	5 590	177 669
	Total	286 440	40 805	37 420	-	9 840	13 833	388 338
Free State	Male	440 827	56 900	61 342	1 063	12 657	8 043	580 832
	Female	361 330	25 164	46 036	911	7 712	1 387	442 539
	Total	802 157	82 064	107 377	1 974	20 369	9 430	1 023 371
KwaZulu-Natal	Male	985 866	424 576	320 388	39 419	22 055	10 234	1 802 539
	Female	734 596	490 105	297 689	35 512	17 106	9 182	1 584 189
	Total	1 720 462	914 681	618 077	74 932	39 161	19 416	3 386 729
North West	Male	462 217	175 335	221 355	-	2 767	14 292	875 966
	Female	289 322	113 752	148 443	-	-	4 380	555 896
	Total	751 538	289 086	369 798	-	2 767	18 672	1 431 861





Gauteng	Male	3 236 129	145 666	223 006	75 297	62 589	6 762	3 749 449
	Female	2 013 920	63 466	113 186	16 552	22 837	822	2 230 783
	Total	5 250 049	209 132	336 191	91 849	85 426	7 585	5 980 232
Mpumalanga	Male	380 199	155 797	271 258	-	3 345	10 730	821 330
	Female	318 567	171 823	220 871	934	1 000	7 234	720 429
	Total	698 767	327 620	492 129	934	4 345	17 964	1 541 759
Limpopo	Male	326 142	288 546	343 002	1 223	7 578	7 598	974 089
	Female	233 429	285 053	322 586	-	3 731	2 911	847 710
	Total	559 572	573 598	665 587	1 223	11 309	10 509	1 821 800
RSA	Male	7 729 099	1 621 614	1 524 754	124 195	162 133	89 635	11 251 430
	Female	5 315 901	1 570 510	1 229 581	56 876	74 926	50 612	8 298 406
	Total	13 045 000	3 192 124	2 754 335	181 071	237 059	140 247	19 549 836

Source: Statssa

Province	Sex	Flush toilet	Pit latrine/ toilet with ventilation pipe	Pit latrine/ toilet without ventilation pipe	Chemical toilet	Other	No access to sanitation facilities
Western Cape	Male	96.5	0.3	0.1	0.4	2.7	0.1
	Female	97.0	0.5	0.7	0.3	1.5	-
	Total	96.7	0.4	0.3	0.4	2.2	0.0
Eastern Cape	Male	50.9	38.5	6.6	0.2	1.3	2.5
	Female	44.7	45.6	7.0	-	0.5	2.2
	Total	38.5	42.0	6.8	0.1	0.9	2.4
Northern Cape	Male	73.5	9.4	11.2	-	2.1	3.9
	Female	74.1	11.9	7.8	-	3.1	3.2
	Total	73.8	10.5	9.6	-	2.5	3.6





Free State	Male	75.9	9.8	10.6	0.2	2.2	1.4
	Female	81.7	5.7	10.4	0.2	1.7	0.3
	Total	78.4	8.0	10.5	0.2	2.0	0.9
KwaZulu-Natal	Male	54.7	23.6	17.8	2.2	1.2	0.6
	Female	46.4	30.9	18.8	2.2	1.1	0.6
	Total	50.8	27.0	18.3	2.2	1.2	0.6
North West	Male	52.8	20.0	25.3	-	0.3	1.6
	Female	52.1	20.5	26.7	-	-	0.8
	Total	52.5	20.2	25.8	-	0.2	1.3
Gauteng	Male	86.3	3.9	6.0	2.0	1.7	0.2
	Female	90.3	2.9	5.1	0.7	1.0	0.0
	Total	87.8	3.5	5.6	1.5	1.4	0.1
Mpumalanga	Male	46.3	19.0	33.0	-	0.4	1.3
	Female	44.2	23.9	30.7	0.1	0.1	1.0
	Total	45.3	21.3	31.9	0.1	0.3	1.2
Limpopo	Male	33.5	29.6	35.2	0.1	0.8	0.8
	Female	27.5	33.6	38.1	-	0.4	0.3
	Total	30.7	31.5	36.5	0.1	0.6	0.6
RSA	Male	68.69	14.41	13.55	1.1	1.44	0.8
	Female	64.06	18.93	14.82	0.69	0.9	0.61
	Total	66.73	16.33	14.09	0.93	1.21	0.72

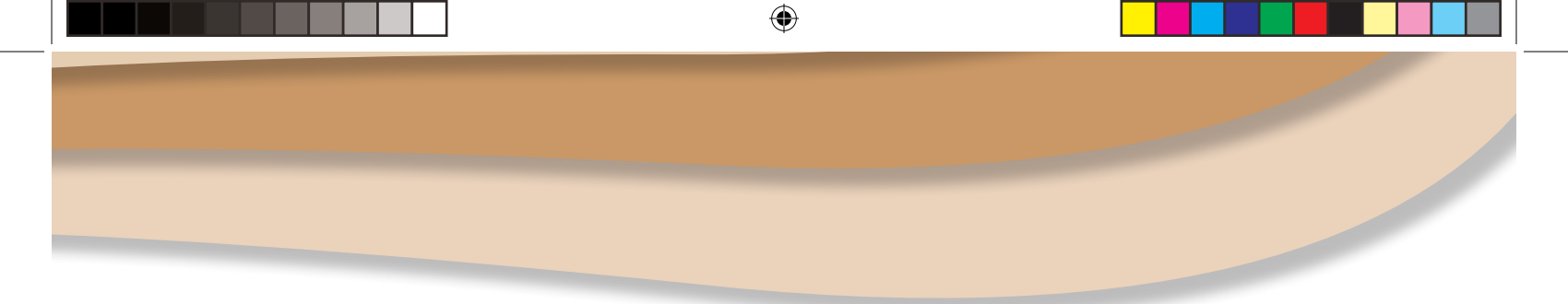




Table 21: Number and percentage of households with access to drinking water, by province and sex of the household head, 2024

Province	Sex	No access	Access to piped or tap water in their dwelling, on or off-site	Total
Western Cape	Male	12 419	1 312 413	1 324 833
	Female	8 837	861 751	870 588
	Total	21 257	2 174 164	2 195 420
Eastern Cape	Male	255 281	656 443	911 724
	Female	280 783	587 819	868 602
	Total	536 064	1 244 262	1 780 326
Northern Cape	Male	8 430	202 239	210 669
	Female	10 461	167 208	177 669
	Total	18 891	369 447	388 338
Free State	Male	39 202	542 240	581 441
	Female	14 271	428 268	442 539
	Total	53 473	970 508	1 023 981
KwaZulu-Natal	Male	272 544	1 529 995	1 802 539
	Female	305 957	1 278 232	1 584 189
	Total	578 502	2 808 227	3 386 729
North West	Male	120 976	754 989	875 966
	Female	79 393	476 503	555 896
	Total	200 369	1 231 492	1 431 861





Gauteng	Male	84 659	3 665 629	3 750 288
	Female	33 410	2 197 374	2 230 783
	Total	118 069	5 863 003	5 981 072
Mpumalanga	Male	100 661	720 669	821 330
	Female	92 720	627 709	720 429
	Total	193 380	1 348 378	1 541 759
Limpopo	Male	366 589	607 500	974 089
	Female	309 826	537 885	847 710
	Total	676 415	1 145 385	1 821 800
RSA	Male	1 260 762	9 992 118	11 252 880
	Female	1 135 658	7 162 748	8 298 406
	Total	2 396 419	17 154 866	19 551 285

Source: Statssa

Province	Sex	No access	Access to piped or tap water in their dwelling, on or off-site
Western Cape	Male	0.9	99.1
	Female	1.0	99.0
	Total	1.0	99.0
Eastern Cape	Male	28.0	72.0
	Female	32.3	67.7
	Total	30.1	69.9





Northern Cape	Male	4.0	96.0
	Female	5.9	94.1
	Total	4.9	95.1
Free State	Male	6.7	93.3
	Female	3.2	96.8
	Total	5.2	94.8
KwaZulu-Natal	Male	15.1	84.9
	Female	19.3	80.7
	Total	17.1	82.9
North West	Male	13.8	86.2
	Female	14.3	85.7
	Total	14.0	86.0
Gauteng	Male	2.3	97.7
	Female	1.5	98.5
	Total	2.0	98.0
Mpumalanga	Male	12.3	87.7
	Female	12.9	87.1
	Total	12.5	87.5
Limpopo	Male	37.6	62.4
	Female	36.6	63.5
	Total	37.1	62.9





RSA	Male	11.2	88.8
	Female	13.7	86.3
	Total	12.3	87.7

Source: Statssa

Table 22: Percentage of one-year-olds fully immunised for tuberculosis, diphtheria, pertussis, polio and measles

Table 22: Children started on TB Treatment					
Assumptions:					
- Children comprise 0 to 14 years. - Universal Access: Children started on TB Treatment					
2023			2024		
No Started	Total No.	%	No Started	Total No.	%
15 130	222 810	6.8	14 336	195 094	7.4

Table 23: Proportion of pregnant women who have access to, and benefit from, prenatal and post-natal health care

Table 23: 5-Year performance on access to Maternal Health Care Services				
Period	Antenatal 1st visit before 20 weeks rate	Mother postnatal visit within 6 days rate	Delivery in facility rate	Antenatal 1st visit coverage
April 2020 – March 2021	67.9	76.6	83.3	85.2
April 2021 – March 2022	68.9	78.6	83.3	81.5
April 2022 – March 2023	70.1	80.0	78.4	76.4
April 2023 – March 2024	69.9	80.0	71.3	69.4
April 2024 – March 2025	72.8	83.2	67.3	65.4

The following table depicts 5-year data of the proportion of women who had accessed ANC early and the ANC coverage. It also indicates the women who delivered in the facilities, which indicates access to skilled birth attendants as well as the percentage of mothers and neonates who accessed care postnatal care services.





Table 24: Proportion of pregnant women provided with HIV Prevention-of-Mother-To-Child-Transmission (PMCT) Services

Table 24: Antenatal client start on ART rate	
Period	%
April 2020 – March 2021	
April 2021 – March 2022	95.0%
April 2022 – March 2023	94.1%
April 2023 – March 2024	95.4%
April 2024 – March 2025	96.6%

Table 25: Percentage of children born with HIV

Table 25: Infant 1st PCR test positive at birth		
Period	Percentage	Number
April 2020 – March 2021		
April 2021 – March 2022	0.41%	1,077
April 2022 – March 2023	0.44%	1,049
April 2023 – March 2024	0.48%	1,013
April 2024 – March 2025	0.35%	643

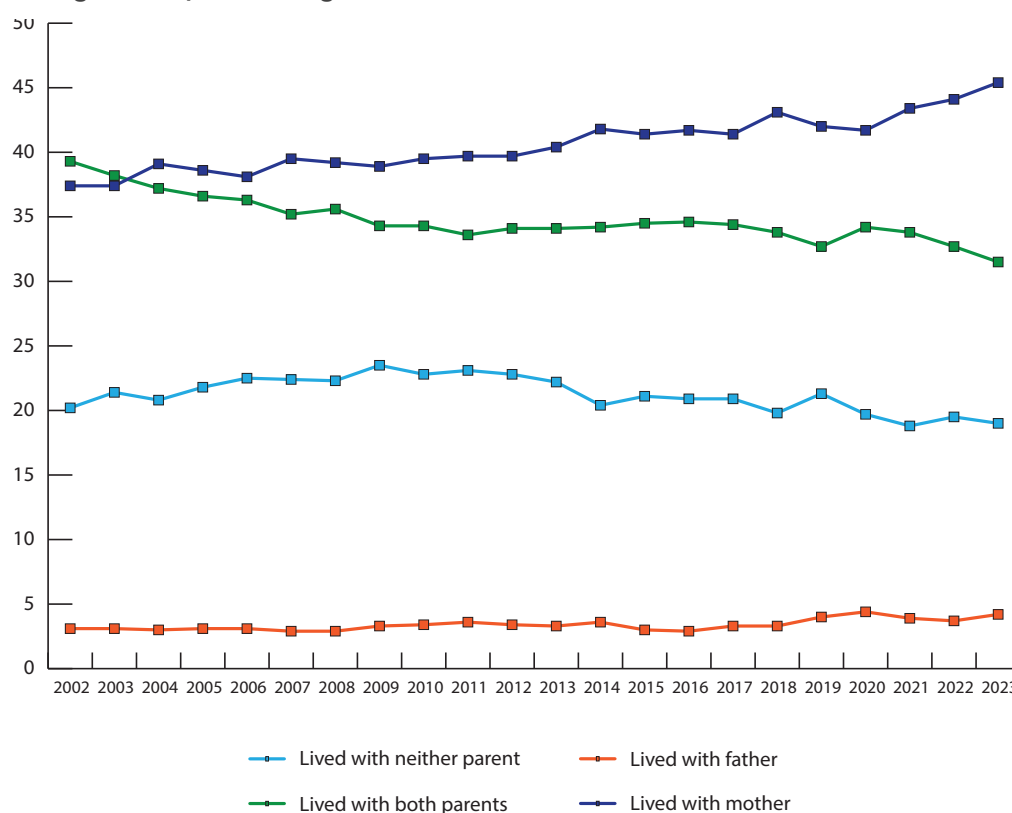


Family Environment and Alternative Care (Arts. 18-20 and 24)

Children in care of biological and non-biological caregivers

Biological parents often offer a sense of security and emotional stability, which is vital for a child's development. Being with biological parents helps children connect with their cultural, genetic, and familial heritage, fostering a strong sense of identity. They are more likely to provide consistent care and routines, which are beneficial for a child's growth. However, the most important factor is that a child is loved, cared for, and supported, whether by biological parents or other caregivers. Every family situation is unique, and the child's well-being should always be the top priority.

Figure 1: Living arrangement of children aged 0–17, 2002–2023



Source: GHS 2002-2023





The graph above presents the living arrangement of children aged 0-17 years from 2002 to 2023. The graph indicates that most children lived with their mothers. In 2002-2003, the majority of children resided with both parents. However, this trend declined in subsequent years, with the proportion of children living with both parents decreasing, while those living with only their mothers increased. The percentage of children living with neither parent also declined over time, from 20,2% in 2002 to 19,0% in 2023. Additionally, the percentage of children living with their fathers remained consistently low, below 5%, throughout all the years.

Orphaned children

Orphanhood can pose numerous challenges for children, impacting their physical, emotional, and social well-being. The absence of parental support often results in feelings of abandonment and diminished self-esteem. Without guidance, orphaned children may find it difficult to remain in school. Additionally, they may face social stigma and discrimination, further isolating them from their communities and complicating the formation of healthy relationships.

Table 26: Children aged 0–17 by orphanhood status, 2010-2023

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Maternal Orphan	3,4	3,1	3,2	3,1	2,7	2,8	2,8	2,5	2,4	3,1	2,6	2,2	2,5	2,5
Paternal Orphan	4,0	10,6	10,2	9,5	8,4	8,6	8,1	7,7	7,4	9,0	7,1	7,0	7,7	8,0
Double Orphan	4,0	4,2	3,9	3,6	2,9	2,7	2,4	2,2	2,0	2,4	2,6	2,4	2,1	1,8
Not Orphaned	81,6	82,2	82,7	83,9	86,0	86,0	86,7	87,5	88,3	85,6	87,7	88,5	87,7	87,7
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Source: GHS 2023

The graph above presents the distribution of children aged 0-17 years by orphanhood status in 2010-2023. The graph shows the percentage of double orphan children declined by half from 4% in 2010 to 1,8% in 2023 while the percentage of maternal orphans was reduced by almost one percentage point from 3,4% in 2010 to 2,5% in 2023. The percentage of paternal orphans reduced by 3,1 percentage points during the period presented.

The number of children separated from their parents as a result of court decisions.

Table 27: National active FCG as at end of August 2025

Region	Active FCG
Eastern Cape	49 611
Free State	15 769
Gauteng	33 958
KwaZulu-Natal	41 147





Limpopo	29 423
Mpumalanga	13 459
North West	18 892
Northern Cape	7 884
Western Cape	32 499
Grand Total	242 642

Table 28: National active children receiving both FCG and CDG as at end of August 2025

Region	Receiving both FCG & CDG
Eastern Cape	718
Free State	247
Gauteng	397
KwaZulu-Natal	597
Limpopo	214
Mpumalanga	119
North West	221
Northern Cape	283
Western Cape	707
Grand Total	3 503

Table 29: Number of institutions hosting children without parental care and the number of children in these institutions / The number of institutions responsible for providing care of children and the number of children accessing these institutions

Total Number of CYCCs	Total Number of Children in CYCCs	Total Number of Children with Disability in CYCCs
418	15 878	1 187





Table 30: The number of children in domestic and inter-country adoption (1 April 2021 to 30 March 2025)

Financial Year	National Adoptions	Intercountry Adoption
2021/2022	834	139
2022/2023	1 137	108
2023/2024	773	133
2024/2025	713	88
TOTAL	3 457	468

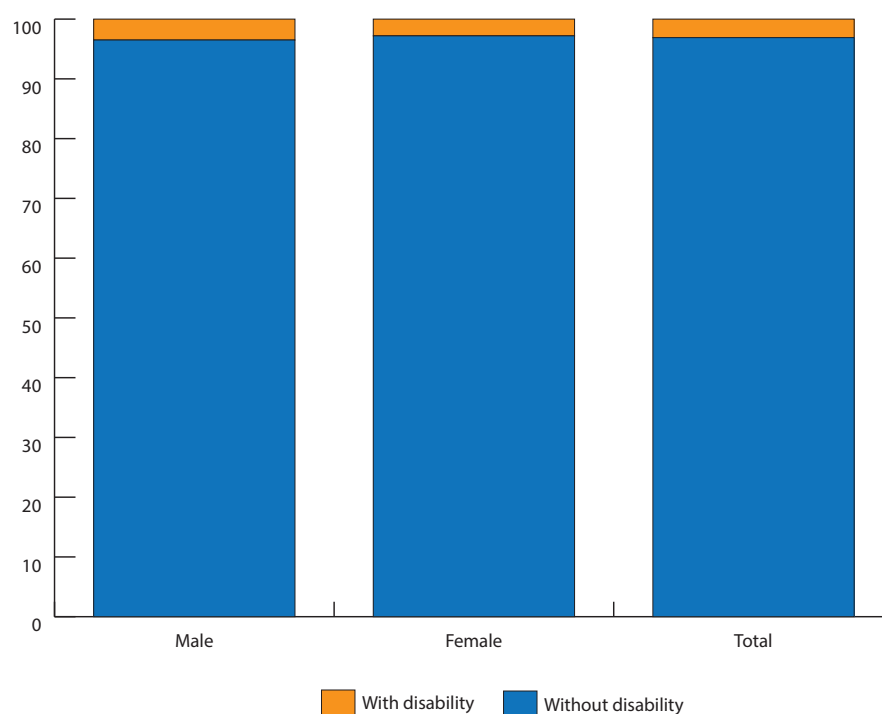
Source: DSD

Protection of Children in Most Vulnerable Situations (Arts. 13, 22-23 and 25)

Number and percentage of children with disabilities (source: Statssa)

Children with disabilities

Figure 2: Children aged 0–17 by disability status and sex, 2023



	Male	Female	Total
With disability	3,5	2,8	3,1
Without disability	96,5	97,2	96,9

Source: GHS 2023 Note: Only the status of children aged 5 and older was measured.





The graph above presents the disability status of children aged 0-17 years in 2023. Overall close to 97% of children did not have any disability. However, slightly more males than females were children with disability (3,5% versus 2,8%).

Table 31: Number and percentage of children aged 5-17 years with disabilities, 2024

Age	Not disabled	Disabled	Total
5	1 094 430	141 451	1 235 880
6	1 039 204	87 301	1 126 505
7	1 102 927	63 448	1 166 375
8	1 086 502	50 442	1 136 943
9	1 207 064	29 445	1 236 509
10	1 158 722	39 782	1 198 504
11	1 154 274	34 383	1 188 657
12	1 159 760	15 095	1 174 855
13	1 150 796	14 269	1 165 065
14	1 161 920	19 103	1 181 022
15	1 147 179	17 999	1 165 178
16	1 165 610	12 186	1 177 795
17	1 107 215	23 423	1 130 638
Total (5-17)	14 735 603	548 326	15 283 929





Age	Not disabled	Disabled
5	88.6	11.5
6	92.3	7.8
7	94.6	5.4
8	95.6	4.4
9	97.6	2.4
10	96.7	3.3
11	97.1	2.9
12	98.7	1.3
13	98.8	1.2
14	98.4	1.6
15	98.5	1.5
16	99.0	1.0
17	97.9	2.1
Total (5-17)	96.4	3.6





Table 32: Number and percentage of children aged 5-17 years by type of disability, 2024

Functional domain	Degree of difficulty	Number (N)	Percent %
Difficulty in seeing (even with glasses)	No difficulty	15 003 133	98.2
	Some difficulty	252 694	1.7
	A lot of difficulty	25 020	0.2
	Cannot do at all/unable to do	3 083	0.0
	Total	15 283 929	100.0

Functional domain	Degree of difficulty	Number (N)	Percent %
Difficulty in hearing (even with hearing aid)	No difficulty	15 176 772	99.3
	Some difficulty	83 254	0.5
	A lot of difficulty	15 225	0.1
	Cannot do at all/unable to do	6 928	0.1
	DO NOT KNOW	1 749	0.0
	Total	15 283 929	100.0

Table 33: Number and percentage of children aged 5-17 years by type of disability, 2024

Number and percentage of children aged 5-17 years by type of disability, 2024			
Functional domain	Degree of difficulty	Number (N)	Percent %
Difficulty in walking or climbing a flight of steps	No difficulty	15 152 274	99.1
	Some difficulty	81 317	0.5
	A lot of difficulty	27 606	0.2
	Cannot do at all/unable to do	20 540	0.1
	DO NOT KNOW	2 192	0.0
	Total	15 283 929	100.0





Functional domain	Degree of difficulty	Number (N)	Percent %
Difficulty in remembering or concentrating	No difficulty	14 970 949	98.0
	Some difficulty	231 422	1.5
	A lot of difficulty	61 693	0.4
	Cannot do at all/unable to do	17 487	0.1
	DO NOT KNOW	2 378	0.0
	Total	15 283 929	100.0

Functional domain	Degree of difficulty	Number (N)	Percent %
Difficulty in self-care	No difficulty	14 451 771	94.6
	Some difficulty	532 752	3.5
	A lot of difficulty	192 121	1.3
	Cannot do at all/unable to do	104 203	0.7
	DO NOT KNOW	3 082	0.0
	Total	15 283 929	100.0

Functional domain	Degree of difficulty	Number (N)	Percent %
Difficulty in communicating in usual language including sign language	No difficulty	15 085 871	98.7
	Some difficulty	121 698	0.8
	A lot of difficulty	41 454	0.3
	Cannot do at all/unable to do	33 783	0.2
	DO NOT KNOW	1 123	0.0
	Total	15 283 929	100.0

Assume that disabilities in each functional domain = Cannot do at all / unable to do



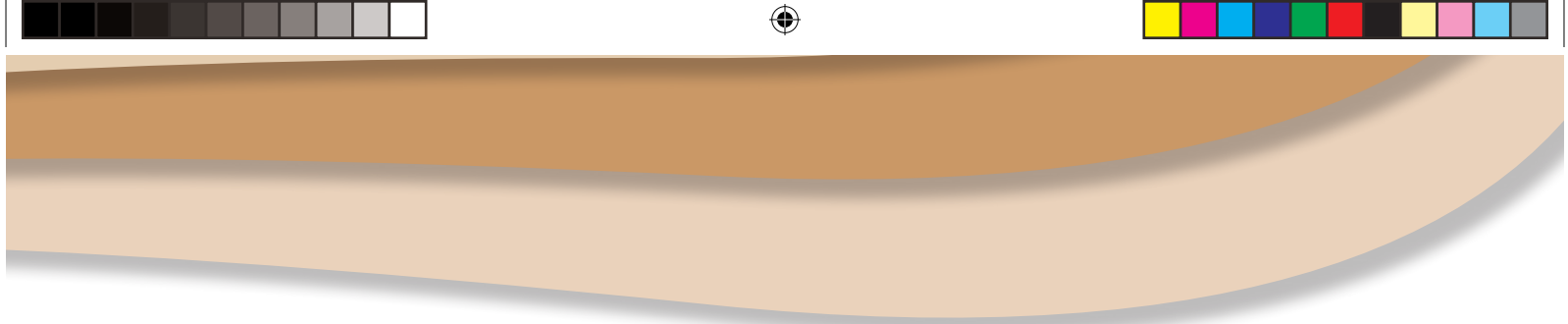
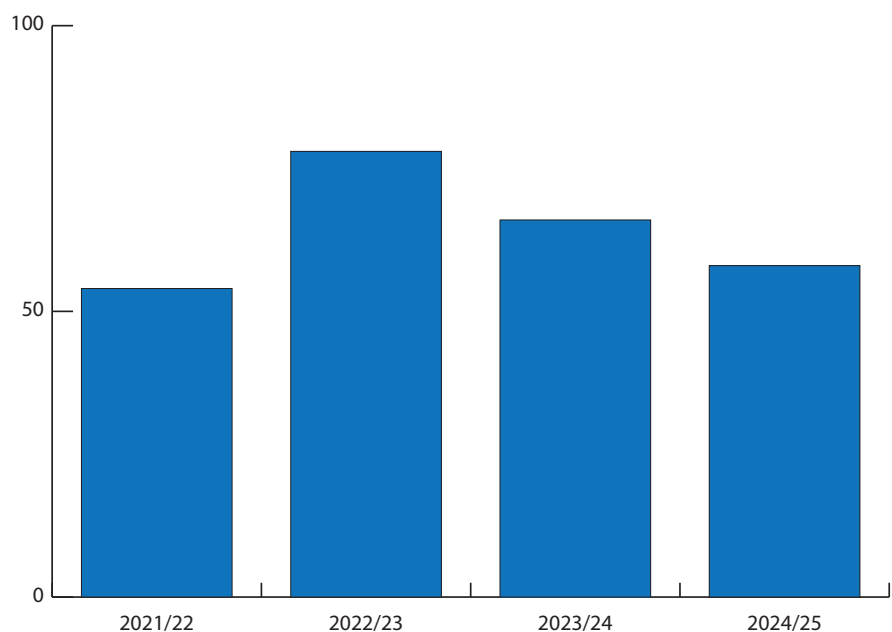


Figure 3: The number of children living in prison with their mothers and their average age.



Number of babies in DCS: Source: DCS Incarceration and Corrections

The number of babies in Department of Correctional Services (DCS) facilities has shown notable fluctuations over the past four financial years. In 2021/22, a total of 54 babies were recorded, which rose significantly to 78 in 2022/23, marking the highest point in the reporting period. However, this increase was not sustained, as the number declined to 66 in 2023/24 and further to 58 in 2024/25, returning close to the baseline figure observed in 2021/22. This trend suggests that while there was a temporary rise in the number of babies accommodated in correctional facilities, subsequent years indicate a reduction, which may be linked to shifts in sentencing practices, the use of alternative care arrangements, or policy interventions aimed at limiting the presence of infants in correctional environments.





Table 34: Number and percentage of children involved in child labour

Child labour in South Africa by age, sex and population group									
	2010			2015			2019		
	'000	'000	'000	'000	'000	'000	'000	'000	'000
Sex	779	10 279	11 058	577	10 608	11 185	571	10 817	11 388
Male	370	5 169	5 539	296	5 298	5 594	280	5 421	5 701
Female	409	5 110	5 519	281	5 310	5 592	292	5 396	5 687
Population groups	779	10 279	11 058	577	10 608	11 185	571	10 817	11 388
Black/African	737	8 507	9 244	550	8 833	9 383	548	9 083	9 631
Coloured	25	948	973	16	964	980	6	959	965
Indian/Asian	9	203	211	1	208	209	3	215	218
White	8	621	629	10	604	613	15	559	574
Age groups	779	10 279	11 058	577	10 608	11 185	571	10 817	11 388
7-10 years old	179	3 703	3 883	118	4 056	4 174	121	4 129	4 251
11-14 years	303	3 833	4 136	195	3 739	3 934	232	3 804	4 036
15-17 years old	297	2 742	3 039	263	2 813	3 077	218	2 884	3 101
For all values of 10 000 or lower the sample size is too small for reliable estimates.									
Due to rounding, numbers do not necessarily add up to totals.									





Table 35: Child labour in South Africa by province and geographical area

	2010				2015				2019			
	Yes	No	Total	Per cent	Yes	No	Total	Per cent	Yes	No	Total	Per cent
	'000				'000				'000			
Province	779	10 279	11 058	7.0	577	10 608	11 185	5.2	571	10 817	11 388	5.0
Western Cape	27	1 019	1 046	2.6	17	1 128	1 145	1.5	8	1 165	1 173	0.7
Eastern Cape	258	1 441	1 699	15.2	80	1 601	1 681	4.8	140	1 621	1 761	7.9
Northern Cape	6	225	232	2.6	3	252	255	1.2	1	202	204	0.7
Free State	17	563	580	3.0	7	503	510	1.4	9	657	666	1.4
KwaZulu-Natal	333	2 246	2 578	12.9	257	2 307	2 563	10.0	219	2 384	2 603	8.4
North West	23	778	801	2.9	12	791	803	1.5	14	931	945	1.5
Gauteng	31	1 733	1 763	1.7	27	1 792	1 820	1.5	77	1 999	2 076	3.7
Mpumalanga	46	971	1 017	4.5	74	933	1 008	7.4	69	791	861	8.1
Limpopo	38	1 303	1 341	2.8	100	1 301	1 401	7.1	33	1 065	1 098	3.0
Geographical area	779	10 279	11 058	7.0	577	10 608	11 185	5.2	571	10 817	11 388	5.0
Urban	193	5 645	5 838	3.3	117	5 900	6 017	2.0	163	6 421	6 584	2.5
Non-urban	586	4 634	5 220	11.2	460	4 708	5 168	8.9	408	4 396	4 803	8.5
For all values of 10 000 or lower the sample size is too small for reliable estimates.												
Due to rounding, numbers do not necessarily add up to totals.												





Table 36: The number of children who are homeless by province of Enumeration, census 2022

	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu- Natal	North West	Gauteng	Mpumalanga	Limpopo	Total
0	21	4	6	30	16	4	84	1	11	177
1	17	1	3	4	4	1	15	5	20	70
2	16	3	6	4	6	2	23	2	8	70
3	22	2	3	1	3	3	20	-	12	66
4	16	-	2	2	3	2	23	2	10	60
5	10	-	2	1	5	1	23	4	9	55
6	23	1	3	4	7	-	29	2	6	75
7	14	3	2	4	8	2	24	1	13	71
8	13	3	3	6	5	3	27	1	12	73
9	13	1	2	4	11	4	26	1	12	74
10	14	5	2	3	14	3	34	1	23	99
11	5	6	2	5	16	2	39	1	11	87
12	35	9	4	14	53	4	169	1	17	306
13	30	17	3	9	89	16	257	4	14	439
14	53	16	1	17	161	30	286	3	10	577
15	38	22	3	25	133	34	248	1	7	511
16	57	32	9	16	99	38	303	6	6	566
17	64	33	4	22	115	33	303	5	7	586
Total	461	158	60	171	748	182	1 933	41	208	3 962





Table 37: The number of children who are homeless by province of birth, census 2022

	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu- Natal	North West	Gauteng	Mpumalanga	Limpopo	Outside South Africa	Total
0	26	18	7	17	17	6	11	3	5	8	118
1	15	-	3	1	2	-	1	-	1	1	24
2	16	5	1	2	3	1	3	-	-	1	32
3	22	2	1	1	1	-	2	-	-	1	30
4	11	5	-	-	1	-	1	-	1	3	22
5	11	-	1	2	2	-	3	1	-	-	20
6	17	3	1	1	2	-	3	-	-	6	33
7	12	1	-	-	2	1	4	1	-	1	22
8	9	3	3	2	-	-	-	-	-	5	22
9	11	-	-	1	-	-	1	-	-	4	17
10	10	-	2	1	1	-	1	-	-	6	21
11	5	6	3	-	-	-	2	-	-	4	20
12	16	3	-	8	4	-	2	1	-	2	36
13	9	5	4	1	2	2	1	2	1	4	31
14	14	8	4	5	3	-	3	-	-	5	42
15	12	9	12	4	4	4	2	-	1	9	57
16	18	13	8	11	11	9	12	2	1	12	97
17	24	18	12	11	17	4	7	2	5	13	113
Total	258	99	62	68	72	27	59	12	15	85	757



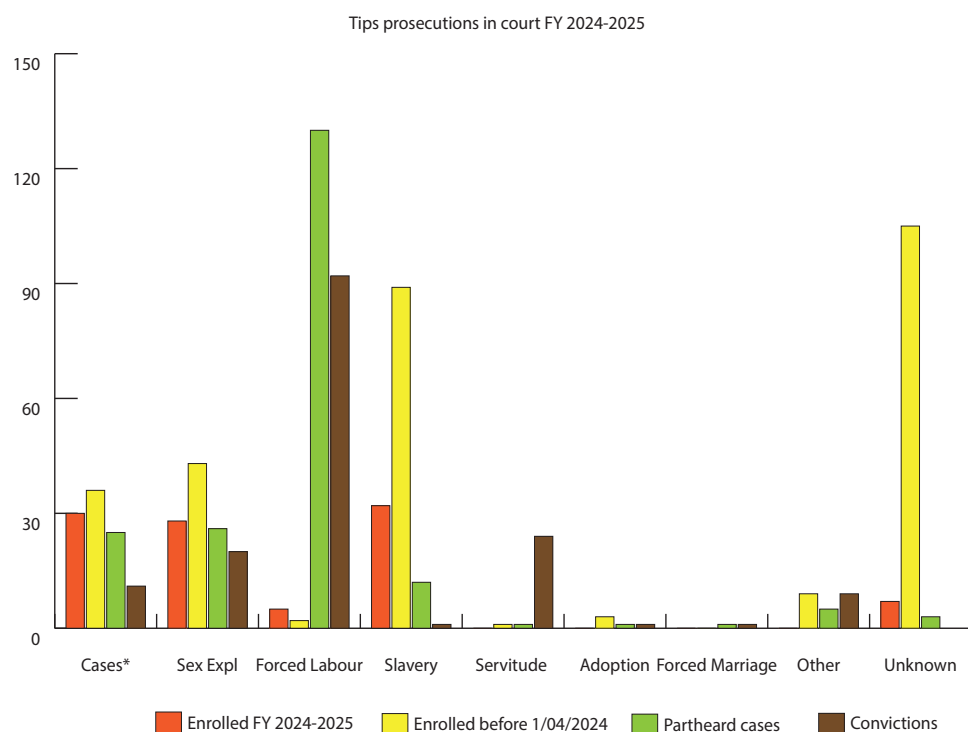


Table 38: The number of children who are homeless by province of Sex, Census 2022

	Male	Female	RSA
0	137	40	177
1	43	27	70
2	35	35	70
3	42	24	66
4	30	30	60
5	36	19	55
6	40	35	75
7	42	29	71
8	38	35	73
9	44	30	74
10	62	37	99
11	53	34	87
12	144	162	306
13	253	186	439
14	333	244	577
15	290	221	511
16	318	248	566
17	332	254	586
Total	2 272	1 690	3 962



Figure 4: Trafficking in persons prosecutions



	Cases*	Sex Expl	Forced Labour	Slavery	Servitude	Adoption	Forced Marriage	Other	Unknown
	30	28	5	32	0	0	0	0	7
	36	43	2	89	1	3	0	9	105
	25	26	130	12	1	1	1	5	3
	11	20	92	1	24	1	1	9	0





Harmful Practices (Arts. 1(3) and 21)

The number of children in child marriages

Table 39: Civil and Customary marriages – MALES <18Years

	Year of marriage registration										
Province of Solemnisation	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Western Cape	1	4	0	0	0	0	0	0	1	0	1
Eastern Cape	4	3	1	2	1	0	3	0	5	7	4
Northern Cape	1	1	1	0	0	0	1	0	0	0	0
Free State	2	1	2	0	0	0	0	0	1	0	1
KwaZulu-Natal	6	7	2	2	1	5	5	0	1	1	4
North West	0	0	0	0	0	0	0	0	0	0	0
Gauteng	1	0	0	2	2	1	2	1	1	2	0
Mpumalanga	0	0	0	1	1	1	0	2	2	5	2
Limpopo	1	0	4	8	3	2	1	1	6	14	6
Outside RSA	1	1	0	0	0	0	0	0	0	1	1
Unknown	3	0	1	1	2	0	0	1	2	0	0
Unspecified	3	0	0	2	0	0	0	0	0	0	2
Total	23	17	11	18	10	9	12	5	19	30	21





Table 40: Civil and Customary marriages – FEMALES <18Years

	Year of marriage registration										
Province of Solemnisation	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Western Cape	14	21	5	7	6	5	3	4	2	2	2
Eastern Cape	46	28	19	78	25	49	42	29	65	166	130
Northern Cape	5	4	3	2	1	2	3	1	2	1	0
Free State	14	17	10	14	5	13	13	6	9	7	4
KwaZulu-Natal	85	48	55	46	32	27	23	25	12	29	30
North West	14	10	6	11	7	2	3	2	5	4	5
Gauteng	32	21	25	25	22	10	19	7	12	19	11
Mpumalanga	7	7	10	19	5	13	10	7	10	25	15
Limpopo	7	7	50	120	32	55	57	26	55	109	59
Outside RSA	1	4	4	7	3	6	7	0	1	6	5
Unknown	21	6	7	12	4	5	3	1	11	2	5
Unspecified	5	4	3	10	5	5	6	3	4	5	6
Total	251	177	197	351	147	192	189	111	188	375	272



Child Justice (Art. 17)

Table 41: Number and percentage of children represented by Legal Aid SA in Preliminary Inquiries from 2022/2023 to 2024/2025

Year	Number of Pls	Number of children represented by Legal Aid SA	Percentage
2022/23	11 223	2 516	22%
2023/24	11 410	2 728	24%
2024/25	12 286	3 501	27%

During 2024/25 a total of 10 855 children appeared in child justice courts and Legal Aid SA provided legal representation to a total of 7 946 children in child justice courts during this reporting period.

Detention of Children within DCS Facilities (2021/2022)

The DCS has 243 facilities that detain inmates. Of the 243 facilities, 238 were operational and two (2) were temporarily closed because of upgrading work while three (3) were closed due to dilapidation. The average number of inmates in 2021/2022 was 139 686 and children constituted 0.06% (84) of the total inmate population. Remand Detainee (RD) children constituted 0.10% (45) of the RD population (45 126) and sentenced children constituted 0.04% (38) of the sentenced population (94 440). Male children constituted 98.81% (83) of the total average number of children (84) in detention during 2021/22 financial year. The summary of the average population is presented in the table 42.

There has been no escape of children in the Department of Correctional Services since the reporting of the implementation of the Child Justice Act.

Table 42: Annual average for 2021/2022 based on the Daily Unlock

Inmates	Children (14 to 17years)			Juveniles (18 to 20 years)			Youth Adults and Elderly (21 years and older)			Inmates	Children (14 to 17years)
	Females	Males	Total	Females	Males	Total	Females	Males	Total		
Remand detainees	1	44	45	59	2 945	3 004	1 177	40 900	42 077	45 126	32.31
Other Unsented	0	1	1	0	5	5	2	112	114	120	0.90
Sentenced	0	38	38	36	1 373	1 409	2 189	90 812	92 993	94 440	67.61
Total	0	83	84	95	4 323	4 418	3 360	131 824	135 184	139 686	100
% Against Total Inmates	0.00	0.6	0.06	0.07	3.09	3.16	2.41	94.37	96.78	100.00	

Long Term Trend: 2000 to 2021

The number of children detained in the DCS facilities has been gradually reducing since the implementation of the Child Justice Act 75 of 2008 in 2010. The remand detainee children reduced from an annual average of 2 229 in 2000 to 47 in 2021 while sentenced children decreased from an annual average of 1 681 to 41 in the same period. This converts to a reduction of the number of children from 3 910 to 88 over a period of 21 years. Both the RDs and sentenced children reduced by more than 97%.

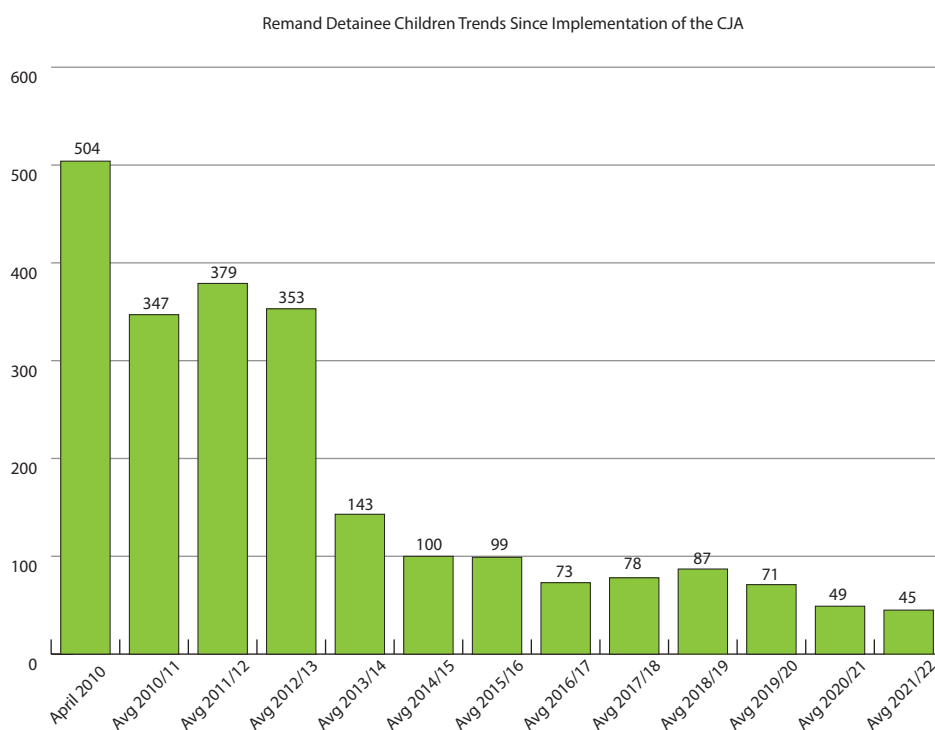
Building capacity including training of officials

The DCS through its Human Resource Development develops annually a programme for training of officials in the department. The Child Justice Act has been included as a module in the training programme since 2015/2016 financial year. Twenty-seven (27) officials were trained during the 2021/2022 financial year.

Remand detainees

An average of five hundred and four (504) remand detainee children were incarcerated in DCS facilities in March 2010. This figure decreased to an average of 45 during the 2021/22 financial year and this converts to a reduction of more than 90% over a period of 11 years.

Figure 5: Average number of RD children Baseline of 2010 to 2021/22: Source Daily unlock



Facilities that Detained Remand Detainee children.

The RD children were detained in seven (7) facilities as per the daily unlock of 31 March 2022. Eastern Cape (EC), Free State and Northern Cape (FSNC) and Western Cape (WC) regions detained children in two facilities each. Lone children were detained in two facilities, namely Port Elizabeth and Mosselbaai. There is an observed reduction in the number of lone children i.e., from 14 facilities on 31 March 2016 to two facilities on 31 March 2022. KwaZulu Natal detained children in one facility and Gauteng and Limpopo, Mpumalanga and Northwest (LMN) had no remand detainee children on 31 March 2022. The summary of facilities is presented in table 43.

Table 43: Facilities that detained remand detainee children on 31 March 2022

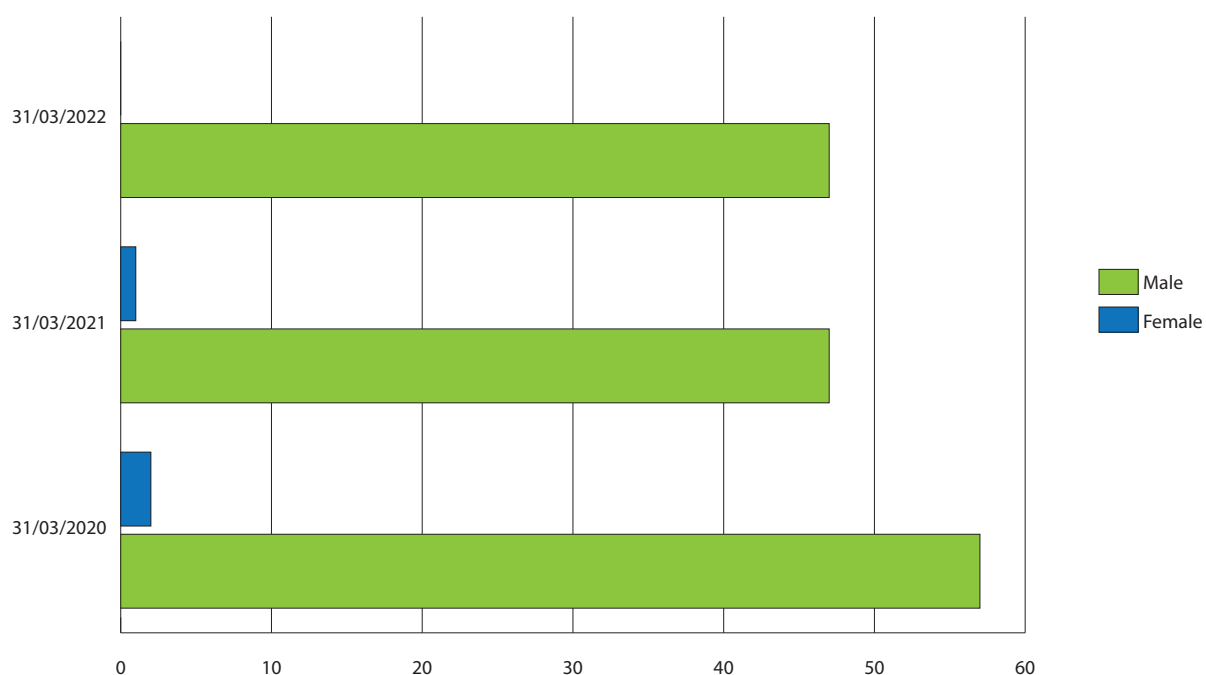
KZN		EC		FSNC		WC	
Durban Youth	23	Cradock	3	Grootvlei A	3	Pollsmoor Med A	10
		Port Elizabeth	1	Bizzah Makhate B	6	Mosselbaai	1
Total	23		4		9		11

Source: Daily Unlock: Gauteng and LMN region had no remand detainee children.

Gender

Of the remand detainee children that were incarcerated in DCS as per figure 2 below, males constituted more than 95% in the two snapshots taken on 31 March 2021. On March 2022, no female remand detainee children were detained in DCS facilities.

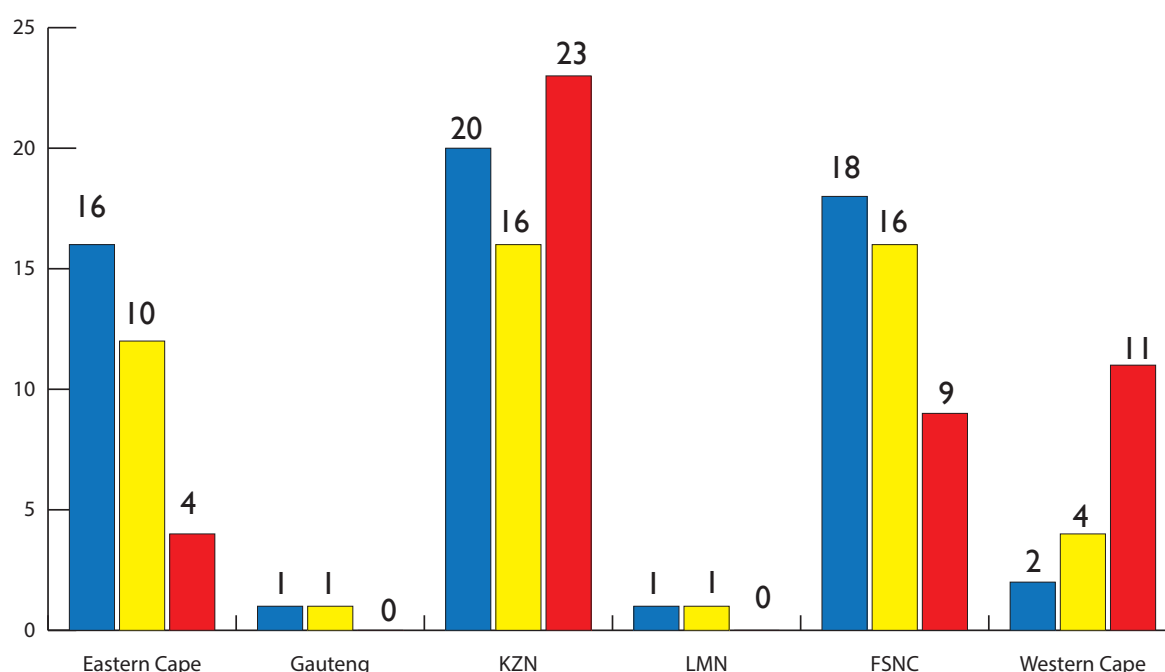
Figure 6: Snapshots Analysis of Remand Children: Gender Distribution: Data from the Daily Unlock for 31 March 2020, 31 March 2021 and 31 March 2022



Regional Distribution

Figure 3 below reflects the number of RD children for three periods which are 31 March 2020, 31 March 2021 and 31 March 2022. The top three regions with the highest number of remand detainee children on 31 March 2022, in descending order, were KwaZulu-Natal (23), Western Cape (11), Free State and Northern Cape (9) and Eastern Cape (4). Gauteng and LMN recorded no remand children on 31 March 2022 and have recorded a lowest number of remand detainee children as compared to other regions for 31 March 2020 and 31 March 2021. KwaZulu-Natal reflects an erratic pattern of decrease on 31 March 2021 and increase on 31 March 2022. Western Cape shows an increase from 31 March 2020 to 31 March 2022. Eastern Cape recorded a reduced number of remand detainees as compared to 31 March 2020 and 31 March 2021 where it was among the top three regions with the highest number of remand detainee children.

Figure 7: Snapshots Analysis of RD Children: Regional Distribution: Data sourced from the Daily Unlock

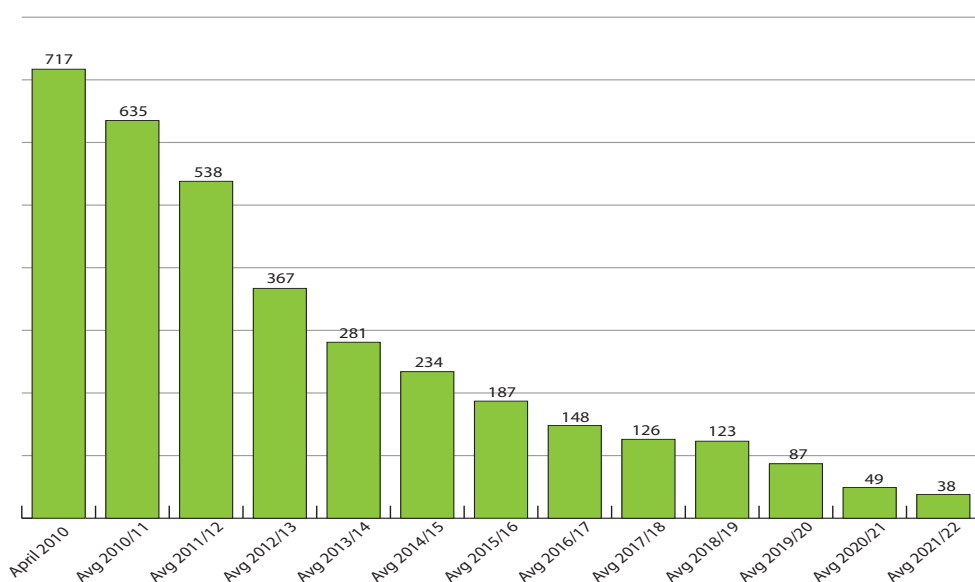


Sentenced children

Trend analysis from 2010 to 2021/2022

An average of 717 sentenced children was incarcerated in DCS facilities in April 2010. This figure decreased to an annual average of 38 sentenced children during the financial year 2021/2022, this therefore converts to a decrease of 94,70% over the period of eleven years.

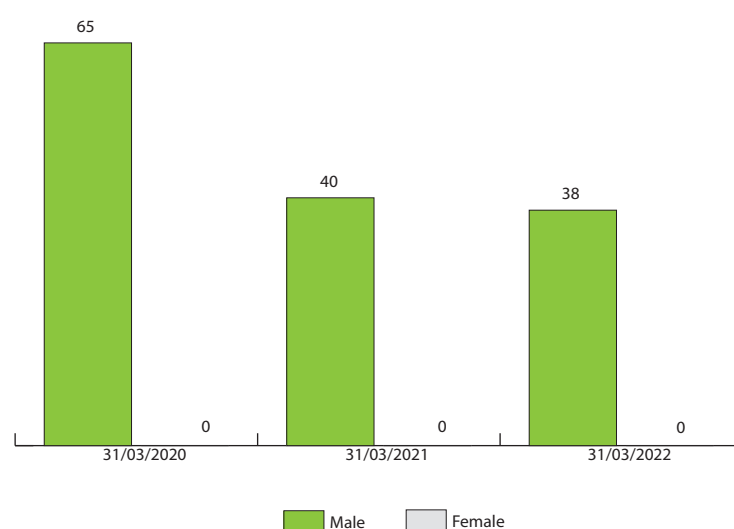
Figure 8: National Distribution of sentenced children in DCS Source: Daily Unlock



Gender

Figure 5 represents the distribution of children in terms of gender for three periods which are 31 March 2020, 31 March 2021 and 31 March 2022. There have been no female children in detention in all the three periods.

Figure 9: Gender Distribution of sentenced children: Source: DCS databank for 31 March 2020 and daily unlock for 31 March 2021 and 31 March 2022



Age distribution of sentenced children.

The table represents the age distribution of sentenced children for three periods which are 31 March 2018, 31 March 2020 and 31 March 2022. The 17-year-olds constituted the highest number for all the reported periods ranging from 63.55% to 76.32%. Of the 38 sentenced children incarcerated on 31 March 2022, 29 (76,32%) were 17 years old while 8 (21,05%) were 16 years old. There were no 14-year-old sentenced offenders incarcerated on 31 March 2022.





Table 44: Age distribution of sentenced children for 31 March 2018, 31 March 2020 and 31 March 2022

Regions	31-Mar-18				
	14	15	16	17	Total
Eastern Cape	0	1	5	6	12
Gauteng	0	1	1	5	7
KwaZulu-Natal	0	3	12	31	46
Limpopo, Mpumulanga and North West	1	1	2	4	8
Free State and Northern Cape	1	1	7	14	23
Western Cape	0	1	2	8	11
Total	2	8	29	68	107
Percentage	1.87	7.48	27.10	63.55	100.00

Regions	31-Mar-20				
	14	15	16	17	Total
Eastern Cape	1	0	1	4	6
Gauteng	0	3	2	3	8
KwaZulu-Natal	5	3	9	10	27
Limpopo, Mpumulanga and North West	1	0	4	6	11
Free State and Northern Cape	0	1	5	4	10
Western Cape	0	0	0	3	3
Total	7	7	21	30	65
Percentage	10.77	10.77	32.31	46.15	100.00





Regions	31-Mar-22				
	14	15	16	17	Total
Eastern Cape	0	1	1	2	4
Gauteng	0	0	3	5	8
KwaZulu-Natal	0	0	2	17	19
Limpopo, Mpumulanga and North West	0	0	1	1	2
Free State and Northern Cape	0	0	0	1	1
Western Cape	0	0	1	3	4
Total	0	1	8	29	38
Percentage	0	2.63	21.05	76.32	100.00

Source: DCS databank



Facilities that detained Sentenced Children

Sentenced children were detained in 12 facilities as per the snapshot analysis of 31 March 2022. The regions with the highest number of facilities that detained sentenced children were KwaZulu Natal (3) and Gauteng (2). The region with the lowest number of facilities that detained sentenced children was FSNC (1). Six facilities, namely, Boksburg Juveniles, Mdantsane, Barberton Town, Rustenburg Med A, Bizzah Makhate B and Brandvlei Youth detained lone children, and this reflects a reduction as compared to 2016 where lone children were detained in sixteen facilities.

Table 45: Facilities that detained sentenced children on 31 March 2022

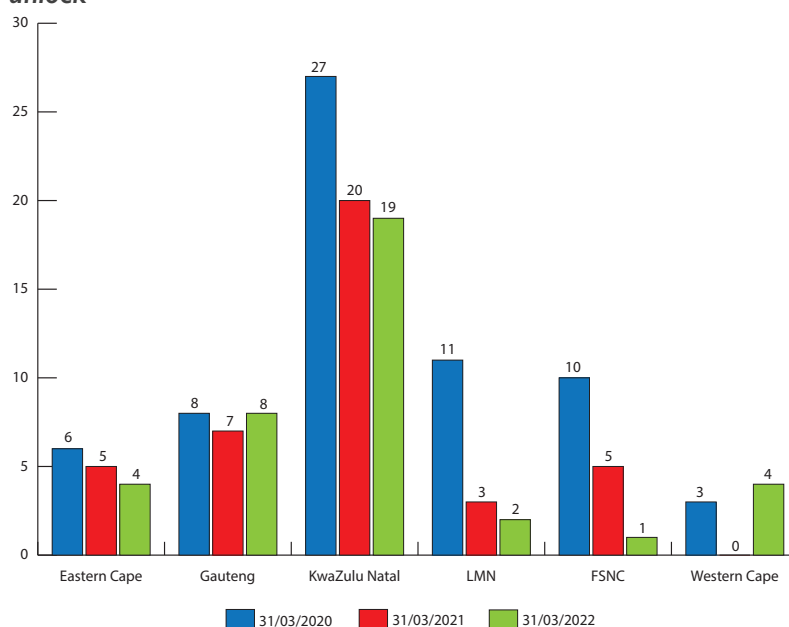
KWAZULU-NATAL		GAUTENG		EASTERN CAPE		LMN		FSNC		WC	
Durban Youth	11	Emthonjeni	7	Cradock	3	Barbeton Town	1	Bizzah Makhate B	1	Brandvlei Youth	1
Durban Med B	2	Boksburg Juveniles	1	Mdantsane	1	Rustenburg Med A	1			Drakenstein Med B	3
Ekuseni	6										
Total	19		4		2		2		1		4

Source: Daily Unlock

Regional Distribution

The region with the highest number of sentenced children in all three snapshots of 31 March 2020, 31 March 2021 and 31 March 2022 was KZN. Additionally, the region has a noticeable decrease in the numbers of sentenced children from twenty-seven (27) children on 31 March 2020 to nineteen (19) children on 31 March 2022. The regions with the lowest number of sentenced children were LMN (2) and FSNC (1).

Figure 10: Regional Distribution of sentenced children for 31 March 2020, 31 March 2021 & 31 March 2022;
Source: Daily unlock



Sentences

The region with the highest number of sentenced children on 31 March 2022 was KZN (19), followed by Gauteng (8) and WC and EC both with four children. LMN recorded 2 sentenced children, while FSNC had 1 sentenced child. Sentences ranged from two years to 21 years.

Table 46: Sentences of children that were in detention on 31 March 2022

Programme and services	Sentence Children		Remand Children
	Correctional Centres	Community Corrections	
Substance Abuse	3	1	5
Life-Skills	25	16	20
Marriage and Family Care	25	17	18
Sexual Offender	3	7	
Anger Management	9	4	6
Orientation Treatment		2	
Cool and fit for life		1	
Parenting	1		
Supportive Services	13	4	
Trauma	2		2
Assessment	64	19	
TOTAL	145	71	51

Source: DCS databank



Detention of Children within DCS Facilities(2022/2023)

The DCS has 243 facilities that detain inmates. Of the 243 facilities, 238 were operational and five (5) were closed. Of the closed facilities two (2) were temporary closed because of upgrading work while three (3) were closed due to dilapidation. The average number of inmates in 2022/23 was 149 591 and children constituted 0.06% (88) of the total inmate population. Remand Detainee (RD) children constituted 0.10% (55) of the RD population (50 214) and sentenced children constituted 0.03% (33) of the sentenced population (99 258). There were no female children recorded. There were no escapes recorded by all the centres that detained children during 2022/2023 financial year. The summary of the average population is presented in the table below:

Table 47: Annual average for 2022/2023 based on the Daily Unlock

Inmates Children (14 to 17years)	Juveniles (18 to 20 years)			Youth Adults and Elderly (21 years and older)			Inmates			Children (14 to 17years)	
	Females	Males	Total	Females	Males	Total	Females	Males	Total		
Remand detainees	0	55	55	83	3 195	3 278	45 406	46 881	50 214	50 214	33.57
Other Unsented	0	0	0	0	3	3	4	112	116	119	0.08
Sentenced	0	33	33	35	1 419	1 452	2 497	95 274	97 771	99 258	66.35
Total	0	88	88	118	4 617	4 735	3 976	140 768	144 768	149 591	100
% Against Total Inmates	0.00	0.06	0.06	0.08	0.09	3.17	2.66	96.78	96.78	100.00	

Long Term Trend: 2000 to 2022

From 2000 to 2022 the average number of children reduced by almost 98% from 3 910 to 86. The highest average number of 4 126 was recorded for 2003 calendar year. A gradual decrease has been observed since the implementation of the CJA in 2010. The children in conflict with the law who are detained in correctional services reduced from an annual average of 1 004 to 86 in 2022.

Building capacity including training of officials.

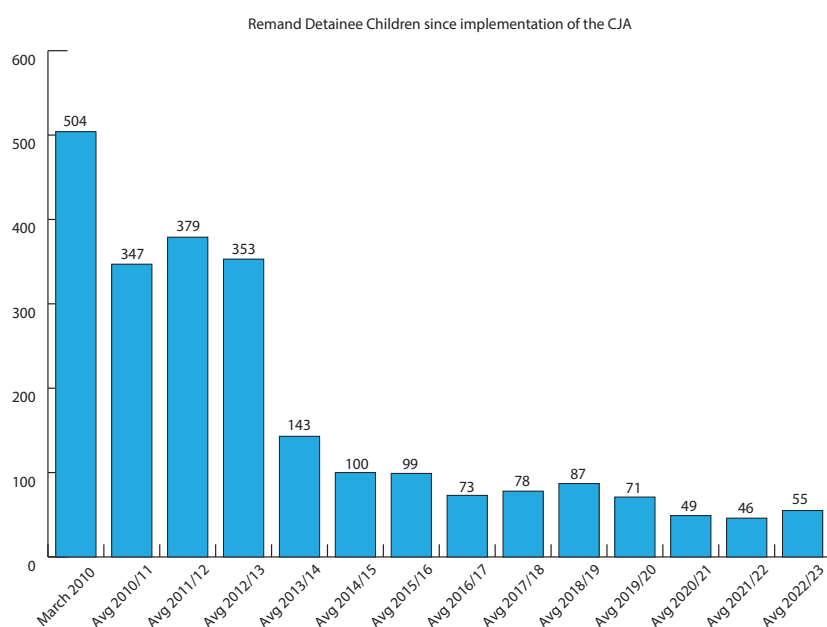
The DCS through its Human Resource Development develops annually a programme for training of officials. The Child Justice Act has been included as a module in the training programme since 2015/16. A total number of 76 officials were trained during the 2022/2023 financial year.

Remand detainees

Trend analysis from 2010 to 2022/2023

An average of five hundred and four (504) remand detainee children were incarcerated in DCS facilities in March 2010. This figure decreased to an average of 55 during the 2022/23 financial year, this converts to a reduction of 89, 08%.

Figure 11: Average number of RD children Baseline of 2010 to 2022/23: Source Daily unlock



Facilities that detained Remand Detainee children

The RD children were detained in seven (7) facilities as per the snapshot analysis of 31 March 2023. Free State Northern Cape and Western Cape regions detained children in two facilities each. KwaZulu Natal, LMN and Eastern Cape detained children in one facility each and Gauteng detained no remand children on 31 March 2023.

Table 48: Facilities that detained remand children as of 31 March 2023

FACILITIES THAT DETAINED REMAND DETAINEES										
KZN		GP	EC		LMN		FSNC		WC	
Durban Youth	29		Port Elizabeth	6	Barberton Youth	4	Grootvlei A	2	Pollsmoor Med A	16
							Bizzah Makhate B	3	Mosselbaai	5
Total	29	0		6		4		5		21

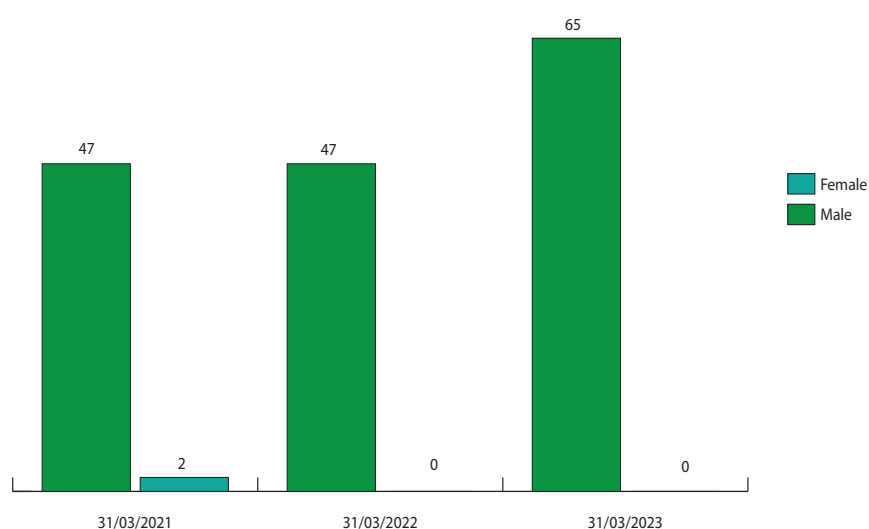
Source: DC: Daily Unlock



Gender

Within the sub-population of remand detainee children in correctional services, males constituted more than 90% on 31 March 2021. The snapshots for 31 March 2022 and 31 March 2023 show that no female remand detainee children were recorded to be detained in DCS facilities.

Figure 12: Snapshots Analysis of Remand Children: Gender Distribution: Data from the Daily Unlock for 31 March 2021, 31 March 2022 and 31 March 2023



Age distribution

The table below depicts the ages of remand detainee children as on 31 March 2023. According to the recorded information, there were no 14-year-old RD children on the date mentioned. The Western Cape and Kwa-Zulu Natal regions recorded eleven (11) 16 years old and nine (9) and ten (10) 17-year-old RDs respectively. The Gauteng region recorded no remand children in the reporting period.

Table 49: Age distribution of remand children on 31 March 2023

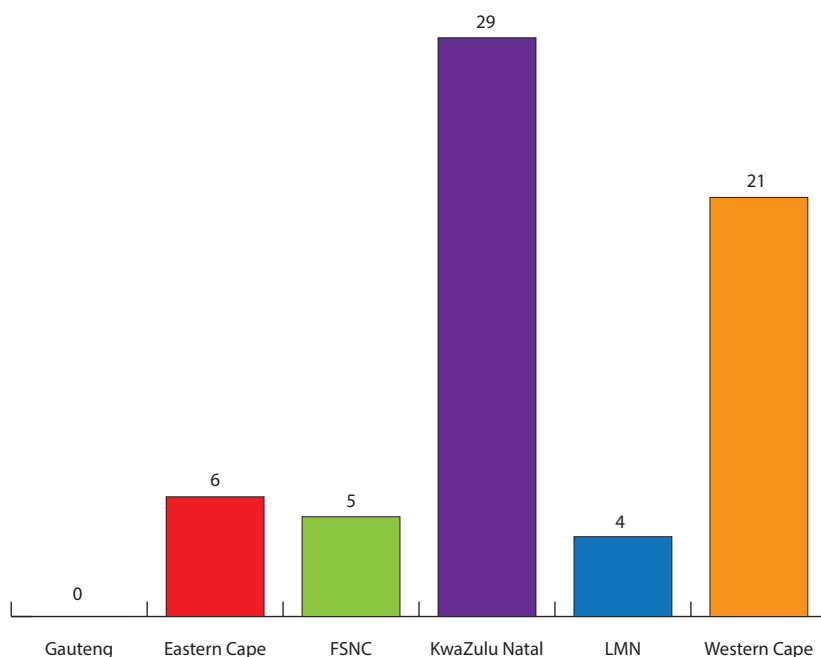
Age Distribution	Region						
	GP	LMN	WC	FSNC	EC	KZN	TOTAL
31-Mar-23							
14 Years	0	0	0	0	0	0	0
15 Years	0	0	1	2	0	8	11
16 Years	0	0	11	2	2	11	26
17 Years	0	4	9	1	4	10	28
Total	0	4	21	5	6	29	65

Source: DC: Daily Unlock

Regional Distribution

According to figure 6 below, on 31 March 2023, the regions with the highest number of remand detainee children, in descending order, were KwaZulu Natal (29), Western Cape (21), Eastern Cape (6) and Free State Northern Cape (5). LMN recorded four (4) remand children and Gauteng recorded no remand children on 31 March 2023.

Figure 13: Snapshots Analysis of RD Children: Regional Distribution: Data sourced from the Daily Unlock



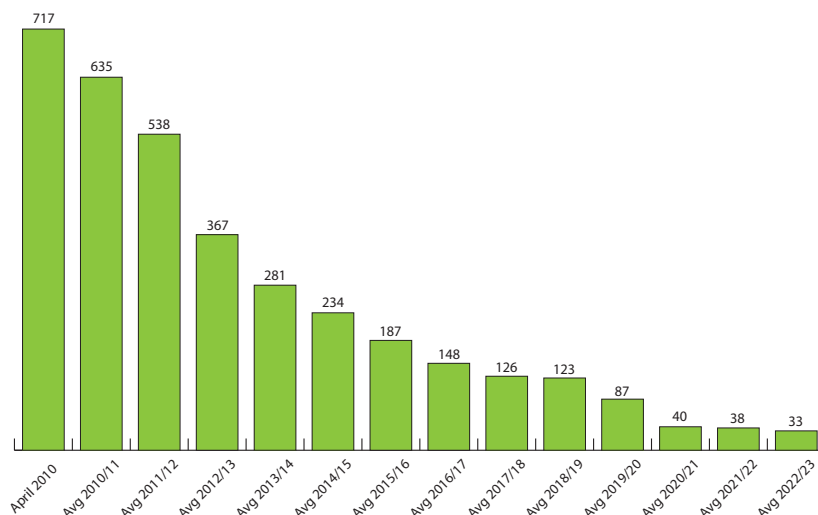
Sentenced children.

Trend analysis from 2010 to 2022/2023

An average of 717 sentenced children was incarcerated in DCS facilities in April 2010. This figure decreased to an annual average of 33 sentenced children during 2022/2023 financial year; this therefore converts to a decrease of 95% over the said period.

Figure 14: National Distribution of sentenced children in DCS Source: Daily Unlock

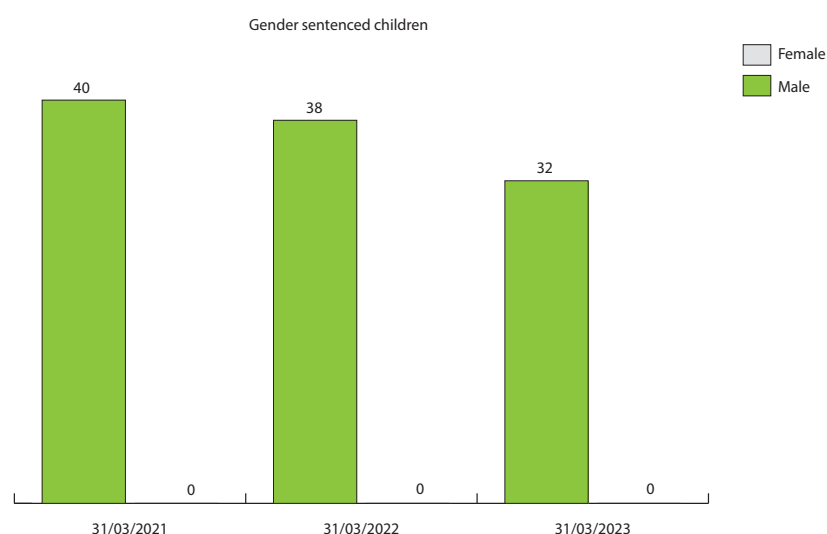
Sentenced Children in DCS since implementation of the CJA



Gender

Within the subpopulation of sentenced children that were in detention as per the three snapshots of 31 March 2021, 31 March 2022 and 31 March 2023, males constituted 100%.

Figure 15: Snapshots Analysis of sentenced children: Gender Distribution: Data from DCS databank for 31 March 2021. Information for 31 March 2022 31 March 2023 is from the Daily Unlock.



Age distribution of sentenced children

Of the 32 sentenced children incarcerated on 31 March 2023, 21 (65, 63%) were 17 years of age while 9 (28, 13%) were aged 16 years. There were 2 (6, 25%) 15 years old sentenced offender incarcerated on 31 March 2023.

Table 50: Age distribution of sentenced children

Age Distribution	Region						
31-Mar-23	GP	LMN	WC	FSNC	EC	KZN	TOTAL
14 Years	0	0	0	0	0	0	0
15 Years	0	1	0	0	0	1	2
16 Years	1	0	0	0	2	6	9
17 Years	5	1	3	3	1	8	21
Total	6	2	3	3	3	15	32

Source: DC: Daily Unlock

Facilities that detained sentenced children

Sentenced children were detained in 10 facilities as per the snapshot analysis of 31 March 2023. The regions with the highest number of facilities that detained children were KwaZulu Natal with three facilities and Gauteng and WC with two facilities in each region. FSNC, EC and LMN regions detained sentenced children in one (1) centre respectively. Three facilities, namely, Durban Med B, Boksburg Juveniles and Pollsmoor Females detained lone children.

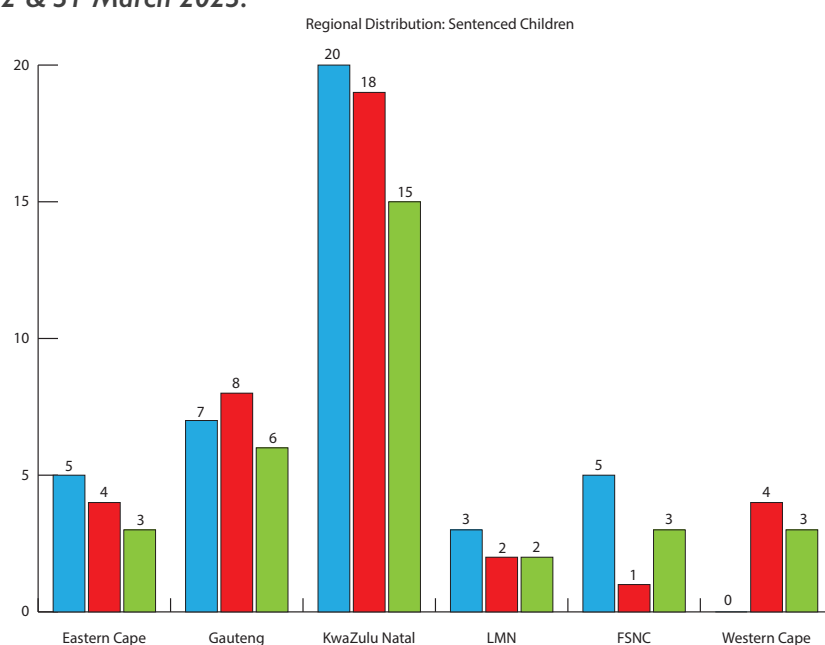
Table 51: Facilities that detained sentenced children

FACILITIES THAT DETAINED SENTENCED CHILDREN											
KWAZULU-NATAL (3 facilities)		GAUTENG (2 facilities)		EASTERN CAPE (1 facility)		LMN (1 facility)		FSNC (1 facility)		WC (2 facilities)	
Durban Youth	4	Emthonjeni	5	Cradock	3	Rustenburg Med A	2	Bizzah Makhate B	3	Pollsmoor Female	1
Durban Med B	1	Boksburg Juveniles	1							Drakenstein Med B	2
Ekuseni	10										
Total	15		6		3		2		3		3

Source: DC: Daily Unlock

Regional Distribution

Figure 16: Snapshots Analysis of sentenced children: Regional Distribution: Source: Daily Unlock 31 March 2021, 31 March 2022 & 31 March 2023.





The region with the highest number of sentenced children in all three snapshots of 31 March from 2021 to 2023 was KZN. Additionally, it must be noted that even though KZN has had the highest numbers of sentenced children, there is a noticeable decrease in the numbers of sentenced children in KZN from twenty (20) children on 31 March 2021 to nine-teen (19) sentenced children on 31 March 2022 and then further down to fifteen (15) sentenced children on 31 March 2023. The region with the lowest number of sentenced children on 31 March 2023 was LMN with two (2) sentenced children.

Sentences

The table depicts the sentences of children as on 31 March 2023. The sentence years vary from one (1) year to twenty-two years (22). Gauteng recorded a child who is sentenced to a period of 22 years. While KZN recorded a child, who was sentenced to 17 years' incarceration. The highest number of children i.e., seven (7) were given the sentence of four years

Table 52: Sentences of sentenced children on 31 March 2023

Sentences as at 31 March 2023	Region						
	GP	LMN	WC	FSNC	EC	KZN	TOTAL
1 Year	1	1	0	0	0	1	3
2 Years	0	0	0	1	0	1	2
4 Years	1	1	1	0	0	4	7
5 Years	0	0	1	0	0	4	5
6 Years	1	0	0	0	1	2	4
7 Years	0	0	0	0	1	0	1
8 Years	1	0	0	0	1	1	3
10 Years	1	0	1	2	0	1	5
17 Years	0	0	0	0	0	1	1
22 Years	1	0	0	0	0	0	1
TOTAL	6	2	3	3	3	15	32





Children placed under the system of community corrections

Placement under the system of Community Corrections

A total of 38 children were placed under the community corrections system during the 2022/23 financial year. The KZN region recorded the highest number (17) of children, followed by the Gauteng region (11). LMN and FSNC regions did not have any children placed under the community corrections system during the reporting period:

Table 53: Children placed under Community Corrections Systems during 2022/23 financial year

Region	Total number of children placed under Community Corrections System
GP	11
EC	6
FSNC	0
KZN	17
LMN	0
WC	4
TOTAL	38

Absconding from community corrections system

There were no children recorded to have absconded from the Community Corrections System in 2022/2023 financial year.

Detention of children within DCS facilities (2023/2024)

The Department of Correctional Services (DCS) has 43 facilities across the six regions. Of the 243 facilities, 239 were operational, 2 were temporarily closed due to upgrading, while 2 were closed due to dilapidation. The average number of inmates in 2023/24 was 152 779 and children constituted 0.07% (100) of the total inmate population. Remand detainees (RD) children constituted 0.12% (67) of the RD population (55 079) and sentenced children constituted 0.03% (33) of the sentenced population (97 544). There was an average of two female children recorded. DCS 11th Annual Report on the implementation of the Child Justice Act: 2023/24 Page 5: There were no escapes recorded by all the centres that detained children during 2023/2024 financial year.

The summary of the average population is presented in the table below.



Table 54: Annual average for 2023/2024 based on the Daily Unlock

Inmates	Children (14 to 17 years)			Juveniles (18 to 20 years)			Youth Adults and Adults (21 years and older)			Total	% against total inmates
	Females	Males	Total	Females	Males	Total	Females	Males	Total		
Remand detainees	1	66	67	102	3 386	3 488	1 705	49 819	51 524	55 079	36.05
Other unsentenced	0	0	0	0	3	3	4	149	153	156	0.00
Sentenced	1	32	33	35	1 446	1 481	2 496	93 534	96 030	97 544	63.85
Total	2	98	100	137	4 835	4 972	4 205	143 502	147 707	115 527	100.00
% against total inmates	0.001	0.06	0.07	0.09	3.16	3.25	2.75	93.93	96.68	00.00	

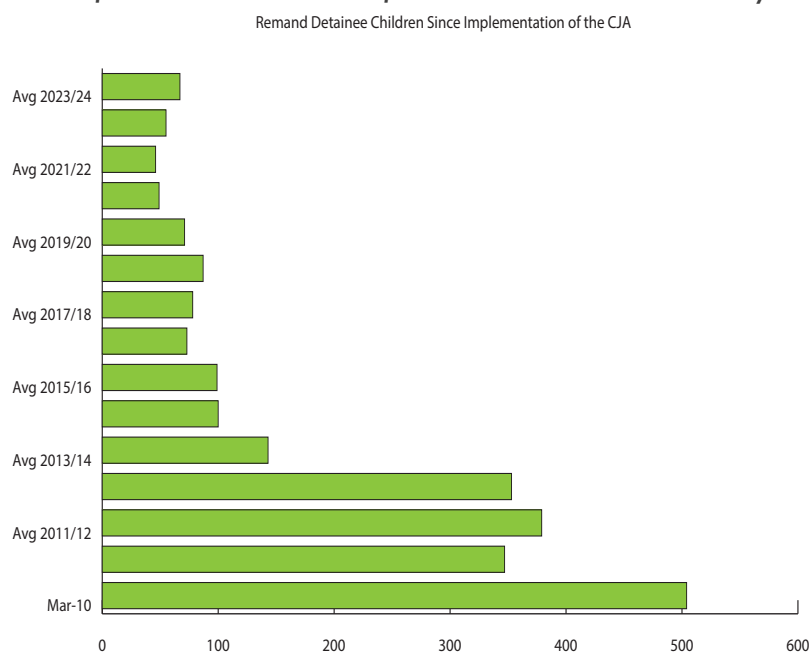
Long Term Trend: 2000 to 2023 From 2000 to 2023 the average number of children reduced by almost 97% from 3 910 to 101. The highest average number of 4 126 was recorded for 2003 calendar year. A gradual decrease has been observed since the implementation of the CJA in 2010. The children in conflict with the law who are detained in correctional services reduced from an annual average of 1 004 IN 2010 to 101 in 2023.

Remand detainees

Trend analysis from 2010 to 2023/2024

An average of five hundred and four (504) remand detainee children were incarcerated in DCS facilities in March 2010. This figure decreased to an average of 67 during the 2023/24 financial year, this converts to a reduction of 87%.

Figure 17: Average number of RD children Baseline of 2010 to 2023/24: Source Daily unlock.





Facilities that detained Remand Detainee children

The RD children were detained in ten (10) facilities as per the snapshot analysis of 31 March 2024. Free State Northern Cape detained children in three facilities. KwaZulu Natal, LMN and Western Cape regions detained children in two facilities while the Eastern Cape detained children in one facility and Gauteng detained no remand children on 31 March 2024.

Table 55: Distribution of remand children

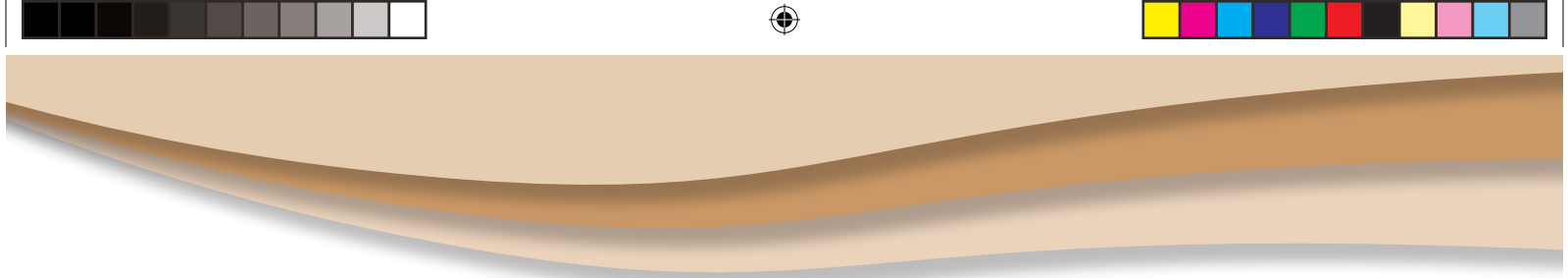
FACILITIES THAT DETAINED REMAND DETAINEE CHILDREN											
KZN		GP		EC		LMN		FSNC		WC	
Durban Femaile	1			Port Elizabeth	8	Barberton Town	2	GrootVlei A	3	Mosselbay	5
Durban Youth	23					Thohoyandou female	1	Kinmberly	1	Pollsmoor	8
								Bizzah makhate	2		
Total	24		0		8		3		6		13

The RD children were detained in ten (10) facilities as per the snapshot analysis of 31 March 2024. Free State Northern Cape detained children in three facilities. KwaZulu Natal, LMN and Western Cape regions detained children in two facilities while the Eastern Cape detained children in one facility and Gauteng detained no remand children on 31 March 2024.

Table 56: Distribution of remand detainees

FACILITIES THAT DETAIN CHILDREN											
KZN		GP		EC		LMN		FSNC		WC	
Durban female	1			Port Elizabeth	8	Barberton Town	2	GrootVlei A	3	Mosselbay	5
Durban Youth	23					Thohoyandou female	1	Kinmberly	1	Pollsmoor	8
								Bizzah makhate	2		
Total	24		0		8		3		6		13

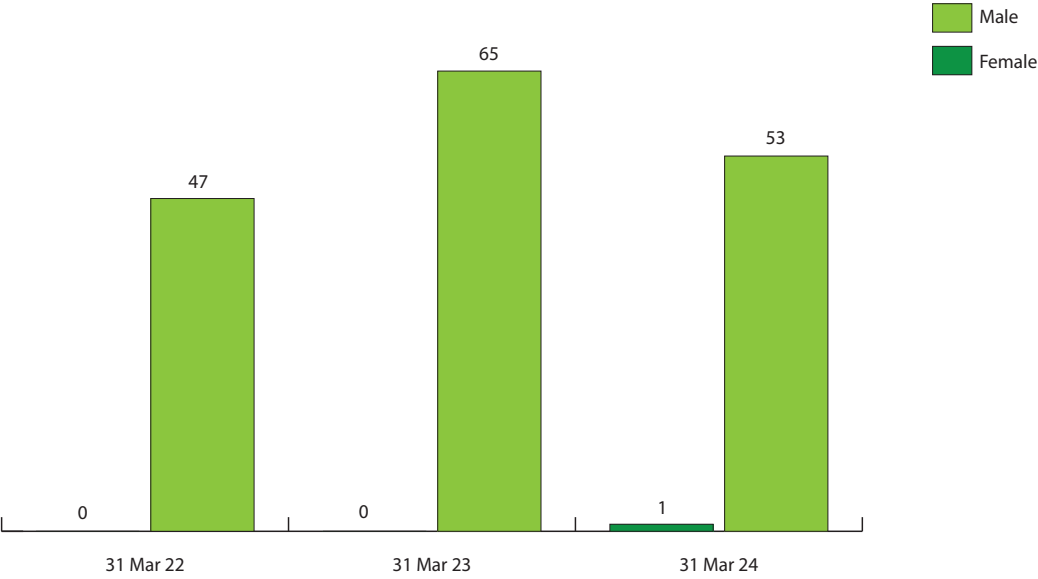




Gender

Within the sub-population of remand detainee children in correctional services, males constituted 100% on 31 March 2022 and on 31 March 2023. The snapshot for 31 March 2024 shows that females constituted almost 2% of the remand detainee children detained in DCS facilities.

Figure 18: Snapshots Analysis of Remand Children: Gender Distribution: Data from the Daily Unlock for 31 March 2022, 31 March 2023 and 31 March 2024



Age distribution of Remand Children

The table below depicts the ages of remand detainee children as on 31 March 2024. According to the recorded information, there were no 14-year-old RD children on the date mentioned. The youngest children detained on 31 March 2024 were 15-year-old and were detained in FSNC (1), EC (1) and KZN (2). The Western Cape, Eastern Cape and Kwa- Zulu Natal regions recorded ten (10), seven (7) and fourteen (14) 17 years old RDs respectively. The Gauteng region recorded no remand children in the reporting period.

Table 57: Age distribution of remand children on 31 March 2024

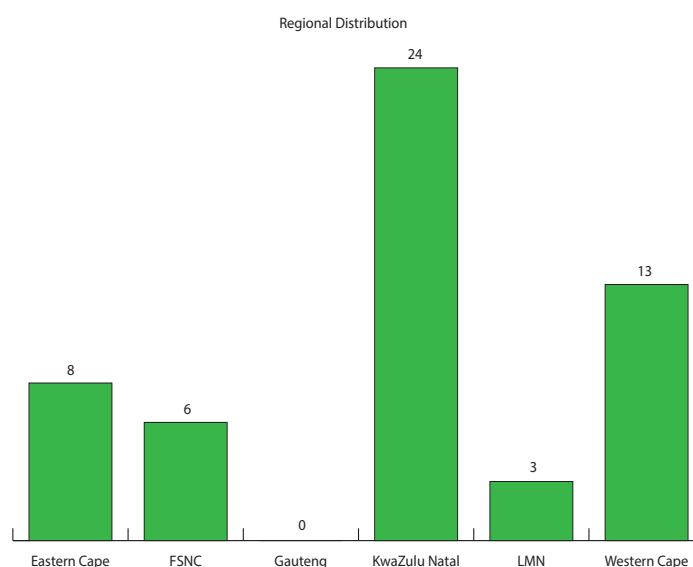
Age Distribution	Region						
31-Mar-24	GP	LMN	WC	FSNC	EC	KZN	TOTAL
14 Years	0	0	0	0	0	0	0
15 Years	0	0	0	1	1	2	4
16 Years	0	0	3	2	8	8	13
17 Years	0	3	10	3	7	14	37
Total	0	3	13	6	8	24	54

Source: DC: Daily Unlock

Regional Distribution

According to figure 5 below, on 31 March 2024, the regions with the highest number of remand detainee children, in descending order, were KwaZulu Natal (24), Western Cape (13), Eastern Cape (8) and Free State Northern Cape (6). LMN recorded three (3) remand children and Gauteng recorded no remand children on 31 March 2024.

Figure 19: Snapshots Analysis of RD Children: Regional Distribution: Data sourced from the Daily Unlock

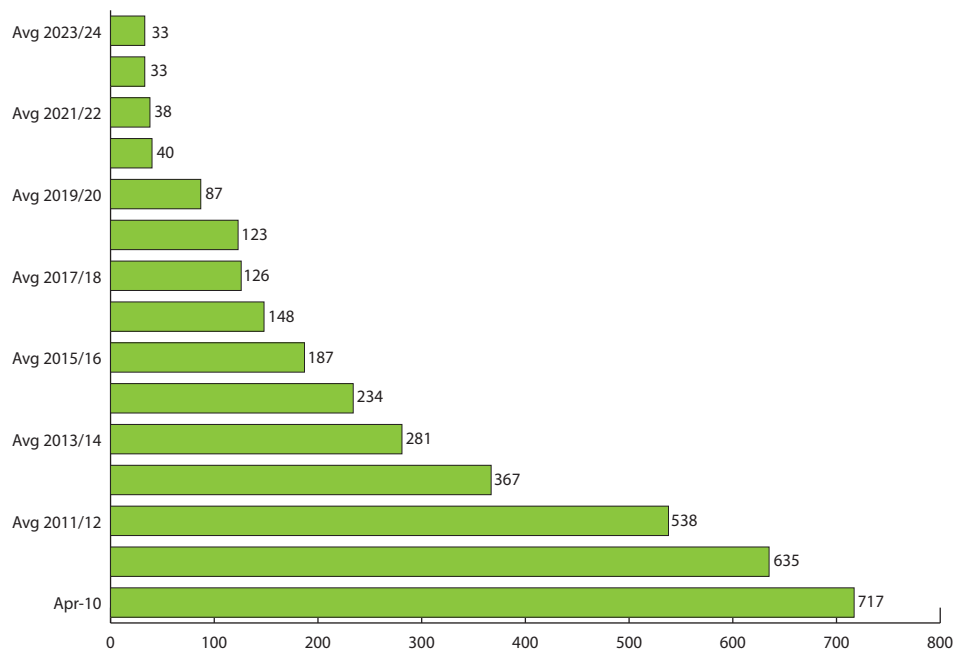


Sentenced children.

Trend analysis from 2010 to 2023/2024

An average of 717 sentenced children was incarcerated in DCS facilities in April 2010. This figure decreased to an annual average of 33 sentenced children during 2023/2024 financial year, this therefore converts to a decrease of 95% over the said period.

Figure 20: National Distribution of sentenced children in DCS Source: Daily Unlock

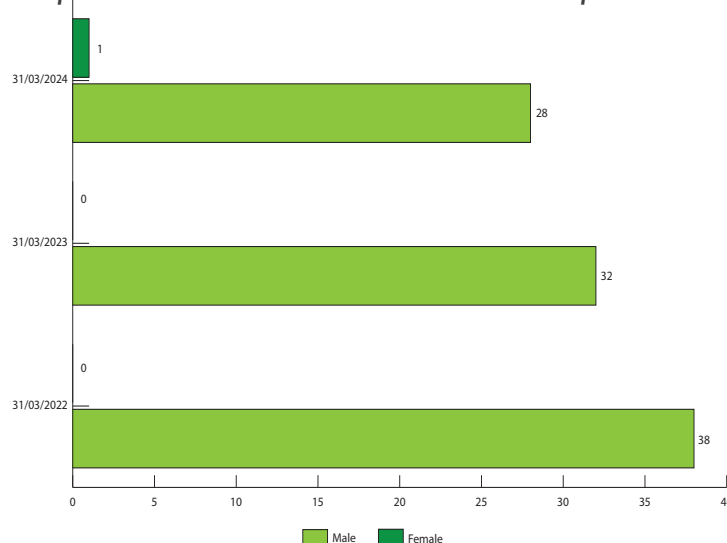


Source: DC: Daily Unlock

Gender

In the subset of sentenced children in detention, as observed on 31 March 2022 and 31 March 2023, males comprised the entire population. However, by 31 March 2024, females had become a part of the sentenced children population, constituting 3.45%.

Figure 21: Snapshot analysis of sentenced children: Gender distribution: Information is from the Daily Unlock





Age distribution of sentenced children

Of the 29 sentenced children incarcerated on 31 March 2024, 20 (68, 97%) were 17 years of age while 7 (24, 14%) were aged 16 years old. There were 2 (6, 89%) 15 years old sentenced offenders incarcerated on 31 March 2024.

Table 58: Age distribution of sentenced children

Age Distribution 31 March 2024	Region						
	GP	LMN	WC	FSNC	EC	KZN	TOTAL
14 Years	0	0	0	0	0	0	0
15 Years	0	1	0	0	0	1	2
16 Years	0	0	0	0	1	6	7
17 Years	7	3	4	2	1	3	20
Total	7	4	4	2	2	10	29

Source: DC: Daily Unlock





Facilities that detained Sentenced Children

Sentenced children were detained in twelve (12) facilities as per the snapshot analysis of 31 March 2024. The LMN region detained children in three facilities while KZN, GP, FSNC and WC detained children in two (2) facilities each. The Eastern Cape region detained sentenced children in one facility on 31 March 2024.

Table 59: Facilities that detained sentenced children

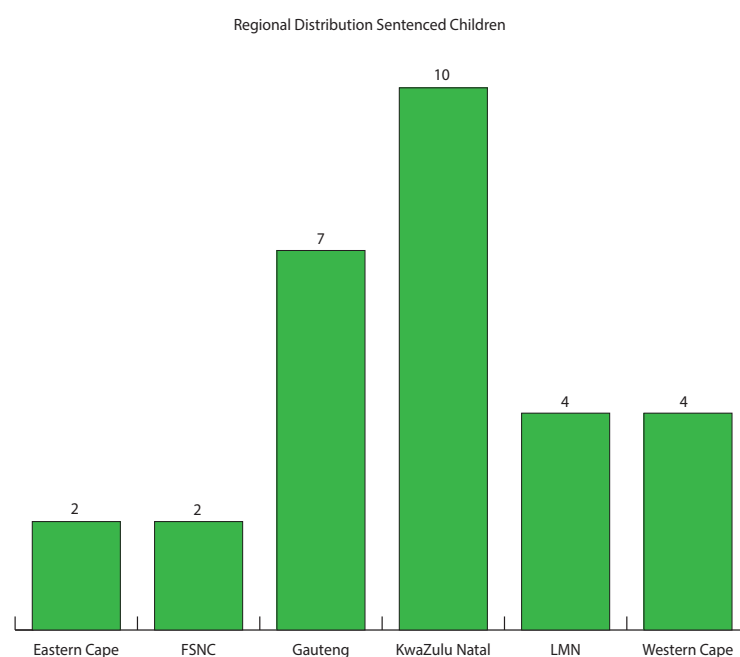
KZN		GP		EC		LMN		FSNC		WC	
Durban Youth	4	Emthonjeni	6		2	Barberton Town	1	GrootVlei A	1	Brandvlei Youth	3
Ekuseni	6	Johannesburg Female	1			Ermelo	2	Bizzah makhate	1	Worcester Males	1
						Rustenburg Med A	1				
Total	10		7		2		4		2		4

Source: DC: Daily Unlock

Regional Distribution

The region with the highest number of sentenced children was KZN with ten (10) sentenced children, followed by Gauteng region with seven (7) children. The Western Cape and LMN regions each had 4 children on 31 March 2024 while the Eastern Cape and FSNC regions detained two sentenced children.

Figure 22: Snapshots Analysis of sentenced children: Regional Distribution: Source: Daily Unlock 31 March 2024



Sentences

The below table depicts the sentences of children as on 31 March 2024. The sentence years vary from below one (1) year to fifteen (15) years. The LMN region recorded a child who has been sentenced to a period of 15 years.

Table 60: Sentences

Sentences as at 31/03/2024	Regions						
	GP	LMN	WC	FSNC	EC	KZN	TOTAL
< 1 Year	1	0	2	1	0	0	4
1 Year	1	0	0	0	0	1	2
2 Years	0	1	0	0	1	0	2
3 Years	0	0	1	0	0	0	1
4 Years	1	1	0	1	0	3	6
5 Years	2	1	1	0	0	4	8
6 Years	0	0	0	0	0	1	1
7 Years	1	0	0	0	0	0	1
8 Years	1	0	0	0	1	1	3
15 Years	0	1	0	0	0	0	1
Total	7	4	4	2	2	10	29

Offences committed by sentenced children.

Of the sentenced children incarcerated on 31 March 2024, 10 (34,48%) were sentenced for murder while another 10 (34, 48%) were incarcerated for rape.

Table 61: Offences committed by sentenced children

Crimes as at 31 March 2024	Regions						
	GP	LMN	WC	FSNC	EC	KZN	TOTAL
Murder	4	3	0	1	1	1	10
Rape	1	1	1	1	5	1	10
Immigration Law	2	0	1	0	0	0	3
Assault Intentional	0	0	0	0	2	0	2





Culpable Homicide	0	0	0	0	1	0	1
Robbery Aggravating	0	0	0	0	1	0	1
Theft	0	0	0	0	0	1	1
Housebreaking & Theft	0	0	0	0	0	1	1
Total	7	4	2	2	10	4	29

Children placed under the system of community corrections

Placement under the system of Community Corrections

A total number of 70 children were placed under the community corrections system during the 2023/24 financial year. The Gauteng region recorded the highest number (32) of children, followed by the KZN region (19). LMN did not have any children placed under the community corrections system during the reporting period.

Table 62: Children placed under Community Corrections System during 2023/24 financial year

Region	The number of children placed under the system of community corrections during the financial year of 2023/2024
GP	32
KZN	19
WC	15
EC	2
FSNC	2
LMN	0
National	70

Absconding from community corrections system

One child in the Gauteng region was recorded to have absconded from the Community Corrections system in 2023/2024 financial year.





DETENTION OF CHILDREN WITHIN DCS FACILITIES (2024/2025)

The Department of Correctional Services has 243 facilities that detain inmates. Of the 243 facilities, 239 were operational and 2 were temporarily closed because of upgrading work while 2 were closed due to structural dilapidation. As of 31 March 2025, South Africa's inmate population totalled 166 008, with males comprising the vast majority. Adults aged 26 to 59 made up 81.92 % of inmates, while youth accounted for 12.48 % of the inmate population. Sentenced inmates represented 62.72%, and remand detainees 37.09%. Children were minimal, with 93 recorded on 31 March 2025. Female inmates remained significantly fewer across all age groups. Elderly inmates (60+years) totalled 3,013 highlighting an aging population.

The summary of the population is presented in the table below:

Table 63: Daily unlock totals as on 31 March 2025

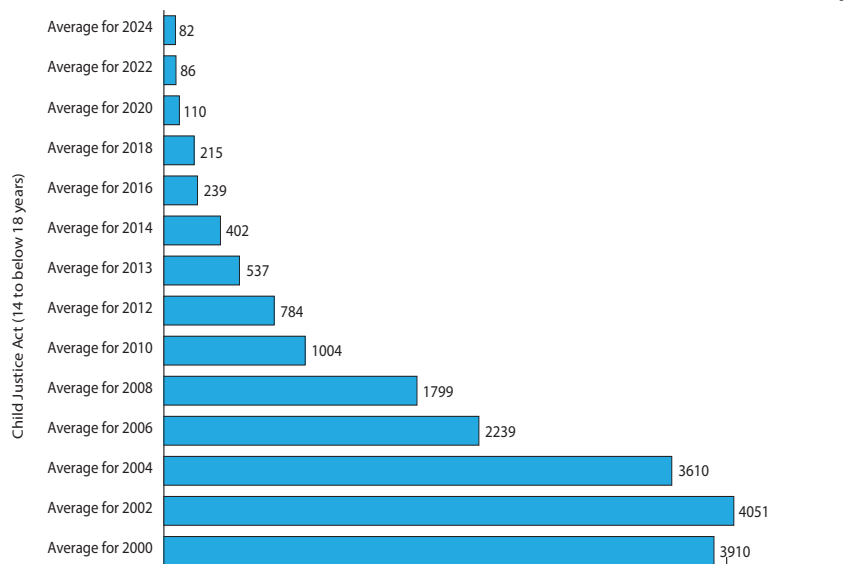
Categories	Children			Juveniles			Youth			Adults			Elderley			Total	% against toatl
	(< 18 years)			(18 to 21 years)			(22 to 25 years)			(26 to 59 years)			(60 years and above)				
	Female	Males	Total	Females	Males	Total	Females	Males	Total	Females	Males	Total	Females	Males	Total		
Remand Detainees	1	52	53	146	3 916	4 062	322	11 908	12 230	1 925	42 781	44 706	17	507	524	61 575	37.09
Other unsentenced	0	1	1	0	12	12	2	43	45	5	219	224	0	34	34	316	0.19
Sentenced	0	39	39	87	2 029	2 116	357	8 079	8 436	2 778	88 293	91 071	148	2 307	2 455	104 117	62.72
Total	1	92	93	233	5 957	6 190	681	20 030	20 711	4 708	131 293	136 001	165	2 848	3 013	166 008	100
% against total inmates	0.001	0.06	0.06	0.14	3.59	3.73	0.41	12.07	12.48	2.84	79.09	81.92	0.10	1.72	1.81	100.00	



Long Term Trend: 2000 to 2024

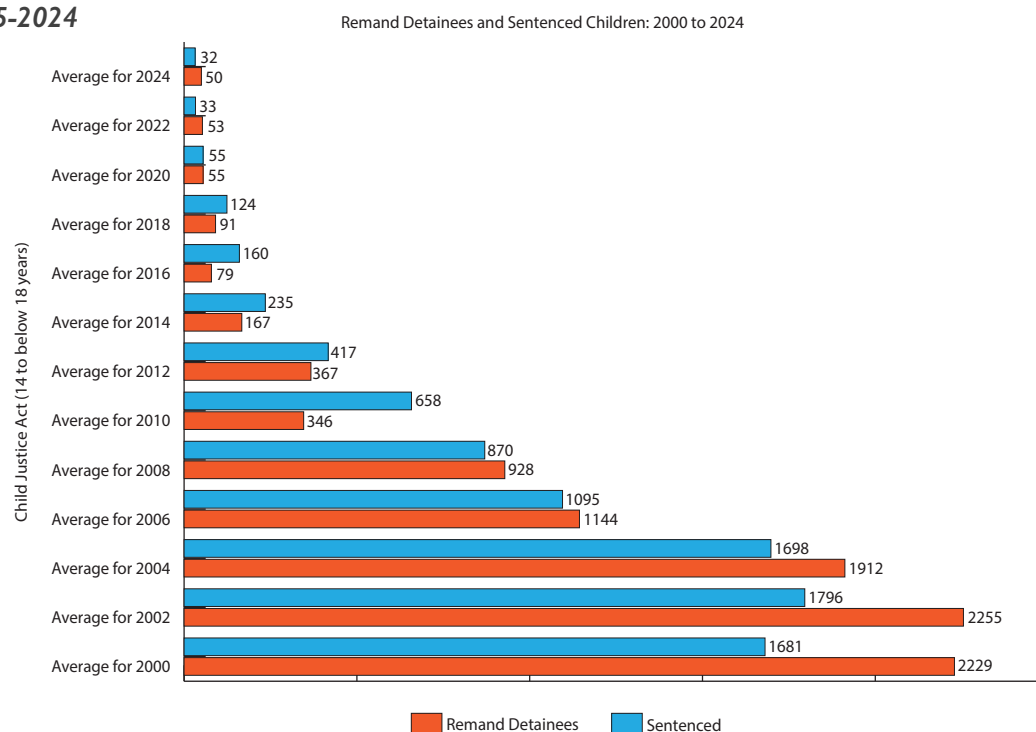
From 2000 to 2024, the average number of all children in custody decreased by approximately 97%, dropping from 3,910 to 82. The decline became more pronounced after the Child Justice Act was implemented in 2010. Both remand and sentenced categories saw major reductions.

Figure 23: Average number of All children 2000 to 2022: Source: MIS 2001-2014 and Daily unlock 2015-2024



The graph below illustrates a significant decline in both sentenced children and remand detainees from 2000 to 2024. Following the implementation of the Child Justice Act in 2010, a sharp reduction is observed. By 2024, averages dropped to 32 sentenced children and 50 remand detainee children, highlighting child justice interventions over time.

Figure 24: Average number of RD and sentenced children 2000 to 2024: Source: MIS 2001-2014 and Daily unlock 2015-2024



Building capacity including training of officials

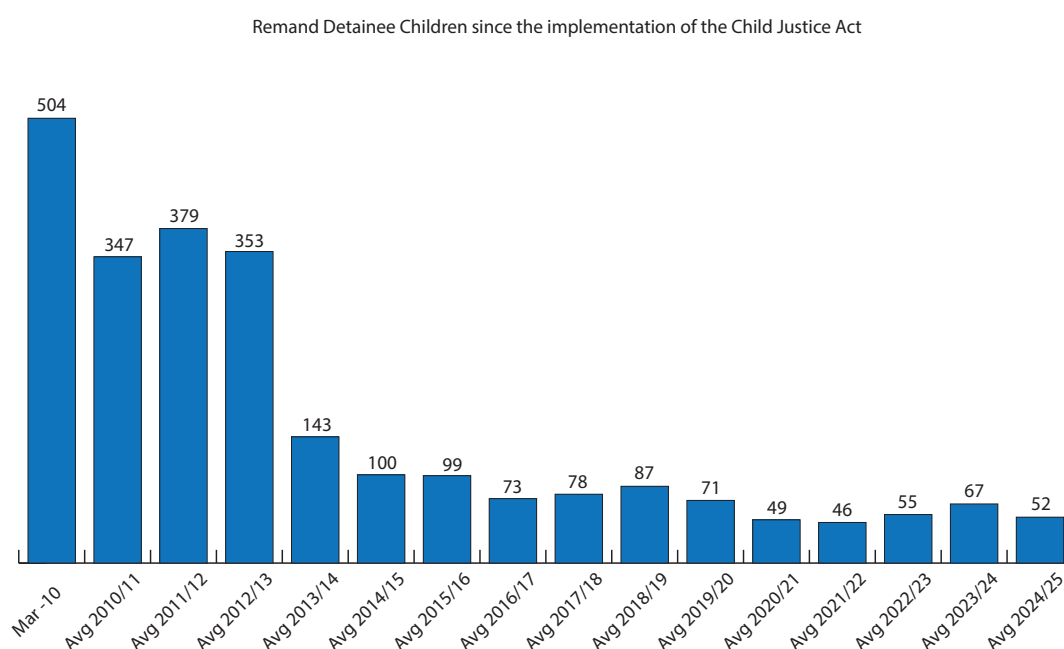
Since the 2015/16 financial year, the Department of Correctional Services (DCS) has incorporated the Child Justice Act as a core module in its annual Human Resource Development training programme. In the 2024/2025 financial year alone, 185 officials received specialised training, reflecting the Department's continued commitment to child-centred justice and institutional capacity building.

Remand detainees.

Trend analysis from 2010 to 2024/2025

An average of five hundred and four (504) remand detainee children were incarcerated in DCS facilities in March 2010. This figure decreased to an average of 52 during the 2024/25 financial year, this converts to a reduction of more than 89%.

Figure 25: Average number of RD children Baseline of 2010 to 2024/25: Source Daily unlock



Facilities that detained Remand Detainee children.

The RD children were detained in ten (10) facilities as per the snapshot analysis of 31 March 2025. The LMN Region had the highest number (three) of centres that detained remand children on the day. Kwa Zulu-Natal, Free State Northern Cape and Western Cape regions detained children in two facilities each. The Eastern Cape Region detained children in one facility and the Gauteng Region did not record RD children on 31 March 2025.



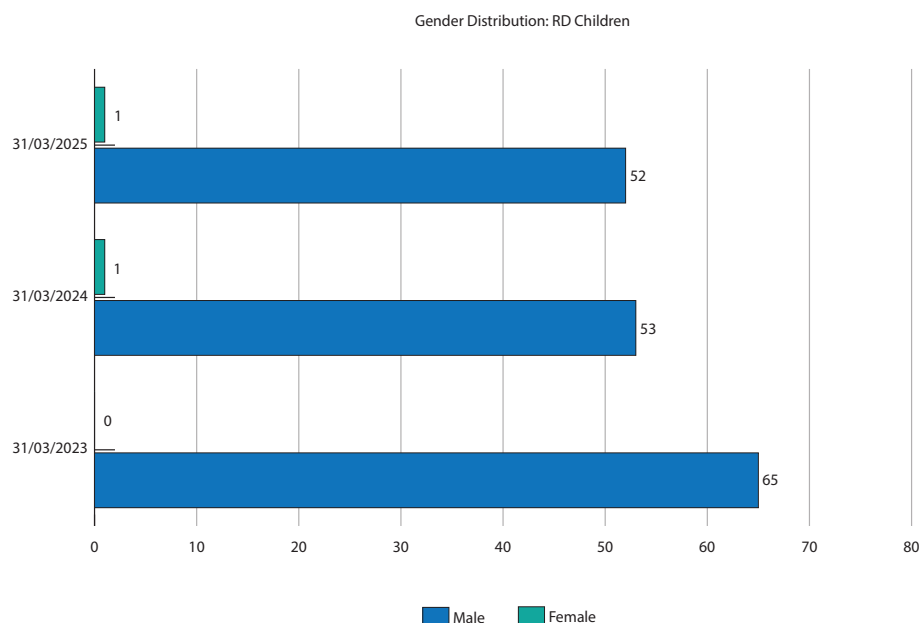
Table 64: RD children on 31 March 2025

FACILITIES THAT DETAINED REMAND CHILDREN											
KZN (2 facilities)		GP (0 facilities)		EC (1 facility)		LMN (3 facilities)		FSNC (2 facilities)		WC (2 facilities)	
Durban Female	1		0	Port Elizabeth	2	Barberton Youth	1	Grootvlei Maximum	5	Mosselbay Youth	2
Durban Youth	19					Rustenburg Youth	1	Bizzah Makhate Medium B	2	Pollsmoor Remand Detention Facility B	19
						Thohoyandou Female	1				
Total	20		0		2		3		7		21

Gender

Within the sub-population of remand detainee children in DCS facilities, males constituted 100% on 31 March 2023. The snapshots for 31 March 2024 and 31 March 2025 show one female remand detainee child recorded to be detained in DCS facilities.

Figure 26: Snapshots Analysis of Remand Children: Gender Distribution: Data from the Daily Unlock for 31 March 2023, 31 March 2024 and 31 March 2025



Age distribution

As of 31 March 2025, a total of 53 remand children were in custody across regions, with the highest concentration among 17-year-olds (37). The Western Cape, Free state Northern Cape and KwaZulu-Natal regions recorded the highest numbers. No 14-year-olds were remanded on the day.

Table 65: Age distribution of Remand Children on 31 March 2025

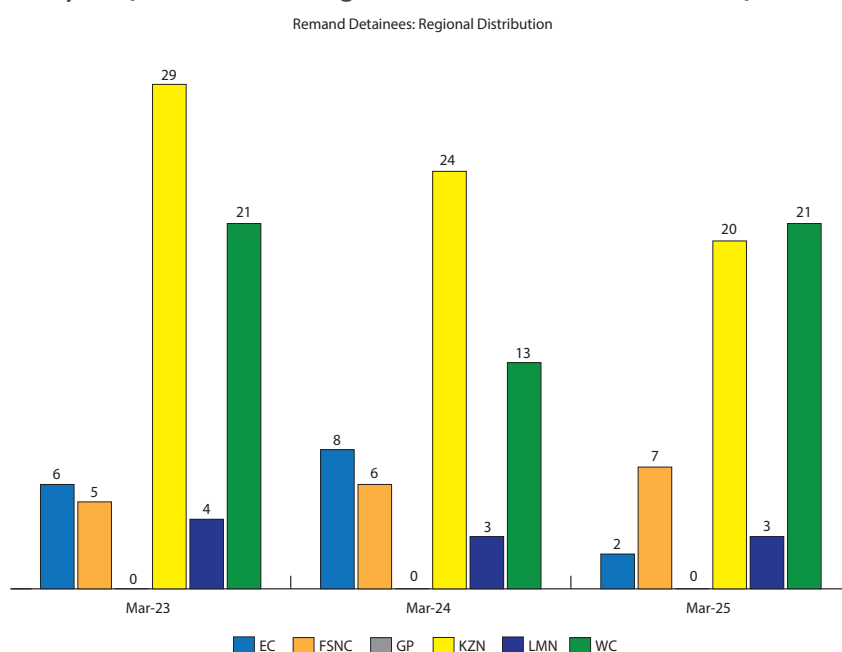
Age Distribution	Region						
31-Mar-25	GP	LMN	WC	FSNC	EC	KZN	TOTAL
14 Years			0	0	0	0	0
15 Years			1	0	0	1	2
16 Years		1	5	2	0	6	14
17 Years		2	15	5	2	13	37
Total	0	3	21	7	2	20	53

Source: DC: Daily Unlock

Regional Distribution

According to figure 5 below, on 31 March 2025, the regions with the highest number of remand detainee children, in descending order, were Western Cape (21), KwaZulu Natal (20), Free State Northern Cape (7), LMN (3) and the Eastern Cape region (2). The Gauteng Region recorded no RD children on the day.

Figure 27: Snapshot Analysis of RD Children: Regional Distribution: Data sourced from the Daily Unlock



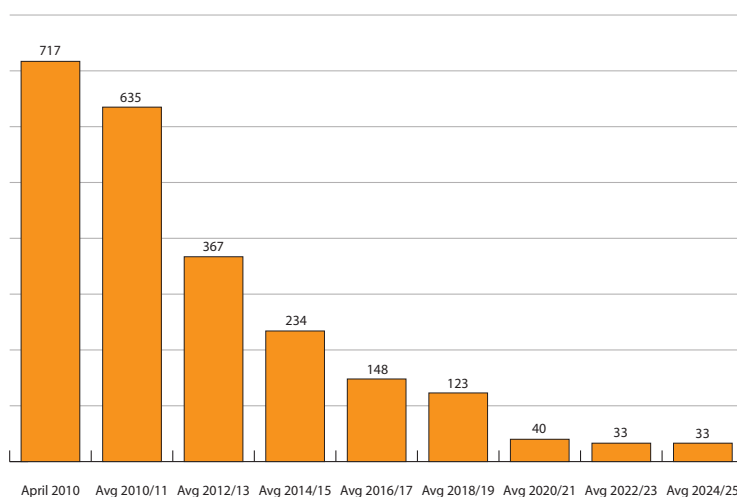
Sentenced children

Trend analysis from 2010 to 2024/2025

An average of 717 sentenced children was incarcerated in DCS facilities in April 2010. This figure decreased to an annual average of 33 sentenced children during 2024/2025 financial year, this therefore converts to a decrease of 95% over the said period.

Figure 28: National Distribution of sentenced children in DCS: Source - Daily Unlock

Sentenced Children in DCS since implementation of the CJA

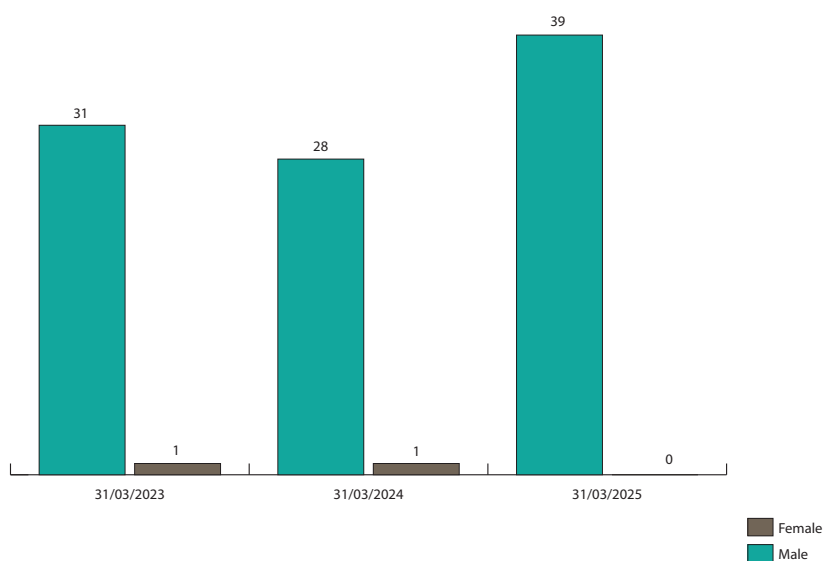


Gender

The gender distribution of sentenced children from 2023 to 2025 shows a consistent trend of male dominance. On 31 March 2023 and 2024, thirty-one and twenty-eight males were sentenced respectively, with only one female. By 31 March 2025, the number of sentenced males increased to 39, while no females were sentenced. This data highlights a male dominated population of sentenced children over the three-year period.

Figure 29: Snapshots Analysis of sentenced children: Gender Distribution: Data from Daily Unlock

Sentenced Children: Gender Distribution



Age distribution of sentenced children

Of the 39 sentenced children incarcerated on 31 March 2025, four were 15-years old, while nineteen were 16-years old and sixteen were 17-years old. There were no sentenced children aged 14-years-old on 31 March 2025.

Table 66: Age distribution of sentenced children

Age Distribution	Region						
31-Mar-25	GP	LMN	WC	FSNC	EC	KZN	TOTAL
14 Years	0	0	0	0	0	0	0
15 Years	0	0	0	3	0	1	4
16 Years	0	4	1	9	3	2	19
17 Years	0	2	3	7	3	1	16
Total	0	6	4	19	6	4	39

Facilities that detained Sentenced Children

Sentenced children were detained in 12 facilities as per the snapshot analysis of 31 March 2025. The regions with the highest number of facilities that detained children were KwaZulu Natal and WC with three facilities in each region. Gauteng, LMN and FSNC regions detained sentenced children in two centres each. Five facilities, namely, Durban Maximum Correctional Centre, Boksburg Juveniles, Rustenburg Youth Correctional Centre, Mosselbay Youth Correctional Centre and Calvinia Correctional Centre detained lone children on the day.

Table 67: Facilities that detained Sentenced Children on 31 March 2025

KZN (3 facilities)		GP (2 facilities)		EC (0 facilities)		LMN (2 facilities)		FSNC (2 facilities)		WC (3 facilities)	
Durban Maximum Correctional Centre	1	Emthonjeni	3		0	Barberton Youth Correctional Centre	5	Grootvlei Maximum Correctional Centre	2	Brandvlei Juvenile Correctional Centre	2
Durban Youth B	8	Boksburg Juveniles	1			Rustenburg Youth Correctional Centre	1	Bizza Makhate B Youth Centre	4	Mosselbay Youth Correctional Centre	1
Ekuseni	10									Calvinia Correctional Centre	1
Total	19		4		0		6		6		4

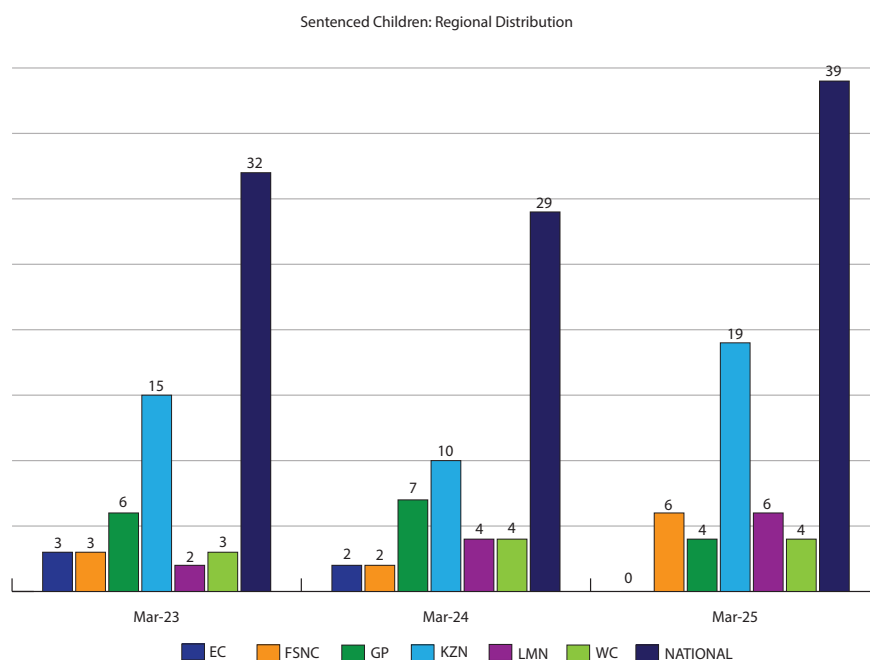
Source: DC: Daily Unlock



Regional Distribution

The region with the highest number of sentenced children in all three snapshots of 31 March from 2023 to 2025 was KZN.

Figure 30: Snapshots Analysis of sentenced children: Regional Distribution: Source: Daily Unlock 31 March 2023, 31 March 2024 & 31 March 2025



Sentences

The below table depicts the sentences of children as on 31 March 2025. The sentence years vary from zero to six months (0-6 months) to above twenty years (20). The highest number of children i.e., eighteen (18) were given the sentence of >3-5 years.

Table 68: Sentences as at 31 March 2025

Sentences as at 31-Mar-25	Region						
	EC	FSNC	GP	KZN	LMN	WC	TOTAL
0–6 months	0	1	1	0	0	0	2
> 6–12 months	0	0	1	0	0	0	1
> 12–< 24 months	0	0	0	1	1	0	2
2 years	0	0	0	0	1	0	1
> 2–3 years	0	0	0	1	1	0	2
> 3–5 years	0	2	0	13	2	1	18



> 5–7 years	0	0	1	2	0	1	4
> 7–10 years	0	1	0	1	0	1	3
> 10–15 years	0	1	0	0	1	1	3
> 15–20 years	0	1	1	0	0	0	2
> 20 years	0	0	0	1	0	0	1
Life Sentence	0	0	0	0	0	0	0
Total	0	6	4	19	6	4	39

Offences

As at 31 March 2025, a total of 39 offences were recorded across six regions. The highest number of cases was reported in KwaZulu-Natal (19), followed by Free State/Northern Cape and Limpopo/Mpumalanga and Northwest Regions with six each. Rape was the most common offence, with 21 sentenced offenders incarcerated for this crime, over half of the overall total. Other offences included murder (7), robbery (2), and isolated cases of assault, culpable homicide, attempted murder, and immigration law violations.

Table 69: Offences committed as at 31 March 2025

Offences committed as at 31-Mar-25	Region						
	EC	FSNC	GP	KZN	LMN	WC	TOTAL
Rape	0	4	2	10	4	1	21
Immigration Law	0	1	2	0	0	0	3
Murder	0	1	0	3	1	2	7
Robbery	0	0	0	1	0	1	2
Assault Intentional	0	0	0	1	0	0	1
Robbery Aggravating	0	0	0	2	0	0	2
Culpable Homicide	0	0	0	1	0	0	1
Attempted Murder	0	0	0	1	0	0	1
Theft	0	0	0	0	1	0	1
Total	0	6	4	19	6	4	39





Children placed under the system of community corrections

Placement under the system of Community Corrections

A total number of 59 children were placed under the community corrections system during the 2024/25 financial year. The KZN region recorded the highest number (27) of children, followed by FSNC (14), the Gauteng and Western Cape regions recorded (9) children each. EC and LMN regions did not have any children placed under the community corrections system during the reporting period.

Table 70: Children placed under Community Corrections System during 2024/25 financial year

EC	FS/NC	GP	KZN	LMN	WC	TOTAL
0	14	9	27	0	9	59

Absconding from Community Corrections System

The number of children who absconded in community corrections during the financial year of 2024/2025 financial year appears in the table below.

Table 71: Children who absconded from Community Corrections System

EC	FS/NC	GP	KZN	LMN	WC	TOTAL
0	4	0	0	0	0	4

The number and percentage of children who have been referred to diversion programmes

Table 72: Diversion during Preliminary Inquiry

Year	No. of diversions during Preliminary Inquiry	% contribution to total no. of outcomes
2022/23	3421	30,48%
2023/24	3711	32,5%
2024/25	3 881	31,59%

Table 73: Diversions at Child Justice Court

Year	No. of diversions at Child Justice Court	% contribution to total no. of outcomes
2022/23	206/ 7787	3%
2023/24	269/8326	3%
2024/25	286/10 855	3%



Rehabilitation Programme/Services Provided to Children in Detention 2021/22

Social Work Services

Services offered to sentenced children including parolees, probationers and remand detainees during the 2021/22 financial year, included the following:

Table 74: Social Work Programmes rendered to children

Programmes and services	Sentenced Children		Remand Children
	Correctional Centres	Community Corrections	
Substance Abuse	3	1	5
Life-Skills	25	16	20
Marriage and Family Care	25	17	18
Sexual Offender	3	7	
Anger Management	9	4	6
Orientation Treatment		2	
Cool and fit for life		1	
Parenting	1		
Supportive Services	13	4	
Trauma	2		2
Assessment	64	19	
TOTAL	145	71	51

Source: Incarceration and Corrections - Note: Some children attended more than one programme





Correctional Programmes

In the financial year 2021/22, the correctional programs appearing in table 75 were attended by sentenced children. The programs include those that were facilitated by DCS officials as well as those that were provided by external service providers. Some children participated in multiple programs.

Table 75: Correctional Programmes rendered to children

Programmes and services	Sentenced Children Correctional Centres
Substance Abuse	1
Anger Management	1
Sexual Offender	5
New Beginnings	1
Behaviour Modification Programme	5
Cross Roads	1
Changing Lanes	1
Pre-Release	6
TOTAL	21
Programmes facilitated by external service providers	
Pre-Release	3
Total: DCS and external service providers	24

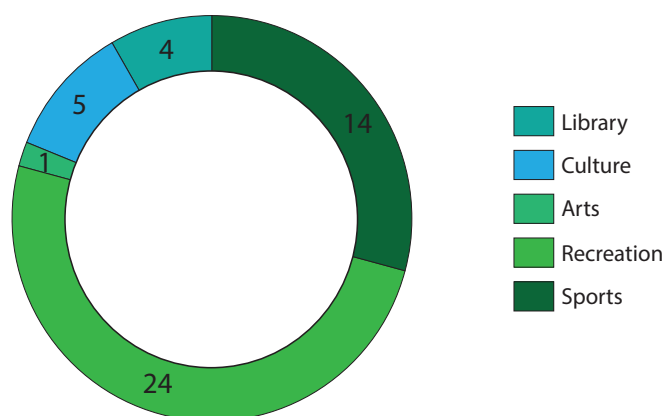
Source: Incarceration and Corrections - Note: Some children attended more than one programme



Sport, Recreation, Arts and Culture (SRAC)

Sentenced children Sports, Recreation, Arts and Culture (SRAC) activities which include indoor and outdoor games; however, remand detainees do not take part in outdoor activities. Children attended the following SRAC programmes during 2021/2022 financial year. Sports and recreation were attended by more children than arts, culture and library services.

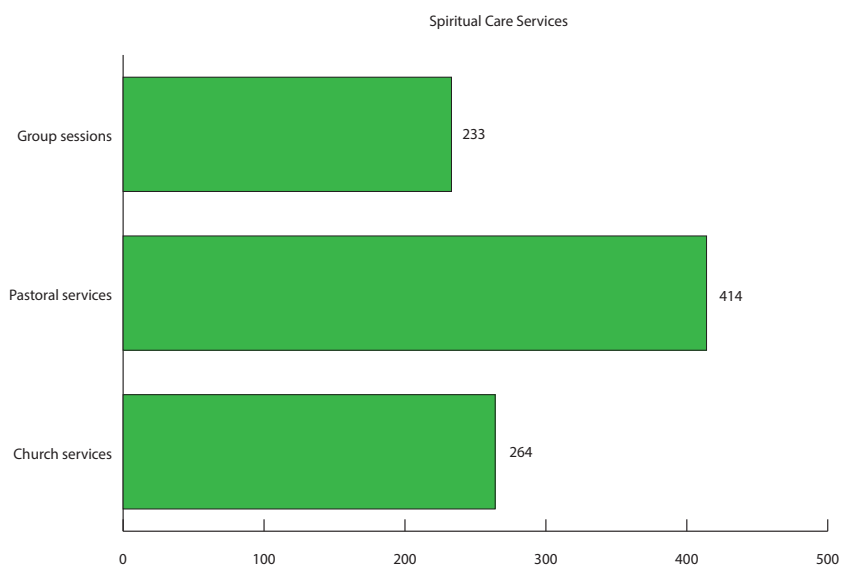
Figure 31: Pie chart on attendance of SRAC Programmes during 2021/2022. Note: Some children attended more than 1 programme



Spiritual Care Services

In the financial year 2021/22, spiritual care services were provided to remand detainees and sentenced children, as shown in the diagram below. The figures below indicate the services provided to children.

Figure 32: Bar graph on attendance of Spiritual Care Services during 2021/22. Note: Some children attended more than 1 programme





Psychological Services

The services provided by psychologists to inmates including children in detention are need-based. Psychologists often do not receive a large number of referrals involving children. Furthermore, in most cases, where the majority of psychologists are located, children make up a small percentage of those detained.

Formal Education

Further education and training (mainstream grades 8 to 12), adult education and training, and administration for continuity with studies and writing of examination for those who were in mainstream education prior to incarceration in DCS were among the educational programs accessible to children in DCS. The DCS has a dilemma in that some of the children in detention were not in school before they were arrested. In 2021, only four children attended educational programs. Furthermore, of the 210 offenders enrolled for matriculation, there were no children among them i.e., the category of 14 to 17 years.



Rehabilitation Programmes/Services Provided to Children 2022/2023

Social Work Services

Services offered to sentenced children including parolees, probationers and remand detainees during the 2022/23 financial year, included the following:

Table 76: Social Work Programmes

Programmes and services	Sentenced Children	Remand Children	
	Correctional Centres	Community Corrections	
Substance Abuse	24	0	20
Life-Skills	51	36	9
Marriage and Family Care	32	12	6
Sexual Offender	13	14	0
Anger Management	46	9	6
Orientation Treatment	10	0	10
Cool and fit for life	0	0	4
Resilience Enhancement Programme	4	0	0
Parenting	0	0	0
Supportive Services	0	1	5
Trauma	10	1	1
Assessment	26	9	2
TOTAL	216	82	63

NB: Some children attended more than 1 programme

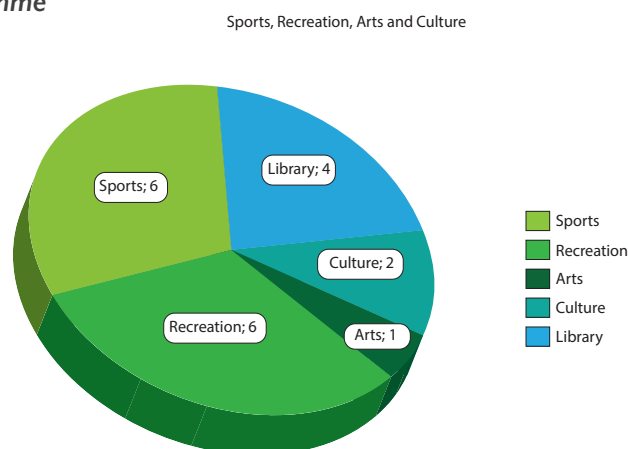
Source: Incarceration and Corrections



Sports, Recreation, Arts and Culture (SRAC)

Sentenced children partake in Sport, Recreation, Arts and Culture (SRAC) activities which include indoor and outdoor games; however, remand detainees do not take part in outdoor sport activities for containment of escape risk. Children attended the following SRAC programmes during 2022/2023 financial year.

Figure 33: Pie chart on attendance of SRAC Programmes during 2022/2023 – Note: Some children attended more than one programme



Correctional Programmes

In the financial year 2022/23, the following correctional programs were available to sentenced children. The programs include those that were facilitated by DCS officials as well as those that were provided by external service providers. Some children participated in multiple programs.

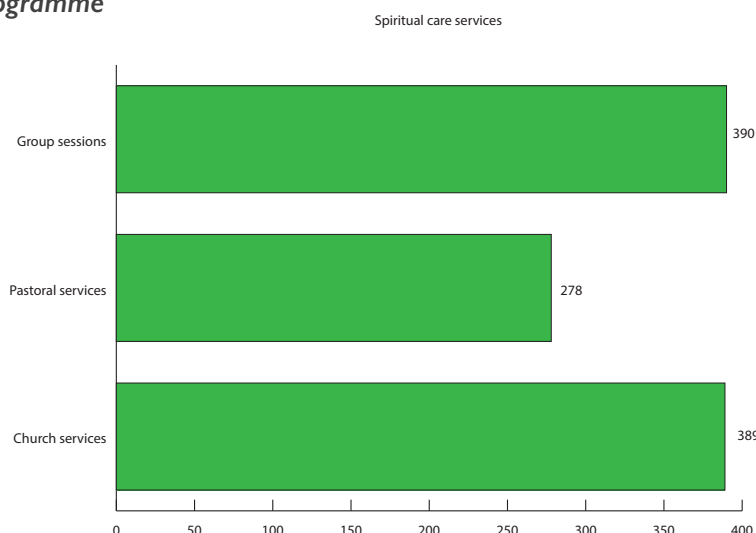
Table 77: Correctional Programmes

Programmes	Total number of children
Substance Abuse	7
Anger Management	5
Sexual Offences	1
New Beginnings	6
Restorative Justice	2
Crossroads	7
Changing Lanes (Murder Related Programme)	1
Pre-release	5
Total	34
Note: Some children attended more than 1 programme	

Source: Incarceration and Corrections

Spiritual Care Services

Figure 34: Bar graph on attendance of Spiritual Care Services during 2022/23 – Note: Some children attended more than one programme



In the financial year 2022/23, spiritual care services were provided to remand detainees and sentenced children, as shown in the diagram below. The figures below indicate the services provided to children.

Health Care Services

Each facility has a health unit that provides access to primary health care services to all inmates, including children. Those that require secondary and tertiary care are referred to external hospitals and clinics that fall under the Department of Health. Continuous health assessments are conducted for inmates who are unwell and those on acute and chronic medications. Prevention, promotion, and curative activities, as well as referral services, are provided in the health units. The summary of health care services is attached as Annexure B.

The table below indicates the number of children who attended health care programmes during 2022/23 financial year.

Table 78: Data from DCS Health Care Services

Health Care Programs and Services	Service Providers	Total Number of Children	
		RDs	Sentenced
Primary health care: Promotion of health, disease prevention, curative and rehabilitative services.	Health Care Professionals	65	33
Nutrition services: Provision of food service per prescribed meal plan.	Food Services Unit officials	All inmates	
Personal hygiene: Provision of toiletry, bedding and clothing.	Hygiene Supervisors	All inmates	



Psychological Services

Psychological services are available for sentenced and remand detainee children. The services are accessed through individual requests and referrals from the social workers and the officials from the correctional centre. Two children received psychological services in the 2022/23 financial year.

Formal Education

Educational programmes available for children in DCS were further education and training (mainstream grade 8 to 12), adult education and training and administration for continuity with studies and writing of examination for those who were involved in mainstream education before detention in DCS. The challenge faced by the DCS is that some children who are in detention were not attending school before they were arrested. The number of inmates who enrolled for matric in 2022 was 264 and of these there were no children. A total number of 22 children attended education programmes in the 2022 academic year.

Rehabilitation Programmes/Services Provided to Children 2023/2024

Social Work Services

Services offered to sentenced children including parolees, probationers and remand detainees during the 2023/24 financial year, included the following:

Table 79: Social Work Programmes

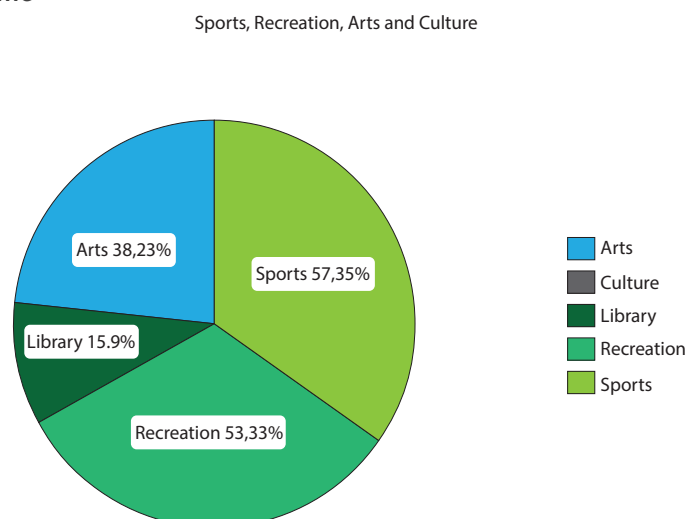
Programmes and services	Sentenced Children	Remand Children
Substance Abuse	14	1
Life-Skills	67	1
Marriage and Family Care	39	2
Sexual Offender	21	0
Anger Management	34	0
Orientation Treatment	2	0
Cool and fit for life	4	0
Resilience Enhancement Programme	16	0
Supportive Services	4	0
Trauma	32	1
Assessment	60	0
TOTAL	293	5
NB: Some children attended more than 1 programme		

Source: Incarceration and Corrections

Sports, Recreation, Arts and Culture (SRAC)

Sentenced children partake in Sport, Recreation, Arts and Culture (SRAC) activities which include indoor and outdoor games; however, remand detainees do not take part in outdoor sport activities for containment of escape risk.

Figure 35: Pie chart on attendance of SRAC Programmes during 2022/2023 – Note: Some children attended more than one programme



Correctional Programmes

In the financial year 2023/24, the following correctional programs were available to sentenced children. Some children participated in multiple programs.

Table 80: Correctional Programmes

Programmes facilitated by DCS	Total number of children
Substance Abuse	03
Anger Management	04
Sexual Offences	05
New Beginnings	17
Restorative Justice	01
Changing Lanes (Murder Related Programme)	04
Behavior Modification on Gangsterism	01
Economic theft	01
Total	36
Note: Some children attended more than 1 Programme	

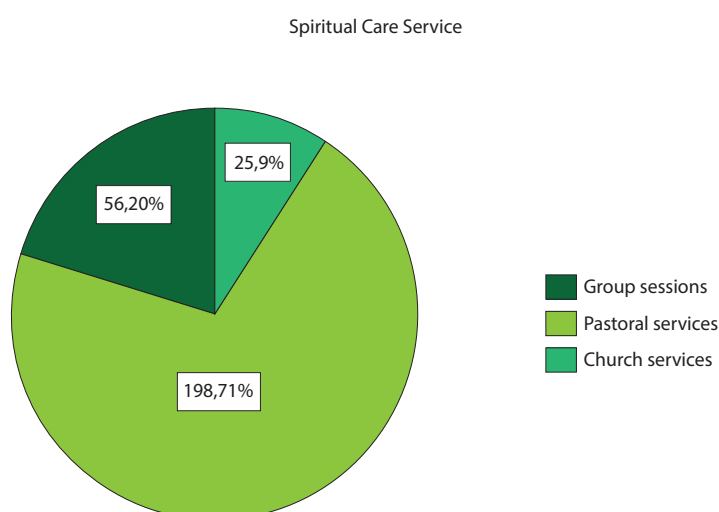
Source: Incarceration and Corrections



Spiritual Care Services

In the financial year 2023/24, spiritual care services were provided to remand detainees and sentenced children, as shown in the diagram below. The figures below indicate the services provided to children.

Figure 36: Pie chart on attendance of Spiritual Care Services during 2023/2024 – Note: Some children attended more than one programme



Health Care Services

A comprehensive package of Primary Health Care services is provided to all children in correctional facilities. Each correctional facility has a health unit which provides services to all inmates detained in that particular facility including children. Continuous health assessment for sick children and those on acute and chronic medication are conducted in order to meet their individual health needs. Services that are rendered include health promotion, disease prevention, curative and rehabilitative services. Referral services to higher levels of care at the Department of Health are available and provided where required. Children are provided with meals with adequate nutritional value in line with dietary requirements as well as toiletries to ensure maintenance of personal hygiene.



The table below indicates the number of children who attended health care programmes during 2023/24 financial year.

Table 81: Psychological Services

Health Care Programs and Services	Service Providers	Total Number of Children	
		RDs	Sentenced
Health promotion, disease prevention, curative and rehabilitative services as part of the comprehensive package of Primary Health Care services.	Health Care Professionals	54	29
Provision of nutritious meals as part of the Nutrition Services Programme.	Food Service Officials	All children	
Provision of toiletry, bedding and clothing as part of the Personal Hygiene Programme.	Unit Managers/ Supervisors	All Children	

Source: Data from DCS Health Care Services

Psychological services are available for sentenced and remand detainee children. The services are accessed through individual requests and referrals from the social workers and the officials from the correctional centre. Five children received psychological services in the 2023/24 financial year.

Formal Education

Educational programs available for children in DCS included further education and training (mainstream grades 8 to 12), adult education and training, and administrative support to ensure continuity with studies and the opportunity to take exams for those who were previously enrolled in mainstream education before their detention in DCS. One challenge faced by the DCS is that some detained children were not attending school prior to their arrest. In 2023, 187 inmates enrolled for matric, none of whom were children. Only two children participated in educational programs during the 2023 academic year.



Rehabilitation Programmes/Services Provided to Children 2024/2025

Social Work Services

Services offered to sentenced children including parolees, probationers, and remand detainees during the 2024/25 financial year, included the following:

Table 82: Social Work Programmes

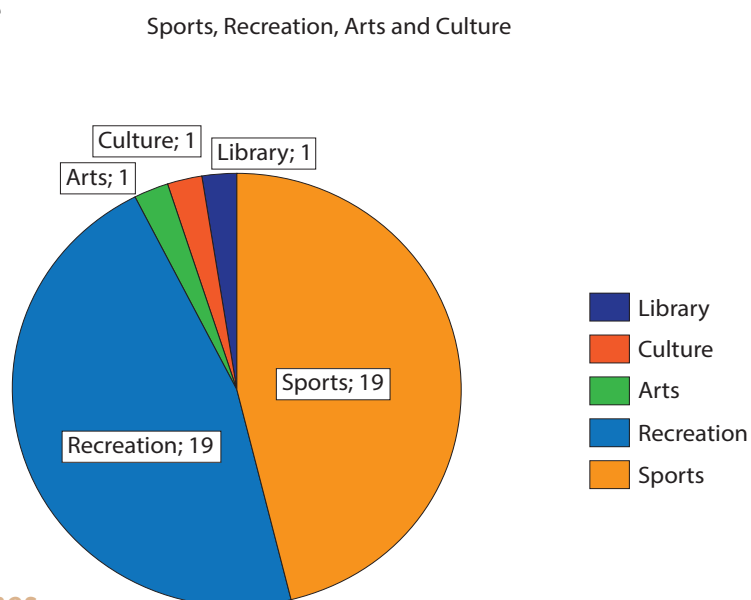
Programmes and services	Sentenced Children	Remand Children	
	Correctional Centres	Community Corrections	
Substance Abuse	44	39	2
Life-Skills	52	53	4
Marriage and Family Care	33	11	24
Sexual Offender	6	27	1
Anger Management	54	47	4
Orientation Treatment	4	2	0
Cool and fit for life	0	0	0
Resilience Enhancement Programme	2	25	0
Parenting	0	0	0
Supportive Services	0	0	4
Trauma	3	1	7
Assessment	16	41	0
TOTAL	214	246	46
NB: Some children attended more than 1 programme			

Source: Incarceration and Corrections

Sports, Recreation, Arts and Culture (SRAC)

Sentenced children partake in Sport, Recreation, Arts and Culture (SRAC) activities which include indoor and outdoor games; however, remand detainees do not take part in outdoor sport activities for containment of escape risk. Children attended the following SRAC programmes during 2024/2025 financial year.

Figure 37: Pie chart on attendance of SRAC Programmes during 2024/2025. Note: Some children attended more than 1 programme



Correctional Programmes

In the financial year 2024/25, the following correctional programs were available to sentenced children. Some children participated in multiple programs.

Table 83: Correctional Programmes

Programmes facilitated by DCS	Total number of children
Substance Abuse	07
Anger Management	06
Sexual Offences	08
New Beginnings	13
Restorative Justice	16
Pre-release	02
Total	52
Note: Some children attended more than 1 Programme	

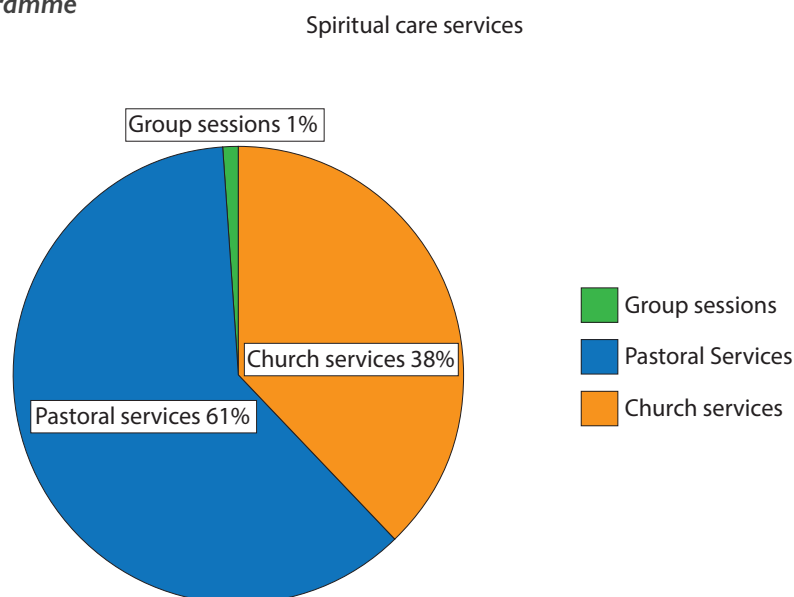
Source: Incarceration and Corrections



Spiritual Care Services

In the financial year 2024/25, spiritual care services were provided to remand detainees and sentenced children, as shown in the diagram below. The figures below indicate the services provided to children.

Figure 38: Pie chart on attendance of Spiritual Care Services during 2024/25. Note: Some children attended more than one programme



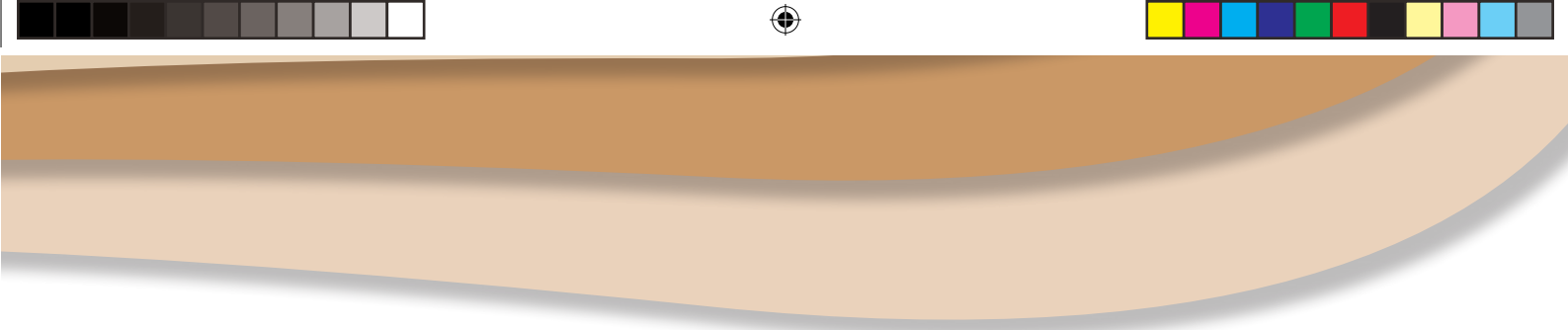
Health Care Services

Each facility has a health unit that provides access to primary health care services to all inmates, including children. Those that require secondary and tertiary care are referred to external hospitals and clinics that fall under the Department of Health. Continuous health assessments are conducted for inmates who are unwell and those on acute and chronic medications. Prevention, promotion, and curative activities, as well as referral services, are provided in the health units.

The table below indicates the number of children who attended health care programmes during 2024/25 financial year.

Table 84: Data from DCS Health Care Services

Health Care Programs and Services	Service Providers	Total Number of Children	
		RDs	Sentenced
Primary health care: Promotion of health, disease prevention, curative and rehabilitative services.	Health Care Professionals	53	39
Nutrition services: Provision of food service per prescribed meal plan	Food Services Unit Officials	All inmates	
Personal hygiene: Provision of toiletry, bedding and clothing.	Hygiene Supervisors	All inmates	



Psychological Services

Psychological services are available for sentenced and remand detainee children. The services are accessed through individual requests and referrals from social workers and correctional centre officials. These services aim to address emotional and behavioural related challenges, supporting the mental well-being of the children.

Formal Education

The educational programs offered to children in DCS included adult education and training, as well as administration for continuation of studies and writing of exams for those who had participated in mainstream education before their detention in DCS, and further education and training (mainstream grade 8 to 12). The DCS faces the difficulty of dealing with children who were not enrolled in school prior to their detention. This presents a challenge in reintegrating them into formal education, as many lack foundational literacy. Without a clear academic history, placement into appropriate grades becomes difficult. There were 173 inmates who registered for matric in 2024, and none of them were children. In the 2024 school year, one child participated in educational programs.

The number of institutions specifically for children accused of infringing the penal law and the number of children in these institutions

The country has twenty-eight operational Secure Care Centres spread across in all the nine Provinces.

The number of children who have been found guilty of an offence by a court and sentenced to detention, and the average length of their detention

Table 85: Children serving sentences in detention

Year	Compulsory residence in Child and Youth Care Centre	Imprisonment
2022/23	10	18
2023/24	65	98
2024/25	59	83

Source: DoJ&CD





Table 86: Victim Friendly performance of each province

Province	Total of Police Station	Not met 3 met criteria	Victim Friendly Services met the set 3 criteria
Eastern Cape	200	0	200
Free State	111	0	111
Gauteng	145	0	145
KwaZulu-Natal	184	0	184
Limpopo	106	0	106
Mpumalanga	90	0	90
North West	86	0	86
Northern Cape	92	0	92
Western Cape	152	0	152
Grand Total	1 165	0	1 165

Source document: SAPS annual reports 2023/2024





By the end of March 2025, there were 1 165 functional (operational) police stations nationwide renders victim friendly services. All 1 165 police stations countrywide met the 3 set performance criteria which achieved 100% target.

Table 85 below indicate the number of crimes committed against children recorded during reporting period 1 April 2021 to 31 March 2024.

Table 87: Data on violence committed against children

Period	2021/2022	2022/2023	2023/2024
Murder	1 082	1 056	1 164
Attempted murder	1 090	1 242	1 513
Assault (GBH)	7 970	8 218	8 420
Common assault	11 676	12 806	13 118
Sexual offences	23 379	22 843	21 837

Source document: Saps annual reports 2021/2022, 2022/202 & 2023/2024

Table 88: Responsive policing to GBVF

Performance indicator	Actual achievement 2021/22	Actual achievement 2022/23	Actual achievement 2023/24
Conviction rate for crimes against children	79,53% (4 005 from a total of 5 036).	80,76% (3 911 from a total of 4 843).	80,42% (4 300 from a total of 5 347).

Table 87 below indicate the number of charges against children recorded during reporting period 1 April 2021 to 31 March 2024.

Table 89: Data on Children in Conflict with the Law

Period	2021/2022	2022/2023	2023/2024
Murder	497	553	470
Attempted murder	278	359	525
Assault (GBH)	3 902	4 374	4 785
Common assault	2 421	2 957	3 222
Sexual offences	1 999	2 286	2 171
Rape	1 649	1 933	1 736

Source document: Saps annual reports 2021/2022, 2022/203 & 2023/2024



Data of trained Police Officers on Vulnerable Groups Learning Programmes.

The SAPS through its Human Resource Development Division, develops learning programmes for training of officials in the department. This was designed to ensure that there is capacity for these services provided at every given shift.

Table 88 below indicates the summary of the training interventions in South African Police Services for the reporting period 1 April 2021 to 30 March 2024

Table 90: Ensure an effective and adequately resourced policing capability in response to the demand (SAPS Training Provision Plan (TPP))

Ensure an effective and adequately resourced policing capability in response to the demand (SAPS Training Provision Plan (TPP))			
Courses	2021/2022	2022/2023	2023/2024
Crime Prevention	99,82% (A total number of 19 749 learners were assessed and 19 713 were declared competent).	99,79% (A total number of 33 095 learners were assessed and 33 024 were declared competent).	99,98% (A total number of 29 990 learners were assessed and 29 983 learners were declared competent).
Gender-based violence and crimes against vulnerable groups	99,85% (A total number of 5 957 learners were assessed and 5 948 were declared competent).	99,82% (A total number of 26 622 learners were assessed and 26 575 were declared competent).	99,98% (A total number of 37 727 learners were assessed and 37 719 learners were declared competent).
Crime Investigations	98,90% (A total number of 6 083 learners were assessed and 6 016 were declared competent).	99,83% (A total number of 27 294 learners were assessed and 27 247 were declared competent).	99,94% (A total number of 26 496 learners were assessed and 26 481 learners were declared competent).
Forensic Science	98,45% (A total number of 2 912 learners were assessed and 2 867 were declared competent).	99,45% (A total number of 6 850 learners were assessed and 6 812 were declared competent).	99,03% (A total number of 2 890 learners were assessed and 2 862 learners were declared competent).
Crime Intelligence	99,08% (A total number of 327 learners were assessed and 324 were declared competent).	100% (A total number of 282 learners were assessed and all were declared competent).	100% (All 654 learners assessed were declared competent).
Cybercrime	99,79% (A total number of 468 learners were assessed and 467 were declared competent).	99,80% (A total number of 511 learners were assessed and 510 were declared competent).	99,88% (A total number of 811 learners were assessed and 810 learners were declared competent).

Source document: SAPS annual reports 2023/2024

Table 91 below indicates the number of formal training interventions conducted for Vulnerable Groups and Victim Empowerment environment.

Table 91: Number of formal training interventions conducted for Vulnerable Groups and Victim Empowerment environment

Course Description	2021/2022		2022/2023		2023/2024	
Vulnerable Groups Courses	Trained	Competent	Trained	Competent	Trained	Competent
Vulnerable groups Learning Programme	813	813	10 667	10 667	117	117
Domestic Violence Learning Programme (LP)			11 701	11 686	11 620	11 618
National Victim Empowerment (LP)					810	810
Children and Youth at Risk					10 968	10 963
Family Violence sexual Offences and Children Protection			212	212	475	475
Sexual Offences course for Investigating Officers			515	515	1 162	1 162
Human Rights in Policing Programme			958	958	1 097	1 097
Child Justice Act						
Total	813	813	24 053	24 038	26 249	26 242

Source document: HRD Annual Training Statistics

SAPS conducted a total number of 515 capacity-building sessions to enhance effective delivery of quality service by SAPS members to diverse communities.





Child Justice and Children in Need of Care and Protection

The table below indicate Capacity Building on the Child Justice Amendment Act, 2019 (Act No. 28 of 2019) and Children's Act, 2005 (Act No. 38 of 2005) during the reporting period 01 April 2024 to 31 March 2025

Table 92: Capacity Building on the Child Justice Amendment Act, 2019 (Act No. 28 of 2019) and Children's Act, 2005 (Act No. 38 of 2005)

PROVINCE/DIVISION	NUMBER OF PARTIPANTS	DATE
MPUMALANGA	41	04 – 05 September 2024
NORTHERN CAPE	58	11 – 12 September 2024
LIMPOPO	135	18 – 19 September 2024
KWAZULU-NATAL	51	02 – 03 October 2024
WESTERN CAPE	33	23 – 24 October 2024
NORTH WEST	40	13 – 14 November 2024
GAUTENG	42	20 – 21 November 2024
FREE STATE	49	29 – 30 January 2025
EASTERN CAPE	48	19 – 20 February 2025

Table 93 below indicates the number of schools identified for school programmes.

Table 93: Number of schools identified for school programmes

Period	2021/2022	2022/2023	2023/2024	2024/2025	TOTAL
Provinces					
EC	30	30	30	38	128
FS	20	20	20	24	84
GP	22	22	20	26	90
KZN	30	30	30	38	128
LIM	22	22	28	34	106
MP	20	20	18	23	81
NC	16	16	18	19	69
NW	20	20	16	22	78
WC	20	20	16	22	78
Total	200	200	200	250	850



Public education and awareness campaigns conducted

The tables below indicates awareness campaigns conducted.

Table 94: Awareness campaigns conducted

Campaign	2021/22	2022/23	2023/24	2024/25
National	7	4	5	1
Provincial	47	152	0	710
TOTAL	54	156	5	711

Source document: SAPS Annual Submission for Child Justice Implementation

Table 95: Child Justice: Awareness and education on Child Justice

Year	Nature of campaigns/ events	Nr of campaigns/ events	No. reached
2022/23	School visits/ community outreach/ radio interviews	149	±58 146
2023/24	School visits/ community outreach/ radio interviews	112	±31 416
2024/25	School visits/ community outreach/ radio interviews	53	±15 474
Total		314	±105 038

Source: DoJ&CD

Table 96: Substance abuse: Prevention and consequences of substance abuse

Year	Nature of campaigns/ events	Nr of campaigns/ events	No. reached
2022/23	School visits/ community outreach/ radio interviews	54	±54 465
2023/24	School visits/ community outreach/ radio interviews	84	±19 299
2024/25	School visits/ community outreach/ radio interviews	50	±20 914
Total		188	±94 678

Source: DoJ&CD





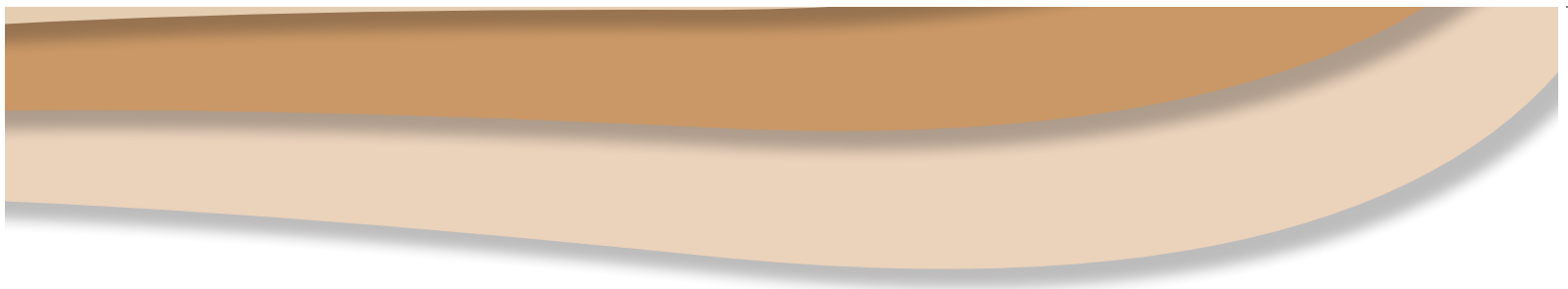
Table 97: Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 – Awareness about sexual offences

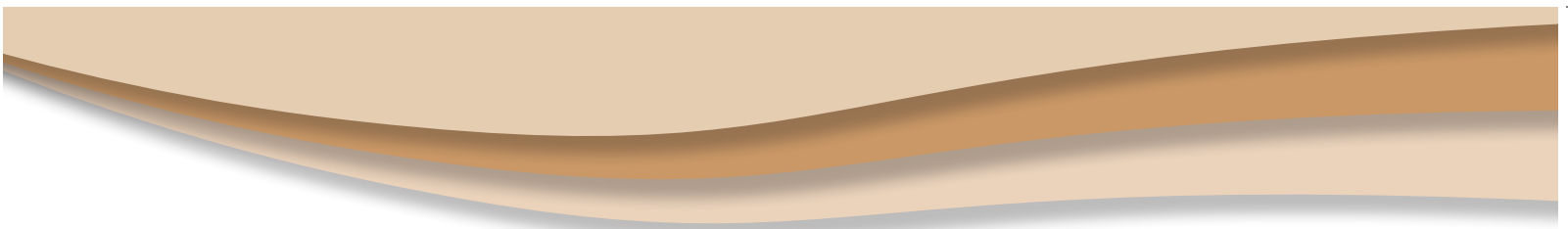
Year	Nature of campaigns/ events	Nr of campaigns/ events	No. reached
2022/23	Community outreach/ Radio interviews	45	70 026
2023/24	Community Imbizo/ School awareness/ Media engagements	31	44 147
2024/25	Imbizo/Community outreach/Workshops/ Fair/ Radio interviews	61	153 678
Total		137	267 851

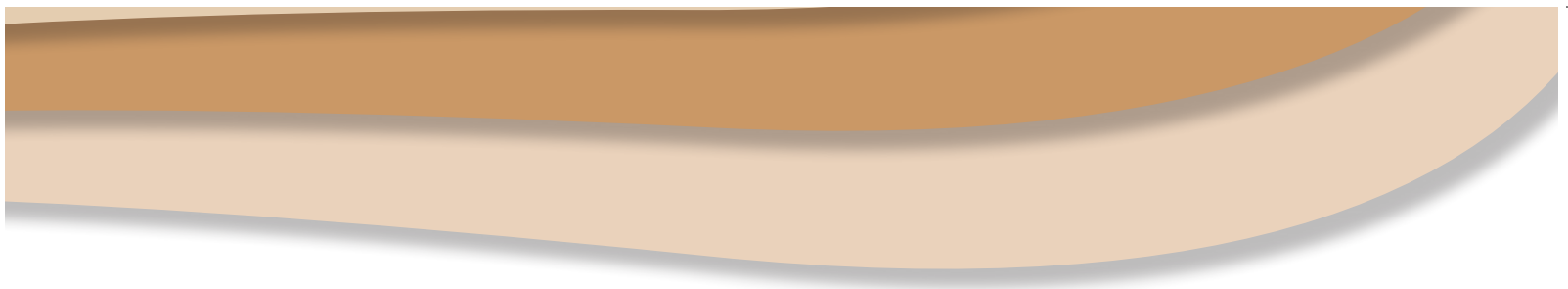
Source: DoJ&CD

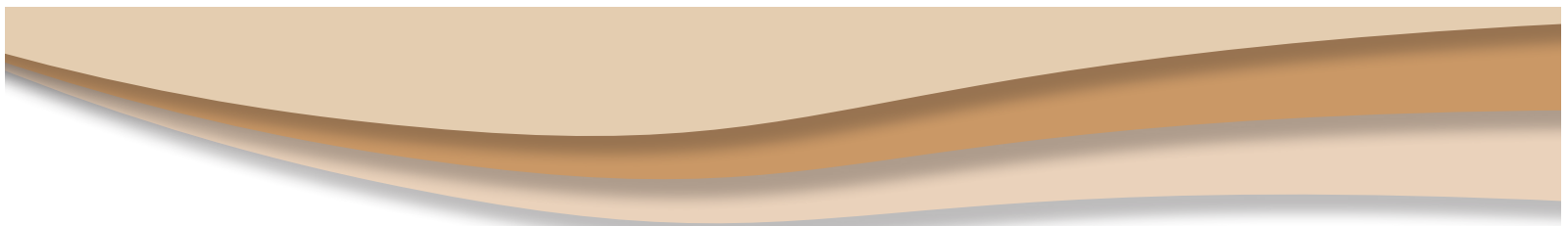
The Family Advocates participate in outreach programmes and public education in collaboration with the regional offices. They also do radio talks on parental responsibilities and rights.

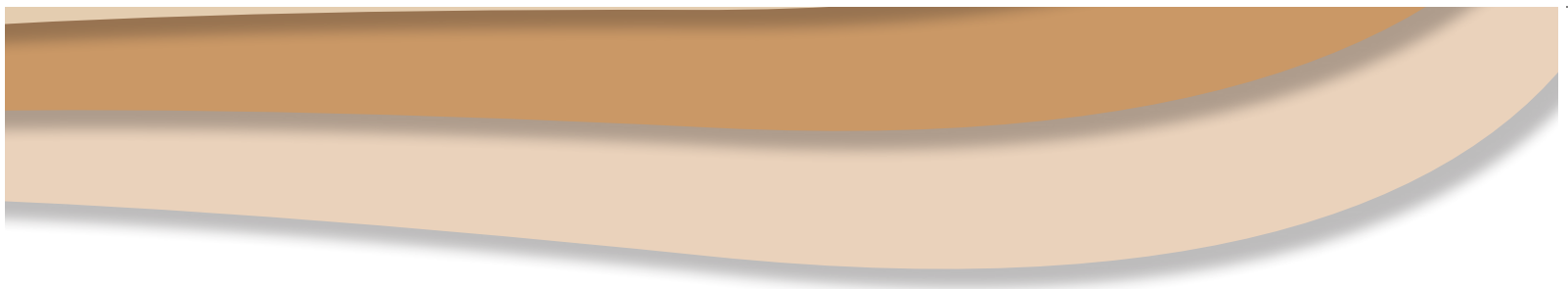


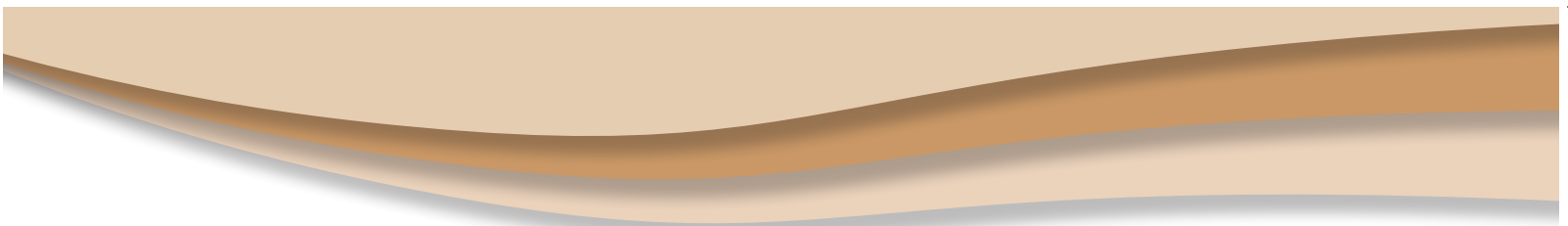


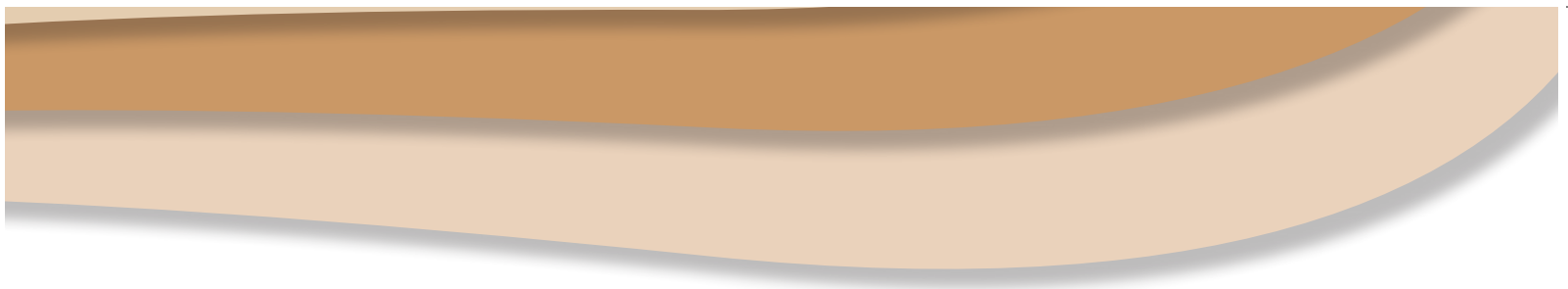


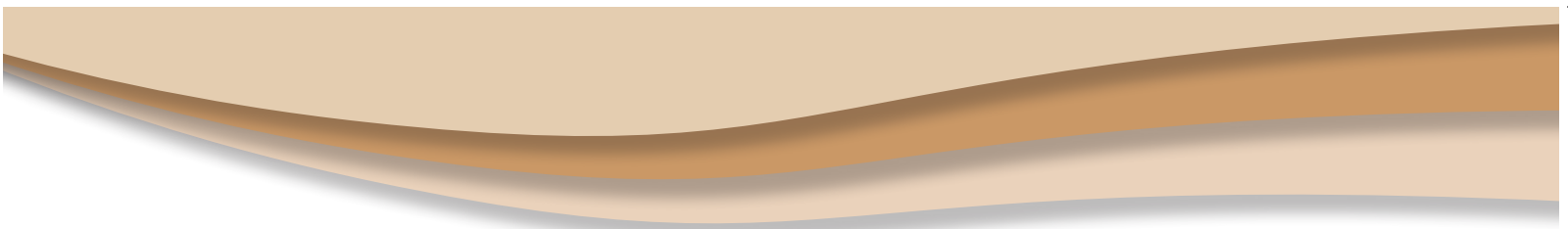


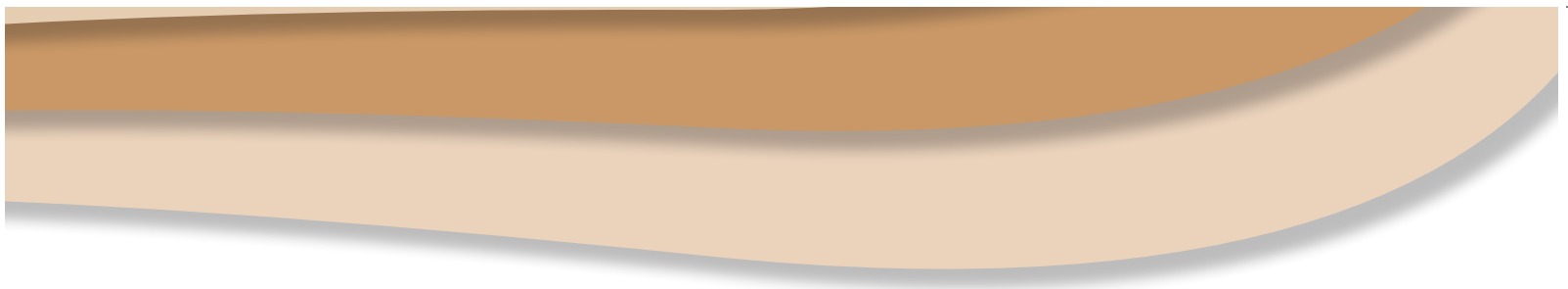


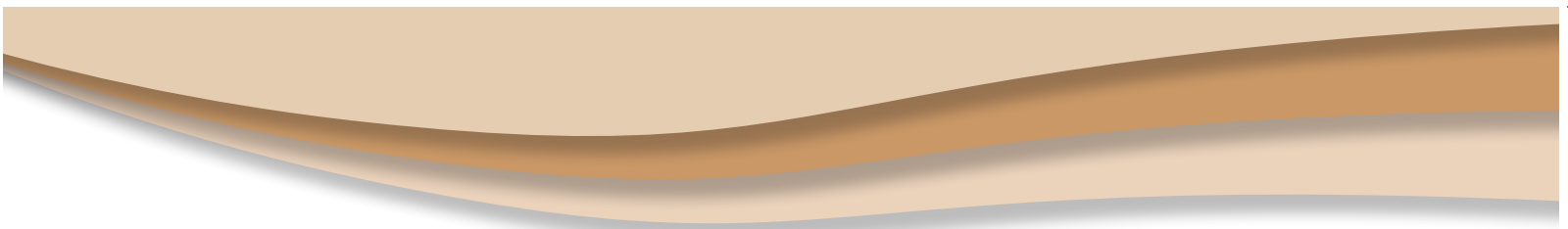


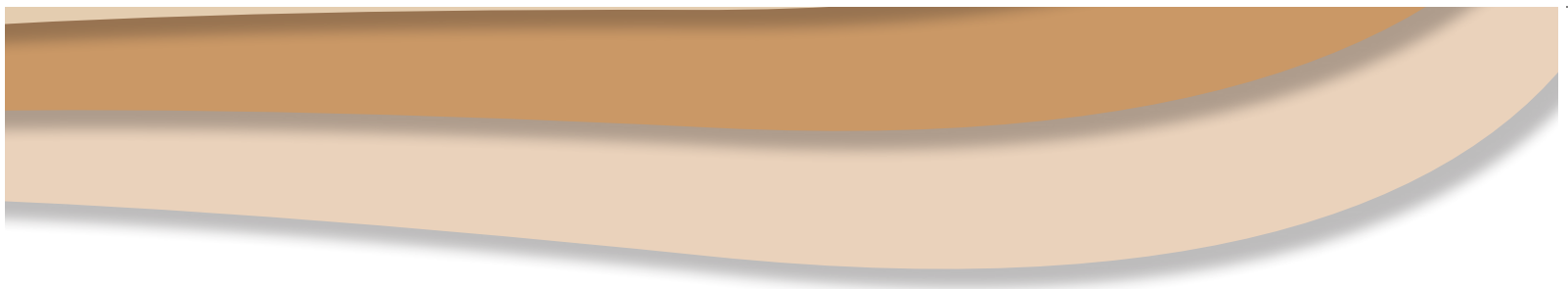


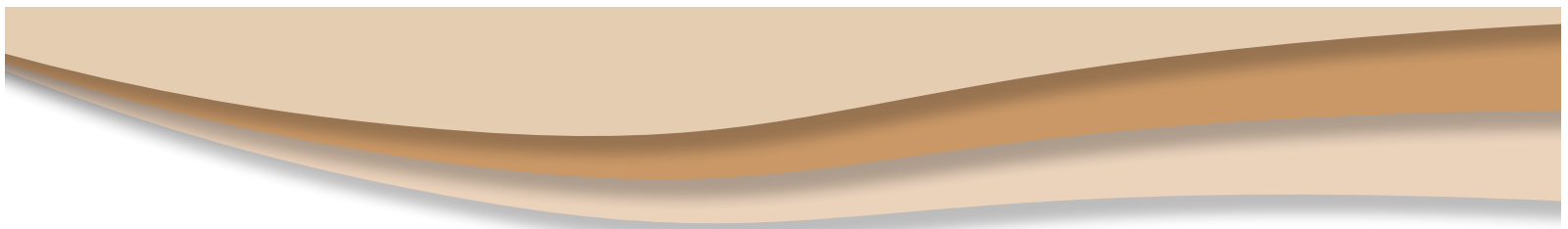












Source: SAPS

