



THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA
DEPARTMENT: PLANNING MONITORING AND EVALUATION

Report of the Seminar on Evidence around Children

June 2015

The seminar was made possible through the partnership and support of the Department of Social Development and UNICEF South Africa.

DPME appreciates the contributions of all the participants to a valuable and robust discussion.

All reports and presentations of the seminar are in the DPME website www.presidency-dpme.gov.za

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1 Introduction

The Department of Planning, Monitoring and Evaluation (DPME) has a mandate to promote the generation and use of different forms of evidence for policy, planning, budgeting and management. One of the tools that the Department has been developing and institutionalising the use of in government is evaluation. Evaluation provide a critical assessment of programmes, interventions or systems to understand what is working or not, why and where. In the past three years the Department, in collaboration with implementing departments, has completed a number of evaluations with relevance for young children. This includes the Diagnostic Evaluation of Early Childhood Development (ECD) interventions, which is the pilot that informed the development of the National Evaluation System (NES); the Impact of the Introduction of Grade R on Learning Outcomes completed in 2013 and the Implementation Evaluation of Nutrition Interventions for Children under the age of five, completed in 2014. All three evaluations were conducted by independent evaluators and submitted to Cabinet. The evaluations give a glimpse of the effect of different programmes of government on children's development and well-being.

In order to promote the use of these evaluations and contribute to public debate the Department initiated an evidence seminar drawing from both evaluations and research. The seminar created a platform to share knowledge and experiences, and for dialogue between different sectors working with young children. Though drawing mainly from NEP evaluations, the seminar, integrated different forms of evidence i.e. research, national statistics, etc. The seminar was a first in a series of evidence seminars that the DPME is initiating in different sectors that corresponds to government 14 priority areas. This was held in the Constitutional Hill on the 28th April 2015 and was attended by 35 individuals representing civil society, academia and government. Annex 1 is a list of participants.

The seminar was anchored on five presentations:

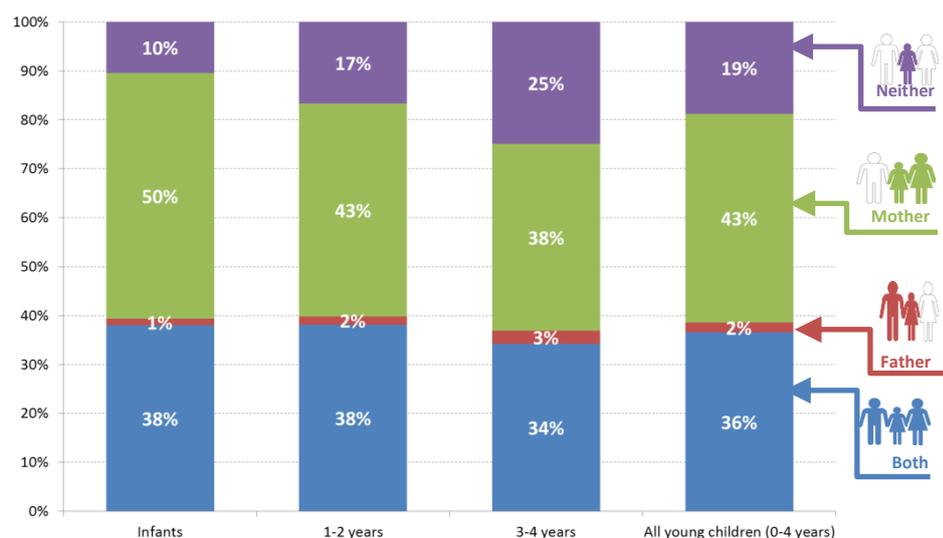
- State of South Africa's young children, drawing from Statistics South Africa's publication with the same title.
- Three evaluations in the DPME National Evaluation Plans: Early Childhood Diagnostic, Impact evaluation of Grade R on subsequent learning and Implementation evaluation of nutrition intervention aimed at under 5s.
- The Children Institute's work on violence against children.

2 Life of Infants and Young children in South Africa: V Mzimakwe, STATS SA

The presentation used data from the General Household Survey to determine the status of South Africa's young children. This gave an overview from which the specific evaluation findings could be read against/referenced. The presentation reiterated the rights conferred to a child by the Constitution. The South African Constitution provides children the right to a name and a nationality from birth; to family care or parental care, or to appropriate alternative care when removed from the family environment; to basic nutrition, shelter, basic health care services and social services; to be protected from maltreatment, neglect, abuse or degradation and to be protected from exploitative labour practices. The Constitution provides a normative reference for assessing the effectiveness of government interventions in the early years of a child's life.

Demographically South Africa's population is relatively youthful. Nearly 10% of the population is children under the age of five. 85% of young children are African, followed by 8% coloured, 2% Asian and 5% white. 93% of children have both biological parents still alive, while only 6% have only one parent. Despite this, only 36% of young children live with both biological parents. A larger proportion of young children live with mothers (43%) only and 19% live with neither of their parents. Most children not living with their biological parents are living with their grandparents (85%).

Figure 1: Children's living arrangements



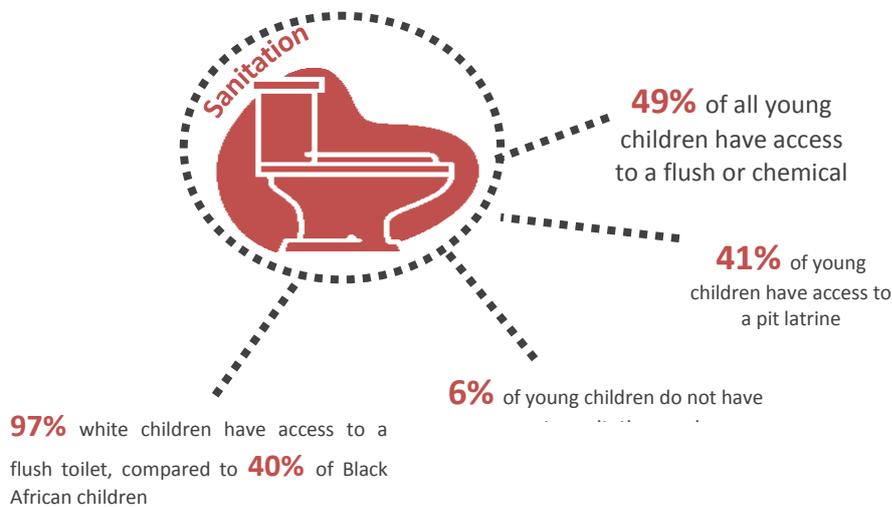
The presentation also noted a correlation between urbanisation levels and increased access to ECD centres. Children in urban areas are more likely to be attending ECD centres than those in tribal and rural formal areas. However there is still marked differences in access between children in urban formal and urban informal. Children living in formal urban areas (and most likely in better off economic conditions) have greater chances of accessing centre-based early childhood development interventions. A high proportion of young children (61%) are accessing grants; mostly the Child Support Grant (CSG). For 31% of children grants are the main source of income for their households. Increased access to CSG by young children is a positive finding as the CSG has been found to have positive impact in the child's health and development outcomes. However the findings do confirm that uptake is lower amongst infants where CSG has greatest impact.

Data also suggest that mothers of young children are more likely than fathers to be young (between 15 and 19), single and unemployed. Children born to such circumstances are more likely to have unfavourable living conditions, at risk of neglect and abuse, and limited access to other enabling opportunities. This is an area of concern as single young mothers are bearing the brunt of raising their young children alone with minimal or no support from the fathers and their children might be at increased risks of harm and being trapped in the poverty cycle.

Another important contributor to children's well-being is access to basic services. The presentation highlighted noticeable racial disparities in children's access to basic services. African children are more likely to live in informal conditions, with no access to clean drinking water and safe sanitation as compared to White and Asian children. 50% of all young

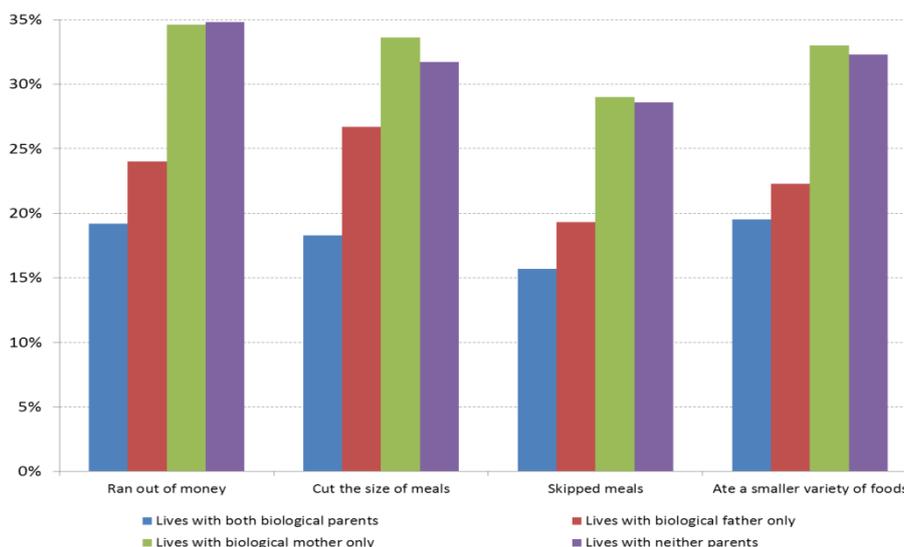
children live in households that have their refuse removed by a local authority once a week while 41% of young children use a communal or own rubbish dump.

Figure 2: Access to sanitation



Quite concerning given the high levels of stunting in the country, is that a substantial portion of young children are living in households where access to food is severely constrained where they have either received smaller portions, less variety or go without eating due to resource limitations. Young children living in single parent household or with neither of their parents are more likely to have reduced access to food. Given that most mothers tend to be young and earning lower incomes, this is not unexpected, however it highlights acute vulnerability of children growing up with single mothers and with neither of their parents to multiple deprivations.

Figure 3: Children’s access to food by living arrangement



The presentation concluded with a set of observations:

- Fathers are missing in their children’s lives, this is particularly the case amongst African children where fewer children live with their biological parents and when they

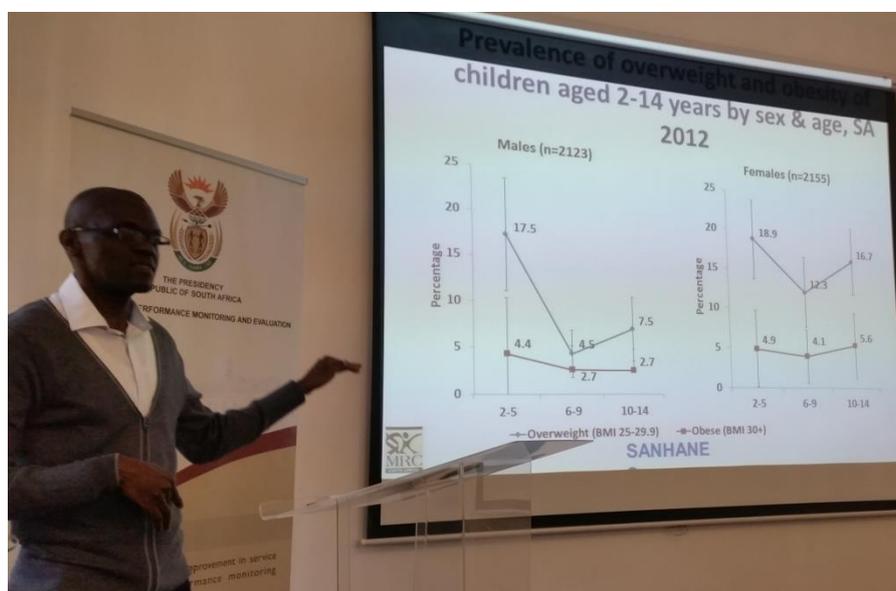
do, are more likely to be in single mother households. Interventions to improve the involvement of fathers in their children's lives are required.

- Some children's access to basic services remains constrained. Particularly concerning is access to sanitation which is critical for health outcomes. A large proportion of children live in households that still use pit latrines without ventilation and some did not have access to sanitation facilities at all.
- Racial disparities remain stark. Black African and Coloured children remain disadvantaged in all aspects: living conditions, parental support/protection, access to services, etc.

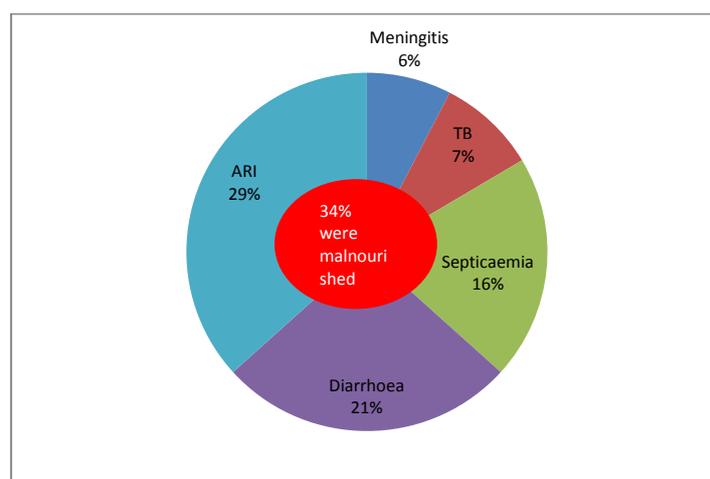
3 Meeting children's important needs

3.1 Evaluation of Nutrition Interventions for Under 5s: G Tshitauzi, DoH.

Figure 4: Gilbert Tshitauzi, DoH



In 2014/15 DPME, Department of Health (DoH), Department of Social Development (DSD) and the Department of Agriculture, Forestry and Fisheries (DAFF) undertook an Implementation Evaluation of Nutrition Interventions for children under the age of five. The evaluation focused on sufficiency of national and provincial policies, leadership and resource allocation, district management and oversight; and local level services delivery. The evaluation was done in partnership with Department of Rural Development and Land Reform (DRDLR) and UNICEF. The evaluation used mixed methods and compared South Africa's response to nutrition with five countries which have successfully improved nutrition outcomes, including Brazil, Colombia, Mozambique, Malaysia, and Malawi. With 26.5% of South African young children's growth stunted and that 34% of children who die natural death are malnourished, the evaluation is an important one.

Figure 5: Main causes of death in young children

18 interventions were evaluated, of which nine were found to be implemented effectively, particularly clinical interventions provided through existing health systems. Government is less effective in implementing behaviour change interventions e.g encouraging exclusive breastfeeding, hygiene promotion, etc. The remaining less effective nine are in the main behaviour change, food access and agricultural interventions. In particular DSD's food access interventions are inadequately mainstreamed; there is a lack of guidelines and monitoring to address quality of food provided, and lack of targeting of young children most vulnerable to malnutrition. Agricultural programme are also not nutrition sensitive in their design.

In terms of policy, the evaluation found a policy vacuum in the regulation of inappropriate marketing of unhealthy (obesogenic) food to children. The evaluation did note that DoH has prepared a draft for discussion to address this limitation. Further to this the evaluation found that nutrition does not seem to be prioritised in other departments, with no nutrition targets within various key government departments. All evaluated departments experienced shortage of staff to support the roll out of nutrition-focused programmes. In some cases existing personnel had limited knowledge about nutrition. The evaluation concluded that this is reflective of leadership mechanisms that have not been visible across the sector. Leadership and coordination mechanisms for nutrition were found to be weak in most departments.

Interestingly the case studies picked up good practice in KwaZulu Natal where community workers are utilised to train communities on nutrition. The use of adequately trained and resourced community workers was found to be improves access to information and resources for poor communities.

Key recommendations from the evaluation include:

- Developing an integrated nutrition plan/framework for interventions for children under five, to be coordinated by a supra departmental structure (National Health Commission/Food & Nutrition Security Advisory Committee or ECD Agency).
- Drawing lessons from the KZN model, government should use community-based nutrition workers /NGOs using Community Works Programme/EPWP to support implementation (e.g. KZN model).

- Promoting the use of healthy and diverse foods. DoH to develop guidelines for various government departments providing food e.g. Soup kitchens, voucher system, home gardening, etc.
- Improving the focus on food security with specific reference to children.
- Exploring roles that NGO's supporting food gardens can play in improving nutrition outcomes.
- Promoting a balanced diet with diverse foods and production of indigenous nutrient rich foods.

The evaluation was approved by the multi-stakeholder steering committee and Cabinet. Cabinet supported the idea of integrated plan to address nutrition problems for under 5s. An improvement plan responding the evaluation recommendations has been developed.

3.2 ECD diagnostic review: L Erasmus, DSD.

Figure 6: Louise Erasmus, DSD



The Diagnostic Review of Early Children Development interventions helped pilot components of the NES. The evaluation assessed the adequacy of the prevailing ECD paradigm, services, human resources, funding and how this impacts on the development of young children. In total 112 relevant existing policy documents, evaluations and studies were reviewed. This was supported by targeted consultations with ECD practitioners, civil society, researchers and government officials at national, provincial and local levels. Products of the evaluation included a main report, 12 background papers and an annotation on recommended amendments to the Children's Act to give effect to ECD priorities.

The evaluation acknowledged that a broad range of interventions affect young children's early development. Current paradigms particularly that provided for by the Children's Act have a narrower in the conception of ECD. The diagnostic applied a broader definition of ECD programmes covering all aspects of children's development from conception to the foundation phase of schooling. Using this broader definition, many elements of comprehensive ECD support and services were found to be already in place and some were performing well. These included some aspects of basic services provision, citizenship (birth registration), social security, health care for women and children, early child care and education, and preparation for formal schooling.

The evaluation also noted important gaps, notably: support for parenting, prevention of stunting among young children, safe and affordable child care for very young children and other families needing assistance. Provision of services to the most at-need families, including children with disabilities was also not adequate. Most policies/programmes focused on improving access neglecting quality of services provided to young children. The ECD funding model was also not prioritising the first two years of a child's life (the first 1000 days from conception).

Some of the strategies that the evaluation recommended included:

- Widening the definition of ECD programmes to cover all aspects of children's development from conception to the foundation phase of schooling i.e. the first thousand days from conception. This requires amendments to the Children's Act.
- Delivering comprehensive services to young children, using all opportunities of contact with families.
- Strengthening the use of home-and community based programmes. This was to extend early child care and education, beginning with the poorest communities not reached by current services.
- Ensuring food security and adequate daily nutrition for the youngest children.
- Launching well-designed high-profile parent support programmes through media campaigns, community activities and services that acknowledge and reinforce the importance of positive parenting for young children.
- ECD services require strong and coordinated inter-sectoral vision, commitment and action. The current coordination structures are not working adequately. The evaluation recommended the establishment of a well-resourced central agency or mechanism to drive forward key strategies for ECD.
- The evaluation further recognised that achieving these goals also depends on new funding and resourcing strategies, especially for early child care and education. There is need for a decisive paradigm shift towards a rights based ECD framework and accompanying funding model that recognises and is capable of realising the State's obligations to provide ECD services, especially those living in poor families, rural areas, informal urban areas and children with disabilities.

Following the evaluation an improvement plan was developed to translate recommendations into actionable activities with clear targets and responsibilities. To date most activities in the improvement plan have been completed. DSD has led a process of developing a new ECD policy which was published for public comments in February 2015. This incorporates many of the recommendations from the evaluation including the notion of ECD as a public good requiring universal access. Work is at advanced stages to amend the Children's Act in line with the evaluation recommendations and amendments will be made once the ECD policy has been approved. Research on the various options of integrated governance structures such as an ECD Council or, ECD Institute or, ECD Agency, and integrated ECD Directorates/units in the Department is currently underway. UNICEF is providing technical support to conduct a feasibility study on options for inter-sectoral management and coordination. DSD is also working with National Treasury to relook the ECD funding model, and draft funding model for ECD services has been developed.

2.4 Impact of Grade R on learning outcomes: S Taylor and M Samuels, DBE.

Figure 7: Marie-Louise Samuels, DBE



DPME partnered with DBE to evaluate the impact of reception year of schooling (Grade R) programme on subsequent learning outcomes. This evaluation was conducted in 2011/12 financial year by the University of Stellenbosch.

The evaluation used a dataset of 18 102 schools. This was obtained by merging SNAP data on learners registered for each grade; test data from Annual National Assessments (ANA) of 2011 and 2012, and Education Management Information System (EMIS) Master list. ANA provides data on performance in maths and home language for Grades 1 to 6. This was converted to make scores comparable (in relative terms) across grades. The EMIS data provides school quintile and school fees information, which is a measure of affluence and resources. The large dataset allow more precise estimation of effect sizes. The dataset enables estimation of effects with great accuracy.

The evaluation concluded the following:

- Grade R has had a positive impact on learning. The effects may be lasting. There is little sign of fade-out (decay of outcomes) in higher grades. However it is not clear what are the channels or pathways of change. The role of other interventions such as the nutrition/school feeding could not be isolated.
- Grade R is having negligible effects in bottom quintile schools, which is where most impact is needed. This however cannot be interpreted to mean entrenchment of inequality. It is a common phenomenon in education interventions as outcomes are associated with other factors influenced by child's family and community environment.
- Measured effects are however relatively small for all children. Maths overall effect is less than 1 month worth of learning for 2012 and home Language worth ± 2 months of learning.

- The effects of Grade R were stronger for better performing provinces & for higher quintiles schools. These share characteristics in programme delivery that have a positive impact. This indicates the importance of quality implementation.
- The cost per public ordinary school learner (excluding Grade R) in 2011/12 was R10 500, but for Grade R it was only R3 112 per year. Actual spending may be higher, given inaccuracies in how Grade R spending is categorise or recorded Low spending per learner suggests cross-subsidisation of Grade R from other programmes.

The evaluation then concluded that it is very important to not just focus on expanding access to Grade R but to improve the quality of implementation.

4 Protecting children from harm: S Mathews, Children Institute

Figure 8: Shanaaz Mathews, CI



Drawing mainly from the Child Gauge 2014, the presentation highlighted young children's experiences of harm, neglect and violence. The country's Constitution offers children protection against neglect, maltreatment, abuse and degradation. Despite this children continue to experience different forms of violence in their schools, homes, communities and relationships. Although there are no national estimates for children experiences of violence, existing studies indicate high prevalence of violence against young children. It is estimated that 55% of children have suffered physical violence in the hands of caregivers, relatives or teachers whilst 35%-45% have witnessed domestic violence against their mothers by her intimate partner. Studies also indicate high levels of emotional abuse and neglect, with 53% of girls and 56% of boys reporting this form of harm. The number of children experiencing sexual violence before the age of 18 is also high. 44% (22 781) of all sexual violence cases reported to the police are against children under the age of 18. Community-based studies indicate numbers as high as 16% of boys and 39% of girls having sexual violence perpetrated against them. Recent studies have also explored child homicide. This was relatively unknown and the numbers reveal another concerning pattern. Young children between 0 and 4 years are more likely than other age cohorts to be killed in abusive situations.

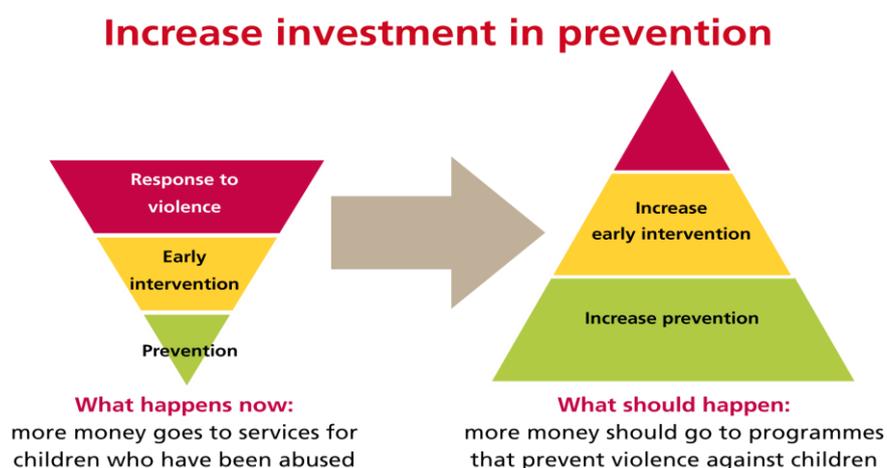
From a life cycle perspective, research is revealing a correlation between certain forms of violence and different developmental stages of a child's life. Violence also impacts children differently depending on their developmental phase. Experiences of violence much earlier on has greater adverse impact on the child's development than those experienced later. Trauma during childhood affects brain development enhancing anti-social, psychopathic behaviour and inhibiting children's ability to empathise.

The presentation emphasised that the impact of violence occurs at multiple levels with subtle, life-long intergenerational consequences, hampering a child's development, learning ability, self-esteem and emotional security, and can lead to risk-taking and violent outcomes, which in turn compromises the wellbeing and life chances of future generations. The impact of violence goes beyond the physical scars to have a lasting impact on the child's self-esteem, psychological development, learning ability, employment prospects and life expectancy. Because of this it is important to intervene early enough to prevent violence before it occurs. Notwithstanding that South African legislation and policies recognise the importance of a continuum of care (primary prevention, secondary prevention—immediate response and tertiary prevention—long-term care and support), the country's interventions are predominately response-driven.

Violence is a complex social issue, a result of an intersection and interrelation of various issues including the child's individual vulnerabilities, family circumstances, community environment and societal factors. Prevention efforts should therefore be developmentally appropriate, conducted across the lifespan of a child, and multidimensional in focus. Raising awareness alone or rendering children apt to identify abusive tendencies, though important, is not adequate to change attitudes, behaviours and prevent violence. Prevention programmes should aim to build the resilience and capacity of children and families before problems occur to minimise risk. Targeting is important, and early interventions should target families where children are identified as vulnerable, at risk of harm or in need of removal into alternate care.

The presentation further emphasised that South Africa's shift to prevention programmes has been slow. The World Health Organisation's assessment of South Africa's response showed low readiness to implement large-scale child maltreatment prevention programmes. This was based on an assessment of (1) legislation, mandates, policies and plans together with the political will to address the problem; (2) policy makers and practitioners' attitudes and knowledge about child maltreatment and its prevention; (3) the existence of large scale prevention programmes or programmes into which child maltreatment prevention components could be integrated; (4) material, human and technical resources; and (5) reliable data to inform the design, targeting and monitoring of services.

Figure 9: The required shift in state response to VAC



The presentation acknowledged that government was in the process of reviewing the effectiveness of current response systems and that this holds promise for the shift towards prevention to take place in government. The presentation concluded with a set of suggestions on what works in preventing violence:

- Increasing reach by integrating prevention/protection into health, ECD and development programmes.
- Parenting programmes that promote positive parenting and reduce harsh punishment of children and preventing corporal punishment in the home.
- Targeting high-risk families (i.e. single parents, orphaned children, etc.) to support vulnerable children and caregivers.

4 Discussion

Discussion highlighted perennial challenge of **coordination and integration of services** targeting young children and their families. Children and their families are not being looked at holistically. Programmes are often targeted at either children or families, without adequately recognising the intersections that create conditions for violence to take place or make children vulnerable to poor development. The Isibindi programme was highlighted as one programme that has attempted to comprehensively respond to children using youth and care workers.

Data Problems: there are numerous systems with data on children and their families. These data systems are not integrated and they do not read against each other. This makes planning and targeting of vulnerable families inefficient. DSD did highlight that there is a project under way to integrate social protection data systems. Initially this will aim to link DSD and DBE data systems.

Systems issues: the child protection system was argued to be currently tortuous and needing to be unbundled to simplify the processing of children at risk i.e. allow other professionals (not social workers) to do paper work associated with child protection. Currently the way the state is utilising social workers is turning them into administrators with a heavy case load. This is concerning as the country has only 18 000 social workers, of which half are practicing and even smaller number works for the state. Participants raised

concerns that the child protection system that was designed for 65 000 children has been exported to more than 660 000 children, making the system ineffective and inefficient. Participants used the example of foster care to illustrate how the child protection system needs to be smart in differentiating children according to their needs. The system currently does not distinguish between children orphaned without a caregiver and those with (e.g. grandparent), yet the needs of these children are very different. The needs of orphaned children looked after by grandparents is often limited to financial support whilst the other group of children need both care and financial support. However the system takes both groups through the same foster care process clogging an already burdened system and reducing reach to children who really need protection.

Lack of rigorous assessments of programme effectiveness was raised as another challenge in the sector. Most programmes in South Africa are not evaluated for their effectiveness. There is limited understanding of the factors that make programmes work or not work and context under which they are effective. The Isibindi programme for example has been regarded as an innovative programme of the state but there has been limited systematic assessment of the intervention to understand what about the programme is effective. Other programmes, for example the 16 Days of Activism, spend even more money, have poor monitoring data and are not rigorously tested. This was raised as an issue that needs immediate attention. The country needs to grow the body of knowledge of what works in the South African context. Participants also highlighted the need for the country to also draw lessons from other African countries that face comparable and sometime even higher levels of poverty and vulnerabilities, but respond to social problems more effectively with limited resources. Particularly knowledge/evidence is needed on behavioural change programmes as these have been weakest in the country.

Participants recommended the following for further follow up/investigation:

- A diagnostic review of behavioural change programmes. This could be a cross cutting study to understand factors that make behaviour change interventions effective/ineffective in the South African context.
- Unbundle the social protection system to differentiate children to give appropriate care to different types of children. There is a need to reduce administrative burden on social workers, diversify social care professionals and promote home visits and other approaches that enable early detection of children at risk.
- National data systems need to be better integrated and strengthened to improve programming, planning and budgeting.

5 Concluding remarks

5.1 A Malaysian perspective: A Rassappan, CeDRE International

Dr Parassan offered a reflection on the day's proceedings based on his experience in the Malaysian government. The reflection highlighted the following:

- **Importance of evidence** both in problem definition and implementation of programmes. Understanding the nature of the problem and its different dimension is the first step in responding to children effectively. Once programmes are designed and implemented, appropriate programme implementation data needs to be

maintained to mark progress and assess impact. He raised the lack of national level data on many of the issues discussed as a serious shortcoming in the country's planning processes.

- **Importance of partnerships.** Since 2009 Malaysia has adopted a concept of total engagement where all sectors affected or affecting a social issue work together in planning, implementation and review of programmes. Since data collection is often decentralised in different implementing agencies and community organisations such as churches and Non-Governmental Organisations, total engagement allows for each sector to monitor its implementation in comparable ways and be held accountable for performance. He encouraged the South African government to recognise that it is not and cannot be the only actor in child development, other sectors are equally important.
- **Integration of programmes:** He cautioned against the danger of isolating children's issues from broader societal issues. Different programmes responding to children need to be linked to country level outcomes to be able to observe cumulative effects. Without this the risks are that each programme is looked at individually and not able to see what their (in)effectiveness means for society.

5.2 UNICEF South Africa: A Grinspun, UNICEF

Figure 10: Alejandro Grinspun, UNICEF



UNICEF underlined the importance of investing in childhood as critical to attain child developmental outcomes and improve the outlook for adults. Investing in children in the early years of life does not take away from a country's competitiveness and economic growth; it reproduces long term benefits for society, and has knock-on effect to the next generations. The sooner the child is stimulated, taught, cared for and protected from harm, the better it will be, for the child and for society. Research has shown that by age five patterns that will determine if a child grows up to meet her/his full potential or not are already established. Children who have been neglected or disadvantaged in their early years will find it difficult to catch up later. By the time they get to school, it is already too late to make up for the time lost. This is clearly shown in the Grade R evaluation.

UNICEF undertook research into child poverty traps in 2014 with the Human Rights Commission and the University of Stellenbosch. This research showed that children from poor homes have substantial learning deficits by the time they start school. These deficits result from the build-up of multiple, mutually reinforcing deprivations that these children experience in their early years. As the basic foundations for learning have not been laid, these initial deficits then translate into increasingly divergent learning trajectories as children progress through the schooling system, as compared with their better-off peers. Those from quintile 1-3 school that reach Grade 12 lag 4.5 years behind the learners from Quintile 5 schools. These differences in learning will show when they enter the labour market, and impact on the types of jobs and earnings they will have in their lifetime. We can see over the 4-year timespan from Waves 1 to 3 of the National Income Dynamic Study (NIDS) far too many – 1 in 4 children – get trapped in poverty, which will not only deprive them of the opportunity to live up to their potential, but also lead them to transmit these disadvantages to their children.

The child's home environment remains an important determinant of the child's development trajectory. Even at the young age of 18 months, children from disadvantaged families are several months behind more favoured children. When they reach two years, there is a six-month disparity in the language-processing skills and vocabulary of children from poorer compared to better off backgrounds. No wonder that researchers are finding a close correlation between the number of words a child's care givers had spoken to the child by the time the child turned three and the child's academic success at the age of 9. This observation suggests that sending children to pre-school programmes at the age of four or five, which are known to develop a child's numeracy, social skills and readiness for school, may come too late to compensate for earlier educational shortcomings at home. Therefore the country needs to emphasise programmes that empower parents and care givers to provide appropriate care to their young children to improve their prospect in life.

The findings from the nutrition evaluation are difficult to understand. How does a well-resourced country like South Africa have so many stunted children? No child can thrive on an empty stomach. This, along with the growing salience of obesity and overweight children, speaks to a serious problem that the country needs to address. Child malnutrition needs to rise higher up on the policy agenda. The evaluations and diagnostic reviews spearheaded by DPME are greatly welcome as a way of shedding light on these issues. It is now time to act on recommendations. If an improvement plan already exists, it has to be implemented immediately and monitored constantly. South Africa can and must bring down child stunting.

6 Conclusion

The seminar on evidence around children was the first in a series of evidence seminars initiated by DPME as a way of sharing emerging evidence and promoting dialogue around different themes. The seminar highlighted critical areas where the state has been weaker in responding to young children and identified some immediate steps needed to strengthen the state response to children. These are summarised:

- Programmes to highlight the importance of, and enhance the involvement of fathers' in their children's upbringing are needed. Far too many children, particularly Africa children, are growing up without their fathers.

- There is also a need to respond to children more comprehensively, recognising that vulnerability results from an intersection of many factors including family circumstances, community environment and societal factors.
- The use of Child and Youth Care Workers (CYCW) was recognised as an innovative approach to protecting vulnerable children. After piloting the approach through the Isibindi programme, the DSD has been expanding CYCW nationally. Though the pilot was evaluated, the effectiveness of the programme where it has been expanded has not been assessed. Findings from the pilot indicated that the model is effective and has potential to improve children's outlook on many facets. It will be important to test if the programme is having the same effects in other contexts and understand the factors that make this programme effective.
- Work has already begun to integrate different national data systems collecting information on children, starting with DSD (including South African Social Security Agency data) and DBE datasets. This work is supported and can greatly improve government planning, targeting of intervention and early detection and response to vulnerable children.

The seminar highlighted the importance of platforms for dialogue and knowledge exchange., and that this should become a regular dialogue around children. Being an oversight department, DPME has an important role to play in facilitating dialogues of this nature to help integrate different forms of evidence. With more evaluations completing and becoming public, the department should continue to instigate public debates around the 14 government priority areas. This can bridge the research-policy bridge and enhance the use of evidence in policy and practice.

Annexure A: List of participants

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