

**Millennium Development Indicators  
for South Africa**

4 December 2003

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## INTRODUCTION

The United Nations considers the Millennium Development Goals to be one of its core strategies in fighting global poverty<sup>1</sup>. A key aspect of the MDG process is the recognition of a shared responsibility between governments, the UN and the international network of development agents in meeting the goals set up at the Millennium Declaration of 2000. This document presents the baseline for analysis towards an official Millennium Declaration Goals report (MDGR) for South Africa.

The work on this document began with a request for an input into the 10-year review process by the Department of Social Development. The basis for the selection of MDG indicators was the discussions held in the government's Social Cluster meetings regarding suitable indicators to be used for the review.

Recently, as a result of discussions with government officials, who are in the process of establishing a national process for the production of the first South African MDG Report, it was agreed that the Resident Coordinator Unit should update and enhance the presentation of the MDG indicators that were submitted to the 10-year review process. The aim of this initiative is to present the national team that will later on work on producing the MDG Report with a properly structured document that provides a baseline presentation of indicators and policy initiatives.

Your comments and suggestions are welcome.

John Ohiorhenuan  
Resident Co-ordinator  
United Nations South Africa

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<sup>1</sup> United Nations 2002 The United Nations and the MDGs

## DEVELOPMENT CONTEXT

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### South Africa's Development Challenge

In the most recent UNDP Human Development Report, South Africa has a medium human development index, equivalent to a rank of 111 out of 175 countries (UNDP, 2003). This ranking masks very high levels of inequality between people, places and genders in South Africa. The legacy of apartheid has left enormous disparities in wealth, a massive backlog in service provision, and severe insecurity of tenure, especially for poor people, in both urban and rural areas. The situation facing the new democratic government during the 1990s has been exacerbated by growing joblessness, the HIV/AIDS crisis and slower than expected economic growth.

In response to these challenges the government has, since 1994, implemented a wide range of new policies and programmes to address poverty and inequality. Foremost amongst these is the 1996 Constitution, which safeguards the rights of South African citizens in a number of different ways. Chapter two of the Constitution contains the Bill of Rights which aims to protect the rights of individuals in South Africa. The Bill of Rights contains many developmental commitments including fair labour practices, access to housing and secure tenure, access to health care and social security, and the right to basic education. The rights of children are especially well protected: children have the right to education, nutrition and shelter, and must be protected from abuse, neglect, maltreatment and exploitative working practices.

In an effort to meet its constitutional obligations the state has passed a large number of legislative measures to overcome the legacy of apartheid and lay the foundation for a new democratic dispensation. Indeed, since 1994 the state has passed almost 800 pieces of legislation. Many of these laws have effectively deracialised basic service provision; the result is that many more people have access to clean water, electricity, health care and housing than before. The social grant system has been improved and extended, and there is evidence that this support is well targeted at very poor households.

In spite of these achievements there are significant challenges that lie ahead. Poverty and unemployment remain unacceptably high, the HIV/AIDS crisis is affecting many aspects of the state's efforts to alleviate poverty, and there are persistent problems regarding the effectiveness and efficiency of service delivery. The Millennium Development Goal process, together with the government's own 10-year review, provides one way of monitoring progress through a series of very clear indicators and goals.

## MDG GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

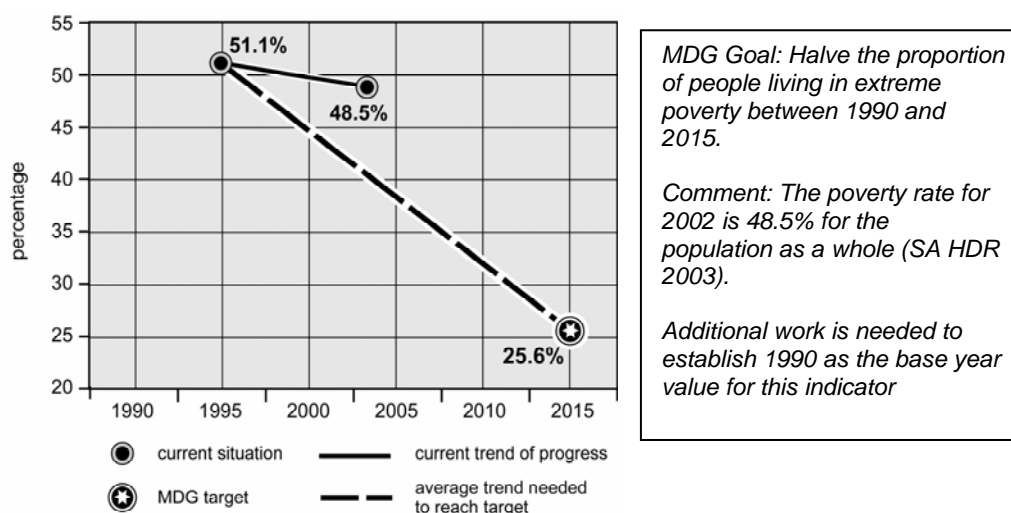
**Target:** Halve the proportion of people living in extreme poverty and hunger between 1990 and 2015

**Indicator:** *Proportion of the population below the poverty line and proportion of people who suffer from hunger*

### A profile of poverty and hunger in South Africa

The legacy of apartheid in South Africa has left a society marked by extreme levels of poverty, but also dramatic differences in wealth between different people, genders and places. Since 1994 there have been several important nation-wide surveys of household poverty and these have provided an important insight into the depth and nature of income poverty in South Africa. Based on the 1995 Income Expenditure Survey, 51.1% of the population (20.2 million people) lived below a national poverty line of R355 per adult person in 1995 prices. Recent figures indicate that the absolute poverty rate has decreased by 2.6% between 1995 and 2002 to 48.5% of the population. However, given that the population has grown in the same period, the total number of poor increased to 21.9 million in 2002.<sup>2</sup>

### Indicator 1 – Proportion of population living in poverty – national poverty line



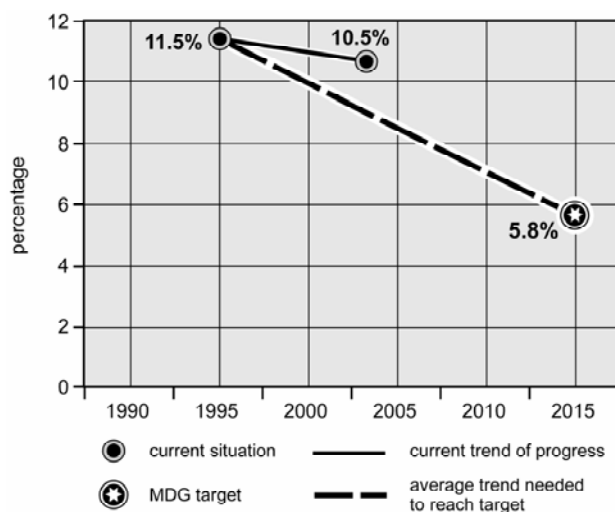
Source: UNDP, 2003

Population living in extreme poverty is estimated using the international poverty line of the percentage of the population living on less than one US dollar per day, using purchasing power parity exchange rates. In South Africa the percentage of the population living below one US dollar per day has increased from 9.4% in 1995 (3.7 million people) to 10.5% in 2002 (4.7 million people). The rate has increased for all ethnic groups in South Africa and also for all of the provinces.<sup>3</sup>

<sup>2</sup> UNDP, 2003

<sup>3</sup> UNDP, 2003

## Indicator 2 – Population living in extreme poverty (below \$1 US per day)



*Definition: The proportion of people living on less than \$1 a day is the percentage of the population with average consumption expenditures less than \$1.08 a day measured in 1993 prices converted using purchasing power parity (PPP) rates (international poverty line).*

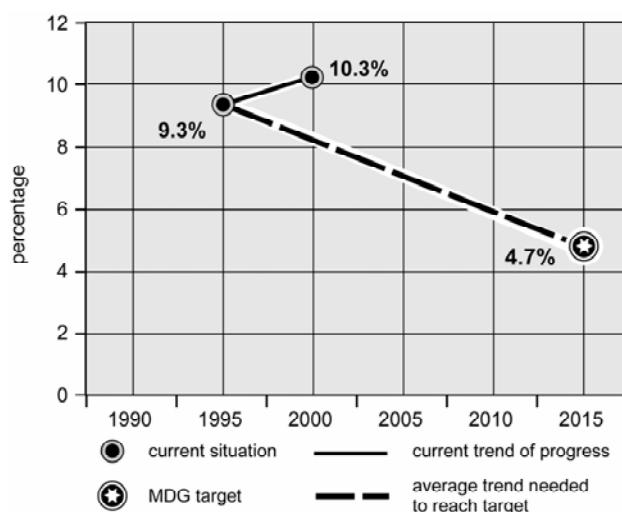
*MDG target: Halve the proportion of people living in extreme poverty between 1990 and 2015.*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: UNDP 2003

Given the high rates of income poverty in South Africa it is not surprising that food insecurity and hunger are both serious problems. Approximately 35% of the population – equivalent to over 14.3 million people – is currently vulnerable to food insecurity. Women, children and the elderly are worse affected by food insecurity and hunger.<sup>4</sup>

## Indicator 3 – Prevalence of underweight children (under-nine years of age)



*Definition: Moderately or severely underweight is below minus two or three standard deviations from the mean weight for the age of the reference population.*

*MDG target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: Department of Health 1995 and SA Health Info 1999

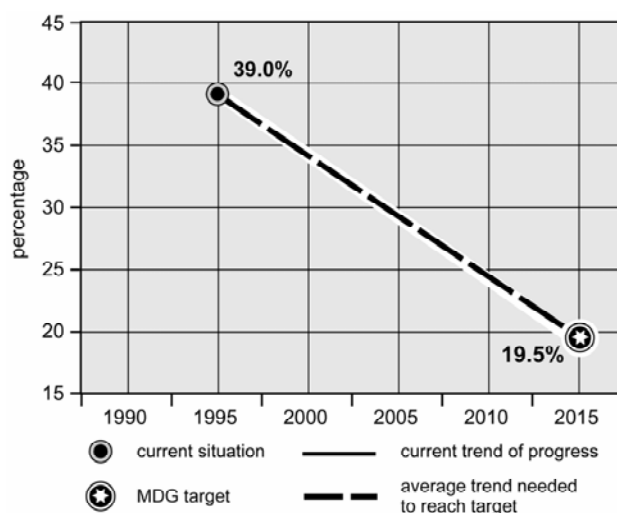
One in ten children in South Africa suffers from hunger (measured as prevalence of underweight children). The figure for children living on commercial farms is significantly higher at 18%. The proportion of children who are severely underweight – measured as below three standard deviations from the mean weight – is 1.5%. As is the case for poverty generally, there are significant differences between urban and non-urban areas. In 1998, 42.3% of all South Africans said that they suffered from hunger often or sometimes. The corresponding figure in the non-urban areas was higher at 56.4%.<sup>5</sup>

<sup>4</sup> Statistics South Africa 2000 Measuring Poverty in South Africa

<sup>5</sup> Department of Health 1998 SADHS

Other measures of malnutrition include stunting (height for age) and wasting (weight for height). In South Africa 21.1% of all children aged 1-9 years are stunted and 3.7% suffer from wasting. Stunting is most common in Northern Cape and the Free State where almost 30% of all children are stunted. Paradoxically, 7.7% of all children in formal urban areas are overweight.<sup>6</sup>

#### Indicator 4 - Proportion of population below minimum level of dietary energy consumption



*Definition: Persons whose food intake falls below the minimum requirement or food intake that is insufficient to meet dietary energy requirements continuously (2,000 Kcal per day).*

*MDG Target: Halve between 1990 and 2015, the proportion of people who suffer from hunger*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: May 1998

#### Spatial, racial and gender dimensions of poverty and hunger

Poverty continues to have strong racial and geographical biases in South Africa. In 2002, the poverty rate among the African population living under the national poverty line was 8 times the poverty rate among the White population. At the same time, the income poverty rate for Africans has declined from 62% in 1995 to 56.3% in 2002. There has also been a small decrease in the income poverty rate for Coloureds. The poorest provinces in South Africa now have slightly lower income poverty rates than was case in 1995. In the Eastern Cape, South Africa's poorest province, the poverty rate has declined from 71.2% to 68.3%. There have also been small declines in the income poverty rates for the Free State, KwaZulu-Natal and Limpopo province.<sup>7</sup>

Although the income poverty rate has declined since 1995, the depth of income poverty appears to have increased. The poverty gap ratio, which is a measure that reflects the depth and incidence of poverty, has increased from 11.2% in 1995 to 18% in 2002. In other words, although the percentage of the population living in poverty has declined, those living in poverty are poorer than before.<sup>8</sup>

The existence and persistence of high poverty relates to the existence of high income inequality. Income inequality is measured using the Gini coefficient, which measures inequality through a scale of 0 to 1 where 1 implies total inequality and 0 total equality in income distribution. South Africa is ranked as one of the most inequitable countries in the world.<sup>9</sup> The trend from 1995 to 2000 shows that there has been a worsening of income inequality in South Africa during this period.

There are significant differences in the Gini coefficient within South Africa. The African population group has the highest inequality of the different population groups with a Gini coefficient of 0.58. The corresponding figure is 0.56 for Coloureds, 0.52 for Indians and 0.48

<sup>6</sup> SA Health Info 1999

<sup>7</sup> For more details, see UNDP 2003.

<sup>8</sup> UNDP 2003

<sup>9</sup> World Bank 2002 World Development Report

for Whites. The Eastern Cape and the Free State provinces have the highest Gini coefficients of 0.65, while the Western Cape and the North West provinces have a slightly lower coefficient of 0.59.<sup>10</sup>

#### Indicator 5 – Gini coefficient

Description		Gini coefficient	
		1995	2001
<b>South Africa</b>		0.596	0.635
<b>Gender</b>	<b>Male</b>	0.578	0.622
	<b>Female</b>	0.560	0.599
<b>Type of area</b>	<b>Urban</b>	0.536	0.615
	<b>Non-urban</b>	0.609	0.566
<b>Population group</b>	<b>African</b>	0.541	0.578
	<b>Coloured</b>	0.489	0.558
	<b>Asian</b>	0.444	0.518
	<b>White</b>	0.466	0.479
<b>Province</b>	<b>Western Cape</b>	0.540	0.589
	<b>Eastern Cape</b>	0.610	0.654
	<b>Northern Cape</b>	0.603	0.627
	<b>Free State</b>	0.625	0.648
	<b>KwaZulu-Natal</b>	0.568	0.613
	<b>North West</b>	0.595	0.585
	<b>Gauteng</b>	0.530	0.613
	<b>Mpumalanga</b>	0.565	0.610
	<b>Limpopo</b>	0.643	0.602

*Definition: The Gini coefficient is a measure of income distribution. The measure reveals the extent to which income distribution in a country deviates from a perfect equal distribution. The Gini coefficient is expressed as a number between 1 and 0, where 1 implies total inequality and 0 total equality in income distribution.*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: UNDP 2003

Given the high Gini coefficient it is not surprising to find that consumption levels for the poor and rich are very different. The richest 20% of South Africa consume almost two thirds of the total national consumption. The poorest 60% of the population consume less than one fifth of total national consumption. This effect is exacerbated by the fact that people with higher income also have access to credit.<sup>11</sup>

#### Policies for fighting poverty and hunger

South Africa's anti-poverty strategies may be divided into two groups. The first set of strategies involves social security grants for poor and vulnerable people and households. A second set of strategies is 'developmental' and focuses on job creation, capital investment, training and financial support, often for small and medium sized enterprises.<sup>12</sup>

The Department of Social Development provides more than 5 million people with a range of social grants.<sup>13</sup> These grants include support for the aged, disabled, war veterans, and a range of other groups and individuals. It is widely acknowledged that the grants play an extremely important role for very poor and vulnerable households in South Africa. For many households a social grant is the only source of income. Support grants for children have received specific attention in the last few years. Child support grants are in the process of being extended to children up to 14 years old, up from the current 6 year age limit, which means that by April 2005 an additional 3.2 million children will benefit from this support. Given the strategic importance of social grants, the Department of Social Development is also in the process of streamlining and improving its methods of disbursing funds. A new National

<sup>10</sup> UNDP 2003

<sup>11</sup> Statistics South Africa 2002

<sup>12</sup> Aliber, 2001

<sup>13</sup> Department of Social Development, Fact Sheet, 2003



Social Security Agency is being considered which would focus exclusively on providing efficient and effective social security.

A range of non-governmental, community based, faith based and private sector organisations play an important role in assisting the government and in providing direct support to South Africans living in poverty.<sup>14</sup> Although the total amount of support provided by these non-governmental agencies is almost certainly small compared to official social grants, the Department of Social Development recognises their contribution to poverty alleviation.

The South African Constitution states that every citizen has the right to sufficient food and water. The state is obliged, by legislation and other measures, within its available resources, to ensure that all South Africans are able to exercise their right to sufficient food. The Integrated Food Security Strategy (IFSS) aims to attain universal physical, social and economical access to sufficient, safe and nutritious food for all South Africans to meet their dietary requirements.<sup>15</sup>

The IFSS programme aims to streamline and harmonize the state's efforts to overcome hunger in South Africa that were put in place after 1994. The new programme plans to provide households and individuals with the productive resources (e.g. land) to produce food, or the income opportunities to purchase food. Individuals that are unable to use productive resources or find employment will be supported by short to medium term relief measures. The IFSS plans to constantly monitor and evaluate its efforts so that its programmes target those households most in need. The goal of this ambitious programme is to eradicate hunger, malnutrition and food insecurity by 2015.<sup>16</sup>

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<sup>14</sup> Aliber 2001

<sup>15</sup> Department of Agriculture 2002

<sup>16</sup> Department of Agriculture 2002

## MDG GOAL 2: EXPAND AND IMPROVE COMPREHENSIVE EDUCATION

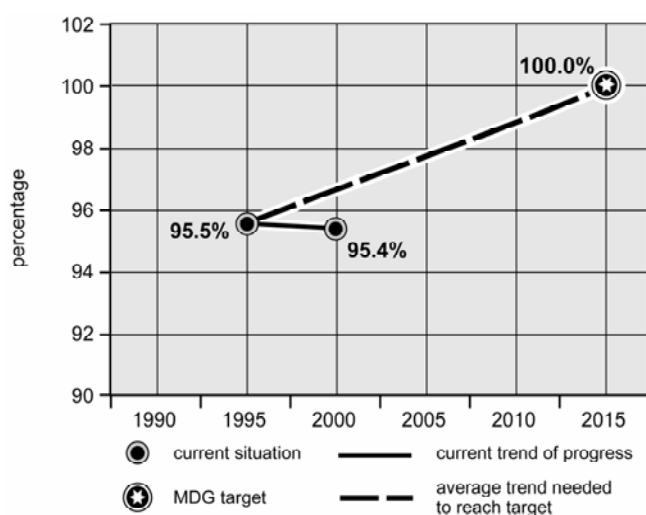
**Target:** Achieve universal primary education by 2015

**Indicator:** Net enrolment rate in primary education

### Achievements and challenges for education in South Africa

The South African government faced a vast challenge in transforming education after the end of apartheid. The immediate goals were: (i) reconstruct a highly fragmented and deeply discriminatory education system; (ii) establish a unified national system based on democracy; and (iii) establish equity, redress, transparency and participation.<sup>17</sup> To this end the National Department of Education focused on unifying the education system and setting up 9 new provincial departments of education. The DoE also focused on establishing a more equitable system of financing in order to redress the imbalances of the past. Finally, the DoE set itself the task of developing a unified policy framework in line with a democratic political dispensation and South Africa's post apartheid constitution. Although there have been important advances in education policy and delivery since 1994, the National Department of Education continues to struggle against the legacy of the past and the impact of poverty and HIV/AIDS.

### Indicator 6 – Net enrolment rate for population aged between 7 and 15



*Definition: The number of students enrolled in a level of education, who are of official school age for that level, as a percentage of the population of official school age for that level.*

*MDG Target - Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: Department of Education, 2002

The net enrolment rate reflects the extent to which age appropriate learners are enrolled in an education institution. In South Africa the net enrolment rate for children aged 7 to 15 is slightly above 95%, a figure that compares favourably with developed countries. Between 1995 and 2000 there has been virtually no change in net enrolment in education.<sup>18</sup>

### Indicator 7 – Gross enrolment rates 2001

	Primary	Secondary	Total
Female	114%	90%	104%
Male	120%	81%	103%
Total	117%	86%	103%

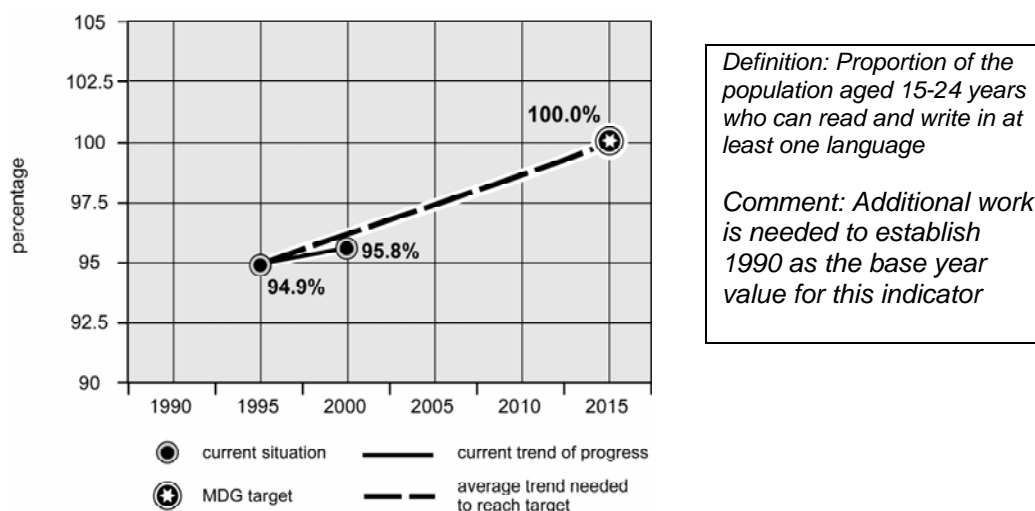
Source: Department of Education 2001

<sup>17</sup> Department of Education 2001

<sup>18</sup> Department of Education 2002

The gross enrolment rate compares the enrolment in the education system to the appropriately aged cohort in the population, regardless of the age and is used as a measure to reflect the level of participation in education. In 2001 the gross enrolment rate for primary school children was 117% which reflects enrolment of under-aged and over aged learners. There are large differences in the gross enrolment rate between provinces in South Africa. The rates are higher in the Eastern Cape, KwaZulu-Natal, Mpumalanga and lower in the Northern Cape. Since the mid-1990s there has been an overall decline in the gross enrolment rate, which indicates a greater incidence of appropriately aged learners in the education system.<sup>19</sup>

### Indicator 8 - Literacy rate of 15-24 year olds



Source: Stats SA – Census 1996 and Statistics South Africa (LFS) 2000

The adult illiteracy rate for all South Africans in 1991 was 14.6%. There are significant regional variations: the figure is highest in North West province at 26.8% and lowest in Western Cape at 4.2%.<sup>20</sup>

There has been a significant improvement in the literacy rate for young adults in South Africa. Between 1995 and 2000 the literacy rate for 15-24 year olds increased by almost 1%. South Africa's basic literacy rate for 15-24 year olds compares favourably with other developed countries.<sup>21</sup>

Although net enrolment at the primary school level is very high, very few of these children have in the past gone on to complete high school, a situation that is not unusual for developing countries. Almost 80% of adult South Africans have not completed high school. According to the most recent census, 30% of individuals aged over 20 had started but not completed secondary education. There are, predictably, significant differences in secondary school completion rates between the population groups. More than 87% of Africans, 85% of Coloureds, 65% of Indians and 44% of Whites have not completed high school. Approximately half of all South Africans that have studied beyond high school level are White.<sup>22</sup>

### Education strategies for quality education

Although there have been significant changes in education provision, the National Department of Education had recognised that much work remains to meet its constitutional

<sup>19</sup> Department of Education 2000

<sup>20</sup> UNDP HDR 2002 and Stats SA 2001 (HDI)

<sup>21</sup> Department of Education 2001

<sup>22</sup> Department of Education 2002

obligations in education provision. Net primary enrolment and literacy rates for young learners are high, but completion rates remain a problem.

In response to some of these problems, the National Department of Education has recently committed itself to six goals ratified at the Education for All conference in Dakar in 2000. These goals include: expanding and improving early childhood and primary education; ensuring that all children, including those living in difficult circumstances have access to free education of good quality; ensuring appropriate learning and life skills programmes for young people and adults; achieving a 50% improvement in levels of adult literacy by 2015; eliminating gender disparities in education by 2015; and finally improving the quality of education to achieve measurable learning outcomes. Achieving a 50% improvement in the adult literacy rate will require an increase in the national functional literacy rate to 83% by 2015, from 67% in 1996. It will also require improving the literacy rate of 15 to 24 year olds from 83% to 92%.<sup>23</sup>

In 1999 the Minister of Education announced the *Tirisano* (SeSotho for working together) programme. The goal of *Tirisano* is to establish a fully functioning education and training system. To this end nine goals are identified focusing around effective and professional education delivery that is appropriate to the needs of the country. Some of the key priorities are the impact of HIV/AIDS on learners and learning, teacher professionalism, reducing illiteracy and improving organisational effectiveness.<sup>24</sup>

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<sup>23</sup> Department of Education, 2002

<sup>24</sup> Department of Education, 2001

## MDG GOAL 3: PROMOTE GENDER EQUALITY

**Target:** Eliminate gender disparity in primary and secondary education by 2005 and to all levels of education no later than 2015

**Indicator:** Ratio of girls to boys in primary, secondary and tertiary education

### Gender and inequality in South Africa

Gender equality, as defined by the ratio of girls to boys in primary secondary and tertiary education, has been achieved in South Africa. There are, however, differences between provinces and also by level of education.

#### Indicator 9 – Ratio of girls to boys in primary, secondary and tertiary education

	Primary	Secondary	Tertiary
1995	0.94	1.11	1.04
2000	0.92	1.08	1.16

*Definition: Ratio of girls to boys in primary, secondary and tertiary education. A ratio of 1 implies an equal number of girls as boys.*

Source: Stats SA – OHS 1995 and LFS 2000

The proportion of young men in primary education is slightly higher than is the case for young girls, although the differences at a national level are not large. In secondary and tertiary institutions this pattern is reversed with higher rates of participation for young women than men. The gender parity index (GPI), which is based on the gross enrolment rate, confirms that the primary enrolment rate for females is lower at the primary school level.<sup>25</sup> There are differences in the GPI for primary education between the provinces with poorer provinces including Limpopo, KwaZulu-Natal, Mpumalanga and the Free State showing lower rates of female participation in primary schools.

The Department of Education has also been concerned with pass ratios for young men and women in schools. The most recent figures based on a school assessment exercise show that the number of young women who passed with merit, which is an average score of between 60% and 79%, is higher than it is for men. Similarly, there are more female learners passing with distinction than men learners. In absolute terms, there are also more women who pass the senior certificate examination in all provinces. These results are positive in that they show more young women passing and excelling in their last year of schooling. However, they are shaped by the larger number of women in the secondary school system: the pass, merit and distinction *rates* are consistently higher for young men. The failure rates for men in the senior certificate examination are lower and the percentage of men passing with university exemption is higher.

The literacy parity index for South Africa confirms that gender parity in literacy has been achieved. These figures also show very few geographical differences between provinces.

<sup>25</sup> Department of Education 2001

### Indicator 10: Literacy gender parity index for South Africa by province

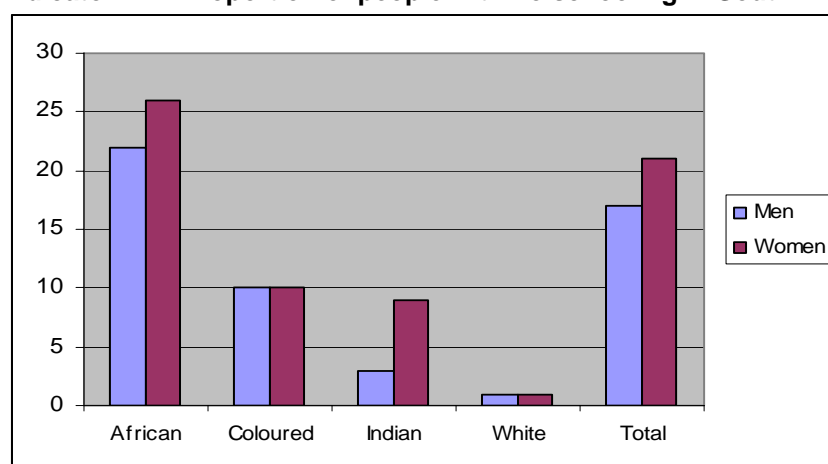
	Literacy gender parity index 15 + year olds	Literacy gender parity index 15 to 24 year olds
Eastern Cape	1.0	1.1
Free State	1.0	1.1
Gauteng	1.0	1.0
KwaZulu-Natal	1.0	1.0
Mpumalanga	0.9	0.9
Northern Cape	0.9	1.0
Limpopo	1.0	1.0
North West	0.9	1.0
Western Cape	1.0	1.1
South Africa	1.0	1.0

Source: Department of Education 2002

The literacy rate for women and men is very similar in South Africa. The gap between literate women and men is only 1.4% (85% literate men compared to 87% literate women) to the advantage of women. Between 1995 and 2000 the ratio of literate men to women of the age group 15 to 24 years old increased marginally from 0.998 to 1.020. This confirms the very small differences in the literacy rates between men and women. In most developing countries literacy rates for men are higher than they are for women.<sup>26</sup>

Although literacy rates are similar for men and women, the proportion of the population with no schooling shows strong race and gender patterns. Based on the 1996 Census, there are more women with no schooling than men. The differences are higher for African and Indians than they are for White and Coloureds which show a similar proportion of men and women with no schooling.<sup>27</sup>

### Indicator 11 – Proportion of people with no schooling in South Africa



Source: Department of Education, 2002

<sup>26</sup> UNDP Poverty Report 2000

<sup>27</sup> Department of Education 2002

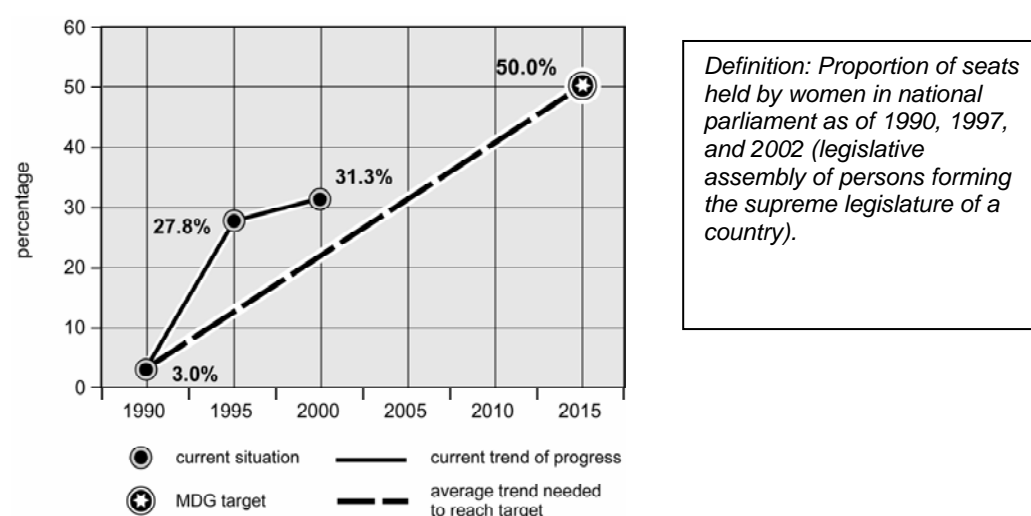
## Indicator 12 – Gender distribution of occupation of employment

	1995		2001	
	Men	Women	Men	Women
Legislators, senior officials and managers	73.7%	26.3%	77.4%	22.7%
Professionals	58.2%	41.8%	54.8%	45.2%
Technical and associate professionals	44.8%	55.2%	46.6%	53.4%
Clerks	33.9%	66.1%	29.9%	70.1%
Service workers and shop and market sales workers	55.7%	44.3%	49.8%	50.2%
Skilled and unskilled agricultural and fishery workers	71.2%	28.8%	58.9%	41.1%
Craft and related trades workers	82.5%	17.5%	82.1%	17.9%
Plant and machine operators and assemblers	79.9%	20.1%	84.2%	15.8%
Elementary Occupation	55.1%	44.9%	47.2%	52.7%
Domestic workers	2.9%	97.1%	4.5%	95.4%

Source: OHS (1995) and LFS (2001)

Despite the absence of gender disparities in education in South Africa, senior and better paying employment opportunities are dominated by men. This suggests that despite the existence of gender parity in education, employed women are disproportionately concentrated in lower paid and less skilled occupations. In the period between 1995 and 2001 the representation of women in the category of senior officials and managers has declined from 26.3% to 22.7%. In the professional category, however, there has been some improvement in the participation of women in the period between 1995 and 2001 (from 41.8% to 45.2%).<sup>28</sup>

## Indicator 13 - Proportion of seats held by women in national parliament



Source: DPSA & SA Year Book 2001/2002

Women hold almost one third of all seats in South Africa's national parliament. This figure is high and compares favourably with countries in northern Europe where the percentage of women in parliament ranges between 36 and 43%. In most developed and developing countries have far fewer women in parliament.<sup>29</sup>

## Strategies for Gender Equality in South Africa

The Dakar Framework for Action, also known as the Education for All initiative, requires signatory countries to eliminate gender disparities by 2005.<sup>30</sup> South Africa has by and large achieved this goal. There are challenges that remain including geographical variations in gender participation, the problem of young boys dropping out of school before completing

<sup>28</sup> UNDP 2003

<sup>29</sup> Social Cluster 2002

<sup>30</sup> Department of Education 2002

primary education, and the lower rates of female participation in primary school. The Department of Education is investigating the reasons why young male and female learners drop out of school so that measures can be put in place to reduce the number of children and young learners not at school. Although more young women complete secondary education the pass rate for women remains lower than it is for men, suggesting some degree of gender inequality in the education system. There have been efforts to make schools healthy, safe and inclusive environments to improve the participation of young girls in schools. The challenge facing the Department of education is to ensure quality schooling and to remove barriers to poor female learners in receiving education.

While the education system does not show gender disparities, these do exist in the labour market: women remain poorly represented in high skilled and better remunerated employment categories. The Department of Labour has responded to this situation through the Employment Equity Act (1998) which has affirmative action measures for designated groups, which includes women. The legislation also prohibits unfair discrimination of any kind.



## MDG GOAL 4: REDUCE CHILD MORTALITY

**Target:** Reduce by two-thirds the under-five mortality rate by 2015

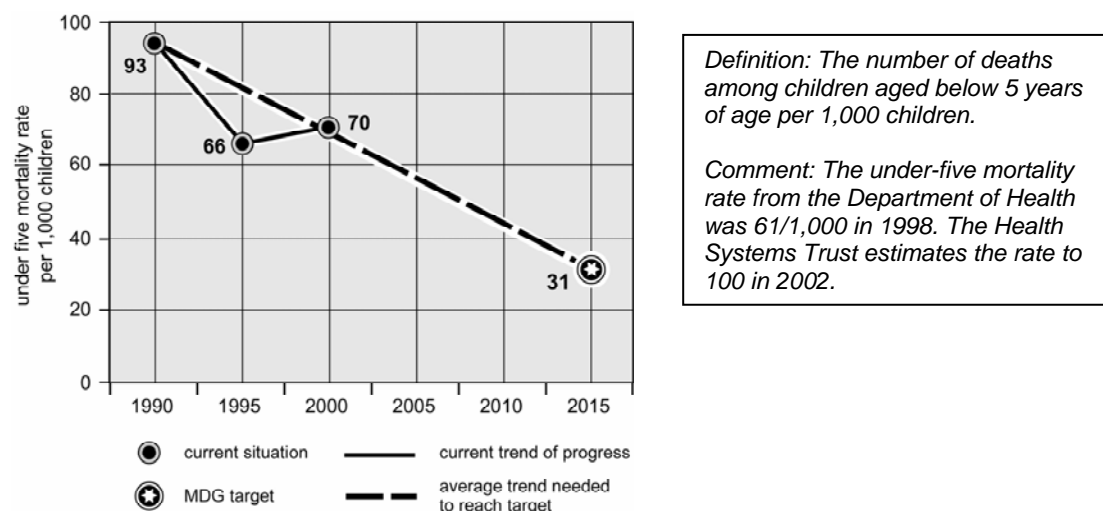
**Indicator:** Under 5 mortality rate

### Child mortality in South Africa

There has been a significant decrease in child mortality rates in the last decade. Under-five mortality decreased from 93 to 70 per 1,000 children between 1990 and 2000. This decrease is in line with the MDG target of reducing child mortality by two thirds before 2015. To indicate the long-term trend, the reported figure was 115 in 1970.<sup>31</sup>

The under-five mortality rate in 1998 was much higher in non-urban areas (71.2) compared to urban areas (43.2). There were also great disparities between the provinces with the highest under-five mortality rate in the Eastern Cape (80) and the lowest in the Western Cape (13). There were also significant differences between population groups in South Africa. The under-five mortality rate for Africans was 63.6, more than double the rate for Coloureds, which was 28.2 per thousand in 1998.<sup>32</sup>

### Indicator 14 - Under-five mortality rate



Source: UNDP HDR 1993, 1998, 2002, Department of Health 1998

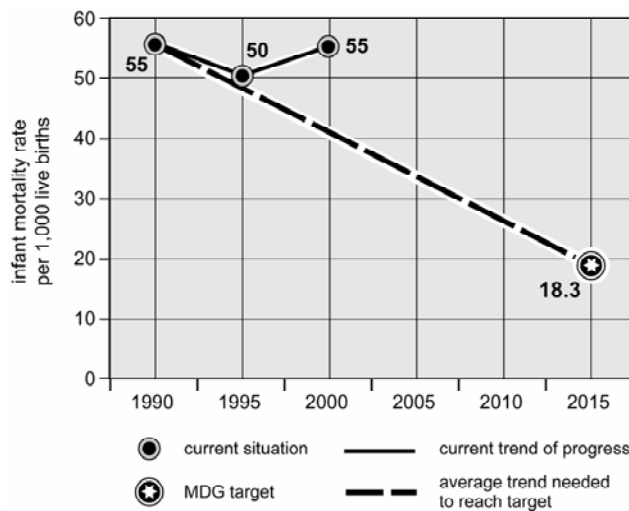
Child mortality rates reflect the social and economic conditions in which people live: the rates are higher in poorer regions of the country and also for population groups affected by adverse environmental factors. The child mortality rate is twice as high for households that use drinking water that is not piped. The rates are also higher when sanitation is poor: when flush toilets are used the mortality rate is 7.7 per 1000, but 34.9 per 1000 when other sanitation practices are used. There is also a strong correlation between child mortality rates and antenatal care. Child mortality rates are much higher when the mother has not received antenatal or delivery care. Finally the risks of child mortality are higher when the mother is below 18 years of age and for older mothers with a high birth frequency.<sup>33</sup>

<sup>31</sup> Department of Health 1998 SADHS

<sup>32</sup> Department of Health 1998 SADHS

<sup>33</sup> Department of Health 1998 SADHS

### Indicator 15 - Infant mortality rate



*Definition: Infant mortality rate (0-1 year) per 1,000 live births. Generally computed as the ratio of infant deaths (i.e. the deaths of children under one year of age) in a given year to the total number of live births in the same year.*

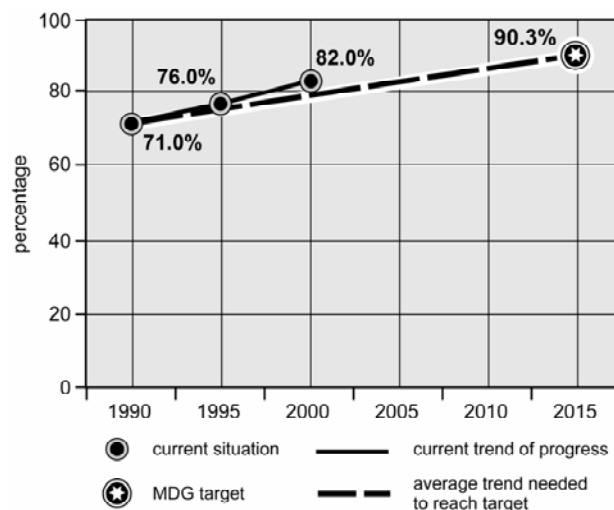
*Comments: According to Demographic and Health Survey, the infant mortality rate was 45/1,000 live births in 1998. The Health Systems Trust estimates the rate at 59 in 2002.*

Source: UNDP HDR 1993, 1998, 2002, Department of Health 1998 SADHS

In 2000, infant mortality was 55 per 1,000 live births in South Africa, which was higher than the rate for 1995.<sup>34</sup> However the long-term trend of infant mortality in South Africa is decreasing. In the 1950s the rate was 100 and in the 1970s it was around 80. In developed countries this figure is around 4-6 deaths per 1,000 live births.

South African infant mortality in the non-urban areas in 1998 was 52.2 compared to 32.6 in the urban areas. There were significant regional differences in the infant mortality rate: the Eastern Cape has a rate of 61.2 while the Western Cape's infant mortality rate is only 8.4.<sup>35</sup>

### Indicator 16 - Proportion of 1-year-old children immunised against measles



*Definition: Proportion of 1-year-old children immunised against measles.*

*Comments: Source for 1990 and 2000 values are UNDP HDR. The figure from the Department of Health (Demographic and Health Survey 1998) was 72.2% in 1998.*

Source: UNDP HDR 1993, 1998, 2002, Department of Health 1998

Measles became a notifiable disease in South Africa in 1980. Between 1980 and 1999 a total of 243,817 cases and 3,441 deaths (1.4% fatality rate) were reported. Although the number of cases of measles increased from 1995 to 1996, there has been a general decline in reported

<sup>34</sup> UNDP 2003

<sup>35</sup> Department of Health 1998 SADHS

infections during the 1990s. In the period since then the number of people contracting measles has been below 2000 per year.<sup>36</sup>

Since the mid-1990s the Department of Health has been very active in controlling measles through routine immunization services and mass campaigns. Although the Department's initial plan was to control the disease through immunization, it has now set itself the goal of eliminating measles in South Africa.<sup>37</sup> According to the head of Paediatric Infectious Disease Unit at Red Cross Children Hospital, Dr Greg Hussey, there were no deaths due to measles in 2002 or 2003.<sup>38</sup>

### **Strategies for reducing child mortality**

The Department of Health has recognised the importance of monitoring and evaluation for effective and efficient health care. The Department is in the process of putting in place a new Monitoring and Evaluation Unit which will develop an effective framework for monitoring and evaluation. As part of this process the Department has also committed itself to a large number of goals, including those associated with child mortality and immunisation. With regard to child mortality the Department of Health has committed itself to retain the infant mortality rate at 45 per 1000 live births by 2005 and the under 5 mortality rate at 59 per 1000 live births by 2005.<sup>39</sup>

There have also been significant improvements in immunisation for measles. In 1995 the Expanded Programme for Immunisation (EPI) was launched with a goal of initially controlling measles through routine immunisation. During the 1990s, and since 2000, the EPI has conducted several mass immunisation campaigns in South Africa. As a result of this programme measles is now less frequently contracted by children below the age of 5. During the decade of the 1980s, approximately 60% of measles cases were of this age group; the current rate of infection for this age group is now down to 40%. EPI's success in controlling measles has led it to shift its goal from control to elimination of measles.<sup>40</sup>

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<sup>36</sup> Department of Health 2000 (Statistical Note – Measles in South Africa)

<sup>37</sup> Department of Health 2002: DISEASE SURVEILLANCE BULLETIN January – June 2002 (as on 4/07/2002).

<sup>38</sup> [http://www.health-e.org.za/news/article\\_audio.php?uid=20030879](http://www.health-e.org.za/news/article_audio.php?uid=20030879) statement made on 12 November 2003.

<sup>39</sup> Department of Health 2001 Health goals, objectives and indicators

<sup>40</sup> Department of Health 2000 Expanded Programme on Immunisation.

## MDG GOAL 5: IMPROVE MATERNAL HEALTH

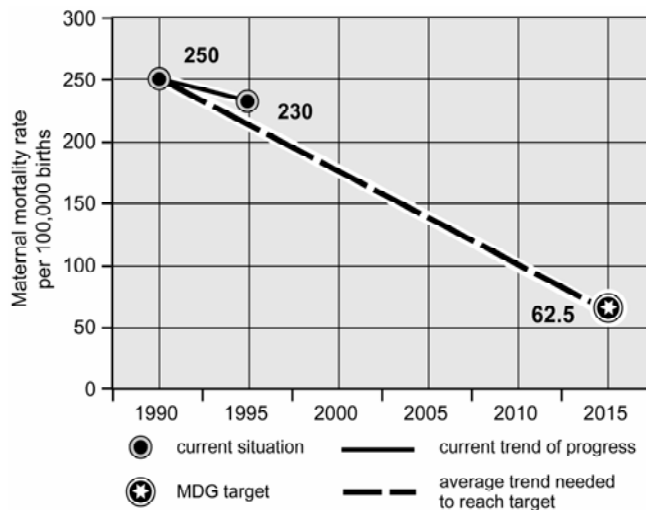
**Target:** Reduce by three-quarters the maternal mortality ratio by 2015

**Indicator:** Maternal mortality ratio

### Maternal deaths in South Africa

In 1997 the Department of Health initiated a programme to monitor maternal deaths in an effort to address the lack of data on this issue and to explore the causes of maternal deaths in South Africa. This initiative recognised that maternal health is an important health status indicator and that maternal deaths are frequently preventable. Maternal deaths have multiple impacts on the household and often seriously jeopardise well-being of infants. To date the National Committee for Confidential Enquiry into Maternal Deaths (NCCEMD) has produced several reports on the rate and causes of maternal deaths.<sup>41</sup> The reports have also recommended measures at reducing the incidence of maternal deaths.

### Indicator 17 - Maternal mortality rate



*Definition: Maternal mortality rate per 100,000 live births. The death of woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental causes.*

*MDG Goal: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.*

*Comments: The figure from the Department of Health was 150 deaths per 100,000 live births in 1998.*

Source: UNDP HDR 1993, 1998, Department of Health 1998 SADHS

According to official figures, maternal mortality rates decreased from 250 to 230 per 100,000 live births from 1990 to 1995. The South African Demographic and Health Survey (1998) estimated the number of maternal deaths at 150 per 100,000 live births.<sup>42</sup>

The most common reasons for maternal death are hypertension (24%), non-pregnancy related infections including HIV/AIDS (15%), obstetric haemorrhage (12%) and pregnancy related sepsis (7%). 61.5% of maternal mortality occurs in the period following delivery, 19.5% of cases occur in the antenatal period, 8.7% of cases occur during labour, and 8.5% of cases in early pregnancy.<sup>43</sup>

Some women are clearly at higher risk of maternal deaths than others: these include women over the age of 30, women with more than 5 previous pregnancies and women in their first pregnancy. African women are also at a much higher risk than Coloured, Indian or White women. According to 1998 figures over 90% of recorded maternal deaths were African women.<sup>44</sup>

<sup>41</sup> NCCEMD 1998, 1999

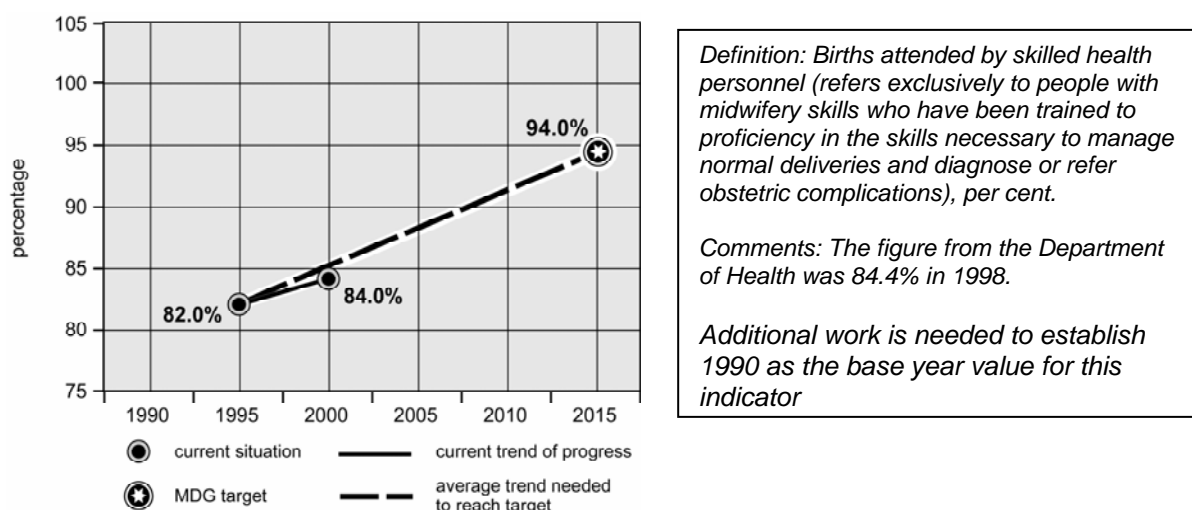
<sup>42</sup> Department of Health 1998 SADHS

<sup>43</sup> Department of Health 2000 (Statistical Notes – Maternal Deaths)

<sup>44</sup> NCCEMD 1998, 1999

There is a strong relationship between HIV/AIDS and maternal deaths. The 1998 Saving Mothers report indicated that AIDS was the most common cause of maternal death in South Africa.<sup>45</sup> It is, however, difficult to quantify the precise impact of the disease on the rate of maternal deaths. In the 1999 NCCEMD survey, 35% of maternal deaths were tested for HIV infection and 68% were found to be HIV positive. Yet many of the reported diseases that are responsible for the death of a mother – including pneumonia, tuberculosis, and meningitis – may also be result of HIV infection.<sup>46</sup>

### Indicator 18 - Proportion of births attended by skilled health personnel



Source: UNDP HDR 1998, 2002

In South Africa, it is more likely to have skilled health personnel attending the birth if the birth is of earlier birth order, in the urban areas and the higher the education level of the mother. Also, people from the White, Coloured and Asian population group are more likely to have their birth attended to than do people from the African population group.<sup>47</sup>

### Improving maternal health

The ongoing enquiries into maternal death in South Africa have revealed some important patterns, gaps in information and also recommendations on how the incidence of maternal deaths may be decreased. Gaps in information are associated with under-reporting and uncertainty over the cause of death. The NCCEMD and provincial coordinators of women and children's health are being encouraged to improve the data on maternal health.<sup>48</sup>

The NCCEMD process has also revealed some important areas where maternal deaths can be avoided in the future. Two key factors are non-attendance at antenatal care clinics and delays in seeking professional help. A third factor is the prevalence of self-induced abortions, which contributes 30% of the abortion related deaths. The existence of free health care for pregnant women and access to termination of pregnancy suggests that for whatever reason, pregnant women are not, or cannot, take advantage of these social services. The NCCEMD has made several recommendations to the National Department of Health including: disseminate and implement guidelines on managing conditions that result in maternal death; establish referral routes and criteria for referral; expansion of termination of pregnancy services; a more intense family planning education programme; and the establishment of staffing and equipment norms for institutions catering for pregnant women.<sup>49</sup>

<sup>45</sup> NCCEMD 1998

<sup>46</sup> NCCEMD 1999

<sup>47</sup> Department of Health 1998 SADHS

<sup>48</sup> NCCEMD 1999

<sup>49</sup> NCCEMD 1999

The Department of Health has set various goals for maternal health. These include reducing maternal mortality for women not affected by HIV/AIDS from 150 to 75 per 100,000 live births. For women living with HIV/AIDS the target is to reduce maternal mortality by 25%, from 150 per 100,000 to 100 per 100,000 live births. The Department of Health has also committed itself to increasing antenatal care from 90% to 95% of all births, and the proportion of deliveries supervised by trained birth attendants from 84% to 90%.<sup>50</sup>

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<sup>50</sup> Department of Health 2001 Health goals, objectives and indicators

## MDG GOAL 6: COMBAT HIV/AIDS AND OTHER DISEASES

**Target:** Halt and begin to reverse the spread of HIV/AIDS by 2015

**Indicator:** HIV prevalence among 15-24 year old pregnant women

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### HIV/AIDS in South Africa

The HIV/AIDS epidemic is one of South Africa's most pressing development challenges. The rate of HIV/AIDS prevalence in South Africa is one of the highest in the world. Although the pace of epidemic's progress in South Africa may be slowing, the number of people living with HIV/AIDS is significant and will grow to 2105. In 2002 an estimated 5.3 million South Africans were living with HIV/AIDS. The number of people infected with the HI virus can reach 6 million by 2005 and 7.5 million by 2010.<sup>51</sup> The high rate of HIV/AIDS in South Africa is closely related to economic and social factors.

According to the Human Sciences Research Council-Nelson Mandela survey, the HIV prevalence rate in 2002 for South Africa was 11.4%. The survey found that HIV is more common among women, Africans, and adults. Geographically, the HIV prevalence rate is highest in the Free-State followed by Gauteng and Mpumalanga and lowest in Northern Cape and Eastern Cape. This geographical distribution of HIV and AIDS contradicts to some extent the figures from the public antenatal clinic survey from Department of Health.<sup>52</sup>

The HSCR survey found strong intra-urban patterns to HIV prevalence. The prevalence rates are much higher in urban informal areas (21.3%) than they are in formal urban areas (12.1%). For the age group 15 to 49 the prevalence rate in urban informal areas is 28.4%.<sup>53</sup>

There are several social and economic factors that have led to the very high rates of HIV infection and prevalence in South Africa. loveLife has identified the following reasons for South Africa's susceptibility to the HIV/AIDS epidemic:<sup>54</sup>

- Established epidemics of other sexually transmitted diseases. These act to increase the likelihood of transmission of HIV.
- Disrupted family and communal life, due in part to apartheid, migrant labour patterns and high levels of poverty in the region.
- Good transport infrastructure and high mobility.
- Resistance to use of condoms based on cultural and social norms.
- The low status of women in society and within relationships makes it difficult for women to protect themselves from infection.
- Social norms that accept or encourage high numbers of sexual partners, especially among men.
- Parallel norms that frown on open discussion of sexual matters, including sex education for children and teenagers.

HIV/AIDS is the underlying cause of death for 22.5% of all females that died aged 15-29, and for 15.2% of all males and 20.5% of all females aged 30-39.<sup>55</sup> It is projected that the number of deaths due to AIDS per year will be over 500,000 by 2010.<sup>56</sup>

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<sup>51</sup> Department of Health: 2000: HIV/AIDS/STD Strategic Plan for South Africa

<sup>52</sup> HSRC, 2002

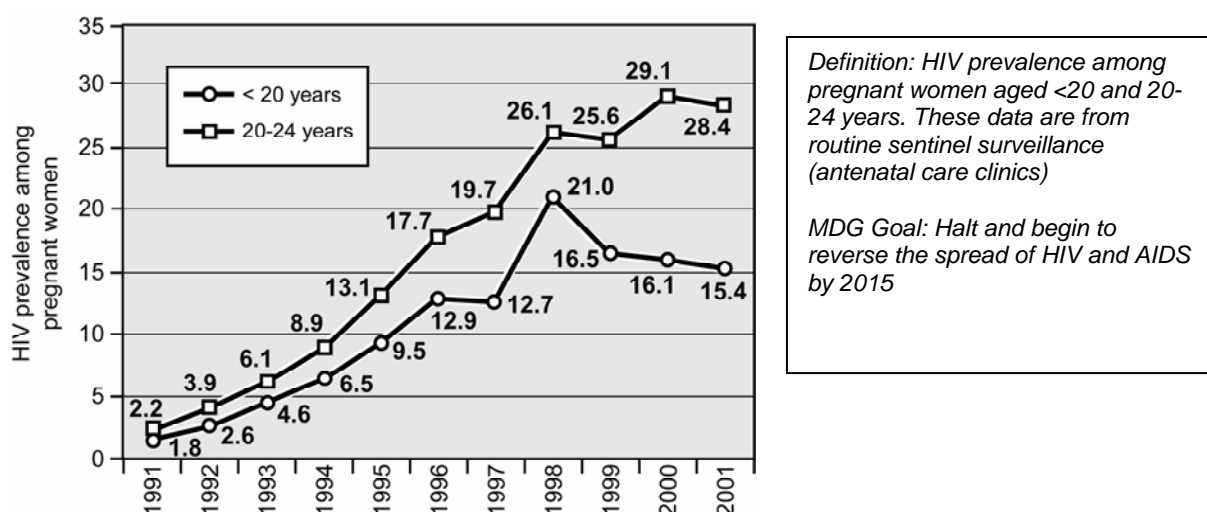
<sup>53</sup> HSRC 2002

<sup>54</sup> loveLife 2001

<sup>55</sup> Statistics South Africa 2002 (Causes of Death)

<sup>56</sup> loveLife 2001

## Indicator 19 - HIV prevalence among pregnant women aged <20 and 20-24 years



Source: Department of Health 2002

There have been significant changes in HIV prevalence by age group. In the under 20 age category HIV prevalence has decreased, while the rate has increased significantly for the 40 and above age group.<sup>57</sup>

## Indicator 20: HIV prevalence by age group 2000 to 2002

Age group	2000	2001	2002
< 20	16.1	15.4	14.8
20-24	29.1	28.4	29.1
25-29	30.6	31.4	34.5
30-34	23.3	25.6	29.5
35-39	15.8	19.3	19.8
40+	11.0	9.8	17.2

Source: HSRC (2002)

According to the 2002 HSRC Nelson Mandela survey, the overall rate of condom use during last sexual intercourse was 30.3% for males and 24.7% for females. For the 15-24 years age group, the usage rate is significantly higher at 57.1% for males and 46.1% for females. Condom use is most common among people from the African population group (34.3% for men and 30.9% for women) and least common among the Coloured population (22.4% for men and 14.1% for women).<sup>58</sup>

## Malaria and other diseases

Although HIV is without question South Africa's most serious infectious disease, malaria and tuberculosis also represent significant development challenges. The government has been successful in containing and limiting both diseases through various education and prevention campaigns.

Internationally, malaria prevalence in South Africa is low. Malaria is prevalent in the certain parts of the provinces of KwaZulu-Natal, Mpumalanga and Limpopo. The increase in malaria infections between 1995 and 2000 can be attributed to environmental factors such as floods during 2000, the re-emergence of a vector that is resistance to insecticide and to first line

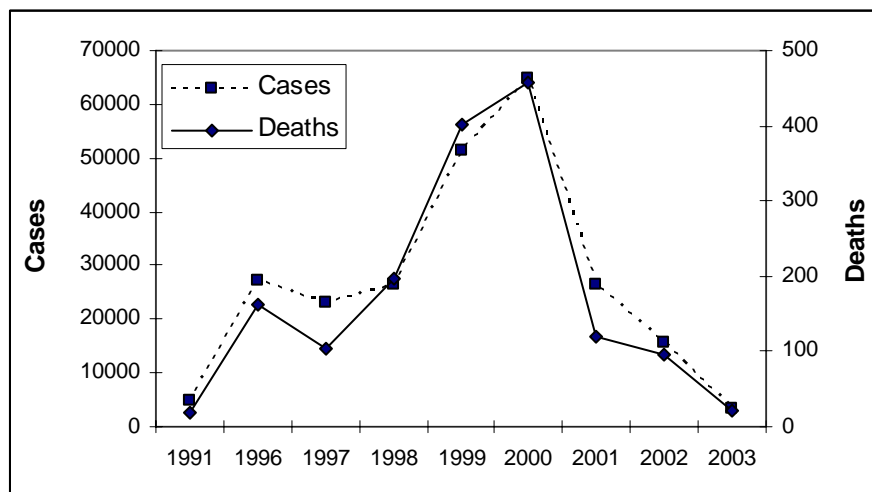
<sup>57</sup> HSRC 2002

<sup>58</sup> HSRC 2002



drug to treat malaria. The number of notified cases of malaria has increased from 4,693 in 1991 with 19 deaths to 61,253 cases in 2000 with 420 deaths.<sup>59</sup> It should be noted that the number of notified cases and deaths for 2001 has dropped significantly to 25,337 cases and 80 deaths (approximately 60 cases per 100,000 people – see graph).<sup>60</sup> The Department of Health has embarked on a variety of strategies to fight malaria epidemic such as early detection, appropriate medications and effective mosquito control measures (including DDT spraying), improved cross-border co-operation and public education.<sup>61</sup>

### Indicator 21 – Malaria cases and deaths 1991-2003



Source: Department of Health, 2003

In South Africa, the reported incidence rate for tuberculosis (TB) is one of the highest in the world (after Djibouti, Botswana, Namibia, Zambia and Zimbabwe). Limpopo has the lowest rate among the provinces with 86 cases per 100,000 people followed by Mpumalanga with 177 cases per 100,000 people, all other provinces apart from Western Cape (810 cases per 100,000 people) have reported rates between 300-450 per 100,000 people.<sup>62</sup> South Africa adopted the DOTS strategy in 1996 and the target is to reach 100% coverage by March 2003. TB immunisation rates are currently 98% in the urban areas and 95.6% in the non-urban areas.<sup>63</sup>

<sup>59</sup> Department of Health 2000 (Statistical Notes – Malaria)

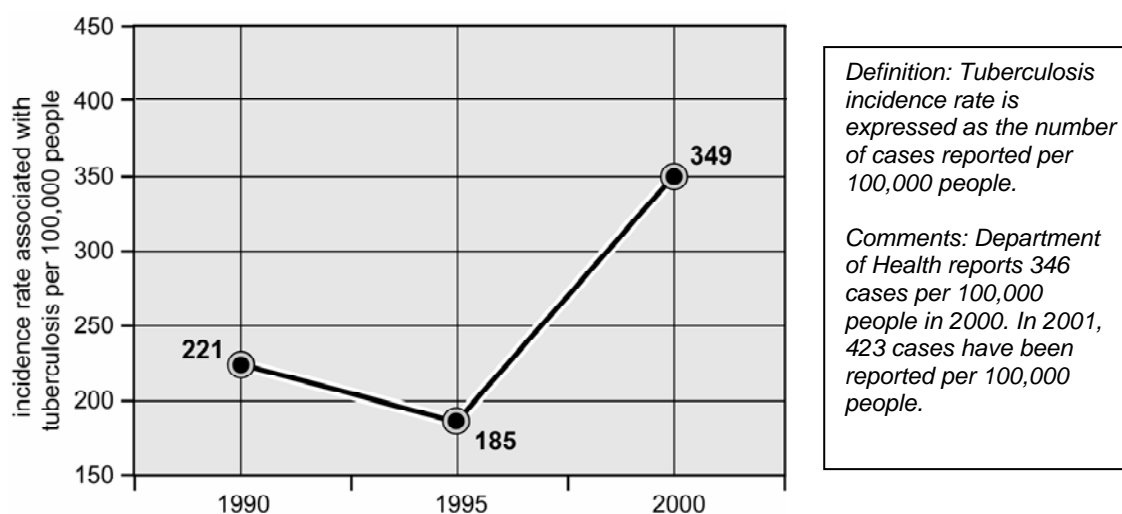
<sup>60</sup> Department of Health 2002 (Malaria)

<sup>61</sup> Department of Health 2001 (Statistical Notes – Malaria)

<sup>62</sup> Health Systems Trust 2003

<sup>63</sup> Social Cluster 2002

## Indicator 22 – Reported incidence rate associated with tuberculosis



Source: WHO 2003

## Combating HIV/AIDS and other diseases

Current data on South Africa's HIV/AIDS epidemic are based on surveys of attendees of public sector antenatal clinics. Data from these surveys, conducted in October every year, are considered to be the most accurate reflection of changes in the prevalence and incidence of HIV/AIDS. The Department of Health uses these surveys to inform policy and programme intervention aimed at preventing new infections and mitigating the effects of the epidemic. More recent information on the disease has also come from the HSRC-Nelson Mandela survey. This survey was based on interviews and tests with a representative sample of the South African population.

In 2000 the government released an HIV/AIDS strategic plan for South Africa.<sup>64</sup> The plan commits the government to 4 priority areas namely, prevention; treatment, care and support; research monitoring and surveillance; and human and legal rights. Each of these broad priority areas has a set of specific goals and strategies. For instance, the strategic plan aims to reduce HIV prevalence in the age group 15 to 24 by 20% by 2005. The programme also commits itself to monitoring hard statistics on HIV and AIDS, primarily through the antenatal survey. The Department of Health plans to collect a range of other indicators around changes in people's attitudes towards the disease, and the social values, health care practices and socio-economic conditions that act as predisposing factors of the epidemic.

In late 2003 the Department of Health announced its intention to begin, as matter of urgency, an anti-retroviral treatment programme for people living with HIV and AIDS. For people infected by the HI virus the first stage of the programme involves an assessment of the progress of the disease. This assessment will involve a CD4 count test and the patient's medical history. Patients with a CD4 count of less than 200 will be offered anti-retroviral therapy. The programme will be implemented in stages, beginning with one service point in every health district. Within five years the goal is to provide all South Africans living with HIV and AIDS the option of anti-retroviral therapy.

The Department of Health is involved in efforts to decrease the rate of infection for malaria and other diseases, most notably tuberculosis. With regard to malaria the Department of Health distributes guidelines to health institutions and provides warnings to travellers entering areas where the disease is endemic. For households vulnerable to malaria, the Department of Health is recommending a range of preventive measures including gauze screening, the

<sup>64</sup> Department of Health 2000 Strategic plan for HIV/AIDS/STD

application of larvicides on standing water and the application of non-toxic insecticides to the interior walls of houses.<sup>65</sup>

The Department of Health has various programmes to combat tuberculosis, the rates of which remain unacceptably high in South Africa given that it is a curable disease. The national target for TB is an 85% cure rate and a 70% detection rate by 2005. A key challenge with tuberculosis in South Africa is the high level of interruption rates. When treatment is interrupted there is greater likelihood of multi-drug resistant tuberculosis, which is difficult and expensive to treat.<sup>66</sup> The Department of Health has set itself the goal of limiting the interruption rate to less than 5% of cases. In order to achieve these goals the Department of Health has introduced the direct observed treatment short-course (DOTS) programme, which ensures that patients receive the entire treatment for TB.<sup>67</sup>

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<sup>65</sup> Department of Health Guidelines for the prevention of malaria in South Africa.

<sup>66</sup> Department of Health 2001 Medium term development plan, 2002-2005.

<sup>67</sup> Department of Health 2001 Medium term development plan, 2002-2005

## MDG GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

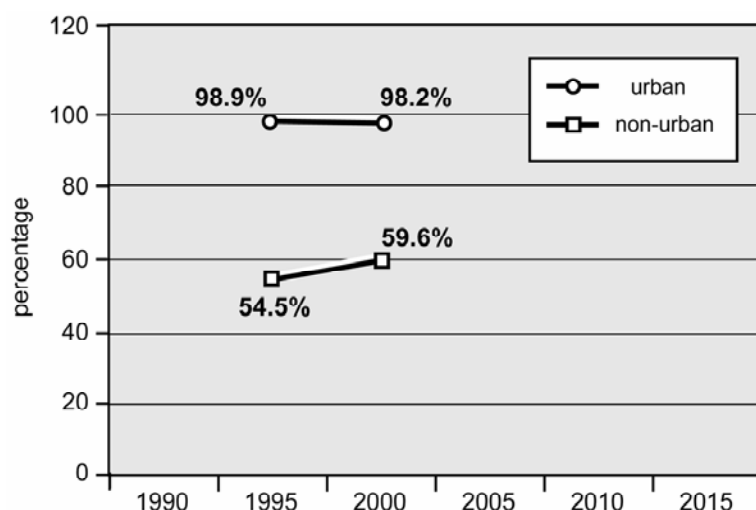
**Target:** Integrate the principles of sustainable development into country policies

**Indicator:** Improve access to basic services; protect biological diversity

### Environmental sustainability in South Africa

In South Africa, environmental sustainability must be seen in the context of the complex links between the environment, development and poverty. The apartheid system resulted in the dispossession of environmental resources and the active exclusion of people from basic social services including clean water, electricity and sanitation. In the period since 1994 there have been significant efforts towards improving poor people's access to basic facilities including clean water, sanitation, electricity and other essential services. The responsibility for providing these services has now been devolved to local government, which is committed to working with citizens, groups and communities. The goal is to create sustainable human settlements that provide a decent quality of life and meet the social, economic and material needs of communities in a holistic way. Spatial initiatives such as the Integrated Sustainable Rural Development Programme and the Urban Renewal Programme address the backlogs in service access in previously disadvantaged areas.

### Indicator 23 - Proportion of households with sustainable access to an improved water source



*Definition: Improved water supply technologies are piped water inside the dwelling, on site, public tap, or tanker accessible to a household within 200 metres of dwelling.*

*Comments: According to the Department of Health 1998, 12.4% of all urban households fetched water.<sup>1</sup>*

*Additional work is needed to establish 1990 as the base year value for this indicator*

Source: Stats SA – OHS 1995, LFS 2000

The Department of Water Affairs is responsible for providing South Africans with safe access to drinking water. The Water and Sanitation White Paper is committed to supplying almost 100% of rural households with clean water and to provide adequate sanitation to at least 75% of rural households. Since June 1994, approximately 9.3 million people have been served, 26% of these are living in KwaZulu Natal, 16% in Eastern Cape, 15% in Limpopo, 15% in North West province and 15% in Mpumalanga.<sup>68</sup> The total proportion of people that have access to safe water has increased from 78.5% in 1995 to 84.3% in 2000.<sup>69</sup>

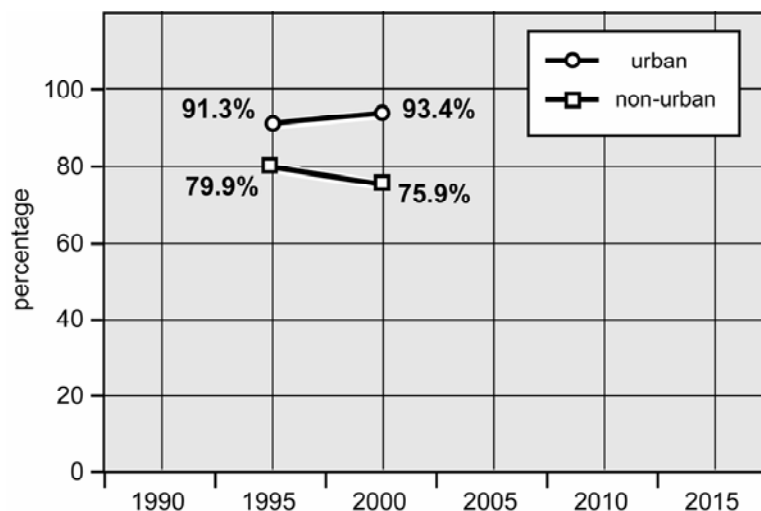
There has been a significant increase in the proportion of non-urban households with access to an improved water source. Noteworthy is the fact that the difference between urban and non-urban households is very large – 98.2% of urban households have access to an

<sup>68</sup> DWAF 2001

<sup>69</sup> Stats SA - OHS 1995 and LFS 2000

improved water source while only 59.6% of the non-urban households have the same access.<sup>70</sup>

### Indicator 24 – Proportion of households with sustainable access to improved sanitation



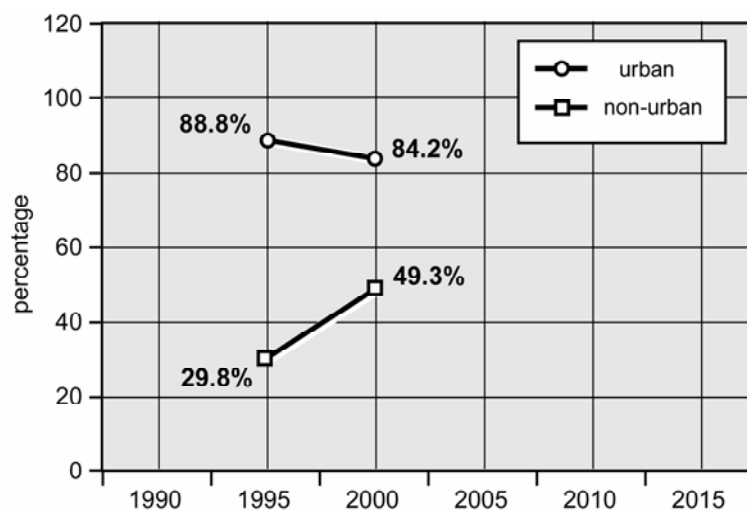
*Definition: Significant improvement is to halve the proportion of households with no access to improved sanitation. Improved sanitation technologies are: connection to a public sewer, connection to septic system, pour-flush latrine, simple pit latrine, ventilated improved pit latrine.*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: Stats SA – OHS 1995, LFS 2000

In South Africa, the share of urban households with improved sanitation is high (93.4%). The proportion of non-urban households with access to improved sanitation has decreased over the last five years. Access is much higher in urban areas (93.4%) compared to non-urban areas (75.9%).<sup>71</sup>

### Indicator 25 – Proportion of households with sustainable access to electricity



*Definition: Proportion of households with access to electricity in dwelling for lighting.*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

Source: Stats SA – OHS 1995, LFS 2000

In 1992, 32% of South African households had electricity. The national target from the RDP was to equip 70% of all households with electricity by 2000 and this target was reached in 1999.<sup>72</sup> Urban households have a lower access to electricity in 2000 than in 1995. For non-urban households, there has been a large increase in access to electricity. Again, there is a significant difference between urban households (84.2%) and non-urban households (49.3%).

<sup>70</sup> Stats SA – OHS 1995, LFS 2000

<sup>71</sup> Stats SA – OHS 1995, LFS 2000

<sup>72</sup> Stats SA – OHS 1999

## **Towards environmentally sustainability policies in South Africa**

There have been significant improvements in the delivery of basic social services in the period since 1994. The proportion of people with access to clean water has increased from 60% in 1996 to 85% in 2001.<sup>73</sup> In addition, the number of electricity connections increased from 32% to 70% during the same period. Finally, access to sanitation increased from 49% to 63%.

In 1999 the South African government declared its commitment to providing all poor households with free basic water and electricity. Underlying this commitment was recognition of the role basic services play in the improving the livelihoods of poor individuals and households. From July 2001 municipalities were required to provide poor households with 6,000 litres of clean water and 50kW of electricity.

While free basic services and improved serviced delivery more generally is likely to have a very beneficial impact on South Africans previously excluded from these resources, the government faces significant challenges in service delivery. A key challenge facing the government is providing these services in a sustainable way given high levels of poverty and limited resources. In water and sanitation provision the Department of Water Affairs and Forestry (DWA) has acknowledged these challenges and has recently released a new water strategy paper under the heading 'water is life, sanitation is dignity'.<sup>74</sup> DWA has also committed itself to the goal of providing appropriate, acceptable, safe and affordable basic water and sanitation.

With regard to energy, South Africa's mass electricity programme has been one of its most successful initiatives since 1994. There have been an estimated 4 million new households connected to the electricity grid since the early 1990s.<sup>75</sup> The challenge for the government is to continue extending the electricity grid to more households and sustaining existing connections. Here the government is confronted with the problems associated with poverty, which has led to many disconnections, and the high costs of extending the electricity grid to poorer rural households. Local governments, which are now responsible for electricity provision including the free basic grant of 50kW, face significant logistical and financial constraints. The international evidence is clear, however, on the importance of energy provision for sustainable livelihoods.

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<sup>73</sup> PCAS 2003

<sup>74</sup> DWA 2003

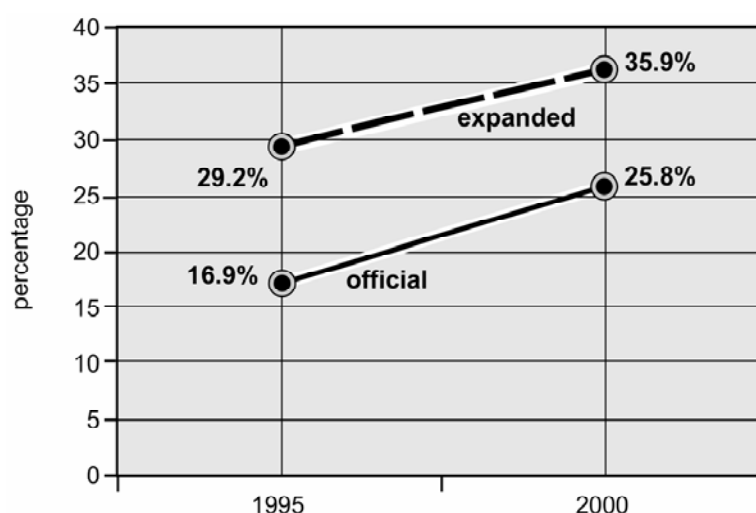
<sup>75</sup> Spalding-Fletcher, 2002

## MDG GOAL 8: A GLOBAL PARTNERSHIP FOR DEVELOPMENT

### Work opportunities and access to new technologies

Unemployment is one of South Africa's most important challenges. The unemployment rate, measured using the official or the expanded definitions, has increased since 1995. The expanded rate of unemployment was 35.9% for the year 2000. The corresponding official rate was 25.8%. Women have a slightly higher official unemployment rate of 27.5% compared to 24.5% for men. The official unemployment rate is similar in urban and non-urban areas. The expanded rate is, however, much higher in non-urban areas at 42% compared to 33% in urban areas. There are important variations in the employment figures between different groups in South Africa. Africans have the highest official unemployment rate of 30.5%. The corresponding figure is 21.9% for Coloureds, 17.5% for Indians, and 6.5% for Whites. The official unemployment rate does not vary significantly between provinces, except in the Western Cape which has a significantly lower rate of 19%.<sup>76</sup>

### Indicator 26 - Unemployment rate – Official and expanded



*Definition: Unemployment (official definition) includes all persons who during a specified reference period were: (i) without work, i.e. were not in paid employment or self-employment; (ii) currently available for work, and (iii) seeking work, i.e. had taken specific steps, in a specified recent period to seek paid employment or self-employment. (iii) is not included in the expanded definition of unemployment.*

*Comment: Additional work is needed to establish 1990 as the base year value for this indicator*

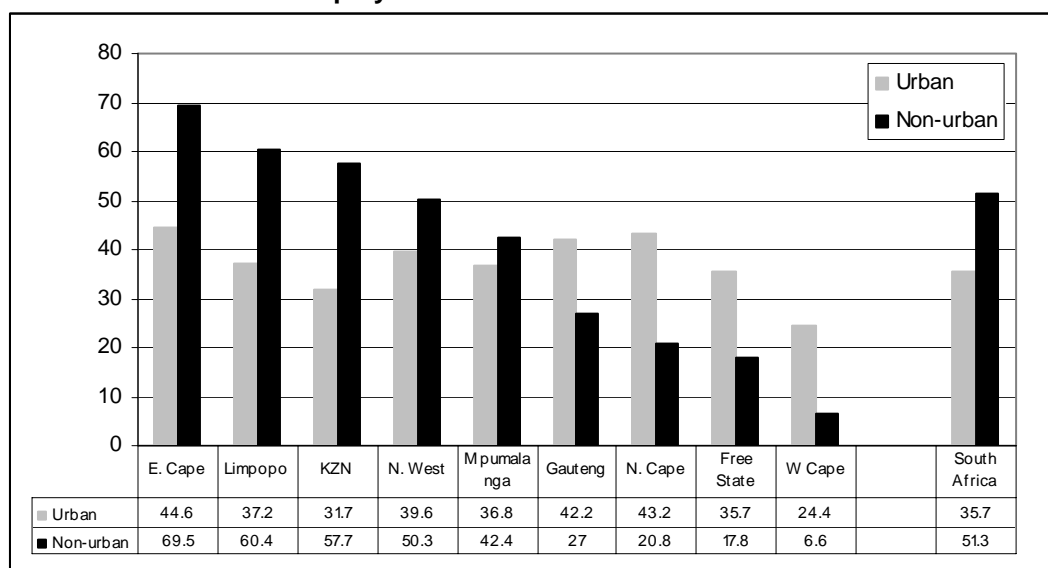
Source: Stats SA - OHS 1995, LFS 2000, LFS 2001

Formal sector employment has decreased from 79% of total employment in 1995 to 62% in 2001 while the informal sector has grown from 14% in 1995 to 30% in 2001. The share of domestic workers has remained constant at 7%. Only half of all women currently in employment work in the formal sector. Also, only half of all working Africans are employed in the formal sector.<sup>77</sup> In the absence of formal sector employment growth, the burden of absorbing the country's expanding labour force falls on the informal sector.

<sup>76</sup> Stats SA – OHS 1995 and LFS 2001

<sup>77</sup> Stats SA – OHS 1995 and LFS 2001

## Indicator 27 – Youth unemployment



Source: Census 1996

The rate of unemployment among South Africa's youth is high relative to international standards. According to the 1996 Census the expanded unemployment rate for the youth was 40.8%. The rate for men was 33% and the rate for women is much higher at 49.6%. The rate of youth unemployment differs significantly between provinces and between races. In the Eastern Cape the expanded unemployment rate for youth was over 55%, but only 22,3% in the Western Cape. The other provinces with higher than average expanded unemployment rates for youth were part of the former Bantustan system. The expanded unemployment rate is higher in rural areas and lower in the country's cities.<sup>78</sup>

There are significant variations in youth unemployment based on race and gender. African youth had the highest expanded unemployment rate at 46,7% in urban areas and 55,3% in non-urban areas. The average rates for Coloureds in urban areas is 27,6% and 13,2% in non urban areas. Young women have higher rates of unemployment than men, even when both have similar education standards.<sup>79</sup>

### Access to new technologies

New information technologies are now considered to be an important way of stimulating development. The South African Department of Trade and Industry, together with the assistance of the Canadian International Development Agency, recently launched the South African Information Technology Industry Strategy (SAITIS), which aims to use information technology as a way of stimulating employment and empowering communities. There are currently initiatives underway to assist and encourage companies and small businesses to adopt information technology.<sup>80</sup> Access to information technology is, however, limited to a small proportion of South Africa's population. Although the access to telephone lines and especially mobile telephones has increased rapidly since 1995, very few South Africans have access to a personal computer or user the Internet.

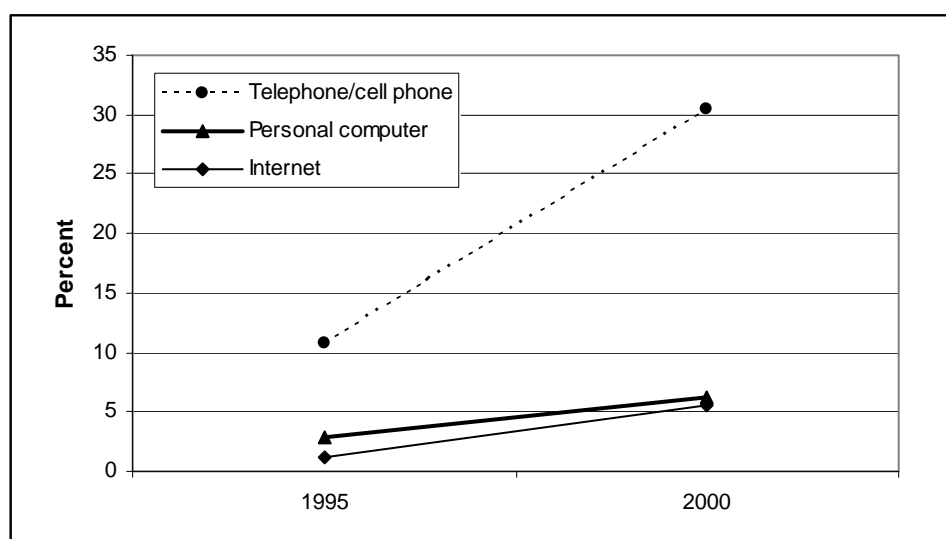
<sup>78</sup> Statistics South Africa 1997

<sup>79</sup> Statistics South Africa 1997

<sup>80</sup> Department of Trade and Industry 2000



## Indicator 28 – Telephone lines, personal computers and internet access per 100 people



Source: UNDP HDR 2002

### Job creation strategies

Since 1994, the South African government has implemented several policies to create jobs and improve the conditions for those in formal employment positions. Several of the most important programmes are provided by the Department of Social Development. The Department's Poverty Relief Programme focuses on job creation primarily in rural areas and informal settlements, where unemployment rates are higher. Women and the youth are also prioritised in this programme. Two of the more successful initiatives include 'Working for Water' and the Public Works Programme. The Job Summit of 1998 and the more recent Growth and Development Summit (2003) have set goals for job creation.

Individuals in formal employment now enjoy the protection of labour laws passed and monitored by the Department of Labour. Categories of employment previously excluded from the most important labour laws, including farm and domestic work, are now protected by various Acts of legislation.

In the period since 1994 the South African government has been more effective in extending and improving the system of social security. Its efforts at job creation have been hampered by enormous job losses in the private sector and the challenge of creating and sustaining employment opportunities through its various job-creation programmes.

## Conclusion - Towards an MDG document for South Africa

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The process towards the production of an MDGR for South Africa is occurring at a time of considerable debate and discussion around the global MDG process. At the end of April 2003, 23 countries had published MDG reports and a further 50 are reportedly in the process of completing MDGRs. Two countries – Viet Nam and Cameroon – have now produced their second MDG report. The UN expects 50 additional country reports to be published in the next 9 months. The increasing number of MDG reports now in the public domain has led to careful reflection on the process and the content of the documents themselves by the UNDP's Evaluation Office.<sup>81</sup>

A key finding of the recent evaluation is the issue of 'ownership'. Ownership in this context is broadly defined and goes beyond government ownership to include participation and involvement of civil society and non-governmental organisations. The implication is that the MDG process must go beyond parliamentary debates and should be part of a much broader national discussion around development goals where government, the UN, civil society, and NGOs are all active participants.

This finding has important implications for the process that has been initiated by this document. The next step for the document is for it to be approved and discussed within the UN's structures in South Africa. Once approved at this level, it should then be approved and possibly amended by the appropriate government structures. The document should then be released to key stakeholders in civil society for comment and discussion.

The UN insists that the release of the MDGR marks the *beginning* of a debate and discussion around development goals. Facilitating national ownership of the MDG process must involve ongoing reporting on the MDG goals and indicators. In other words, the MDG process is not an end in itself, but is the beginning of a longer term project of monitoring, advocacy and communication. The assessment of the 23 MDGRs that have been produced suggests that there should be regular reporting on goals in a format that is 'easily digestible'. They warn of 'reader fatigue' and suggest that reporting be visually appealing and free of jargon so that it has the greatest impact within both government and civil society. A concrete suggestion is the production of thematic publications that report on specific aspects of the MDGs either through hard copies or via the Internet.

The success of the MDG process depends in part on the active networking between countries, regions and the global community. It is vital that the challenges facing a country like South Africa are integrated into the broader global MDG process. At the same time, this country needs to be aware of international debate and developments around the MDGs including issues such as financing, the relationship between MDGs and other development goals, and the successes and challenges facing other countries in their efforts to achieve the 8 MDGs.

### Nest Step

The MDG report is a process rather than an end point. A central aspect of this process is national ownership; that is, for the MDGs to be successful, they need to become part of an ongoing debate and discussion around development targets. The Resident Coordinator Unit needs to continue its efforts to meet officials in order to facilitate the establishment of a national process for the production of the first South African MDG Report. It also needs to help raise general public understanding of the MDGs so that the public can participate, in an informed manner, in the unfolding MDG process in South Africa.

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<sup>81</sup> UNDP 2003 Report on the Assessment of MDG Reports

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