

COVID-19 CHILD CARE AND PROTECTION SECTOR RESPONSE PLAN

1. INTRODUCTION

The first case of COVID-19 was confirmed in South Africa on 05 March 2020. Immediately thereafter, infections began to spread countrywide. On 15 March 2020, the Covid-19 pandemic was classified as a national disaster in terms of section 23(1) (b) of the Disaster Management Act, 2002 (Act No. 57 of 2002) (the Act). Different measures to curb the dramatic increase in the spread of the virus were put in place. This included the declaration of the national lockdown at risk level 5, followed by level 4, 3 and level 2 by the President of the Republic of South Africa. The rising number of infections and the introduction of lock down had a great impact on communities, families and children in particular. This prompted the Child Care and Protection sector to develop a COVID 19 Response Plan to address the challenges brought by the pandemic.

2. BACKGROUND

The National Child Care and Protection Forum (NCCPF) which is a forum that provides a national platform to address matters pertaining to child care and protection in the country was given a mandate to facilitate the development of the sector Covid-19 response plan. The NCCPF contributes to the strengthening of the family and child care and protection system as it promotes inter-sectoral collaboration in delivering quality services to children and families. Family and child care and protection services focus on preventing and responding to child deprivation, separation, abuse, neglect and exploitation. On the other hand, the

term child care and protection is used to describe philosophies, policies, standards, programmes, guidelines and procedures to protect children from both intentional and unintentional harm and to ensure that the constitutional rights of children to family and parental care, or to alternative care when removed from the family environment are adhered to.

The NCCPF consists of various stakeholders from government departments, Faith-based Organisations (FBOs), Community-based Organisations (CBOs) Child Protection Organisations, academia, researchers, civil society organizations, international organisations and donors.

To ensure effective participation and collaboration by all relevant stakeholders in the drafting of the sector COVID 19 Response Plan, different work streams were identified to facilitate the development of the specific focal area response plans. These are:

- Early Childhood Development and Partial Care.
- Families.
- Services to Orphans and Vulnerable Children
- Policy, Research, Monitoring and Evaluation and Capacity Building.
- Adoption and International Social Services (ISS)
- Child Protection: VCANE
 - Foster care
 - Child and Youth Care Centres

The reports from the work streams contributed to the comprehensive COVID 19 Child Care and Protection Sector Response Plan.

3. PURPOSE

The purpose of this project is to outline mechanisms to;

- Address challenges brought by the pandemic.
- Ensure effective provision of services to children and families during this period.
- Lobby for resources to ensure effective delivery of services.
- Monitoring the implementation of work streams' key priorities.

4. RATIONALE FOR THE DEVELOPMENT OF THE SECTOR RESPONSE PLAN

The COVID-19 pandemic had a significant impact on the sector and brought many challenges which impacted negatively on the lives of children, families and communities. Due to the pandemic there were increased cases of child abandonment, orphanhood, poverty, mortality, poor health, family stress, domestic violence, and others. Furthermore, more children and families were at risk of physical and emotional abuse including trafficking and murder. Due to these unprecedented challenges, the sector was not able to adequately respond and provide effective services. This, prompted the sector to partner and ensure joint coordinated efforts in the development of the sector response plan with the aim of putting adequate response measures in place to ensure the care and protection of children. It is envisaged that the plan will adequately respond to the needs of children and families at any COVID-19 alert level to ensure that emergency services aimed at ensuring the safety of children, strengthening of families and communities including support services are available and offered to those who are in need, especially the vulnerable members of society.

Although the Response Plan is intended at maximizing provision of services to communities during a disaster, it is critical to underscore the importance of quality services to the beneficiaries, including children, caregivers and persons with disabilities.

Critical to this Response Plan is the aspect of ensuring that service delivery is underpinned by AAAQ principles i.e availability of services to beneficiaries even to those in rural areas, accessibility of such services as required, affordability to service users and quality services as per required standards. These service delivery fundamentals are very critical even during any kind of disaster to ensure customer satisfaction.

It is therefore important to keep beneficiaries of the services well informed of pathways in accessing services during such situations and where virtual adaptations prevail, to also ensure that beneficiaries of services are capable to utilize the mode of service delivery, otherwise a disconnect to service provisions will prevail. In supporting the implementation of this response plan, communities need to be empowered, skilled and resourced to access services through virtual platforms. This is a joint effort of several line departments in a collaborative manner supported by broader government infrastructure for development.

5. MAIN CHALLENGES EXPERIENCED BY THE SECTOR DUE TO THE COVID-19 PANDEMIC

The reports from the different work streams showed that the sector experienced great challenges as a result of the COVID-19 pandemic. The pandemic impacted on the provision of services to children and families and it became evident that the sector was not prepared to deal with this type of disaster. Although there were specific challenges per work stream, cross cutting challenges were identified throughout the different work streams. These can be categorised as follows:

5.1. WORK PLACE

The pandemic brought unprecedented challenges to the work force in the sector because there were no plans in place to manage this type of disaster and budgets were not allocated to manage it. The Non-Government Organisations (NGO) sector suffered the greater impact as most of them relied on donors and subsidies which are paid in line with their services. This resulted in the

majority of them redirecting funds to cover COVID-19 expenses, and this for many, meant that service delivery would be compromised. Their financial situation was further compromised due to the fact that the usual fundraising activities and events held to generate essential operational funding were not able to be held. Furthermore, the pandemic also threatened the health and well-being of officials as everyone was still learning about how it could be managed. Officials also feared contracting the virus in their line of duty and many were reluctant to have contact with clients.

5.1.3. *Required interventions*

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ Most workplaces were not ready to deal with and respond to the challenges brought by the pandemic. ➤ There was poor compliance with health and safety measures. ➤ Most organisations experience a shortage of Personal Protective Equipment's (PPEs) and sanitisers. ➤ Offices were not sanitised regularly. ➤ Most offices still use manual documents which may contribute to the spreading of the virus. 	<ul style="list-style-type: none"> ➤ Special COVID-19 funds to organisations or to increase the budget allocation. ➤ Employers to ensure adherence with workplace COVID-19 protocols. ➤ PPE's to be provided to all staff. ➤ Disinfection of manual documents and regular sanitation of hands should be mandatory. The couriered documents and envelopes must be disinfected prior to opening. ➤ Officials to exercise extreme caution and apply all safety measures when handling documents. ➤ Employers to provide liquid sterilizers and sanitizers. ➤ Electronic communication systems to be explored where possible.

5.1.4. *Cost drivers and implications*

- ❖ The provision of PPE's, place hand sanitizers and disinfection of offices.

5.2. TOOLS OF TRADE

The delivery of services was greatly affected by the lack of the necessary tools to provide such services. With the introduction of lock down at alert level 5, it became evident that officials lack the essential tools to deliver services. It also became apparent that resources such as laptops, work cell phones and data, as well as transport were lacking or not sufficient both in government and NGO sector. As a result, emergency services could not be provided at the time when it was most needed by children, individuals, families and communities. There was a poor response from the sector and this created more vulnerabilities amongst the most vulnerable members of the society. The lack of the necessary tools also impacted on the provision of planned capacity building sessions in provinces. Virtual sessions could not be held as it was confirmed that the majority of practitioners did not have access to laptops and data.

5.2.2. *Required interventions*

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none">➤ Clients were left abandoned as social workers could not be reached.➤ Urgent cases were not immediately responded to.➤ Some officials were not able to work from home due to lack of resources.➤ There were delays in investigations and follow-up of cases.➤ Planned capacity building sessions in provinces had to stop with immediate effect.	<ul style="list-style-type: none">➤ Additional budget to be allocated for the procurement of resources e.g. laptops, access to sufficient data, cell phones including subsidized and government vehicles.

5.2.3. *Cost drivers and implications*

- ❖ Remote working, online services and virtual sessions require provision of printers, photocopiers, laptops, work cell phones, sufficient airtime, data and stationery, as well as vehicles are required.

5.3. TRAINING AND CAPACITY BUILDING

The provision of capacity building sessions in provinces was severely impacted by the pandemic. In this regard, the planned sessions had to be cancelled with immediate effect. Since face to face training sessions were not possible, the possibility of providing such sessions virtually was explored but this was impacted by the lack of resources. The cancellation of sessions may impact on service delivery due to the lack of knowledge on application of legislation and policies.

To close this gap, it would require development of online training materials, On-line capacity building of officials, ECD practitioners and caregivers to comply with COVID-19 regulations/guidelines, capacity building on advanced trauma counselling as well as awareness raising and access of services.

5.3.2. Required interventions

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ Capacity building sessions could not be conducted physically due to the introduction of regulations. ➤ Virtual sessions were considered but the challenge was that most training workshops are held over a three-day period, this therefore was practically impossible. ➤ Virtual sessions pose a challenge whereby physical activities such as role plays and group discussions are not possible. 	<ul style="list-style-type: none"> ➤ Capacity building sessions to be re-adjusted in line with lock down regulations. ➤ Online training sessions to be explored on conditions that the necessary tools of trade are provided

<ul style="list-style-type: none"> ➤ Furthermore, the lack of physical contact limit full participation during training and meetings. ➤ 	
<p>The allowance of workplace gatherings, conferences and meetings to 50 participants provides a greater opportunity for capacity building sessions to be conducted physically.</p>	<p>Compliance with the travel, health and safety protocols is critical to avoid the spread of the virus.</p>

5.3.4. Cost drivers and implications

- ❖ Virtual training sessions require provision of printers, photocopiers, laptops, work cell phones, sufficient airtime, data and stationery.

5.4. COMMUNICATION

Communication amongst stakeholders was one of the greatest challenges experienced especially at Alert levels 4 and 5. The lack of communication due to closure of offices affected the interpersonal relations and information sharing amongst officials and stakeholders. There were also delays in responding to stakeholder enquiries and in obtaining the required information from provinces. This resulted in huge backlogs especially in the renewal of accreditation of adoption service providers and designation for Child Protection Organisations and the issuing of form 30's (as requires in the Children's Act). The NGOs sector suffered great impact as most of their accreditation and designation expired which impacted negatively on the processing of cases such as submission of adoption cases to court. The enquiries sent to DSD were also not responded to on time due to unavailability of staff in the offices.

To resolve the above challenges, it requires development and continuous implementation of protocols and/or safety plans including referral pathways. Furthermore, there should be an electronic information management system that will enhance communication and enable stakeholders to share data.

5.4.2. Required interventions

IMPLICATION	REQUIRED INTERVENTIONS
<ul style="list-style-type: none"> ➤ The officials could not be accessed through office telephones as the majority were working from home. ➤ There were extreme delays in responding to urgent matters, this basically because some officials did not have work cell phones. ➤ There was poor communication and consultation of stakeholders, including the disability sector, when decisions were taken and also during the drafting of government regulations and directives. ➤ Stakeholders did not share their organisational rosters indicating which officials will be in office when as most social workers and other officials were working on rotational basis. ➤ Case referrals, especially to DCPOs, remained a great challenge as referrals were not acknowledged and sometimes there was no response. 	<ul style="list-style-type: none"> ➤ Re-reimbursement for officials who utilise private resources for official purposes. ➤ Improve access to electronic communication systems. ➤ Development and sharing of staff rosters among stakeholders. ➤ Continuous communication and updates to stakeholders on urgent issues. ➤ Development of contingency plans. ➤ Consultation with the sector when drafting guidelines and directives.

<ul style="list-style-type: none"> ➤ The NGO sector was left stranded and without guidance as DSD officials did not respond to their emails. ➤ There are extreme delays in the response to form 29 and form 30 inquiries to the National Child Care and Protection Register (NCPD), due to closure of the National DSD office, even post alert level 4 and 5, resulting in cases not being finalized. 	<ul style="list-style-type: none"> ➤ Improve communication by acknowledging referrals and responding timeously to e-mails ➤ Immediate communication/ acknowledgment of receipt of documents emailed and updates to stakeholders.
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5.4.3. Cost drivers and implications

- To improve communication necessary resources such as printers, photocopiers, laptops, cell phones, sufficient airtime, data and stationery are required.

5.5. PROVISION OF CHILD CARE AND PROTECTION SERVICES

The provision of child care and protection services was severely compromised by the introduction of COVID-19 alert levels. Fear of contracting COVID 19 through contact with clients and officials led to some officials refusing to conduct home visits. These challenges can be addressed by allocation of more practitioners to provide counselling at call centres, as well as provision of food parcels through knock and drop; e-voucher, and/or cash transfer, as well as cell phones and data to make telephone calls.

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ Most offices were totally closed. ➤ Social workers were not available to provide services. ➤ Counselling services provided to children and families were inadequate. ➤ Social workers were not able and also not available to conduct home visits and investigations. ➤ Visitation to CYCC's was not allowed. ➤ There were huge delays in the completion of tasks and work that could be done in a day or two took longer to be completed due to closure of workplaces and rotation of staff. ➤ The safety of children was at risk and more children were prone to abuse, neglect and exploitation; child physical, and mental wellbeing. ➤ There was poor case management and tracking due to lack of an effective Information Management System. ➤ The referral system within DSD and between stakeholders was very poor. ➤ Many children were illegally placed in alternative care due court orders that have expired. ➤ Social workers faced great challenges with conducting investigations and verification of information. ➤ The processing of cases at the children's court was very slow and a further backlog was crated on investigations finalized, due to delays in form 30 	<ul style="list-style-type: none"> ➤ Opening of offices in line with the current regulations. ➤ Coordinated efforts and commitment to be made between role players in a community to ensure the protection and safety of children during this period. ➤ Efforts to be made to ensure the protection and safety of children during this period. ➤ Enhance the referral system between DSD and stakeholders. ➤ Improvement of the Information Management System to ensure proper management of cases. ➤ Interview to be conducted considering 10 minute breaks in between after about 20 minutes to give both the client and the professional a break from the space and relief from the mask.

IMPLICATION	PROPOSED INTERVENTIONS
<p>inquiry responses and communication to organisations that documents were lost.</p> <ul style="list-style-type: none"> ➤ The new backlog cases accumulated very fast. ➤ Supervision of foster care placements was greatly compromised. ➤ There was limited establishment of a relationship and trust between professionals and children due to the fact that sessions had to be conducted through video and / or telephone calls. This limited the observation of the situation and environment. ➤ The wearing of facemasks muffled clarity in communication and professionals had side effects like headaches due to the wearing masks. ➤ There was high demand for service delivery and limited response from social workers. ➤ Many clients could not be reached telephonically due to change of contact details and sometimes clients did not answer their phones. 	

5.5.3. Cost drivers and implications

- Provision of tools of trade to enable staff (Data, cell phones and laptops) to work remotely.

5.6. LACK OF RESPONSE STRATEGIES

The pandemic exposed the sector’s unavailability of response strategies to respond to disasters in the child care and protection sector. This had a major impact on the sector as there was no document to guide the delivery of social services and as a result, the sector relied on published regulations which did not provide 100% guidance on how social services were to be provided. This led to poor response and delivery of services by the sector at large. It is through this pandemic that the sector realised the need to have the disaster management policy to ensure effective response in other disasters which may be experienced in future.

5.6.2. Required interventions

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ It was realised that there were no disaster management policies to respond to social sector disaster. ➤ There was poor response to the needs of children, families and communities due to the lack of necessary policies to guide the provision of services. ➤ The NGO sector felt the greatest impact as they relied on DSD to provide such guidance and support, which they did not receive. ➤ There were no clear written directives regarding adjusted operational work procedures, communication and emergency plans. ➤ Furthermore, there was no strategy in place to guide provision of services either in government or the NGO sector. 	<p>The following to be developed</p> <ul style="list-style-type: none"> ➤ Disaster management policy. ➤ Strategy to guide provision of services to children. ➤ Directives regarding adjusted operational work procedures, communication and emergency plans. ➤ Communication guidelines for social workers.

<ul style="list-style-type: none"> ➤ There were also no clear communication guidelines to Social workers at service delivery level on what is expected of them. ➤ DSD did not issue out Guidelines on how to render services during this time of the pandemic. ➤ There was lack of coordinated and consolidated practice notes and standard operating procedures and Departmental circulars to simplify the Government Regulations and alignment to the Legislation and Policy. 	<ul style="list-style-type: none"> ➤ Practice notes or SOPs and Departmental circulars to simplify the Government Regulations and alignment to the Legislation and Policy.
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5.6.3. Cost drivers and implications

- This may require the appointment of a service provider to develop the disaster management policy for the social sector.

5.7. MONITORING AND EVALUATION

The pandemic had a great impact on the monitoring of accredited Child Protection Organisations and auditing of files. At alert level 5, this was totally impossible due to restricted travelling and closure of offices. Scheduled visits had to be cancelled with immediate effect which posed a risk of no-compliance. This therefore, requires constant monitoring of services, monitoring of issuing and use of permits as well as monitoring adherence to itineraries to ensure availability of services.

5.7.2. Required interventions

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ Monitoring of Designated Child Protection Organisations (DCPOs) and auditing of files could not be conducted due to travel restrictions and closure of offices. This posed a risk of non-compliance by some organisations. ➤ Monitoring requires physical contact and cannot be conducted virtually. 	<ul style="list-style-type: none"> ➤ Monitoring of DCPOs to be conducted in line with the Alert level regulations. ➤ Safety protocols to be complied with during visits to organisations. ➤ Officials to apply extra care when handling files from organisations.

5.7.3. Cost drivers and implications

- There are not cost implications for this challenge.

5.8. EMPLOYEE WELL-BEING

The officials were also affected by the pandemic as they were still learning about the virus. While they were supposed to provide support services to the vulnerable community members, they also required support to cope with the challenges brought by the pandemic. Due to the lack of necessary support services to officials, staff productivity was affected due to the compromised health and mental well-being of staff.

5.8.2. Required interventions

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ There were high levels of anxiety and stress among officials. 	<ul style="list-style-type: none"> ➤ Employee wellness services to be made available across the sector to

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ There were concerns about working full time in the office which was related to staff anxiety in the workforce due to the spike in the rate of COVID 19 infections and death. ➤ There was a general feeling of fear of contracting COVID 19 in the work place. ➤ The staff morale was very low as officials feared being infected. ➤ It was realised that some workplaces did not have Employee Wellness Programmes (EWP) services for officials. ➤ Some workplace did not have a clear wellness strategy to address the emotional state of workers. ➤ Workers were showing signs of fatigue with no appropriate support offered to them. ➤ Working from home was also not an ideal situation for some as the home environment is not conducive. This affect productivity due to family interference and space/environment at home (sitting arrangement, desk layout etc.). 	<p>ensure that support services are rendered to officials.</p> <ul style="list-style-type: none"> ➤ Create platform to share motivational/ encouraging ideas/ messages on how to manage time and deal with own situation if and when work from home. ➤ Develop a wellness (care of care) programme for Child and Youth Care Workers (CYCWs) to be implemented by NPOs employing them

5.8.3. Cost drivers and implications

- Provision of employee wellness services across the sector requires appointment service providers to provide such services.

5.9. FUNDING AND SOCIAL RELIEF

The pandemic had a serious impact on funding and social relief packages especially for the NGO sector. Despite the continuation of payment of subsidies in some provinces, many CPOs and NGOs were struggling to maintain the financial sustainability due to a decrease in other sources of income like donor income, fundraising income and loss of professional services income. As a result, many NGOs were forced to re-direct fund and resources to address COVID 19 challenges even though they have signed Service Level Agreements. The social relief and food distribution processed which were coordinated by the Department were taking long to be implemented and there were problems in how it was accessed and distributed.

5.9.1. *Required interventions*

IMPLICATION	PROPOSED INTERVENTIONS
<ul style="list-style-type: none"> ➤ There is currently no dedicated COVID -19 -funding for the sector to address the immediate needs of the families. The NGOs experienced a major challenge whereby they were scrambling for food parcels to address the immediate needs of families. ➤ The lack of information on access to the COVID 19 relief fund for service providers and NGOs was the main challenge in terms of accessing funds. ➤ The sector is concerned about the risk of unused resources for service delivery being returned to National Treasury by DSD. ➤ The NGOs are facing financial collapse and loss of livelihoods. ➤ The NGO subsidy funds have been affected badly because they have been redirected to purchasing of protective gear for children, sanitisers, fumigation, 	<ul style="list-style-type: none"> ➤ Financing for NPOs to be urgently relooked at. ➤ Special COVID-19 funding for NGOs and the sector to be considered. ➤ Advocate for resources. ➤ Lobby for more funds. ➤ DSD to fast track the response time for food distribution. ➤ DSD to provide information and effective communication on how COVID-19 relief fund can be accessed.

increase in cleaning chemicals/detergents, information posters and medical expenses	➤ Unused fund must be redirected instead of being returned to Treasury.
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5.9.3. Cost drivers and implications

- A special COVID-19 funding for NGOs and the sector to be urgently considered.
- A special pandemic funding for NGOs and the sector be considered for the future.

5.10. TARGETS FOR THE FINANCIAL YEAR

The pandemic may have implications on targets set for the financial year as some of these targets may not be achieved due to the introduction of different lock down levels. This may result in deviation from APP and Standard Operating Procedures (SOPs) for 2020/21.

5.10.2. Required interventions in line with lock down levels

IMPLICATION	PROPOSED INTERVENTIONS
➤ The main implication for this is that the targets for the financial year may not be met as officials may experience difficulties in implementing the activities planned for the financial year	➤ Obtain correct and reliable evidence of performance. Assess the views of activities on social platforms and evaluate the impact on information shared.

5.10.3. Cost drivers and implications

- ❖ This does not have cost implications.

5.11. CLOSURE OF GOVERNMENT DEPARTMENTS

The challenges were also experienced with the provision of service delivery as some government offices were totally closed at alert level 5 which limited the availability of services. This was mainly related to SASSA offices which were not fully operational. Furthermore, the referral of cases to government departments or entities such as SASSA, DSD, Basic Education, Home Affairs was impossible as the offices were closed during lockdown 5 and 4 or restricted due to staff working remotely.

6. RESPONSE PLAN PER WORK STREAM

6.1. ECD AND PARTIAL CARE

6.1.1. *Situational analysis*

President Ramaphosa announced on 15 March 2020 the measures that Cabinet has put in place to combat the COVID-19 epidemic, which was followed by classifying the COVID-19 pandemic as a national disaster in terms of section 23(1) (b) of the Disaster Management Act 57 of 2002 (see Government Notice 312 of 15 March 2020) and a national state of disaster was declared in terms of section 27(1) of this Act (see Government Notice 313 of 15 March 2020). This was followed by declaring a national lockdown alert level 5, where only essential services continued.

From the onset of the national state of disaster it was realized that the effect was going to impact very negatively on the Early Childhood Development (ECD) sector. Leading NGOs in the ECD Sector, i.e. Bridge, Ilifa Labantwana, National Early Childhood Development Alliance (NECDA), Nelson Mandela Foundation, Smart Start and South African Congress for ECD conducted a rapid survey in April 2020 to understand the impact of the lockdown on the ECD workforce and the families served. The results of the survey indicated that 99% of operators reported that caregivers of the children stopped paying fees owing to the lockdown,

83% of operators have not been able to pay full salaries of staff over the lockdown period and 96% of respondents reported that their income was not sufficient to cover their operating cost. Further analysis of the data obtained pointed to a situation where 118 000 to 175 000 people employed in the ECD Sector could lose their jobs in the absence of relief. The full results of the survey were captured in the report titled *The Plight of the ECD Workforce – An Urgent call for relief in the wake of COVID-19*, which was submitted to the Minister of Social Development, the Minister in the National Treasury, Minister of Health and Minister of Basic Education amongst others.

ECD centres and programmes remained closed during the national lockdown alert level 5, 4 and 3. During lockdown alert level 3, regulations which were instituted from June 1, 2020 it became evident that parents who had to return to work found it extremely difficult to find safe alternative care for their children because ECD centres remained closed. In the light of this challenging situation a number of stakeholders approached the High Court of South Africa advocating for the re-opening of ECD (Case No 24258/2020), which was granted with immediate effect from July, 6 2020 subject to the appropriate and/or prescribed safety measures being in place and provided as per Alert level 3 regulations stipulated in the Disaster Management Act, Act 57 of 2002 published in government Gazette on 28 May 2020.

The Minister of Social Development issued Directions that “The Department must continue to subsidize the ECD centres during the state of national disaster” (See Government Notice 517 published in Government Gazette No 43300 of 9 May 2020). This was reaffirmed in direction 12 of the Directions issued on 10 July that states “The department must continue to subsidise ECD centres or partial care facilities during the national state of disaster”. This directions impact on 17 588 registered and 486 840 subsidised ECD programmes (centres). This funding was to be paid out to ECD centres through the nine provincial departments of social development, which is a provincial competency as contemplated in section 93(1) of the Children’s Act 38 of 2005. Unfortunately eight provinces, excluding the Western Cape province, did not adhere to this direction from the national Minister

of Social Development which resulted in a situation whereby the National Department of Social Development and eight provinces were again taken to the High Court of South Africa (Case Number: 36962/2020 October 20,2020) to enforce the payment of the subsidies.

The Department of Social Development has engaged since the start of the national state of disaster with a number of stakeholders with regard to childhood development programmes and partial care facilities formally and informally. This started before the national lockdown commenced to explore ways to support parents and their young children at home. The Department of Social Development initiated in partnership with the Department of Basic Education, UNICEF and the LEGO Foundation, and in collaboration with the National Early Childhood Development Alliance (NECDA) and the South African Congress for Early Childhood Development the development and distribution of the *Tshwaragano ka Bana: Let's play, learn and grow together* series as additional resource materials to support all parents of young children at home during the national state of disaster.

There has been continuous engagement with key stakeholders by the national and provincial Departments of Social Development. These engagements and consultations culminated into the process that commenced on 26 May 2020 with other government departments and more than 36 civil society stakeholders to look into the options, conditions, requirements and risks associated with the re-opening of early childhood development programmes and partial care facilities.

This process led to the finalisation and publication of standard operating procedures (SOP) and guidelines for an ECD programme and/or partial care facility on measures to address, prevent and combat the spread of COVID-19 that was published on the 23 June 2020. Directions were issued by the Minister of Social Development on 10 July 2020 to assist ECD programmes and/or partial care facilities with re-opening. It is to be noted that a number of stakeholders brought an application to the High Court on the Unlawfulness of Directions published on 10 July 2020 by the Minister of Social Development. According to a High Court order dated August 8, 2020 (Case Number 36962/2020) the Minister of Social Development was “*ordered to withdraw the directions that were published in Government Gazette No 43520 on 10 July 2020 and publish replacement directions that correspond with the exception of the amendments effected in terms of this order, within 3 (three) days of granting this order.*”

On 11 September 2020 Directions were published in Government Gazette Volume 663 Number 43710 indicating, amongst other, the withdrawal of the Directions published in Notice 762 of 10 July 2020.

The Department of Social Development has issued the following circulars and other formal communication since the onset of the national state of disaster in relation to operations of ECD programmes and/or partial care facilities:

- (a) 16 March 2020: Circular on the closure of ECD centres and partial care facilities as a result of COVID-19
- (b) 13 May 2020: Communication that ECD and partial care facilities need to remain closed under COVID-19 lockdown level 4.
- (c) 29 May 2020: Communication on the measures related to the operations of ECD programme under COVID-19 alert levels.
- (d) 21 June 2020: Circular regarding preparation and planning for the re-opening of ECD programmes and/or partial care facilities that provide an after-school service
- (e) 23 June 2020: Parents' checklist regarding the re-opening of ECD programmes and/or partial care facilities that provide an after-school service on the measures to address, prevent and combat the spread of COVID-19 before re-opening and the re-admission of children.
- (f) 24 June 2020: Communication regarding the unethical training planned and or facilitated by members of the ECD sector on Covid-19 regulations and pre-opening documents as issued for the preparation and planning of the reopening of ECD Programmes and Partial Care facility that provide aftercare services.

The Department of Social Development partnered with the Nelson Mandela Foundation on the Vangasali campaign. The Vangasali campaign seeks to find and get the details of all ECD facilities/programmes in South Africa, registered or not. The Vangasali campaign plays a significant role on two levels i.e. Identification of ECD programmes and registration drive through

voluntary participation in the campaign. To date 15,834 registered and 26,086 unregistered ECD programmes participated in the Vangasali campaign.

6.1.2. Main challenges

The onset of the national state of disaster had an unplanned and unprecedented impact on the delivery ECD programmes and partial care services provided under the provisions of the Children’s Act 38 of 2005. The announcement of the national state of disaster was at the end of the 2019/2020 financial year, which is a sensitive period in particular for those early childhood development programmes and partial care facilities as well as non-governmental organisations providing support to these programmes that receive subsidy from the provincial Departments of Social Development and the national Department of Social Development.

The Department of Basic Education issued the initial guidance for childcare facilities and schools on COVID-19 which was not directed at the ECD programmes and/or partial care facilities per se, but did provide useful guidance that could be applied across the sector at that time to deal with spread and transmission of COVID-19 (see Circular No. 1 of 2020 dated 11 March 2020). This, however, was short lived as the situation worsened and the Cabinet directed a national lockdown. This resulted in the immediate closure of all ECD programmes and partial care facilities, with very little prior opportunity for contingency planning (see Department of Social Development’s Circular dated 16 March 2020).

The temporary closure of early childhood development programmes that provide early learning and development in ECD centres, playgroups and through child minders as a result of the lockdown had, and still has, an impact on families and children firstly, followed by a wider impact on the providers of these services that straddles across the non-profit as well as for-profit sectors. The ECD programmes and partial care facilities that provide services as contemplated in terms of the Children’s Act are all either community or privately owned and operated and not part of the public provision; and closure had an impact on their immediate

ability to meet obligations related to their operations, including staffing due to the abrupt loss of income for many (mainly from user fees paid by parents).

The COVID-19 national state of disaster contributed to lifting out and intensified pertinent issues pertaining to the status of the ECD workforce in the country, which are not new. National relief packages that was announced by Government to mitigate the impact of the national state of disaster did not include ECD programmes and partial care facilities per se. However many registered and conditionally registered ECD centres and programmes that registered their workers at the Department of Employment and Labour for Unemployment Insurance Fund (UIF) could tapped into the Temporary Employer/Employee Relief Scheme (TERS) benefit which government established for small and medium business enterprises, which ECD centres and programmes are in essence small and medium business enterprises. This brought a huge relief for those who applied.

The processes that were already underway for the registration of ECD programmes and/or partial care facilities in accordance with the Children’s Act could not continue due to the restrictions of movement and operations of both the government and civil society. This not only impacted on the government processes, either by the provincial or local government, but also the steps that an ECD programme and/or partial care facility needs to take to meet the national norms and standards that are required for registration in terms of the Children's Act 38 of 2005.

Overall, the onset of COVID-19 and the measures to address, prevent and combat the spread of COVID-19 that coincided with the declaration of the national state of disaster were ‘new’, uncertain and unpredictable for government and civil society alike. There were no “rules” nor clear guidance for all, while there was and remain an expectation from government to lead in an environment where the only certainty was the constant of uncertainty.

6.1.4. Key Priority Areas

PRIORITY	ACTIVITIES
1. Subsidy	<ul style="list-style-type: none"> • Continuation of the payment of subsidy of early childhood development programme and/or partial care facility as per the Directions. • Provincial Department of Social Development to ensure that the subsidy is paid as directed in the Directions. • Ensure a consistent application on the continued payment of subsidies that should apply. • Provincial Departments of Social Development to provide regular updates regarding the payment of the subsidy to the National Department of Social Development.
2. Registration	<p>Continue and focus on the registration of early childhood development programme and/or partial care facilities in accordance with the provisions of the Children's Act 38 of 2005.</p> <ul style="list-style-type: none"> • Finalise the registration of all early childhood development programmes and partial care facilities that have already applied to be registered in terms of the Children's Act 38 of 2005 with a provincial Department of Social Development • Assist early childhood development programmes and/or partial care facilities that has not yet applied to register in terms of the Children's Act 38 of 2005 with guidance and information to be able to apply to register within the next six months. • Utilise the Vangasali campaign's information to assist with identifying the early childhood development programmes that needs to be supported towards registration. <p>Phase 2 of Vangasali: Implement capacity building of unregistered ECD programmes and /or partial care facilities on the registration process.</p>
3. Provision of	<ul style="list-style-type: none"> • Provide guidance, compliance support and leadership with regard to early childhood development programmes for young children.

PRIORITY	ACTIVITIES
guidance, compliance support and leadership	<ul style="list-style-type: none"> • Continue with a coordinated approach between the Department of Social Development – also the Child Protection Register (CPR), Department of Basic Education and Department of Health as well as local municipalities (health certificates’ issuing and rezoning) in particular with regard to information, requirements, communication and support. • Continue to provide parents and primary caregivers of young children (birth to 6 years), including children with disabilities, with timely and correct information regarding early children development, including early learning, care and support. • Provide information and guidance, including support as appropriate and available, to early childhood development programmes and/or partial care facilities regarding the implementation of the measures to address, prevent and combat the spread of COVID-19. • Continue to monitor the compliance with measures to address, prevent and combat the spread of COVID-19. • Continue with the capacity development and support of practitioners in early childhood development programmes and/or partial care facilities in relation to compliance with the measures to address, prevent and combat the spread of COVID-19. • Ensure consistency in all communication at a national and provincial level in relation to implementation of the measures to address, prevent and combat the spread of COVID-19 as set out in the Directions and the SOP and on early childhood development and partial care in general.

6.2. FAMILIES

6.2.1. *Situational analysis*

The outbreak of COVID-19 in South Africa drastically changed the way of life of citizens including the manner in which officials provide services. Families as the cornerstone of society and their family members especially children and vulnerable family members are highly affected as their natural support networks (extended families and normal social life) as well as their support network such as schools, ECD centres/programmes and in some cases their work opportunities got disrupted and highly affected by the pandemic which will impact on family resilience and the ability of families to bounce back. Formal support networks such as service delivery by the formal welfare sector, as well as civil societies got disrupted and in some cases services were not rendered to families at risk, transition and in crisis due to the pandemic. Families in South Africa were in crisis even before the current pandemic whilst service rendering was carried out as usual. This crisis has been intensified by the COVID 19 pandemic which impacted the economy negatively. The government issued directives in relation to the Disaster Management Regulations in terms of the Disaster Management Act 2002, to guide the country's continued service delivery.

6.2.2. *Main challenges*

- The high rate of inequality, poverty, and unemployment that became evident due to the pandemic.
- In accordance of the state of disaster, the plight of homeless family members and destitute families were brought to the forefront. The President cautioned that for government to minimize the number of infections and to ensure that all those infected with the virus do to get proper treatment, the setting up of temporary shelters to support already functioning shelters to address the needs of this vulnerable group, would be necessary.
- Quarantine created anxiety amongst family members who were in different provinces. Community members not taking responsibility for their lives and those of others by acting irresponsible and not adhering to COVID 19 regulations.

- Due to the lockdown period and its implications, more families experience crises due to a loss of income and an increase of stresses that lead to relationship challenges between family members and a breakdown in relationships.
- Research found that SA could become a hunger spot in Africa at the end of 2020 due to informal and formal job losses as for the COVID 19 lock down regulations with unemployment and a loss of income as result leading to chronic poverty and hunger.
- A lack of food security with malnutrition of especially children and vulnerable family members as a result.
- Destitute families that cannot provide the most basic needs of their family members such as shelter, food, clothing and protection.
- Orphan hood.
- Homeless family members.
- An increase in domestic violence due the above-mentioned factors that serves as a build-up of stresses with home isolation as one of the stresses.
- An increase in family dispute and disintegration.
- An increase in child abuse, neglect and exploitation and the abuse and neglect of vulnerable family members.
- Divorce and separation challenges intensified by the current lock-down period (dispute about care and contact due to not being able or not complying with standing family plan agreements).
- Family disorganisation due to COVID 19 regulations. Parents and/or caregivers that are left without support systems which include a lack of the support of extended family due to the lockdown regulations, the closing of ECD centres and schools that leave parents with the responsibility of providing both proper care for their children whilst obligated to go back to work.
- Parents separated from their children when making alternative arrangements for children (e.g. children sent home in another province as alternative care arrangements that is further complicated by travel restrictions).

- A lack of contact between families and vulnerable family members due to the risk of infection in care facilities such as old age homes, centres for people with disabilities and children in alternative care.
- Families and family members losing hope for the future due to the difficulties that they experience.
- A lack of mental and emotional wellness and a loss of individual and family resilience.
- An increase in mental health problems such as anxiety and depression due to self-isolation and for family members being infected and affected by contracting the COVID 19 and the stresses that this bring along (not being able to visit family members in hospital or isolated in other isolation facilities, not being able to physically support family members that is seriously ill or be able to execute cultural practices regarding attending funerals when such a family member has passed on).
- An increase in teen suicides, and the suicide of family members due to increased stresses such as financial problems and the loss of family members.
- Mental health issues of family members intensified due to trauma and the uncertainty about the future that the pandemic brings about.
- An increase in especially violent crimes committed in accordance with the Crime statistics that was released.
- Children and young people in conflict with the law.

6.2.4. Key Priority Areas

PRIORITY	ACTIVITIES
1. Family preservation services	Preventative Services <ul style="list-style-type: none"> • Massive radio and newspaper educational campaigns with health screening teams • Massive campaigns on various TV channels

PRIORITY	ACTIVITIES
<p>rendered on three levels namely: Prevention and promotion services (education and awareness campaigns); early intervention services (family preservation services) to preserve families and to strengthen individual and family resilience; and reintegration (reunification) and after care</p>	<ul style="list-style-type: none"> • Partnerships with various production houses • The use of social platforms; YouTube WhatsApp, Facebook, • Target community facilities such as clinics, schools, churches, SASSA offices, municipal offices • Partnerships and collaborations with other stakeholders. • Awareness raising to advocate for services that will address family dispute and inappropriate settlements between parents separated or being divorced <p>Early intervention services</p> <ul style="list-style-type: none"> • Mediation services and forensic investigation making use of virtual interaction • International services (Hague Convention) through virtual interaction • Coordinated intervention strategy at service point level • Psycho-social support to families on mental health, issues on parenting and co-parenting, involving extended family members • Education on trauma and trauma debriefing • Therapeutic services • Case work services with the necessary COVID 19 protocols adhered to • Virtual coordinated referral system available to the benefit of both service beneficiaries and service providers <p>Reintegration (reunification) and after care services</p>

PRIORITY	ACTIVITIES
services to reunify families and integrate family members into the community	<ul style="list-style-type: none"> • Provisions made to adapt parenting plans for contact between parents and children and the fetching of children should they be in another province that adhere to COVID 19 regulation and directives (family advocate) • Virtual contact between families and their family members in out-of-home placements (correctional services, rehabilitation centres, frail care facilities, CYCC) as part of the reunification process • After care services to be rendered when a family member, be it COVID 19 related separation or the reunification of out-of-home placed family member, is reunited with the family.
2. Family strengthening services through linking families with resources services and support networks	<ul style="list-style-type: none"> • Development of an electronic data resource base (app) that link family members with needed material support (Food vouchers, food parcels etc.) and psycho-social support from appropriate service providers. • Promotion of an effective referral system by making use of the electronic data resource base on services available • Increase the level of communication between service providers • DSD and CSIR to have discussions on the needs of the family sector to inform the development of the electronic data resource base (app). • DSD to request from the CSIR a formal quote regarding the APP development, pilot evidence based digital parenting programmes to support families. • Extend virtual means to rural areas through Wi-Fi hot spots and data- provision by Government in rural areas to both service beneficiaries and service providers • Case tracking systems in place

PRIORITY	ACTIVITIES
3. Structured services available to homeless family members and destitute families	<ul style="list-style-type: none"> • DSD as lead Department addressing services to the homeless and destitute families as responsibility of the Families section but in collaboration with Programme 5: community development • Collaboration with other sections such as substance abuse social crime prevention, as well as intersectoral collaboration with COGTA, local government, Department of Health and Public Works, as well as with the NPO sector. • Develop a model for operating shelters: State driven versus NPO run model. • National DSD to develop a model that is cost effective with minimum risk with guidelines to guide provincial implementation. • Strategy on homeless family members and destitute families with a standardised approach to be finalised. • Provision make for shelters for destitute families through the sector funding policy

6.3. POLICY, RESEARCH, MONITORING AND EVALUATION AND CAPACITY BUILDING

6.3.1. *Situational analysis*

The Children’s Act is a comprehensive piece of legislation that seeks provide protection to children in all types of circumstances. It makes provision for the development of services and programmes that will protect them from vulnerability. The implementation of the Act is dependent on a range of support mechanisms such as the policy, capacity building, norms and standards, practice guidelines, and the monitoring and evaluation of services, as a continuum of mechanisms that must compliment and feed off each other.

Legislation can be only measured for its success or failure by its ability to be implemented and bring about the intended changes. During the National State of Disaster, it became evident that legislation alone was not sufficient, as there was a need for institutional processes and mechanisms to be developed in order to respond to the emergency and standardise service delivery. Monitoring of services and face to face training and capacity building of stakeholders and service provider proved to be difficult and impractical as a result of COVID 19 restrictions.

6.3.2. *Main challenges*

- There is currently no electronic reporting on Child Care and protection matters which includes reporting on experiences and challenges.
- There is no readily available children services directory for referrals.
- The lack of DSD information management system also results in difficulty to collect data from stakeholders.
- The quality of data is compromised because as it is not verified.
- Collecting data manually as face to face engagement is not possible.
- There is no Sector Disaster Management Plan in place.
- There is no system in place to address the backlog with regard to the inquiries submitted to the NCPR.

6.3.4. *Key Priority Areas*

PRIORITY	ACTIVITIES
1. To develop a workplace regulatory framework for the child care and protection sector	<ul style="list-style-type: none"> • Draft a workplace regulatory framework for the child care and protection sector. • Consult internal DSD to obtain approval. • Disseminate to relevant stakeholders for implementation

PRIORITY	ACTIVITIES
2. To facilitate and coordinate the children's sector COVID-19 emergency response plan.	<ul style="list-style-type: none"> • Coordinate special NCCPF COVID19 meetings. • Draft a consolidated COVID19 Children's sector emergency plan. • Facilitation of the editing, proof reading, costing and approval of the emergency response plan.
3. Monitoring the implementation of work stream key priorities	<ul style="list-style-type: none"> • Draft and circulate a monitoring template for the sector. • Produce a comprehensive report.

6.4. ADOPTION AND ISS

6.4.1. *Situational analysis*

Adoption is the traditional method of care in the field of child welfare and has for many years been regarded as the most effective means of providing permanent and stable family life for children who would otherwise be deprived of one. The main purpose of adoption is to protect and nurture children by providing a safe, healthy environment with positive support; to promote the goals of permanency planning by connecting children to other safe and nurturing family relationships intended to last a life time.

Many children in need of care and protection are placed in temporary child care programmes and these programmes are burdened by high number of children. Adoption may assist in reducing the number of children in alternative care and it is the most cost effective long term option for caring for children that have no families or cannot be returned to their families. Furthermore, adoption supports the family approach, as a permanent placement since it provides stability, long term family relationships and gives a child a sense of belonging

6.4.2. Main Challenges

Adoptions services have been greatly affected by COVID 19. This had greatly impacted on the investigations on the adoptions & ISS matters which are currently being compromised and eventually impact on the finalisation of cases. The unit is also experiencing delays in sending/receiving home study reports from other countries as there is a huge backlog in attending to cases.

There is currently temporary suspension on intercountry adoption services due to the restrictions on international travel. This has an impact on intercountry adoption services as it prevents DSD and accredited CPO's to continue with matchings and SACA approvals. As a result further backlog and delays in provision of services is expected once the restrictions are lifted.

There are extreme long stays of children in the CYCC's without being repatriated and reunified and this can block the system and children who are at risk to be placed. Furthermore, newly born babies are not being placed when legally adoptable and hospitals require that babies be discharged (temporary safe care homes have maximum ability).

The ISS in other countries are not operating well due to COVID 19. This results in children staying longer in the alternative care system, delays in investigations, responses and repatriation while some of the approval must be granted by Nat joints for movement of children between South Africa and other counties. There is lack of knowledge about the current situations of other countries which makes it difficult to understand their operations during this period.

The registration of adoptions is currently not possible due to confidentiality, as files are not allowed to be taken out of the office. There are also delays in issuing/obtaining documents relating to designation, accreditation, CYCC registration, police clearance certificates, form 30's and form 29. This had impacted negatively in opening or finalising adoptions cases due to outstanding

designations and accreditation certificates which had lapsed, as well as the backlog for form 30 applications and the unavailability of relevant officials. This has also contributed to the lapsing of court orders and new cases cannot be opened. The effect of this is that children cannot be provided with services and be placed in family care as prioritised in lockdown Regulations. The NGO's have also experienced a great influx of cases of unplanned pregnancies, abandonment and adoption applications since early stages of in lockdown, however, there is inaccurate figures of child abandonment.

There are also challenges with the procedures and processes to be followed regarding the application for renewal of adoption accreditation which had been fragmented and complicated. Much as the accreditation guidelines indicated that applications should be done through provinces, most of them took different approaches. The fact that there were no NCCPF focus group meeting during the state of national disaster further frustrated communication and interpretation.

Some Courts are understaffed and they are keeping different operating hours or closing due to lockdown, this cause further delays.

With regard to panel meetings, most are at complete stand-still and that delay the issuing of Letters of Recommendation. The accessibility of RACAP is also an ongoing problem and training on the system is required to address this challenge. Currently, the Department of Home Affairs is not processing late birth registrations.

6.4.4. Key Priority Areas

PRIORITY	ACTIVITIES
<p>1. Registration of DSD social workers with the South African Council for Social Service Professions to render adoption services, designation and accreditation of service providers.</p>	<ul style="list-style-type: none"> • Receipt, verification and quality assuring of the applications received for submission to the South African Council for Social Services Professions. • Facilitate the registration of DSD Social workers by the Council. • Screening, evaluation and recommendation of accreditation applications. • Information pertaining to how many applications received, processed and outstanding should be communicated to service providers. • The list of number of accreditations outstanding should be kept and clear timeframes for processing should be indicated. • Clarity should be provided as to who may work in which area based on the accreditation.
<p>2. Management of adoption register</p>	<ul style="list-style-type: none"> • Collation and recording of information and providing annual adoption statistics and sharing with stakeholders. • Verification of information. • Keeping of information. • Monitoring of information.
<p>3. Management of delays in panel meetings for the issuing 171s, 239s and issuing of form 30's</p>	<ul style="list-style-type: none"> • Liaison with Provinces regarding the delays in the issuance of recommendation letters re: Section 239. • Written directives should be provided by DSD addressing procedures, communication, panels, capacity building, API's in relation to national adoptions, intercountry adoptions and ISS that will apply during COVID 19 related restrictions.

PRIORITY	ACTIVITIES
	<ul style="list-style-type: none"> • Liaison with Provinces regarding the delays in the issuance of recommendation letters re: Section 239. The National SOP should be applied across the Board. Provincial Departments should be held accountable to provided timeframes and procedures. This process should be linked to specific timeframes. • There should be standardised procedures and timeframes and plans in place for the issuance of section 171, Form 39's and Form 30's, taking into consideration the limited availability of DSD officials due to rotation that still applies. Backlogs should be addressed within a specific timeframe. • Delays experienced in obtaining required support documents from DHA, DIRCO and SAPS should be addressed through standardised operation procedures for the different sectors. • Backlog and outstanding registration of C&YCC's should be finalised to ensure that children can be legally admitted and that placements are not delayed. • Training in RACAP should be addressed through virtual platforms. • The newly introduced procedures for consideration of Article 17 applications should be standardised and streamlined and Provinces should be required to strictly adhere to timeframes and they should be held accountable in order to prevent even further delays in placing children for intercountry adoptions.

PRIORITY	ACTIVITIES
	<ul style="list-style-type: none"> • Organisations and adoption social workers are incurring additional expenses in relation to travel, PPE, tools of the trade, renewal of Form 30's, police clearances, medicals, newspaper articles due to delays caused by impact of Covid-19. • Consider to decentralise the access to the NCPR to provinces to designated persons and to access with a pin code.)

6.5. ORPHANS AND VULNERABLE CHILDREN

6.5.1. *Situational analysis*

Community based prevention and early intervention programme is designed to support and sustain healthy families, and to prevent the removal of children from their home environment and communities. Chapter 8 of the Children's Act 38 of 2005 makes provision for prevention and early intervention services to be rendered to vulnerable children. There are over 19.6 million children under 18 years in South Africa (Stats SA, 2018) and over half of them still live in poverty (Delany, 2016). Consequently, many children's basic food and other needs are not being met.

This programme managed to provide Prevention and Early intervention services to 2.1 million children thus far. The vulnerability of children is further fueled by the current state of COVID 19, accompanied by the lockdown. This resulted in the children's inability to access services in the normal and traditional way. The Sector had to devise new ways of rendering services to these children which include virtual services. In some instance taking services to the homes of children where psycho-social services, and food parcels were provided to children and their families. Rendering of services during this COVID 19 period also required a strong collaboration and partnership with our provincial Department of Social Development colleagues and relevant

stakeholders such as NGOs, FBOs and Donors. The partnership, which has already shown positive results will continue beyond the current State of Disaster.

6.5.2. Main challenges

- There was a limited access to children during lockdown, which affected the provision of services. The child and youth care workers were not able to conduct proper assessment of the needs of the children.
- Some drop-in centres were closed, making it difficult for children to access services, including food.
- Lack of data for child and youth care worker to be connected virtually.
- Some children do not have enough data for online learning although they have gadgets.
- Socio-economic conditions-parents losing jobs and inability to provide for families. Children become more vulnerable.
- Inability to conduct monitoring due to social distancing requirements.
- Most of the Safe Parks not operational thus children cannot access services.
- Lack of wellness programmes for staff members who suffered from anxiety and fatigued due to the COVID 19 situation.
- Safe Parks were vandalized during lockdown in particular where there are no cooperation from Municipalities to do proper fencing.

6.5.4. Key Priority Areas

PRIORITY	ACTIVITIES
1. Exploring ways for more learners to access the virtual groups and secure funding to support virtual learning	Access to data and laptops/tools. Approach donors for sponsorship. (Learn best practices i.e from NACCW)

2. Growing and refining the delivery of core package of services to ensure quality services.	Develop SOPs for the delivery of the Core Package of Services during and post COVID 19 period.
3. Linkages with local and international NGOs and faith-based organizations to assist in maximising	Strengthen partnerships with the stakeholders through continuous consultations, collaboration and joint planning on service delivery matters for vulnerable children.

6.6. CHILD PROTECTION –Prevention and Management of Violence against Children, Child Abuse, Neglect and Exploitation.

6.6.1. *Situational analysis*

South Africa has been on state lockdown since midnight of 26 March 2020, in the government’s attempt to curb the spread of the Coronavirus and legally mandate South Africans to “stay home”. Yet, for some women and children, home was seen as a dangerous place where domestic violence increased across the globe, South Africa being no exception. Children experienced anxiety and panic as acutely as adults did. This fact contributed to a general sense among adults that children are somehow naturally ‘resilient’, and can bounce back easily. This notion hampered the proactive attempts to help children process what is happening, and stifle therapeutic efforts that will be necessary in the aftermath of this pandemic. The fact remained that bottled emotions don’t go away, but they either blow up in emotional fears, or blow up into anger or acting out behaviour. In older children these fears can lead to anxiety, depression or self-destructive behaviour like drug abuse, alcohol abuse or even suicide.

With school closures, and limited movements of children and the children’s right to play including the disruption of children's routine as well as the lack of social support they would normally receive in the old ways of doing things. The lockdown has

amongst others compromised the basic rights of the children including but not limited to right to nutrition (as some children would receive meals at school as part of school feeding scheme), right to education, freedom of movement, play, etc. COVID-19 pandemic heightened multiple risk factors and vulnerabilities to children. These include amongst others stressors on parents, caregivers and families in relation to their capabilities to provide adequate care which subsequently compromises safety and protection of children. Stigma and discrimination related to COVID-19 made children more vulnerable to violence; abuse; neglect; exploitation and psychosocial distress. Some children also found themselves isolated/separated from their parents or caregivers who were infected with the coronavirus. International studies and research, also indicates that children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk during COVID-19 pandemic. These studies confirm that children and families are susceptible to physical and emotional abuse; gender based violence, mental health and psychosocial distress (distress of children due to the death, illness, or separation of a loved one or fear of disease; worsening of pre-existing mental health conditions); social exclusion due social stigmatisation of infected individuals or individuals/groups suspected to be infected.

In South Africa, COVID-19 pandemic heightened multiple risk factors and vulnerabilities of children. These include amongst other stressors on parents, caregivers and families in relation to their capabilities to provide adequate care which subsequently compromises safety and protection of children as follows.

a. Economic pressures (poverty and loss of income)

Poverty limits the availability of the material resources parents need to meet children's basic needs and support their development. Poverty increases the risk to child labour, sexual exploitation, trafficking and child marriages.

b. Exposure to violence, abuse and neglect

Families are at high risk as their capabilities diminishes due to the impact of COVID-19, limited support systems leading to mental health issues. These stressors put children more at risk. Furthermore, children's exposure to, or experience of violence or abuse is a grave risk to their immediate and longer term well-being and development. These risks factors compounds the already overstretched economy. Management and treatment of violence is costly to the country as violence can be inter-generational, restricting economic national development, and further perpetuates patterns of inequality.

c. Substance abuse

Substance abuse by parents and caregivers, as well by children presents a significant risk to children's survival, safety and development. Alcohol and substance abuse is associated with a higher risk of violence and abuse, including sexual assault, rape, physical violence, rebellious and discriminatory behaviour, both as victims and perpetrators.

d. Lack of adequate substitute care in the temporary absence of parents

A common risk in low-income and under-serviced areas is inadequate care of children in the absence of adults, for instance while they (adults) are away from home whilst at work. As a result of poverty and the lack of appropriate day-care, children are left either unsupervised or in the care of unsuitable adults or other children. This means they run the risk of receiving low-quality developmentally supportive care or succumbing to abuse and violence.

e. Disrupted families and caregiving

Absent parents, the death of a parent, parents in quarantine or isolation, abandonment by parents, and parental separation or divorce pose developmental risks and increase the likelihood of children being exposed to violence, abuse, neglect and exploitation.

f. Parental lack of understanding of children’s developmental needs

Parents who lack an understanding of children’s developmental needs are more likely than others to engage in neglectful or harmful practices.

g. Mental-health issue

Untreated mental-health issues in the family including children, present a significant risk to children’s cognitive, social and emotional development as well as increase their risk to abuse, neglect and violence.

h. Societal attitudes, official attitudes, and harmful cultural practices

Widespread societal, cultural or religious acceptance of the use of violence against children, especially for the purported purpose of discipline, significantly raises the risk of abuse of children in their homes, communities and residential care facilities. It also potentially limits children’s rights of access to information and to participation in decisions that affect them.

i. Limited social networks and supportive services

Social isolation and lack of access to supportive services addressing poor living standards, socio-economic instability and inequality are up-stream risk factors that impact on parental capacity for caregiving and on children’s development, protection and participation.

j. Age

Children below the age of four (4) are at greater risk of violence, abuse, neglect and exploitation. Due to their physiological immaturity, the plasticity of the developing brain, and their reliance on adult caregivers, the youngest children are particularly

susceptible to adversities such as unresponsive parenting, poverty, toxic stress, environmental toxins, malnutrition and illness. Adolescents are at a higher risk of violence and abuse.

k. Gender

The Structural Determinants study conducted in 2015 revealed that girls are at a higher risk than boys of sexual assault; boys on the other hand, are at a higher risk of physical violence. They also experience higher levels of bullying than girls, both as victims and perpetrators.

l. Disability

Children with disabilities are significantly more at risk than other children to adversities such as high levels of poverty, poor access to health services, early learning opportunities, abuse and neglect, and inadequate responsive care from caregivers,.

6.6.2. Main challenges

a. Court operations

This includes hours of operation, in this regard, some offices were closed and some extension of orders were issued without children or screening from National Child Protection Register (NCPR). Clerks of the Children's Court are not always available, which affects making of appointment for hearings and to discuss intervention strategies. There are also limited court services as some presiding officers refuse to see the social workers and clients for hearings and they dealt with cases administratively. Some presiding officers refuse to take into consideration the professional opinion of the social worker. Some Children's court in Northern Cape not operational during lockdown namely Port Nolloth, Springbok and Garies while some court buildings were closed due to positive COVID19 cases. The Minister of Justice and Correctional Services issued the following Directions for the

operation of courts and throughout lockdown Levels 5 to 1 the Directions stated that children's courts must deal with cases involving children in need of care and protection and other urgent children's court related matters.

b. Criminal courts and NPA

The Directions issued by the Minister of Justice and Correctional Services under lockdown Level 3 were published on 2 June 2020 in Government Gazette No. 43383. In relation to children in conflict with the law, the Directions provided that for the reconsideration of continued detention as provided for in level 4 and provided for the prioritization of trial cases where a child is an accused, a witness or a victim.

The Directions issued under lockdown Level 2 were published on 11 September 2020 in Government Gazette No. 43709. In relation to children in conflict with the law, the Directions provided for the reconsideration of continued detention as provided for in level 4 and provided for the prioritization of trial cases where a child is an accused, a witness or a victim. Courts were also directed to compile a priority roll for criminal cases. Some courts were closed while others cancelled consultations with victims for court preparation, when courts suddenly closed for decontamination when Covid-19 cases were detected. There were also unavailability of Legal Aid officials to represent children.

c. Identification of vulnerable children

- The source of identification is not operational.

- Schools, ECDs and neighbours are prohibited due to lockdown to report cases in person.
- People also experience a lack of taxi fees and lack of data on cell phones.
- Slow response to attend to the needs of vulnerable families and children.
- No structure to keep a register of vulnerable families, which could receive material assistance.
- Poor co-ordination amongst stakeholders to create synergy in the identification of vulnerable families and to assist with material assistance.
- Member of the public don't have the contact details of the local office or social workers responsible to receive intakes/emergencies.
- DSD not providing stakeholders information on the pandemic and regulations from the SACSSP or Minister of Social Development, impacting on the implementation thereof.
- Victims reluctant to leave their homes to report abuse.
- Lack of transport to go to SAPS or DCPO to report cases.
- Poor network connections for certain communities to report electronically.
- DCPW (designated child protection workers) focusing on the needs of the communities for food parcels and not available for emergency cases.
- Cases were not timeously reported and led to continuous abuse.
- Officials responsible for NCPR screening were not available on landline or could not be reached or respond on inquiries for screening submitted.
- Late or none submission of Form 23

d. Interrupted services

- Lockdown level 5 and 4 prohibited emergency referrals to psychologists/psychiatrists, rehabilitation centres etc.
- Lack of availability of staff members 30% of staff availability, rotation of staff, presence of comorbidities, and unavailability of PPE affected work productivity.
- Lack of public transport or fear of contracting the virus preventing communities to seek assistance.
- Communities where service delivery is poor went on riots and that made it difficult to enter the communities for service delivery.
- Limited access to CYCC to admit emergency cases – children need to be tested first before being admitted and lack of ability to provide quarantine facilities on site created another problem.
- Some CYCCs refused to admit children after hours or to do the Covid-19 screening and testing.
- Families did not receive ongoing agreed services from DCPO as lockdown regulations prohibited visits or face to face interviews.
- Social distancing during home visits created problems when space is limited and the house is overcrowded.
- Inaccessibility of food parcels.
- Lack of budget to assist clients with data, transport or petrol to travel to professional assistance as nearby professionals not available for families/children in distress.
- NGOs operated in the areas of DSD due to the unavailability of DSD social workers.
- Closing of SASSA offices and clients made it difficult to register online for the R350 grant.
- Lesser clients consulted at offices due to social distancing.
- Due to lack of money clients unable to honour appointments.
- Limited hours spent in the office results in staff not being able to complete tasks in specific time period.
- Not being able to conduct group sessions.

- Counselling limited due to restriction of client's movement to the office.
- Service providers who assist in funding NGO's or rendering free services were not able to continue due to lock down or businesses closing their doors.
- Some offices focussing on SRD impacting on emergency cases of VCANE not attended to or not in the required timeframe.
- Some service providers assisted only in Covid-19 related problems.
- COVID -19 regulations increased the administration of the organisation/DSD to adhere to the regulations; more time spent with clients explaining adherence to COVID 19 before attending to the needs of the client.
- Temporary safe care centres not available for pregnant teenagers.

e. **Investigations**

- Social workers were afraid to undertake face to face interviews due to COVID.
- Full investigations were not conducted due to multi-disciplinary stakeholders not being available.
- Families could not travel to local offices, due to level 5-4 restrictions of travel or due to fear of COVID-19.
- DSD canalisation officials were not available, office phones were just ringing or emails not answered or responded to.
- Important documents for court opening/finalisation/extension orders could not be obtained (school reports or proof of school attendance, Form 29 or 30, police clearance).
- Parents were unable to attend court hearing due to COVID 19 testing and status not yet known.
- Case managers could not finalize investigations and cases were postponed.
- There was shortage of social workers in some of NGOs Offices.
- Some clients refused to wear masks during home visit and these created a risk of infection for the clients and the officials.
- Non-cooperation by parents when visiting homes was also experienced.

- Closure of schools added to no contact with children for the investigation by social workers and NPA officials.

f. South African Police Services

The police were occupied by COVID-19 related issues and were not responsible towards assisting victims, referrals of gender based violence, or issuing of finger print screening of applicants for court cases. They were also not reporting Gender based or VCANE to DCPO. Poor working relationship was experienced between stakeholders and the Family Violence, Child Protection & Sexual offences (FCS) units of SAPS. When SAPS offices were closed for decontamination, no alternative to report cases was offered. The non-availability of SAPS officials to take VCANE children to hospitals for J88 forms was also a great challenge.

g. Hospitals

- People were unwilling to seek medical assistance due to fear of contracting COVID.
- Due to lack of money families did not seek medical assistance or go for medical follow ups.
- Clients experienced challenges with regards to obtaining prescribed medication as these medications were not regarded as essential by clinics.
- Clients did not have access to birth control medication or injections at clinics.

h. Self-care

- Staff members depend on ECD centres for care arrangements for their children whilst working.
- Social workers were not willing to undertake field work during their off-days.

i. Sexual offences

Incidences of other sexual offences such as pornography are also surprisingly growing at a considerable rate. The advent of social media and technologies brought about a growing trend of children being exposed to harmful content and falling victim to predators online. Cyberbullying and sexting are two of the most recent typologies of violence that are facilitated through online engagement, specifically through internet and mobile platforms. This is where the importance of child online safety must be intensified during this period of the COVID-19 pandemic as children have more access to various social media platforms.

J. Child Murder

The cases of child murder have significantly increased since the introduction of the strict lockdown regulations in March 2020. The number cases of child murder, violence, abuse, neglect and exploitation also escalated as the lockdown levels decreased and restrictions eased. Notwithstanding the effects of the unbanning of alcohol during level 3, the cases of child deliberate neglect and unsupervised children also increased. A lot of parents found themselves without sources of income to sustain themselves, and with many businesses losing revenue, most parents found themselves powerless and depressed. For these reasons a lot of children became vulnerable to violence, and abuse.

K. Trafficking and exploitation of children-

According to the United Nations Special Procedures, COVID-19 Position paper: The impact and consequences of the COVID-19 pandemic on trafficked and exploited persons, the COVID-19 has exacerbating the vulnerabilities of children to sexual exploitation. The closure of schools could heighten the risk of online sexual exploitation, with children spending more time online, possibly without the constant oversight of their parents, and exploiters who could easily reach them. Demand for sexual materials from isolated and bored offenders across the world has continued to increase. Law enforcement partners reported increased online activity by those seeking child sexual abuse material. In this situation, there is a risk that families who have lost their jobs might look for alternatives, illegal means of having an income; one of these could be selling videos of sexual abuse of their

children. The police also warned of new types of live-streaming, due to the increased demand for the creation of pornographic content. School closures may also lead to an escalation of child trafficking cases. Many children have lost their subsidized school meals, which is posing a new burden on fragile families' economies.

Consequently, many children might be forced into child labour or child marriage. Research shows that child labour is often associated with economic crisis and the COVID-19 pandemic will increase the risks of children to be exploited, as well as the number of children dropping out of schools to sustain families. The disruption of education services might leave children unattended and increase their vulnerability during day time to traffickers who might promise to provide them with education or work. Remote learning is not accessible to everyone, especially economically deprived children who do not own a laptop or do not have access to the Internet connection, which will increase the digital divide between economically deprived and economically sound communities, and exacerbate social inequalities. The closure of schools and the lack of interaction with social workers, teachers and school friends will deprive children of their safe space and make them more vulnerable to become victims of criminal gangs and activities.

The COVID-19 outbreak is impacting people all around the world. People, who were already vulnerable, might become even more vulnerable to traffickers who are exploiting uncertainties to gain profits. Other individuals who are experiencing material, social and economic losses might find themselves at higher risks of trafficking and other human rights violations. In countries that are implementing total or partial lockdown, trafficked children might remain trapped in their place of exploitation and be unable to find an exit route. They might experience increased violence at the hands of their traffickers due to the loss of economic opportunities or they might be forced to keep working in unsafe conditions, without adequate health protections.

Trafficked and exploited children might be obliged to work extra-hours to make more profits in a time of economic disruption. Traffickers might retain their documents, therefore hampering the ability to access social protection benefits and health care. The current crisis caused by COVID-19 is bringing to the surface existing inequalities and vulnerabilities, and it is shaping the way human trafficking is perpetrated. The crisis might also represent a unique opportunity to implement universal social protection systems to erode sharper social inequalities. As affirmed by the Human Rights High Commissioner, COVID-19 is a test for societies, communities and individuals. The way South Africa will react to this crisis will set the foot for future generations and provide an opportunity to make societies fairer, more inclusive, and free from trafficking and exploitation.

6.6.5. Key Priority Areas

PRIORITY	ACTIVITIES
1. Availability, accessibility of services in a coordinated manner; (Officials, Form 30s, Courts, Coordination amongst stakeholders)	<ul style="list-style-type: none"> • Develop an emergency plan for services during pandemics. • Implementation of the emergency response plan • Monitoring of the implementation for the emergency response plan • Evaluation of the impact of the emergency response plan
2. Establish a multi-disciplinary VCANE rapid response team	<ul style="list-style-type: none"> • Facilitate training with service providers • Well- resourced VCANE emergency teams.
3. Provide emergency response services to children for the	<ul style="list-style-type: none"> • Provide support through supervision to the emergency response teams, individual social workers and supervisors.

PRIORITY	ACTIVITIES
identification, reporting, referral, interventions and after care.	<ul style="list-style-type: none"> • Evaluating and amending response plans to service delivery. • Research conducted based on trend analysis and impact of services delivery and interventions rendered on emergency responses. • Evaluation emergency response services to children for the identification, reporting, referral, interventions and after care.

6.7. FOSTER CARE

6.7.1. *Situational analysis*

Child care and protection services that is inclusive of alternative care services was classified as one of the essential services during the national state of disaster. Furthermore, the Department of Justice and Constitutional Development issued directives to the Children’s Court to continue presiding over family court matters that include foster care that enabled the continuation of extension of foster care orders in line with the North Gauteng High Court Order (NGHCO).

6.7.2. *Main challenges*

The existence of COVID-19 in South Africa drastically changed the way of life of citizens including the manner in which officials provide services. Foster care services were also affected by the Covid-19 situation. The challenges experienced include the short term extension of orders affected by NGHCO which contributes to additional work to the social workers.

There will be increased risk of more orders lapsing simultaneously when NGHCO ceases in November 2022, resulting to non-compliance with the Court Order. Many foster care cases remained not finalized due to the court being not fully operational. The closure of schools also impacted negatively on the provision of foster care services as it was impossible to access supporting

documentation such as school reports for foster care placements and extensions. The well-being of foster children and foster parents was impacted as it was found that they were not coping with impact of COVID-19. Many foster parents lost their jobs and could not access SASSA’s social grants resulting in impoverished foster families. The non-availability of online application process and reporting for foster care services impacted negatively on foster care services. There are huge risks in submitting reports to court if sufficient tested information is not obtained through thorough investigation, this may increase of corrupt activities especially because foster parents and children not participating in court proceedings. Furthermore, the reports and registers for the first quarter were not completed.

6.7.4. Key priority areas

PRIORITY	ACTIVITIES
1. Strengthening of integrated service delivery, support and resilience of foster families through improved management processes	<ul style="list-style-type: none"> • Implement and monitor NGHCO’s Provincial catch up plans with revised targets. • Prioritize and ensure extension of foster care orders affected by NGHCO and capturing of these on SOCPEN. • Engage judiciary to extend foster care orders affected by NGHC at least for a year and explore possibility of revising court processes e.g. electronic submission of reports, utilisation of affidavits in the absence of school letters, finalisation without police clearance or form 30 etc. • Issue Form 30 responses within 14 days as per stipulated turnaround timeframe. • Utilise alternative measures to minimise postponement of set court dates that include holding children’s court proceedings virtually. • Obtain collateral information from other sources in advance. • Ensure that reports are validated

PRIORITY	ACTIVITIES
	<ul style="list-style-type: none"> • Strengthen intersectoral collaboration with other government departments, DOJ&CD, SASSA and stakeholders involved in the foster care value chain. • SASSA to maintain the prescribed turnaround time to update foster care orders on the SOCPEN data set. • Support provided to foster parents infected with COVID-19 to maintain the wellbeing of children in foster care. • Utilise other modes of communication e.g. Virtual meetings, WhatsApp, telephones calls and video calls. • Provide data to the foster family to be able to conduct the video calls and maintain WhatsApp supervision. • Utilize other stakeholder to gather information. • Establish/strengthen multi-disciplinary teams, intersectoral structures (DoJ&CD case flow meetings, task teams, provincial child care and protection fora etc.) incorporating community development workers, social auxiliary workers and community leaders e.g. Ward Councillors', Izinduna and CCGs to strengthen monitoring and supervision. • Undertake screening and assessment for new cases. • Provide foster care supervision services at least once every six months telephonically not physically and to build positive working relationships with foster parents and foster children.

PRIORITY	ACTIVITIES
	<ul style="list-style-type: none"> • Establish/strengthen community support/involvement systems to mitigate vulnerable situations by creating a stronger network with family, pastor, and teacher, extended family to provide social workers with information regarding the circumstances surrounding the child during lock down. • Employ additional social workers to be allocated to strengthen foster care and child protection services. • Establishment of Child Care and Protection Units. • Dissemination of information to foster parents by social workers through groups about the issued short term increase of foster child grants e.g. WhatsApp. • Implement the foster care electronic tracking mechanism to track orders that are due to lapse, maintain registers of children in foster care and updated contact details of foster parents. • Home visits be conducted in crisis situations only and if necessary conduct interviews in open spaces, conduct telephonic interviews to maintain contact. Utilize other stakeholder to gather information. Establish/strengthen community support/involvement systems to mitigate vulnerable situations. Rendering foster care supervision services at least once every six months and to build positive working relationships with foster parents and foster children. • Food parcels issued out to needy foster families. • Integrated planning and enhanced frequent communication amongst stakeholders.
2. Legislation and management of legislative	<ul style="list-style-type: none"> • Amend the Children’s Act, the advertisement regulation is not working at all, abort it or come with a better strategy.

PRIORITY	ACTIVITIES
/regulatory provisions	<ul style="list-style-type: none"> • Perhaps establish another regulation which should state what we must do when we find alleged fathers of children already in foster care • Establish a provincial form 30 screening system so that the response on the inquiry can be fast tracked. • Propose that a four months before an order lapses practice be regulated (i.e. social work reports and Children’s Courts), orders that were due for review prior the lockdown, could have been addressed.

6.8. CHILD AND YOUTH CARE CENTRES

6.8.1. *Situational analysis*

Child and Youth Care Centres (CYCCs) provide safe residential institutions as a form of alternative care for children in need of care and protection. These institutions must offer quality care and developmental programmes that are accessible, inclusive and based on children’s needs. Placement in a CYCC should be in the child’s best interests and a measure of last resort if other alternative placement options are not appropriate. The placement of young children in CYCCs, in particular those under the age of three years must be carefully considered given the extensive evidence on the possible impact on their development.

The objective of CYCCs is to provide residential care outside the family environment to more than six children, with the care entailing a therapeutic programme of development, care and protection suited to the child’s particular risks and needs. CYCCs aim to provide differentiated programmes for developing children holistically according to their specific therapeutic and developmental needs identified in their comprehensive assessment, care plan and individual development plan. The intention,

as with all forms of alternative care, is to ensure the protection and ongoing development of the child with a view to returning him or her, where possible, to a permanent nurturing parental or family care environment.

6.8.2. Main challenges

The CYCC's experienced great challenges relating to the following:

a. Admission of children

The greatest challenge experienced was that on admission, children were not tested for COVID 19. This posed a risk of admitting children who may have Covid-19. This raised fear of contracting amongst staff members and children. The admission panels were also not held during lock down and this impacted on assessment of children before admission. Isolation of children posed trauma to other children. The CYCC's poses a risk of transmission of infectious diseases from one child to another including Covid-19 and many children do not understand the risk of Covid-19. Proper procedures for placing children in CYCC's were not followed and this resulted to children being dumped at the centres. Family interaction is not allowed to curb the spread of the virus, this impact on reunification services.

b. Living in care

Funding was redirected for the provision of PPE's and as a result, other budgeted items could not be bought. The CYCC's are currently experiencing a challenge whereby most court orders have expired. The health of children in CYCC's is compromised due to unavailability of the mobile clinic while other children miss their immunizations. Case managers working fewer hours or on selected days sometimes they are unavailable when needed and this affect the quality of services rendered. Some children especially boys had tendency of absconding from the centre posing a risk of transmission of the virus to the centres when they return. Furthermore, family re-unification services are affected as no visitors allowed especially the family of the children and the leave of absence is suspended. It was observed that maintaining social distance and wearing of masks on a daily basis was a

challenge for many children in CYCC's and this posed a risk of contracting and spreading the virus especially because other children returned to schools.

c. Disengaging from care

The prohibition of cross provincial border travelling was a challenge as families could not travel across provincial borders to fetch children. Disengagement of children from the CYCCs to their families is considered a high risk to children since children might get exposed to the virus at home or in communities. Furthermore, the transfer of children from one form of alternative to another was a challenge as most CYCC's do not admit as they do not have isolation facilities. The CYCCs are also experiencing a challenge of delayed discharges which may result in the possibility of having number of over aged children.

d. Institutional service delivery

Many CYCC's rely on fundraising and obtaining assistance from their funding partners and donors, this was greatly affected by the Covid-19. As a result, many CYCC's are unable to pay staff salaries until subsidies are received. This causes undue stress on management and staff.

6.8.4. Key Priority Areas

PRIORITY	ACTIVITIES
1. Effective management / adherence to protocols	<ul style="list-style-type: none"> • Screening and testing of children and staff on regular basis. • Provision of PPEs must be provided by Government or NPO must be give funding, additional expenditure.

PRIORITY	ACTIVITIES
<p>adherence to Covid-19 regulations by the facility.</p>	<ul style="list-style-type: none"> • Admissions to done only if the necessary measures are followed. • No visitors allowed in the premises. (Strict safety measures followed on allowance of visits). • Safety and risk assessment to be done. • Leave of absence and disengagement to be considered only if the environment that the children go to is safe from the virus. • Adherence to Covid-19 regulations by the facility. • Special funding for covid-19 to be considered. • Regular information sessions on COVID and safety precautions necessary. • Increased collaboration and coordination between the external social workers and the facility to ensure the provision of effective family reunification services. • Appointment of adequate staff (care workers, social workers and medical staff to ensure that child ratio is in line with minimum standards so that children are supervised adequately at all times. • Implementation of daily/weekly programs to ensure children receive continuous stimulation and education. • Constant communication and team work from all relevant staff to ensure that all children’s basic needs are met. • Adequate health care / education

PRIORITY	ACTIVITIES
2.	Increased collaboration and coordination between the external social workers and the facility to ensure the provision of effective family reunification services. (Virtual meetings between the facility and external social workers where panel discussions cannot take place physically within the measures as prescribed by the COVID-19 regulations)
3.	Special funding for COVID-19 to be considered.

7. PLANNED SERVICES PER WORK STREAM

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
1	Partial care and ECD	Early Childhood Centres (ECD) and other Partial care Facilities (PCF) closed. -Drop off or Collection of food parcels at designated areas	ECD and PCF remain closed -Drop off or Collection of food parcels at designated areas -Subsidy payment	ECD and PCF to be opened based on compliance with covid-19 regulations. -Drop off or Collection of food parcels at designated areas	ECD centres and PCF to be opened based on compliance with covid-19 regulations (no larger number gatherings) -Subsidy payment -Provision of PPEs to	ECD centres and PCF to be opened based on compliance with covid-19 regulations (no larger number gatherings) -Subsidy payment -Provision of PPEs to Centres/Facilities Programmes Continued effective communication between DSD and the NGO sector through

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
		<p>-Subsidy payment.</p> <p>-On-line ECD programmes where possible.</p> <p>Develop a strategy for support to essential workers with young children where needed.</p> <p>Continued effective communication between DSD</p>	<p>Develop a strategy for support to essential workers with young children where needed.</p> <p>Continued effective communication between DSD and the NGO sector through the formal established structures.</p>	<p>-Subsidy payment</p> <p>Continued effective communication between DSD and the NGO sector through the formal</p>	<p>subsidised centres/Facilities</p> <p>Continued effective communication between DSD and the NGO sector through the formal established structures.</p>	<p>the formal established structures.</p>

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
		and the NGO sector through the formal established structures.		established structures.		
2	Families	Provide on-line psychosocial support services,	Provide on-line psychosocial support services	Provide on-line and physical psychosocial support services in adherence to Covid 19 regulations	Provide on-line and physical psychosocial support services in adherence to Covid 19 regulations	Provide on-line and physical psychosocial support services in adherence to Covid 19 regulations
3	OVC/DIC	Food provided through knock and drop	Food provided through knock and drop	Provide on-line and physical basic DIC services in adherence to COVID 19 regulations	Provide on-line and physical basic DIC services in adherence to COVID 19 regulations	Provide on-line and physical basic DIC services in adherence to COVID19 regulations

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
4	Adoption services	Intercountry adoptions suspended.	Intercountry adoptions suspended.	Provision of national and intercountry adoption services.	Provision of national and intercountry adoption services.	Provision of national and intercountry adoption services.
5	Prevention and Management of Violence against Children, Child Abuse, Neglect and Exploitation	-Offer online services for emergency VCANE cases -Removal of children in need of care and protection -Awareness raising and education on prevention and management of VCANE through	-Offer online services for emergency VCANE cases	Provision of child protection services in adherence to COVID-19 regulations.	Provision of child protection services in adherence to COVID-19 regulations.	Provision of child protection services in adherence to COVID-19 regulations.

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
		various media platforms, -Child friendly material on COVID-19 to be communicated widely -Offer parental support regarding age appropriate media platforms				
6	Foster care	-Online foster care supervision if urgent	-Online foster care supervision if urgent	-Investigations of Home Circumstances and Children's Court Inquiries in line with	-Investigations of Home Circumstances and Children's Court Inquiries in	-Investigations of Home Circumstances and Children's Court Inquiries in line with COVID-19 Regulations -Administrative and court extension of Court orders

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
		-Online extension of court orders	-Online extension of court orders	COVID-19 Regulations -Administrative and court extension of Court orders	line with COVID-19 Regulations -Administrative and court extension of Court orders	
7	Child and Youth care Centres (CYCCs)- Visitation and Release	No physical visitation and no children may be released from the facilities (prohibition of visits and release. Virtual contact should be prioritised where the lack of any physical	No physical visitation and no release. Virtual contact should be prioritised where the lack of any physical contact is considered traumatic for the family and/or child/ren	-Families allowed to visit subject to centre approved protocol. -Release children in line with Court orders	-Controlled visitation with permits from social worker or probation officer's approval -Leave days/Holidays release allowed subject to adherence to protocols	-Controlled visitation with permits from social worker or probation officer's approval. -Leave days/Holidays release allowed subject to adherence to protocols

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
		contact is considered traumatic for the family and/or child/ren Social workers and/or Child and Youth Care Workers to provide a link between family members	Social workers and/or Child and Youth Care Workers to provide a link between family members			
8	CYCC-Family Reunification services	Family Reunification and interaction programmes are suspended	Same as level 5	Social Worker or Probation Officer to recommend release or	Social Worker or Probation Officer to recommend release or	Social Worker or Probation Officer to recommend release or discharge of a child

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
				discharge of a child	discharge of a child	
9	CYCC-Admissions	No admissions allowed, except for children found to be in need of care and protection or in conflict with the law	Same as level 5	Children awaiting trial at secure facilities and in need of care and protection to be prioritised by court for further determination	Restricted admissions permitted subject to vigorous screening	Restricted admissions permitted subject to vigorous screening
1	Contact by persons who are co-holders of PRR	Movement of children between co-holders of PRR is prohibited. - Child to remain in the custody	Movement of children only applied in court ordered Parenting plans and agreements	Movement of children only applied in court ordered Parenting plans and agreements	Movement of children in informal arrangements such as between grand parents or between parents	Movement of children in informal arrangements such as between grand parents or between parents across provinces allowed.

NO	Service Area	Level 5	Level 4	Level 3	Level 2	Level 1
		of the parent with whom the child was with.	registered with Family Advocates office or Court	registered with Family	across provinces allowed. -Access to Family Advocates office by new applicants for parenting plans/agreements	-Access to Family Advocates office by new applicants for parenting plans/agreements

COMMUNICATING THE RESPONSE BROADLY

Upon the completion of this Response Plan, this plan will be communicated broadly through different mediums of communication and dedicated sessions will be held with children to ensure that they are well informed about the plan and they contribute to the development of the child friendly version of this Response Plan.

REVIEWAL OF THE RESPONSE PLAN

This Response Plan will be reviewed after every **three/five** years in accordance with the Medium-Term Expenditure Framework (MTSF) for alignment.

7. CONCLUDING REMARKS

This report indicates clearly that Covid-19 had great impact on the delivery of services to children and families and various levels. This therefore necessitates that measures need to be taken to address the identified challenges and to ensure that quality services continue to be rendered to children and families.

Moreover, the department needs to put all measures in place (as per the Response plan) for the Child Care and Protection Sector to be able to deliver services smoothly at any level of lockdown, including a protocol with clear directives of who, when, where, what and how to provide services; work place regulations; as well as monitoring and evaluation indicators.

ANNEXURE A

STAKEHOLDERS THAT PARTICIPATED IN THE DRAFTING OF THE PLAN

NATIONAL DEPARTMENTS	Department of Social Development Department of Justice Department of Health Department of Basic Education Department of Home Affairs Department of Environmental Affairs Department of Transport Department of Cooperative Governance and Traditional Affairs Department of Police National Prosecuting Authority
PROVINCIAL DSD	1. Gauteng 2. Limpopo 3. Free State 4. Western Cape 5. Kwa-Zulu Natal 6. Northern Cape 7. Eastern Cape 8. North West 9. Mpumalanga

CIVIL SOCIETY	
ORGANISATIONS	<ol style="list-style-type: none"> 1. Child Line SA 2. Child Welfare South Africa 3. Rata Social Services 4. SAVF 5. Give a child a Family 6. FAMSA 7. SASWIPP 8. NACCW 9. SOS Children's Home 10. Children's Institute 11. CSIR 12. Commission for gender equality 13. Cotlands 14. AFMSA 15. UNICEF 16. ACCV (Northern and Western Cape) 17. NACSA 18. CHRISTIAN SOCIAL SERVICES DURBAN (ETHEKWINI NORTH CLUSTER) 19. Nelson Mandela Foundation 20. National Early Childhood Development Alliance (NECDA) 21. South African Congress for Early Childhood Development

22. BRIDGE
23. National Development Agency (NDA)
24. Children's Institute (UCT)
25. Ilifa Labantwana
26. Innovation Edge
27. Smart Start
28. Tools for School
29. EduX SA
30. Do More foundation
31. Save the Children South Africa
32. Cotlands
33. Jim Joel Fund
34. Pre Schools 4 Africa
35. Ntataise
36. Association for the Education and Care of Young Children (AECYC)
37. Association of Christian Schools International (ACSI)
38. Africa Reggio Emilia Alliance
39. Custoda Trust
40. Early Care Foundation
41. ECD Upliftment
42. Grassroots Training Provider

43. NECTA (Eastern Cape)
44. Motheo Training Institute Trust
45. New Beginnings
46. Saide
47. South African Montessori Association
48. Jam
49. SAVF
50. Gerards ECD
51. GROW Educare Centres
52. Learn2Live Community Centre
53. Masikhule
54. TEEC South Africa
55. Ubunye Foundation
56. Play with a purpose
57. Early Inspirations
58. Read
59. Itec
60. SA Child Care
61. South African Education Project (SAEP)
62. ISASA