





PREFACE

Infectious diseases like COVID-19 and related public health responses can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines, and the wider community can have negative consequences for children's well-being, development, and protection.

To deepen our understanding of how COVID-19 and subsequent lockdowns affected children, the University Social Responsiveness Committee (USRC) decided to focus on the 'life of a child' and how that life was disrupted in the past three years. This served as an overall framework through which faculties could conceptualise their submissions for the 2022/2023 Social Responsiveness Report.

Whenever there is a global crisis, such as was witnessed from 2020, and throughout 2021 and 2022, we are reminded about inequalities that persist, which stem from and continue to be intertwined with colonial legacies. Children living in poor communities are disproportionately affected, with long-term health and educational outcomes.

With this background, a key theme the USRC thought should be explored extensively was how the disruption of routine services by COVID-19 and related lockdowns impacted on children's long-term health outcomes. Disrupted services include those related to travel as well as access to healthcare services. Disruptions were compounded by caregivers' fears around potentially contracting COVID-19 during

clinic visits. The significance of this theme cannot be underestimated given that a child's cognitive and physical development hinges on access to quality health care.

Another theme that the USRC considered was the impact of COVID-19 on children's education and learning. What has emerged in recent research is that "learning loss" due to school closures is severe. According to the Department of Basic Education, between March 2020 and June 2021, primary school learners lost about 70% of a full learning year. Unverified figures of about 750 000 learners have dropped out since the start of the pandemic, mostly in families already affected by poverty and economic hardship. More vulnerable students may not return to the education system, translating to lower long-term earning trajectories for them and their families, and reduced overall human capital for the economy.

Other significant themes are violence against children, disruption of family care, loss of loved ones, as well as child poverty, hunger, and food insecurity. Child rights activists raised concerns about how rising unemployment, food insecurity and the stresses of lockdown would increase children's exposure to and experience of violence and injury in the home. In South Africa, where many grandparents assume the role of children's primary caregivers, the loss of older family members to COVID-19 has been particularly devastating. With regards to food insecurity and starvation, an estimated 2.8-million children experience hunger weekly in SA. And, if households use some of their scarce resources to buy sanitising and hygiene products in efforts to combat COVID-19, this will come at the cost of food and other essentials.

The importance of this framework with a focus on a life of a child is that it provides an opportunity for academics to share some of their ongoing research and curricula innovation. The framework also attracted submissions that on the surface do not focus on children but on deeper reflection, ultimately touch on how Covid-19 lockdowns impacted significantly on what it means to be human.

The USRC would like to invite members of the UCT community, practitioners, and policy makers to engage with the report and possibly build collaborative partnerships with some of the academics that have contributed to the report.

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EXECUTIVE SUMMARY

Life of a Child

A study in 2015 revealed that 62,1% of children (from new-borns to 17-year-olds) globally were multi-dimensionally poor, meaning that they were being deprived of one or more of the seven basic needs namely health, housing, education, nutrition, protection, water and sanitation. Estimates derived from data from more than 70 countries indicate that around 47-48 per cent of children were severely deprived of at least one of these critical needs before the coronavirus pandemic even hit. Although the revised projections, based on schools reopening and health centers not being overburdened in most countries, do not paint as dire a picture, the situation for children living in multidimensional poverty is still expected to be worse than prior to the pandemic by around 100 million children - unless national governments and the international community step up to soften the blow.

The outbreak of COVID-19 and resultant lockdowns exacerbated these deprivations and the impact on children could prove to be one of their most damaging legacies. In fact, the coronavirus crisis risks turning back the clock on years of progress made on children's well-being and has put children's rights under serious pressure across the globe. Although children are not the face of this pandemic, they risk being among its biggest victims, as children's lives are nonetheless being changed in profound ways. All children, of all ages, and in all countries, are being affected, particularly by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good.

In a country like SA which, according to the World Bank, is the most unequal society in the world, the impact of the pandemic on children¹, particularly from poor socio-economic background, will be catastrophic. All aspects of their lives will be impacted upon in ways that are extremely disheartening. As families lose their sources of income due to COVID-19 and related lockdowns, and as the global economy isplunged into a recession, more households are falling into monetary poverty. For the poorest families, including those who do not have access to social protection, the situation is dire. In 2020, it was projected that the global socio-economic crisis caused by the pandemic

could push 142 million more children into monetary poor households in developing countries. Thus, the total number of children living in monetary poor households in developing countries could reach just over 725 million in the absence of any mitigating policies. Nearly two-thirds of these children live in sub-Saharan Africa and South Asia.

It was against this background that the University Social Responsiveness Committee (USRC) decided to focus on a 'Life of a child' as a major thrust for the 2022/23 Social Responsiveness report. The USRC wanted to shine a light on children by surfacing (research, teaching, and service) themes that were all encompassing and integrate many different threads from within the university, either directly or indirectly, thinking of the life and trajectory of a child.

One of the most striking and consistent findings from COVID-19 reports globally is that, in contrast with infected adults, children rarely experience severe forms of the disease. This, however, did not spare children from being severely impacted upon by lockdown measures imposed to mitigate the spread of the virus. Governments ordered citizens to stay at home as an emergency measure and implemented school closures to prevent further spread of the infection. In the case of children, these mitigating measures did more harm than good.

Exacerbating children's learning crisis

One of the first measures taken to contain the spread of COVID-19 was the closure of schools and colleges, and these affected millions of learners worldwide. At the peak of the pandemic, 188 countries imposed countrywide school closures, affecting more than 1.6 billion children and youth. Even prior to this, however, children's learning was in crisis, and the pandemic has only sharpened these inequities, hitting school children in poorer countries particularly hard.

Education technology was punted as a panacea to close the learning gap. In particular, virtual classrooms, TV, radio and online platforms have been activated or strengthened to support learning at a level that is unprecedented both inside and outside Africa. The reality on the ground paints a sombre picture. Most learners, especially in LMICs, have limited or no access to interactive and internetbased learning materials. Such materials are open access but unreachable mainly due to connectivity related challenges.

Globally, many schools lack the resources to invest in digital learning, and many children from poorer households do not have internet access. At least one in three of the world's schoolchildren - 463 million children globally - were unable to access remote learning when COVID-19 lockdowns shuttered their schools. The actual number of students who still cannot be reached is likely significantly higher than this estimate.

Unverified figures are that about 750 000 children have dropped out of school in South Africa since the start of the pandemic, mostly in families already affected by poverty and economic hardship according to Silbert and Mzozoyana (Daily Maverick, 23 August 2021). To cite just one example of the adverse consequences of school closure, News24 (17 August 2021) reported that a total of 23 226 teenage pregnancies were recorded by the Gauteng Department of Health between April 2020 and March 2021. What is troubling about these figures is that teenage pregnancy poses a health risk to both mother and child, and it perpetuates the cycle of poverty and early school dropout. Even more alarming is that adolescent mothers are less likely to return to school, and their children will likely have fewer health and educational investments.

In many situations, despite remote learning policies and the presence of the necessary technology at home, children may be unable to learn due to skills gaps among their teachers or a lack of parental support. Additionally, the effectiveness of educational technology depends on the strength of national telecommunication networks and data connectivity. This is dependent on service providers and the devices at the disposal of schools, parents and learners, such as smartphones. According to Ngware (The Conversation April 20 2020), a 2017 survey showed that smartphone penetration was at 51% in South Africa, 30% in Kenya and 13% in Tanzania. These statistics have implications of interactive home-schooling support and communications between the teacher and learners at home. Further research is needed on this global digital divide, the gap in access to and use of technology and the internet, and how this perpetuates and reinforces poverty amongst children from poor households.

The framing of the conversation around school closures provides an entry point to a much broader discussion about the impact of COVID-19 lockdowns on children. This approach becomes significant when viewed against the fact that South Africa has high levels of school enrolment and attendance. Amongst children of school-going age (7 – 17 years), the vast majority (98%, or 11.3 million children) attended some form of educational facility in 2018. In 2018, 92% of children (2.1 million) in the pre-school age group (5 -6-year-olds) were reported to be attending some kind of educational institution, mostly in grade R or grade 1. Nearly 200,000 children in this age group are now not attending any kind of educational facility.

While we may not have a comprehensive picture of the consequences of school closures, it would be useful to look at evidence on the pandemic's effect on learning losses and progress.

International studies show that the "learning loss" due to school closures is severe (although learning delay may be a more appropriate term). According to the South African Basic Education Department, between March 2020 and June 2021, primary school learners lost about 70% of a full learning year. Governments and schools face a heavy task as a result: How can the delay in learning be remedied? Globally, the literature on the impact of the pandemic on education highlights learning losses and decreased attainment scores because of school closures, widening of pre-existing education disparities and wiping out of learning gains made over time. More research is needed on the effects of school closures on loss of learning time and educational outcomes.

Some cases in the 2022/23 Social Responsiveness report have made a modest effort to interrogate this but an in-depth study would be much more useful. Other cases in the report covered themes presented

Increasing child malnutrition and poverty

The closure of schools does not only deprive learners of quality education, but it also deprived them of a nutritious meal which was provided through the National School Nutrition Programme (NSNP). One in every two learners across the globe receives school meals every day in at least 161 countries, according to the World Food Programme's State of School Feeding Worldwide 2020. This ratio equates to about 388 million children worldwide relying on feeding programmes. In South Africa alone, about 9 million learners are fed through the NSNP at school every day. The NSNP programme aims at improving the ability of children to learn by combating malnutrition, reducing hunger, and improving school attendance. Due to the Covid-19 pandemic which brought on school closures, school feeding scheme

programmes were brought to a halt. South Africa's NSNP was also temporarily suspended during the country's initial hard lockdown, which brought into stark reality the importance of school nutrition programmes as a social safety net, protecting the well-being of the country's most vulnerable children.

The deepening crisis of child malnutrition prompted the editorial team of the UCT Child Gauge (CI) to engage proactively with the media throughout 2020 to put child hunger and malnutrition on the national agenda, with calls for the state to uphold children's rights in the context of rising unemployment, the disruption of routine health services and the closure of schools and ECD programmes. Equal Education and the School Governing Bodies of two schools, represented by the Equal Education Law Centre and Section 27, launched an urgent application in the North Gauteng High Court to have the decision on suspension of the NSNP declared unconstitutional for infringing learners' rights to basic education and sufficient food, and children's rights to basic nutrition. The CI, represented by the Centre for Child Law (CCL), applied to join as a friend of the court to strengthen the case and in particular to argue against the DBE's assertion that the right to basic nutrition was not relevant to the case. The CI focused on providing statistical evidence on the state of child poverty, hunger, and malnutrition from its Children Count project; a child indicator project that has been monitoring progress in realising children's socioeconomic rights since 2003. The CI drew on its own legal research on children's socio-economic rights and the expertise of its legal team from the CCL, presenting legal arguments on the state's obligations with regards to children's right to basic nutrition, the principle of the best interests of the child, and the interdependency and indivisibility of rights.

These arguments challenged DBE's assertion that it was only responsible for realizing the right to basic education, and not basic nutrition.

The number of children living in multidimensional² poverty - without access to education, health, housing, nutrition, sanitation, or water - may soar.

There is adequate evidence which points to loss of income by workers in the informal economy, which in turn, may escalate child hunger. At UCT, several DPRU researchers were involved in the setup of the National Income Dynamics Study - Coronavirus Rapid Mobile Survey (NIDS/CRAM), and research using the data from that survey, which focused on

the impact of social grants on household welfare, as well as the gendered labour market impacts of the lockdown. The findings reveal that most workers in the informal sector are women who are also primary

The economic impacts of COVD-19 lockdowns have dramatic effects on the well-being of families and communities. For vulnerable families, lost income can translate to spikes in poverty, missed meals for children, and reduced access to healthcare far beyond COVID-19.

According to Jonah, May and Sambu (The Conversation, April 13 2020) data from 2018 shows that close to 60% of children in South Africa lived below the poverty line, while a third were below the food poverty line. Statistics also show that households with children are more likely to experience hunger than those without. This will be aggravated by any loss of jobs or livelihoods that have resulted from the measures to control COVID-19. And if households use some of their scarce resources to buy the sanitising and hygiene products in efforts to combat COVID-19, this will come at the cost of food and other essentials. Dietary diversity may be reduced, increasing the risk of micro-nutrient deficiencies. For young children, nutritional shocks can result in increased wasting and stunting. These are known to have long-term effects on the health and education outcomes of children and compromise their immune systems.

Reducing access to life-saving vaccines

Every year, vaccines save an estimated 2 to 3 million lives, but COVID-19 threatens to roll back decades of progress made in reducing preventable child deaths by hindering access to these life-saving services. Vaccinations rates were already an issue before the pandemic and the current health crisis could exacerbate this situation further. As access to health services and immunization outreach were curtailed, the number of children not receiving even their very first vaccinations increased in all regions. According to new data, nearly 14 million children did not receive any traditional vaccines in 2019. Additionally, almost 6 million children received some but not all traditional vaccines required for full protection against many life-threatening diseases. According to the WHO, as compared with 2019, 3.5 million

^{*} The Statistics South Africa study used seven dimensions. The Living Conditions Survey 2014–2015 was used as the national survey database. The seven dimensions are (i) WASH (sanitation or type of toilet, waste disposal, and drinking water source); (ii) housing (building materials used for shelter and energy used for cooking and lighting); (iii) nutrition (proxied by a household-level food security variable); (iv) protection (household-level variable addressing recent crime befalling any household member); (v) health (distance to the nearest health centre, and for young children aged 0-4, access to Road to Health Card); (vii) information (access to radio, television or the internet); and (vii) child development (exposure to early childhood education and attendance at an early childhood development institution for 3-4-year-olds) and education (school attendance, lateness in schooling or age-grade appropriateness and school

more children missed their first dose of diphtheria, tetanus and pertussis vaccine (DTP-1) while 3 million more children missed their first measles dose. With COVID-19 lockdowns putting enormous pressure on an already weak or overstretched health systems, the number of unvaccinated and under vaccinated children is expected to increase, exacerbating existing inequities and putting the lives of many children at serious risk of disease or death.

Downscaling or closure of regular child and maternal health preventive services and other related services may compromise immunisation, antenatal and nutritional programs, and result in higher morbidity and mortality from other diseases such as tuberculosis (TB). Reduced access to care, poverty, and fear of being infected with COVID at health care facilities, may lead to delays in seeking care for sick children, resulting in more severe illness at presentation and lower uptake of effective preventive interventions such as childhood vaccination. Another point is that diversion of resources to adult services further compromises the ability to care for children. Health care workers are increasingly being seconded to adult care services and health budgets that are already inadequate for child health needs, are being shifted to managing the COVID epidemic.

More research in South Africa is needed on lack of health care for children which, in the case of vaccinations, may leave many children at risk from devastating but preventable diseases like measles, polio or meningitis. The country needs to discuss the trade-offs being made within health care as services are focused on COVID-19 and related illnesses.

Mounting risks of violence, exploitation, and abuse (physical and sexual)

At the height of increasing rate of infections in 2020, a heated debate between those opposed to the reopening of schools and those who were in favour ensued. The fears of the opposing group were understandable, but government insisted that while vulnerable children are at home, they are at greater risk of child abuse or neglect. If they are away from school, the argument goes, there is little or no opportunity for school staff to detect abuse and intervene to try to protect them. The extensive and serious potential risks and actual harms women and vulnerable children face cannot be overstated. But the evidence shows that the argument for reopening

schools based on child abuse is simplistic, and such a line of thinking will not help us if it persists after lockdown ends. It would be useful therefore to compare data on child abuse before and during COVID-19 lockdowns.

Lockdowns measures can expose children to a range of risks. Several factors related to confinement measures are likely to result in heightened tensions in the household, with added stressors placed on caregivers, such as economic uncertainty, job loss or disruption to livelihoods, and social isolation.

When schools shut down, early marriages increase, more children are recruited into militias, sexual exploitation of girls and young women rises, teenage pregnancies become more common, child labour grows and school dropout soars.

The everyday lives of girls have been overturned by the pandemic: their physical and mental health, their education, and the economic circumstances of their families and communities disrupted. Changes like these increase the likelihood of child marriage, and over the next decade, up to 10 million more girls will be at risk of becoming child brides as a result of the pandemic. The risk of child marriage increases through various pathways, including economic shocks, school closures and interruptions in social care services.

It is well known, for example, that economic insecurity can lead to child marriage as a way to relieve financial pressure on a family. The evidence is also clear that education serves as a protective factor against child marriage. Thus, school closures such as those triggered by COVID-19 may, in effect, push girls towards marriage since school is no longer an option. Additionally, the disruption of 'non-essential' services including reproductive health services have a direct impact on teenage pregnancy and subsequently on early marriage.

According to a UNICEF/ILO publication (June 2021) the latest global estimates indicate that the number of children in child labour has risen to 160 million. worldwide – an increase of 8.4 million children in the last four years. 63 million girls and 97 million boys were in child labour globally at the beginning of 2020, accounting for almost 1 in 10 of all children worldwide. Additional economic shocks and school closures caused by COVID-19 mean that children already in child labour may be working longer hours or under worsening conditions, while many more may be forced into the worst forms of child labour due to job and income losses among vulnerable families. The report warns that globally, 9 million additional children are at risk of being pushed into child labour by the end of 2022 because of the pandemic. Children in child labour are at risk of physical and mental harm. Child labour compromises children's education, restricting their rights and limiting their future opportunities, and leads to vicious intergenerational cycles of poverty and child labour.

Experts estimate that the global total of COVID-19 related deaths could eventually reach 10 to 40 million, which will inevitably leave many children without one or both parents or other caregivers. Orphaned children are particularly vulnerable to trafficking and other exploitation, including sexual exploitation, forced begging, selling goods on the streets, and other forms of child labor. Older children often drop out of school to try to support younger siblings.

Widespread job and income loss and economic insecurity among families are likely to increase rates of child labor, sexual exploitation, teenage pregnancy, and child marriage.

Mental health challenges amongst children

There is evidence that the pandemic and associated lockdowns might have a negative impact on children's mental health and well-being. As pointed out earlier, the psychosocial impact of the lockdowns and the consequent social isolation on children are innumerable. As a result of pandemic restrictions, children all over the world are doing significantly less physical activity and spending more time sitting. This is one reason playgrounds are so important for children right now. While there may be some risks to keeping playgrounds open, these must be appropriately balanced with the overwhelming benefits playgrounds have for children's development.

Isolation, physical distancing, and loneliness are challenging situations for every human being. Children are bound to miss interacting with their own peer groups, and we fear that being deprived of their company for any length of time will lead to drastic behavioural changes. Research on the psychological impact of COVID-19 lockdowns on

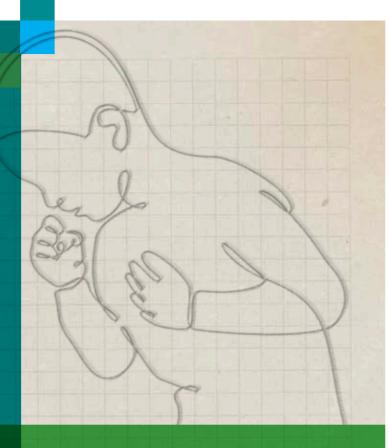
children and adolescents may shed more light on these mental health issues.

Initial thoughts in this regard centre around the impact of school closures on children's emotional and social well-being. This is informed by a view that schools are hubs of social activity and human interaction. When schools close, many children and youth miss out on social contact that is essential to learning and development. This view is supported by Silbert and Mzozoyana (Daily Maverick, 23 August 2021) who point out that even before the pandemic, schools generally provided much more than formal learning. They represented spaces for structure, routine, and predictability where, through daily interaction with others, children learnt relational dynamics and socialisation. These are extremely important aspects of a child's overall development and contribute towards creating a sense of containment, social boundaries, and self-regulation. The economic crisis generated by COVID-19 lockdowns threatens to hit children and families the hardest, stripping them of the ability to provide emotional support and care for each other.

Conclusion

The executive summary may not have done justice to a myriad of themes that emerged from the cases submitted by faculties. It however provides a cursory glance at how COVID 19 affected children who, in most cases are, 'not the face of COVID 19'. Globally there is an acknowledgement that the pandemic may have caused immeasurable harm to children in all areas of their life cycle. For example, educationally, it may take years for children to recover from the learning losses brought by the pandemic. The acknowledgement is not based on anecdotal evidence but on empirical evidence gathered using rigorous scientific methods. The report itself is useful in so many ways but, much more significantly, it makes struggles of children during COVID 19 more visible. A report designed to address the impact of COVID-19 on a life of a child will welcome any new insights which may help practitioners and policy makers understand the devastating impact of the

FACULTY OF ENGINEERING AND THE BUILT ENVIRONMENT



COVID-19 and the Transport System

- Marianne Vanderschuren

The World Health Organisation declared the COVID-19 outbreak a pandemic on 11 March 2020. This led to lockdown legislation in many countries around the world. "By the end of March 2020, most countries, including those in Sub-Saharan Africa, had implemented lockdown regulations in one form or another. These lockdowns required activities such as work, education, and exercise, among others, to be carried out remotely, and imposed restrictions on the use of public transport services" (Behrens and Newlands, 2021). It is not surprising that the COVID-19 pandemic has had an enormous impact on travel behaviour around the world.

As restrictions eased, but infection consciousness remained, walking and cycling became more appealing, even leading to the rethinking of infrastructure provision in 60 global cities (Combs and Pardo, 2021). There are changes in spatial patterns, partly informed by the move away from cities, as working from home becomes more accepted. As COVID-19 started to subside, researchers speculated what the future of mobility will look like. Will global mobility patterns go 'back to normal' (i.e., before COVID-19) patterns, or will Mobility-as-a-Service (MaaS), including ride-sharing, play a more prominent role (Hensher, 2020)?

Where various countries and cities have moved towards encouraging walking and cycling, as these modes have a reduced COVID-19 risk, in Sub-Saharan Africa there is no proof that walking and cycling has received increased support from governments. In Cape Town, there was a mobility 'war room', supported by academics for the Centre of Transport Studies (CfTS) in the Faculty of Engineering and the Built Environment, which did try to make a paradigm shift to non-motorised transport. In some cases, there were requests for assistance from NGO's and residents to promote walking and cycling, leading, in some cases, to detailed plans. However, city officials were not able to make the required paradigm shift, leading to a lack of implementation of these initiatives and plans thus far.

"The available evidence indicates that in some Sub-Saharan African countries trip-making returned to base conditions sooner than in other parts of the world. It is predicted that longer term urban transport impacts will take the form of (Behrens and Newlands, 2021):

- reduced travel by, and accessibility for, vulnerable low-income households residing in peripheral locations, because of decreased economic welfare;
- reduced transport service availability because of operator attrition, particularly amongst unsubsidized formal operators;
- increased remote activity participation and fewer work and business trips for a minority of better resourced households with white-collar workers,

- determined largely by how extensively 'hybrid work' business practices become established, and;
- disrupted trip distributions as the mix of city centre land-use changes in response to business attrition in economic recession rather than disrupted bid rents".

Stress, loss of income and isolation can all exacerbate the risk of violence. During the COVID-19 pandemic, gender-based violence increased significantly (WHO, accessed 1 July 2022). This may also be the case in the transport system, specifically public transport and ride-share services, where personal security issues in general, and gender-based harassment and violence in particular, are areas of concern, not only during COVID-19.

In the South African context, data collection has assisted in the understanding of changing perceptions of the use of ride-chare (Uber, Bolt etc.) for young adults. To be able to identify policy interventions to improve travel opportunities for the 'missingmiddle', the differences between respondents with and without access to private transport was analysed. Significant trends were identified when asked about travelling alone at night (see Figure 1). Results indicate that females are less likely to use ride-share services and public transport alone at night. For females with access to private transport, the likelihood to use transport services is even lower than for females without access. COVID-19 has generally reduced the likelihood to use transport services (Baufeldt and Vanderschuren, 2022).

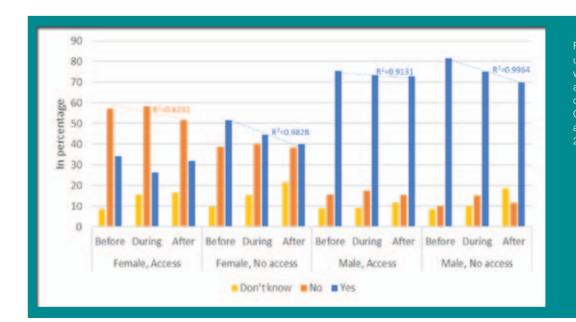


FIGURE 1: 'Would you use ride-share services when you are alone at night?' for before, during, and after Covid-19 (Baufeldt and Vanderschuren, 2022)

Interventions to reduce and prevent personal security concerns, especially of females using ride-sharing services, can be implemented in several ways. Some examples of different approaches, based on various community studies, include:

SURVEILLANCE AND POLICING: digital interventions - surveillance cameras in vehicles or digital safety auditing tools;

EDUCATION: campaigns and educational events - digital or printed campaigns on various forms of media or in transport vehicles; workshops and training for drivers of ride-share services about appropriate behaviour and positive masculinity;

PHYSICAL IMPLEMENTATIONS: ensuring vehicles of ride-share services do not have child-locks installed and window tinting is limited so that the interior is always visible from outside;

REPORTING OF INCIDENTS AND FEEDBACK: allow users to easily and quickly report incidents that

are then investigated appropriately; and

COMPANY POLICIES: clear zero-tolerance company policies on sexual harassment and related behaviour within ride-share app companies to bring accountability of drivers to the ride-share platforms.

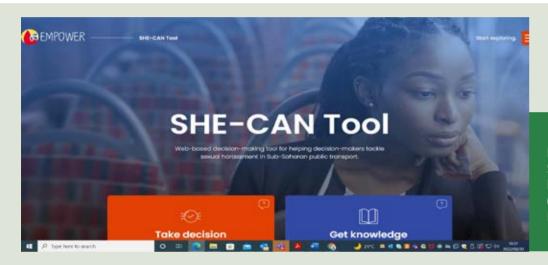


FIGURE 2: SHE-CAN Tool landing page (Empower Project, 2022)

The staff and students of the CfTS, with input from staff in the Law Faculty, have contributed to a web-based tool (see Figure 2) that assists Sub-Saharan stakeholders in addressing sexual harassment and gender-based violence. The SHE-CAN tool provides literature, case studies, templates, detailed interventions, and indications of their effectiveness, amongst others. The tool is currently at the testing stage and will assist policy makers, local authorities, enforcement agencies, transport provides and NGO in their quest against sexual harassment and gender-based violence (Lane-Visser and Vanderschuren, 2022). The tool framework was 100% designed by UCT staff (for

IN CONCLUSION, after the tremendous impact on human health and the health system, a reduction in mobility is probably the second largest impact of the COVID-19 increase of gender-based violence, were also witnessed in the transport system.

REFERENCE LIST

Baufeldt, J. and Vanderschuren, M. 2022. Gender-Based Personal Security Perception of Ride-Share for 'Before', 'During' and 'After' Covid-19: the Case of Cape Town. Thredbo Conference, September 2022. Behrens, R. and Newlands, A. 2021. The impact of the COVID-19 pandemic on future urban transport in Sub-Saharan Africa. Gothenburg, Sweden: Volvo Research and Educational Foundations. Combs, T. and Pardo, C. 2021. Shifting streets COVID-19 mobility data: Findings from a global dataset and a research agenda for transport planning and policy. Transportation Research Interdisciplinary Perspectives, 9. Empower Project. 2022. SHE-CAN Tool. Available: https://shecan-tool.info/ [2022, July]. Hensher, D. 2020. What Might Covid-19 Mean for Mobility as a Service (MaaS)? Transport Reviews, 40(5), pp.551-556. Lane-Visser, T. and Vanderschuren, M. 2022. Development of a framework for addressing sexual harassment in public transport. Transport Policy, under review. World Health Organisation (WHO). N.d. Novel Coronavirus 2019: Question and Answer Hub. Available: https://www.who.int/emergencies/ diseases/novel-coronavirus-2019/question-and-answers-hub [2022, June].

FACULTY OF COMMERCE

"Emergency remote teaching and learning during COVID-19: Experiences of accounting students at a South African residential university"

Samiah Fakier, Nabeelah Daniels, Magdel Zietsman

According to SANSA (SANSA, 2020), the novel coronavirus, known as COVID-19, was first recognised in Wuhan City in China at the end of 2019. The spread of COVID-19 resulted in the temporary closure of schools and universities in more than 160 countries globally, which, according to the International Association of Universities (IAU, 2020), left more than 1.5 billion students and youth across the planet affected. Following a nation-wide address by South African President Cyril Ramaphosa on 16 March 2020, classes at the University of Cape Town (UCT) were suspended and students were required to vacate all residences within 72 hours from this date. As a result, all teaching events were moved onto various online platforms with immediate effect. Students were required to transition to online learning platforms, all while some of these students experienced adversity with remote access and unreliable internet.

Students were offered an online orientation week to prepare for the start of the second term, which was aimed at aiding students to adapt to the new learning environment. A guide to remote learning was developed and the academic calendar was rearranged to allow for the successful completion of the

semester and academic year. The following were some of the measures implemented to ensure a smooth transition to Emergency Remote Teaching (ERT):

- Laptops were provided to students based on financial need:
- UCT established agreements with certain network providers to provide zero-rated data for select university websites; including Vula, the UCT libraries website, Open UCT, and UCT's main website (i.e students did not incur data costs to access these sites);
- A call-centre and referral system (CARES) was established to aid in connectivity queries and support students with health and psychosocial issues; and
- UCT set up the distribution of printed learning materials and USB drives for students who could not access the internet in any way.



Purpose and aim

The purpose of this research is to reflect on the responses and feedback obtained from students in adapting to the e-learning environment. The research was conducted with Accounting students at UCT. Using a questionnaire, the aim was to obtain information from students regarding the challenges they experienced during 2020 when the teaching and learning project was moved to an ERT model.

This study addresses the following two research questions:

- What are the challenges that students experienced when the teaching and learning project was moved to an ERT model?
- What are the restraining factors that have an impact on their experiences of these challenges?
- Children's education and learning theme
- The Perceived Affordances and Usage Constraints of Learning Design Authoring by South African High School Teachers

The COVID-19 pandemic forced South African high school teachers to rapidly adopt e-learning, which involves the development of digital educational content known as Learning Design. However, little research has sought to understand and explain the capabilities (affordances) and usage constraints of Learning Design authoring, as perceived by these high school teachers. This study interviewed 14 South African high school teachers to describe these affordances and usage constraints and explain what goals they affect. Research also supported the development of a new Learning Design tool, utilising a Design Science methodology that produced software requirements from findings. A critical realist stance was adopted, using induction to identify affordances and usage constraints, and re introduction to posit the existence of Learning Design authoring goal mechanisms. A novel theory of Learning Design affordances and usage constraints was derived from interviews, suggesting interaction with five Learning Design authoring goals: Create a Learning Design, Create an Assessment, Distribute Learning Content, Schedule Learning Content, and Compile Learning Content. Furthermore, several developing context affordance perceptions were identified, such as sending designs over WhatsApp or creating visual lesson content. However, systematic constraints inhibited Learning Design authoring. Constraints included, among others, poor access to data, training, and technology, and a lack of time. Hence, South African educational bodies should work to improve the accessibility of technologies for Learning Design, train teachers, and relieve them of unnecessary time constraints. Furthermore, future research should expand upon this study with a broader sample, employing multimodal data gathering methods that enhance the accuracy of findings.

The domestication of e-learning platforms by physically disabled high school students in South Africa.

E-learning is quickly becoming an essential part of modern education due to technological advances (Dalziel et al., 2016). Additionally, the COVID-19 pandemic has acted as a catalyst in the process of shifting the traditional face-to-face learning to e-learning (Soni, 2020). E-learning is provided through e-learning platforms, which can be broadly defined as a portal that offers the technological infrastructure for e-learning activities (Piotrowski, 2010). Furthermore, there were concerning reports relating to the lack of educational support and resources for students with disabilities (Kim & Fienup, 2021). In South African schools and institutions, the domestication of e-learning platforms is yet to be institutionalized for students with physical disabilities (Ntombela, 2020). Moreover, these students are at a great disadvantage in terms of receiving an education through e-learning platforms (Letseka et al., 2018). Therefore, there is a dire need to domesticate e-learning platforms for disabled students in South Africa. The aim of this study is to understand the factors that influence physically disabled students' e-learning experiences / challenges in South Africa. The study also informs the pedagogical approaches to physically disabled students adapted by high school teachers in South Africa.

Factors Impacting Using the Internet for Learning: The Digital Divide in South African Secondary Schools

Globally governments are providing the Internet to schools to improve the quality of teaching and learning. In South Africa, the Western Cape Education Department recently embarked on an e-learning smart schools project to provide broadband to schools in the province. Yet this project has had challenges and not all schools have embraced e-learning. Through a case study of eight schools, this research explains how relevant factors impact the use of the Internet for teaching and learning in Cape Town schools. The inductively derived model explains how contextual conditions such as the high levels of inequality in South Africa impact usage of the Internet for learning.

The actual characteristics of learners and teachers, the facilities being provided by the WCED and the relevant schools and the practices of teachers also have an impact. This study should assist local governmental organisations, schools and teachers trying to increase and reduce inequalities in e-learning in schools. The study should also interest university lecturers who need to be aware of the changing teaching practices in schools and the expectations of students arriving on campus.



Children's online safety

Analysis of mobile bully-victim behaviour of students using both Facebook and Twitter: the case of South African students

Mobile bullying on social networks is a growing problem in South African high schools. Mobile technology is widely used than conventional methods to commit anti-social behaviours today, and our understanding of mobile bullying is still limited. While studies on bullying in general have been conducted, there has been limited focus on one type called bully-victims. The present study examines the factors that influence the behaviour of mobile bully-

victims on Facebook in South Africa. Bully-victims are adolescents that swing between being a bully and a victim and are difficult to identify. Research shows that there is rapid growth in suicidal cases which is one of the leading causes of death among adolescents in South Africa. While suicide has not been associated with bully-victims in South Africa, international studies link adolescent suicidal tendencies with bullyvictim behaviour. We chose Facebook because it is the most popular and commonly used social network by adolescents. Extensive literature on the potential causes of mobile bully-victim behaviour was reviewed and a conceptual model of the influencing factors developed. This model will assist schools understand the potential causes of bully-victim behaviour and guide the development of appropriate interventions for this form of aggression.

The Response of Social Crime Prevention Police to Cyberbullying Perpetrated by Youth in Rural Areas of South Africa

Recently, South Africa has seen a surge in violence, cyberbullying by learners against peers, and online malicious acts against teachers. In response, the South African Department of Basic Education invited the social crime prevention police to intervene. This study reports on the developmental issues contributing to cyberbullying and the police response to this violence in rural schools. An extensive literature review was conducted, and a conceptual framework was developed to guide the study and development of a mobile application. This framework was tested using data collected from focus groups, 8 police officers, 9 teachers, 52 grade-10 learners, and 27 grade-12 learners. The data were analyzed using thematic and quantitative techniques. The findings reveal some developmental issues. For instance, teachers are often targeted by learners online because they fail to take prompt action when learners report cyberbullying incidents. This finding is consistent with the developmental theory which predicts that lack of support would create a permissive context for cyberbullying. In addition, the popularity of cyberbullying has a stronger influence on older, rather than younger, adolescents. Older adolescents are more concerned about gaining popularity than being socially accepted. Recommendations are made which can be useful to schools, learners, and the police force in their fight against cyberbullying.

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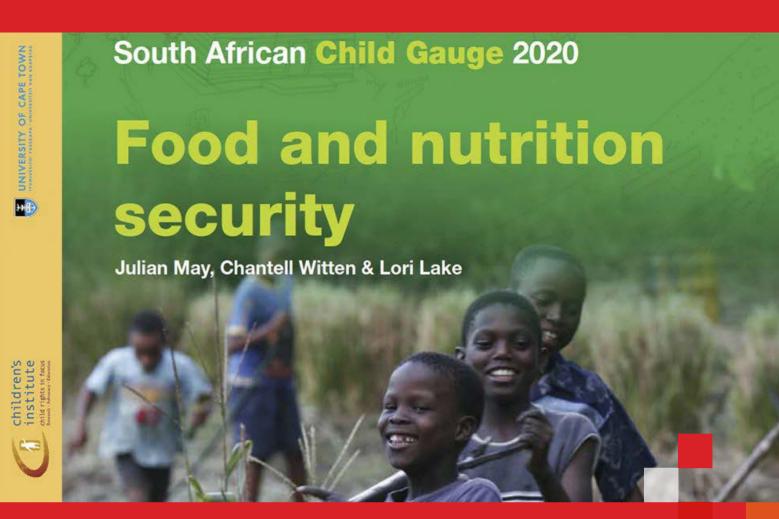
Children's Health

The Influence of Design and Implementation Characteristics on the Use of Maternal Mobile Health Interventions in Kenya: Systematic Literature Review

The growth of mobile technology in developing countries, coupled with pressing maternal health care challenges, has led to a widespread implementation of maternal mobile health (mHealth) innovations.

However, reviews generating insights on how the characteristics of the interventions influence use are scarce. This study aims to review maternal mHealth interventions in Kenya to explore the influence of intervention design and implementation characteristics on use by maternal health clients.

We also provide a starting inventory for maternal mHealth interventions in the country. Using a systematic approach, we retrieved a total of 1100 citations from both peer-reviewed and gray sources. Articles were screened on the basis of an inclusion and exclusion criterion, and the results synthesized by categorizing and characterizing the interventions presented in the articles. The first phase of the literature search was conducted between January and April 2019, and the second phase was conducted between April and June 2021. A total of 16 articles were retrieved. comprising 13 maternal mHealth interventions. The study highlighted various mHealth design and implementation characteristics that may influence the use of these interventions. In addition to elaborating on insights that would be useful in the design and implementation of future interventions, this study contributes to a local inventory of maternal mHealth interventions that may be useful to researchers and implementers in mHealth. This study highlights the need for explanatory studies to elucidate maternal mHealth use, while complementing existing evidence on mHealth effectiveness.



FACULTY OF HEALTH SCIENCES

The South African Child Gauge 2020: It's time to stop the slow violence of malnutrition

The South African Child Gauge® is an annual publication of the Children's Institute, University of Cape Town, that monitors progress for children and supports evidence-based policy and programming. The 2020 issue focused attention on children's nutrition and food security at a time when COVID-19 pandemic threatened to undermine families capacity to meet children's nutritional needs.

Gauging progress

South Africa's burden of child malnutrition remains unacceptably high for a middle-income country: Even prior to COVID-19, one in four children under the age of five were stunted, a sign of chronic undernutrition

that has remained stubbornly unchanged for 20 years. At the same time, South Africa has seen a steady increase in childhood overweight and obesity (affecting one in eight children under the age of five) with prevalence rising across the life course especially amongst adolescent girls (28%) and adult women (64%) which is fuelling a growing epidemic of non-communicable diseases.

The roots of the problem lie in our on-going failure to uproot poverty and inequality – with thirty percent of South Africa's children living below the food poverty line. Inadequate food intake, coupled with frequent infections caused by overcrowding and poor access to water, sanitation and health care services further compromise children's nutritional status with severe

acute malnutrition one of three leading causes of child deaths in South Africa.

In addition, the food system is increasingly dominated by commercial interests with big food corporations expanding into the global South, targeting children as consumers, and flooding local markets with cheap ultra-processed foods. These foods - low in nutrients, high in sugar, salt and fat – are helping to fuel the rapid rise in obesity and NCDs, with many children trapped in obesogenic food environments where healthy foods are increasingly unaffordable.

In other words, malnutrition is not simply a threat to child survival, it also compromises their health and development, and the 2020 issue of the South African Child Gauge describes how child malnutrition is a slow form of violence that lingers largely unseen until the child's health is seriously compromised. It slowly eats away at children's potential, eroding their physical health and cognitive development and undermining their education and economic prospects – driving an intergenerational cycle of poverty, malnutrition and ill-health that comes at a huge cost for individual children, their families and the South African economy.

A process of engagement

When we started work on the book early in 2020, we had no idea how profound an impact COVID-19 would have on our own work, families and the health and nutrition of South Africa's children. The unfolding crisis - including government's failure to

take decisive action to uphold children's rights to food, health care, education and social assistance – and community-based organisations efforts to step in to fill the void - created a real sense of urgency, and prompted the editorial team to engage proactively with the media throughout 2020 to put child hunger and malnutrition on the national agenda, with calls for the state to uphold children's rights in the context of rising unemployment, the disruption of routine health services and the closure of schools and ECD programmes.

A strong editorial team led by Professor Julian May, Dr Chantell Witten and Lori Lake gathered input from over 60 contributors from a range of disciplines and universities across the country including the directors of the Centres of Excellence in Food Security, Nutrition and Human Development. Similarly, we chose to appoint an editorial advisory committee that brought together experts in nutrition, public health, food systems and early childhood development to enable us to interrogate children's food and nutrition security from a variety of sectors and disciplinary perspectives. It was particularly helpful to have Thulani Masilela's input as Chairperson of the National Food and Nutrition Security Committee to ensure that our evidence and emerging recommendations spoke clearly to a policy audience.

In the context of COVID-19, we opted for a virtual launch and invited a series of high-profile speakers including the South Africa's First Lady Dr Tsepho Motsepe, Vice Chancellor Mamokgethi Phakeng, and the CEO of the South African Human Rights Commission, Adv Tseliso Thipanyane, who added

Humanitarian relief

Health care services

Jobs and social protection

Schools and ECD programmes

Agri-food industry

Shops and restaurants

FIGURE 1: Towards a child-centred food system

their voices to the call for action. We also engaged proactively with the news media – through a series of opinion editorials, articles, radio and TV interviews - to inform and stimulate national debate and to challenge government's failure to uphold children's rights to adequate nutrition in the State of the Nation Address and Budget Speech.

The launch was followed by a series of highlevel presentations to academic, civil society and government for including the BRICS Academies of Science, NRF Impact webinar, International Dietetics Congress, Critical Food Studies Conference, National Food and Nutrition Security Committee, National Child Care and Protection Forum, and the launch of the Healthy Living Alliance's Food Justice Campaign. Through this process of engagement, the concept of a "child-centred food system" has gained traction and begun to inform an emerging policyresearch agenda including the emergence of a civil society movement centred on children's right to nutrition. The Gauge findings were also presented at the Department of Communications' Public Hearings on the Audio and Audio Visual Content Services Bill in support of a clause designed to protect children from the marketing of obesogenic foods

Through this process of evidence-based and sustained engagement, the 2020 Child Gauge has helped reframe the way in which people think about child malnutrition and generated a renewed sense of urgency and common purpose. We also hope that the interdisciplinary nature of the 2020 Gauge will strengthen undergraduate and postgraduate education and shift the thinking and practice of a range of professionals working in nutrition, health, education, social protection, and social policy – so that they are able to better appreciate their own role and responsibilities within the broader food system.

http://www.ci.uct.ac.za/cg-2020-food-and-nutrition-security

Children's Institute
contribution to first High
Court judgment on
children's right to basic
nutrition

Paula Proudlock and Katharine Hall

When schools were closed during the first COVID-19 lockdown of 2020 this included the suspension of the National School Nutrition Programme (NSNP), which usually provides a daily meal to over 9 million school learners from the poorest households. While initially only planned for 21 days, the lockdown was extended, resulting in schools (and the NSNP) being completely closed for 12 weeks. The suspension of the NSNP deprived poor learners of the state's primary food supplementation programme that had been in existence for over two decades, at a time when families had less income to feed their children.

Equal Education (EE), Equal Education Law Centre (EELC), Section 27, Centre for Child Law (CCL) and the Children's Institute (CI) foresaw the hardship that the suspension of the NSNP would cause for children and their families – especially for the 6,4 million children who were already living below the food poverty line before lockdown.¹ We held urgent meetings (on zoom) to discuss how to convince government to reverse the decision.

The CI was monitoring the state's social assistance relief plans, which had not yet been finalised, and was leading a joint campaign for a R500 top-up to the Child Support Grant to support families with children during the state of disaster.



Every child counts: South African Death Review Project

We were also monitoring the state's food parcel relief plans and implementation, and had observed that grant beneficiaries, including the seven million caregivers who received child support grants for 13 million children, were being excluded from receiving food parcels, despite these being the very families that were now deprived of the NSNP.

At the same time, EE were in communication with learners and caregivers on the ground who were reporting rising hunger, inability to concentrate on learning, and mental anguish as they contemplated the weeks ahead, being locked down at home with reduced income and no food.

We first attempted to engage with the Minister and Department of Basic Education (DBE) via written correspondence outlining our concerns and requesting an urgent meeting. This appeared to catalyse an about-turn with the Minister announcing that schools and the NSNP would re-open in a months' time for learners in grades 7 and 12 and other grades would be re-opened later in phases. She committed to making a plan to provide the NSNP to learners in the other grades despite these grades not returning to school until later in the year. Later, the Minister backtracked on this commitment and announced that the NSNP would only be restored to the other grades when they returned to school. As a result, after two months of hard lockdown, over 6 million learners were still excluded from the NSNP with no plan in sight.

EE and the School Governing Bodies of two schools, represented by the EELC and Section 27, launched an urgent application in the North Gauteng High Court to have the decision declared unconstitutional for infringing learners' rights to basic education and sufficient food, and children's rights to basic nutrition.² They asked the court to order the DBE to restore the NSNP immediately for all 9 million learners, irrespective of whether their grade had returned to school yet, and for the court to supervise DBE's progress to ensure that implementation of the court order was prioritized. The DBE opposed the application, arguing that they were already phasing in the restoration of the NSNP and did not need the court to supervise that process, and secondly that children's right to basic nutrition was not relevant to the case because the NSNP was primarily



Children Count Statistics on children in South Africa

aimed at realizing the right to basic education.

The CI, represented by the CCL, applied to join as a friend of the court to strengthen the case and in particular to argue against the DBE's assertion that the right to basic nutrition was not relevant to the case. The case presented the first opportunity for the High Court to interpret the meaning of the state's obligation with regards to children's right to basic nutrition [s28(1) (c)of the Constitution in the context of children living with their families. If it were interpreted as an immediate right that is not subject to progressive realization, the state would bear a higher standard of justification for any limitations of the right, as compared to the rights of everyone in section 26 and 27 that are subject to progressive realization within available resources. Such a finding would provide a ground-breaking interpretation of South African constitutional law, clarifying that children's rights to basic nutrition should be prioritized by the state, especially in a time of crisis.

We focused on providing statistical evidence on the state of child poverty, hunger and malnutrition from our Children Count project, a child indicator project that has been monitoring progress in realising children's socio-economic rights since 2003. We drew on our own legal research on children's socio-economic rights and the expertise of our legal team from the CCL, presenting legal arguments on the state's obligations with regards to children's right to basic nutrition, the principle of the best interests of the child, and the interdependency and indivisibility of rights.

These arguments challenged DBE's assertion that it was only responsible for realizing the right to basic education, and not basic nutrition.

The judgement demonstrates that our evidence and legal arguments contributed to the court's final order, which provides strong foundational legal precedent on the nature and extent of the state's obligation to realise the right to basic nutrition. In particular, the Cl's statistical evidence

"enlightened the Court that the NSNP supplements the nutrition of half of all children in the country, three quarters of all learners and a fifth of the total population"

and that the NSNP was well targeted to poor children in need of food supplementation. Our evidence on the diversity of nutrients provided by the NSNP showed the court that the programme not only provided food and energy, but also supplemented micronutrients that are essential for children to develop, learn and remain healthy - thereby creating a clear link to the child's right to basic nutrition. This enabled the court to rule that the withdrawal of the NSNP negatively and significantly affected a large share of the child population, and that this negative effect was serious from a child nutrition and development perspective.

Our submission also alerted the Court to the State's reports to international human rights treaty bodies, in which the government refers to the NSNP as one of its greatest successes in relation to child nutrition.⁴ This bolstered our arguments that suspension of the NSNP resulted in the withdrawal of a key nutrition programme and infringed the right to basic nutrition. We included evidence from international law that school feeding schemes are considered one of the measures a state should adopt to ensure children receive the nutrition required to realise their right to health, not only to education.⁵

This was useful evidence in the face of DBE denying that it bore a duty to realise the right to basic nutrition. Once it was clear that the right to basic nutrition was engaged, the road was paved to enable the court to interpret the nature of the state's obligation in relation to that right. The Court found that the State, through the DBE and the NSNP

"has exercised its supplementary role to provide basic nutrition"6

and that the provision of basic nutrition was inextricably linked to the fulfillment of basic education.⁷

Both the applicants and CI made legal arguments in support of an interpretation that children's right to basic nutrition is an immediately realizable right that is not subject to progressive realization within available resources and can therefore only be limited if such limitation is reasonable and justifiable in a democracy based on equality and dignity. The court agreed with this interpretation and after assessing the evidence, ruled that the limitation was not justifiable and that the state should therefore immediately restore the NSNP for all 9 million learners.

"If there was no duty on the Department to provide nutrition when the parents cannot provide the children with basic nutrition, the children face starvation. A more undignified scenario than starvation of a child is unimaginable. The morality of a society is gauged by how it treats it children. Interpreting the Bill of Rights [as] promoting human dignity, equality and freedom can never allow for the hunger of a child and a constitutional compliant interpretation is simply that the Department must in a secondary role roll out the NSNP, as it has been doing."8

We presented further evidence from international law that the state should prioritise children's basic needs, particularly in times of crisis, and should not allow regression in established programmes like the NSNP. The court evaluated the state's actions in relation to the NSNP against these standards from international law:

"The CRC Committee in General Comment no 19 sets out that the obligation imposed on States by article 4 to realize children's economic, social and cultural rights to the maximum extent means that States should not take deliberate retrogressive measures in relation to economic, social and cultural rights. In times of economic crisis, regressive measures may only be considered after assessing all other options and ensuring that children are the last to be affected. especially children in vulnerable situations. Internationally thus retrogressive steps, can only be taken when all other options have been considered."9

The court found that the only step that DBE had taken to mitigate the negative impact of the withdrawal of the NSNP was to work with the Department of Social Development to target food parcels at needy children but that by their own admission and the applicant's evidence on the reach of the food parcel programme, this had been largely ineffective in reaching needy learners. This meant that DBE had not ensured that children were the last to be affected by their decision to withdraw the NSNP and they had not complied with the UNCRC's guidance on their duties to children in a time of crisis. 10

After considering all the evidence and arguments, the court declared the state to be in breach of its



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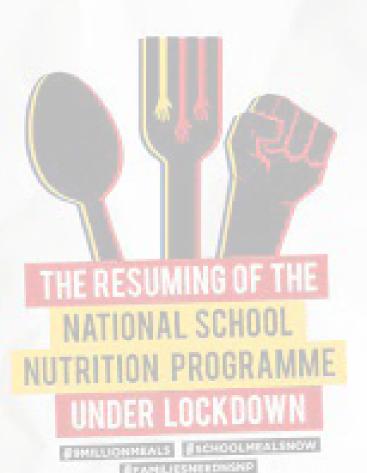
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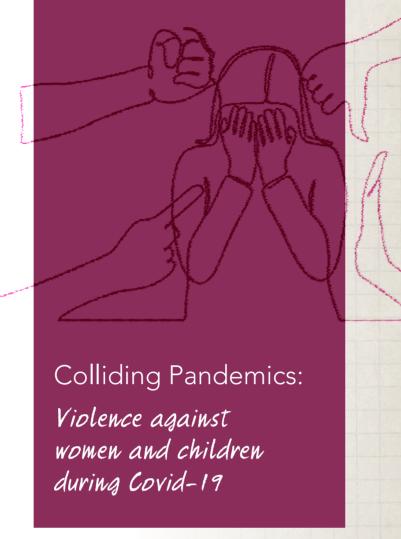
Para 58 - 59

constitutional duties, ordered DBE to immediately provide the NSNP to all learners, and required DBE to report on its progress to the court every 15 days. While DBE did not manage to restore the NSNP immediately, the reporting requirement imposed by the court, combined with the vigilant monitoring of compliance by EE, EELC and Section 27, resulted in the NSNP being restored faster than it would have been without the litigation.

The judgment clarifies that the state bears an immediate obligation to provide children's basic nutrition if their parents or caregivers are unable to do so, for example, due to poverty. It confirms that the state has accepted this duty already in relation to the NSNP for nine million learners and that any retrogression in delivery of the NSNP requires a high standard of justification.

This interpretation would apply equally to other established programmes aimed at giving effect to children's rights to basic nutrition, such as the Child Support Grant which provides income support to 13 million poor children. In the current context of austerity budgeting, the precedent setting judgement will be particularly useful in protecting against budget cuts and other forms of contraction in programmes providing for children's basic socioeconomic needs.





Violence against women (VAW) and violence against children (VAC) are both conceptualised as global public health burdens and human rights violations.

There has been global attention to deepening our understanding and addressing the intersections of VAC and VAW as VAC and particularly intimate partner violence (IPV) co-occur in the same households; share the same risk factors and social norms; and that they are both driven by an intergenerational cycle of violence.

The Children's Institute (CI), through funding by the Ford Foundation, firstly conducted a scoping review to deepen our understanding of the intersections of VAC and VAW with an emphasis to identify promising interventions that jointly tackle the problem of VAC and VAW. Due to COVID-19 we could not host a seminar to discuss the implications of the Scoping Review as we initially intended. We used our research findings to feed into an a five-part series of webinars promoting an understanding of the intersections between violence against women and children that we hosted together with the South African Medical Research Council, Gender and Health Research Unit, Sonke Gender Justice, and the African Partnership to End Violence Against Children. Each of the live events attracted between 100 and 150 participants

from across Africa and the recordings have been viewed in excess of 1,000 times. This informed the development of qualitative research to examine community perceptions of violence against women and children, the social norms that underpin these forms of violence, and how families commonly experience these intersecting forms of violence.

The qualitative research was conducted in two communities in the Western Cape, South Africa. The findings highlighted the normative nature of VAC and VAW with most participants viewing violence as part of township life. No single risk factor drives VAC and VAW, but a web of interrelated factors contributed to an increased risk for both, including perpetration of violence in the home. Men, women, and young people described pathways for men to take on violent masculinities and women's risk to be a victim of violence in the home as starting early. Based on participants' experiences the research shows how social norms regarding gender and power coalesce in the family and drive both forms of violence. Importantly, power, control and oppression also shape the relationship between parents and children with harsh and punitive forms of parenting being the norm in communities and families. This, along with the taboo around speaking about sex and sexuality, provides the space for experiences of sexual abuse and other forms of violence to remain hidden. Importantly, violence in the home is still considered "private" and affects how families and communities respond. We conclude that understanding the dynamic interplay between VAC and VAW is important to inform the development of interventions that can shift the pattern of these forms of violence in Global South contexts.

This research was conducted during various iterations of the COVID-19 lockdowns, and many described a heightened period of risk for women and children to be experiencing violence in the home. Individuals participating in the research reported heightened levels of unemployment and deepening levels of frustration that led to increased aggression with families being confined to their homes.

Many reported exaggerated levels of stress, anxiety, "characters rubbing against each other", agitation due to being stuck together, resulting in heightened levels of family conflict.

This was illustrated in various ways, with one person speaking about how their precarious financial position increased her male partner's frustration and impacted in his sense of manliness because she needed to ask extended family for financial assistance during the lockdown. For her, like others, the lockdown

increased their own anxiety and unresolved trauma which exacerbated tensions in the home:

"And now you are still stuck in the house for 21 days with your partner who is just working on your nerves because you are anxious [...] And then he is on your case: 'why are you asking people? I should be the provider. Don't go to my brothers, don't go to my father'. [...] So, I know that I have been eating off of his masculinity [...] But I know with my anxiety I became a monster to live with in that 21 days [...] It brings out a whole lot of other thoughts and memories and things that you thought you long forgotten."

The closure of schools meant that children needed to be occupied in small spaces or play outside adding to increased noise levels and claustrophobia which further exacerbated levels of stress and anxiety in relationships, noting "so, it is too much noise for the husband, then he started to get cross", suggesting that this is when the violence starts. But it was the deepening levels of poverty in communities that fuelled violence in the home as they were confined to the home that led acts of violence.

A participant said:

"Since the COVID found them and he don't have money now he stressing. Now he is taking his stress out on his wife and his children. He also takes it out when his children are crying. And when he can't sleep. The children are crying because they are hungry because they did not eat yet."

COVID-19 dramatically affected the pace at which we were able to conduct the research in communities. We had to plan our research to match the various waves of COVID-19 and only entered communities when it was considered "safe" for the research team and study participants. The biggest lesson learnt in the implementation of the project has been how to adapt our programme of work during a pandemic.

Both the scoping review and the qualitative research are being used to inform the adaptation of an intervention to address the intersections of VAC and VAW, using an intersectional feminist approach that keeps women and children centred. We are currently working in partnership with MOSAIC (feminist NGO - practitioners) using a co-design approach to design and adapt a fit for purpose intervention drawing on practitioner-based knowledge and ways of thinking. Our focus for programme adaptation has centred on four main areas: (1) a programme mapping exercise to determine which of MOSAIC's current prevention programmes could be adapted

to incorporate an intersections prevention focus; (2) building MOSAIC's capacity to understand the nature of programme adaptation using an implementation science lens (3) a co-created and research-informed programme theory of change; and (4) co-designing an adapted violence prevention intervention informed by the research findings and practitioner experience. A community advisory board (CAB) consisting of practitioners guided both the research and programme adaptation. The Children's Institute will be conducting a feasibility study to test the intervention in the coming months.

Children and COVID-19 advocacy briefs:

A call to prioritise children from response to recovery

It was clear early on in the pandemic that children were mostly spared from severe forms of COVID-19, yet child rights activists noted with concern how global efforts to flatten the curve were causing significant collateral damage: deepening levels of poverty and hunger, intensifying pressures and the threat of violence within the home, and limiting children's access to schools, health care, early childhood development and other support services.

In response, the Children's Institute, University of Cape Town, pulled together a team of researchers, clinicians and programme managers from the Department of Paediatrics and Child Health, the School of Public Health and Schools Improvement Initiative, UCT, the Western Cape departments of Health and Basic Education, and the Institute of Lifelong Health Research, University of Stellenbosch to develop a series of advocacy briefs with support from the Children's Hospital Trust and Michael and Susan Dell Foundation.

The briefs draw on administrative data from the Western Cape province, as it was clear that even in this relatively well-resourced province children's needs were initially overlooked. The series of eight briefs document the impact of the first year of the pandemic on children and children's services,

and identify opportunities to strengthen systems, improve outcomes and better support children in future waves and crises.

And we chose to publish the findings as a series of advocacy briefs in order to equip policy makers, programme leaders and professionals working on the ground with tools to advocate for - and uphold - the best interests of children in their care.

Protect children from immediate shock and long-term harm

Series editor, Lori Lake of the Children's Institute, University of Cape Town, describes how children were particularly vulnerable to both the immediate shock and enduring impacts of COVID-19:

"This is especially the case during sensitive and rapid periods of development such as the first 1,000 days of life1 and adolescence when exposure to hunger, violence and adversity gives rise to toxic stress which can cause long-term and irreparable harm to children's immune systems, their developing brains and education and employment prospects."

Co-editor, Professor Maylene Shung-King of the School of Public Health, UCT, highlights how:

"Shocks such as climate change and COVID-19 also tend to intensify existing inequalities: For a privileged few, the pandemic simply meant a change in lifestyle, but for the majority of South Africans, the pandemic has been catastrophic with families facing unemployment, hunger, violence and an uncertain future."

The series tracks the impact on children's nutrition, mental health, exposure to violence and injury, and their access to education, early childhood development and health care services with a final overarching brief highlighting key findings and recommendations across all seven domains.

COVID-19 care

According to Professor Chris Scott of the Department of Paediatrics and Child Health, UCT:

"The initial health systems response to COVID-19 care focused on adults who accounted for over 95% of cases in the Western Cape. Children's needs were side-lined, resources were diverted from paediatrics to adult COVID-19 care, and concerns around infection prompted the separation of infants and children from much needed family support. Yet, overtime, child health specialists succeeded in advocating for a more child-centred approach to contact tracing and the care of children in hospital."

While children accounted for only 4% of cases in the province and 0.5% of the deaths, thousands more children were affected by the illness and death of family members. Over one million children around the world are estimated to have lost a primary caregiver from March 2020 to April 2021. Therefore, we also need to put systems in place to identify children in need of care and protection when adults are admitted into hospital.

Routine health care services

Dr Jaco Murray, a paediatrian at Paarl Hospital, described how:

"The focus on adult COVID care, and efforts to prevent infection, led to a significant drop in the coverage of essential child health services, with a 23% decline in young children's visits to primary health care services. This led to gaps in screening and treating children for HIV, TB and acute malnutrition and is likely to have a profound impact on children's health and development for years to come."

As hospitals prepared for the first wave of COVID-19, paediatric and adolescent beds were re-allocated to adult COVID-care, elective surgeries were cancelled, and many children with disabilities were unable to access care. Over the course of the year, hospital admissions for diarrhoea and pneumonia decreased, (perhaps due to maskwearing, hand-washing and social distancing), yet the in-hospital mortality rate increased, raising concerns that parents' fears of contracting COVID-19 were leading to life-threatening delays in seeking medical care.

CHILDREN AND COVID-19 ADVOCACY BRIEFS Prioritise children – from response to recovery



VCOVIDchildren #PutChildrenFirst VDoNoHarm RasswNoOneBeford

CHILDREN AND COVID-19 ADVOCACY BRIEF

Towards child-centred COVID-19 care

Chris Scott, Erns Morden, Heloise Buys, Maylene Shung-King, Lori Lake, Natasha Rhoda, Michelle Meiring, Michelle Camhill, Juliet Evans, Carla Brown, Gabriel Urgoiti and Nolwolo Ngoman

CHILDREN AND COVID-19 ADVOCACY BRIEF

Violence and injury

hanauc Matheus, Yolande Baker, Carla Brown & Joan von Niebark.



Over time, concerted efforts by child health practitioners and community health workers helped ensure that some of these services were fully restored – with measles immunization recovering to 95% (a 5% increase on coverage in 2019). However, it will require time, ongoing advocacy and proactive decision-making to address the significant and potentially lifethreatening backlogs in elective surgeries.

Nutrition and food security

Professor Michael Hendricks of the Department of Paediatrics and Child Health, UCT describes how: "Rising unemployment and food prices increased pressure on poor households with 47% of households running out of money to buy food during hard lockdown. Despite families' efforts to shield their children, child hunger remained high with one in seven households reporting that a child went hungry in April 2021. At the same time the disruption of routine health services made it harder to identify and support children at risk of malnutrition."

The national disaster relief package, rolled out from May 2020, offered some protection for children but hunger levels increased again when the grant topups and caregiver grants were withdrawn in October. In addition, Dr Katharine Hall, Senior Researcher at the Children's Institute, UCT, warned that: "The decrease in the real value of the Child Support Grant

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CHILDREN AND COVID-19 ADVOCACY BRIEF

Nutrition and food security



CHILDREN AND COVID-19 **ADVOCACY BRIEF**

ECD programmes: A case for



(valued at R460 a month or R15 a day in April 2021) was likely to intensify child hunger as the cost of food continues to rise and the buying power of this small grant is eroded. There are worries of an increase in child malnutrition."

Violence and injury

Early in the COVID-19 pandemic, child rights activists raised concerns about how rising unemployment, food insecurity and the stresses of lockdown would increase the risk of violence and injury in the home. Carla Brown, Head of the Social Work Department at Red Cross War Memorial Children's Hospital, describes how: "Despite these projections, there was a 10% decrease in children admitted to the trauma unit for non-accidental injuries - such as sexual abuse, physical abuse and gun violence. This was primarily driven by a sharp 50% decrease at the time of hard lockdown and the alcohol ban, yet cases returned to pre-COVID levels by September 2020 when lockdown measures eased."

Professor Shanaaz Mathews, Director of the Children's Institute, UCT, cautions that: "These figures do not necessarily represent a real decline in violence and maltreatment. Instead, they are more likely to reflect the difficulties women and children faced in trying to access health care and other support services during hard lockdown. It is therefore essential to put proactive measures in place to identify and support women and children who experience interpersonal violence during pandemics and similar crises."

Mental health and wellbeing

There have been very few studies on how the pandemic has impacted on children's mental health, yet we know from previous humanitarian crises, that the pandemic was likely to trigger a dramatic increase in depression, anxiety and post-traumatic stress disorder in both children and their caregivers. According to Professor Mark Tomlinson, Co-Director of the Institute for Lifecourse Health Research, Stellenbosch University: "Women have been particularly hard hit by unemployment, food insecurity, domestic violence health and that of their children. In addition, most children have been exposed to some form of loss - loss of school, loss of friends, or the loss of loved ones - and they need support to cope with grief." Yet specialised child and adolescent mental health services remain extremely limited in South Africa; and greater efforts are needed to build the capacity of families and frontline workers in schools, ECD programmes and health care services to help children cope with loss and adversity.

Early childhood development programmes

Early childhood development programmes have the potential to support young children and their families in times of crisis – by enabling caregivers to seek employment, and ensuring that young children receive safe care, good nutrition, and early learning. Yet, Lizette Berry, Senior Researcher at the Children's Institute, UCT describes how: "The mandatory closure of ECD programmes in 2020 intensified existing challenges. Prolonged lockdown, limited state support and the withdrawal of the ECD subsidy in most provinces, led to the permanent closure of many ECD programmes and significant job losses - causing immediate and long-term harm to the health, nutrition and education of young children."

Education and schools as nodes of care and support

The opening and closing of schools during the COVID-19 pandemic was highly contested as the education department sought to minimise the disruption to children's education while keeping children, educators and the broader school community as safe as possible. While fewer than 1% of learners (1 200) contracted COVID-19 in the Western Cape in 2020, widespread fears prevailed about learner and educator safety, resulting in repeated school closures.

Dr Patti Silbert, Project Manager of the Schools Improvement Initiative in the Schools Development

CHILDREN AND COVID-19 ADVOCACY BRIEF



CHILDREN AND COVID-19 ADVOCACY BRIEF

Using schools as nodes of care and support



majority of primary school children losing close to a full year of learning and an estimated 750 000 learners dropping out of school. Closures also prevented children from accessing an important source of nutrition, health care and psychosocial support, with over 9 million learners losing out on a daily school meal during lockdown."

Seven principles to guide a child-centred response to COVID-19

The briefs identified seven principles to ensure that children's best interests are better prioritised in our recovery plans and response to similar crises.

- 1. Maintain essential services: The state must fulfil its immediate obligations to protect and sustain essential services for children and uphold children's rights to basic education, health care, child protection services, ECD programmes, and social assistance.
- 2. No regression: The United Nations Committee on the Rights of the Child together and Gauteng High Court have both affirmed that even in an economic crisis, government may only introduce regressive measures as a last resort, after considering all other options and ensuring that children are the last to be affected.
- 3. Leave no one behind: In addition, we need to ensure that our responses to crises such as COVID-19 and climate change do not further intensify existing patterns of inequality and discrimination. For example, additional supports are needed for children with disabilities, adolescents in need of mental health and reproductive health services, and the many children who fallen deeper into poverty. This includes expanding social protection and increasing the value

of social grants to better protect children and their caregivers from rising unemployment, poverty and hunger.

4. Keep an eye on the child: Real-time surveillance and referral systems need to need of food, care and protection, and psychosocial

- 5. Build partnerships: This requires partnership, collaboration and collective action - across different communities, sectors and disciplines, and between government, business and civil society - in order to harness the insights, expertise and resources needed to address children's complex needs.
- 6. Listen to children and take them seriously: Children are not simply passive recipients of care and protection. They also have the potential to play an active role in informing a child-centred response to humanitarian crises such as the COVID-19 pandemic and climate change. For it is only when we make time to include children and take them seriously that we can design interventions that are sensitive and responsive to children's needs and concerns.
- 7. Provide strong leadership: Ultimately, upholding children's rights in times of crisis requires strong leadership and advocacy with and on behalf of children in our schools, in our health care system, and at the highest level of government to ensure that children's best interests are proactively addressed and prioritised in South Africa's response and recovery plans.

Outreach

A high profile launch in August 2021, elicited of presentations to the National Child Care and Protection Forum, SANAC National Children's Summit, Early Childhood Intervention Conference, the Departments of Paediatrics at UCT and the University of Stellenbosch, and the WC Ad Hoc Parliamentary Portfolio Committee on COVID. While the primary focus of the briefs was on informing policy and practice, we also ensured that the findings reached an academic audience through a chapter

> The full set of advocacy briefs are available on the Children's Institute website: http://www.ci.uct.ac.za/news/

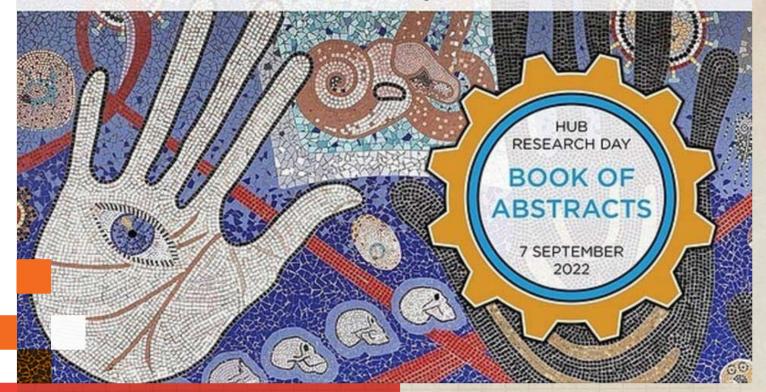
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in the South African Health Review.









DEPARTMENT OF HUMAN BIOLOGY

Introduction

The term 'social responsiveness' is used as an umbrella term to refer to all forms of engagement with external non-academic constituencies. The umbrella term embraces engaged scholarship (ES) involving academic staff, civic engagement involving students' community service, and professional engagement involving PASS staff using their professional expertise. It does not cover civic and outreach activities of staff that are not linked to their disciplinary or professional expertise. Nor does it encompass work with academic constituencies such as external examining, editing of peer-reviewed journals etc.

Report objective

To highlight (research, teaching and service) themes within the Department of Human Biology (directly or indirectly), thinking of the life and trajectory of a child.

Children and transport

Division: Biomedical Engineering (BME): Health Innovation and Design (HUB5032S (2020)/HUB5031F (2021)) course participants and ChildSafe

Annually Road traffic accidents account for the loss of approximately 1.3 million people's lives, while road fatalities are the 3rd leading cause of death amongst children. In 2020, the Health Innovation and Design (HID) course participants partnered with ChildSafe, an NGO promoting child safety to develop a health/wellness solution centred on an issue encountered Childsafe.

This was part of the students' second semester project. Together with Childsafe they defined a problem statement which was "Design a way to shift mindsets towards child injury prevention from viewing injuries as accidents, to viewing injuries as preventable, given that injuries occur across all stages of a child's development." The MPhil students

proposed a way to promote child injury prevention during well-baby visits and proposed a way to create a platform that mothers may access after the well-baby clinic visit. Students engaged with staff at Childsafe as well as mothers to gauge their experiences around the problem. In 2021, first semester students addressed the problem statement." Design a way to improve the safety of children travelling to and from school, in a world where many children use scholar transport services." Here, the students interviewed drivers of scholar transport and teachers involved in scholar transport programmes. Students learned about the complexities of transporting kids to school and keeping student and drivers safe. Students proposed ideas to keep children occupied and safe during a trip, thus improving the general safety of each trip. Another team developed vehicle fleet management plan to better maintain vehicles and prolong their lifespan, given the highly resource constrained context we find ourselves in.

Lack of physical activity and obesity
Physiological Sciences:
Western Cape on Wellness (WOW!)

During COVID-19 and Beyond - Some of the diseases that increase the risk of individuals with COVID-19 being hospitalised or dying are the same lifestyle-related diseases associated with being physically inactive including diabetes, hypertension, and obesity. Prof Lambert, who is from UCT's Research Centre for Health through Physical Activity, Lifestyle and Sports (HPALS), is spearheading the African Academic Consortium on Physical Activity for Health, with Associate Professor Rowena Naidoo from the University of KwaZulu-Natal's College of Health Sciences. The consortium, a group of more than 40 academics, researchers, and

implementation partners from nine African countries, have developed two policy briefs for government. These are part of a series planned for release. The first targets the public and the second targets children in three environments: at home and school and in their communities. Endorsed by the African Physical Activity Network (AFPAN) and supported by the Western Cape Government Department of Health, the policy briefs will guide decision makers, planners, and programme leaders, during the COVID-19 pandemic and beyond. The first two policy briefs focus on three areas:

- Addressing five major challenges to minimize the risk of community transmission during exercise. These are ensuring social distancing (2m); wearing masks (non-medical, cloth masks); exercising in small groups (outdoors, with social distancing); exercising indoors (with proper ventilation) and avoiding the use of shared equipment or sanitizing in between users. These same concerns apply to children, particularly in school settings. Accompanying useful infographics can be placed in prominent locations to remind participants to exercise safely.
- Adopting a policy framework created by the World Cancer Research Fund which is aligned to the World Health Organization Global Action Plan for Physical Activity (GAPPA).
- Introducing a four-step policy recommendation for physical activity for public in the African region.
- The academic consortium has established a strategic plan for dissemination and for monitoring and evaluation. This M & E will form the basis of a chapter for an MSc for one of students in the Division of Exercise Science and Sports Medicine. The policy briefs will be submitted for publication in an international peer-reviewed journal and have already held several webinars.





Social outreach and engagement with a rural community that is affected by Mseleni Joint Disease has been ongoing by Assoc.Prof. Victoria Gibbon (CABA) and Dr Robea Ballo (Cell Biology). The community has limited resources, services and infrastructure and regular contributions have been made to the Christoph Meyer Maths and Science Centre in Mseleni in the form of scientific resources and volunteering time.

The Centre is a non-profit organisation committed to scientific engagement and upliftment through education in the Mseleni region of KZN.

During the pandemic, the Centre needed new desks for the learners, the researchers then rallied to raise funds to help them. Due to the generous donations from research groups and individuals at UCT's FHS, 52 desks were gifted to the Centre in Mseleni. The desks will be used in their classrooms, and the researchers hope that the desks will provide many productive hours of learning for the learners who make use of them over the years.

CHILDREN'S EDUCATION AND I FARNING

Clinical Anatomy and Biological Anthropology (CABA):

Zwaanswyk High Outreach

Victoria Gibbon received a request from the principal of a local high school, Zwaanswyk High-School, for their grade 12 learners in life sciences. They requested an in-person tour of cadavers and some exposure to anatomical subjects that are covered in their courses. Due to the pandemic in-person exposure was not possible. However, there was discussion about the possibility of doing something virtually. CABA prepared a live virtual workshop on zoom, which the learners participated in.

The focus was on their core grade 12 Life Sciences content, including eye, ear and brain; sexual reproduction/hormones and the musculoskeletal system. Worksheets were prepared and sent in advance.

The workshop included sessions on Forensic Science and Human Anatomy, showcasing areas of study in these fields, followed by a live Q&A with all staff involved.

Feedback received *via* the principal indicated that the interaction had been appreciated and beneficial to the learners.

Clinical Anatomy and Biological Anthropology (CABA):

Crystal Clear (UCT-Crystal High School Science Project)

Randall Christians, Science Educator at Crystal High School, contacted Associate Professor Delva Shamley in March 2021 to ask whether UCT's Science Facility are prepared to assist the science departments at Crystal High School. After our first very successful science session, which was admirably conducted by Associate Professor Shamley, it can be said that such a project holds positive prospects for the school.

A/Prof Shamley set up 12 microscopes and models from the Department of Human Biology for the workshop. She presented a short lecture on the cell and how the structure was related to viral attack and response. By relating this to COVID-19 she was able to reach the pupils meaningfully. This was followed by the students viewing human tissue slides down a microscope for the first time. By far the most exciting part for the pupils were the models. A/Prof Shamley explained each model and answered questions.

During the sessions several teachers came into the room to view the materials. The session was very well received, and A/Prof Shamley thoroughly enjoyed the experience.

Mr Christians and A/Prof Shamley have agreed to formalise a relationship between HUB and Crystal High School and called the initiative Crystal Clear.

Cell Biology

Online Teachers Workshop - Building Bridges: Developing sustainable connections between science educators and learners at the secondary-tertiary convergence. The workshop was developed with the aim to inspire life science teachers from local schools (specifically lower income districts) and to provide them with tools and techniques to achieve learning goals in fun and exciting ways. The rationale for these workshops is two-fold. Firstly, to equip teachers in poorly resourced schools to perform easy and cheap experiments in their classrooms which would inspire school learners to pursue careers in science.

Secondly, we believe that this engagement will give us as academics an insight into how the science curriculum is delivered at secondary school level with the view to improving our teaching and learning approaches to assist students from disadvantaged schools entering our first-year courses.

Physiological Sciences: WCED Life Orientation Program -Biomechanics in South Africa

Dr Yumna Albertus, Mr Trevino Larry and MSc candidate Jordan Leondiris partnered with the National Biomechanics initiative, which is an international program to showcase biomechanics in all countries. For this, they further partnered with the Western Cape Education Department's Life Orientation program (Grades 9-12) in 2021, the

program was well received, and again hosted in April 2022 to coincide with National Biomechanics Day. The organisers showcased biomechanics laboratories in SA to 14 High Schools in the Western Cape via Zoom and introduced the learners to the various role's biomechanics play in both human performance and clinical platforms. The learners were amazed at the technology and had no idea that we are capable of measuring 3D motion analysis and use it to understand human movement. To understand and measure human movement you need to have a good understanding of physics, maths and human biology. By exposing both the learners and their teachers to this area of research and science will hopefully spark an interest in using biomechanics in everyday teaching. In addition, the technology we use to measure biomechanics is innovative, it requires understanding of programming and building algorithms.

This area will appeal more to the engineering student and hopefully open a new pathway of learning. This initiative has exposed learners from both low income and high-income schooling areas to field of biomechanics, and the teachers were very excited to know that they can contact us for assistance. In future, when the health emergency restrictions are lifted the researchers aim to apply to the National Biomechanics movement for funding to host the next event in person where learners can experience the labs for a more interactive display.

SUMMARY

The department participates in range of social responsiveness activities, from outreach to long-term partnerships.

A large proportion of HUB activities relate to awareness and outreach programmes, workshops, and lectures, which does not relate to scholarship in the form of academic outputs (for example, conferences and publications).

The COVID-19 pandemic has brought into sharp focus the enduring social and economic inequalities that continue to plague South Africa, the continent, and the world.

Recognising that children are disproportionately impacted by such inequalities, the Department of Human Biology's is happy to report on departmental initiatives that have contributed towards improving the lives of children.

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Desmond Tutu HIV Centre and Health Foundation [Social Responsiveness Report – 2021]

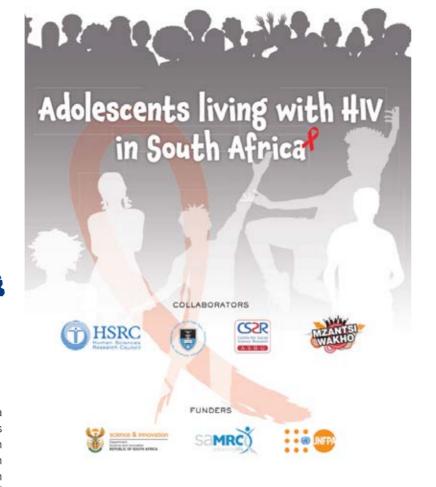
The Desmond Tutu HIV Centre (DTHC), a research centre within the Institute of Infectious Disease and Molecular Medicine, works in pursuit of advancing treatment and prevention research for HIV and related infections in Southern Africa. Through its specialised Adolescent Division, the DTHC maintains a particular focus on adolescent and young

people, who are at an increased risk of HIV infection due to the many psychological, social, and structural transitions that occur at this developmental stage. The emergence of Covid-19 had a wide-spread impact on all populations and adolescents were no exception. Although mortality and hospitalisation rates were notably lower amongst this population, there were a multitude of negative effects, including challenges to mental health and reduced access to HIV treatment and prevention options. The DTHC's scope of work has expanded to include a number of Covid-19 research projects and outreach programmes since 2020, many of which were targeted towards adolescent populations. In addition, much of the work done while considering HIV-related outcomes has also found direct applicability in the Covid-19 era. Examples of such projects within the DTHC are described below:

NAME OF THE INITIATIVE:

Access to HIV treatment (The BUDDY study)

In 2020, the DTHC launched the BUDDY study in Klipfontein/Mitchel's Plain. The aim of this study was to examine the feasibility, acceptability and



preliminary efficacy of a remote service delivery model for young people living with HIV (YPLWH) aged 13-24 years old in light of the anticipated disruption to health care services associated with the Covid-19 lockdown orders. The remote service delivery included a monthly service needs assessment and optional delivery of HIV treatment via courier. In addition, YPLWH were randomized to receive (or not receive) SMS messaging from study staff with the option of requesting support (medical or other) during emotionally and physically stressful times. Our secondary aim was to investigate the impact of lock-down orders on psychological wellbeing and experience of community, household, and intimate partner violence. To date we have examined crosssectional data from the baseline procedures. Over the period February 2021- September 2021, we found that a greater proportion of YPLWH attempted to access condoms and HIV/STI testing services than HIV-uninfected youth. However, amongst YPLW we also found that 28% reported missing an HIV care appointment, 14% reported running out of their Antiretroviral (ART) medication, 34% reported they were worried about running out of medication since March 2020, and, among females, there was significantly reduced access to contraceptives services, compared to HIV-uninfected youth. Our data also indicated an increase in community and household violence during the lockdown, compared

to pre-lockdown levels. The Buddy study highlights the great need for differentiated service delivery for young people living with HIV in South Africa, to prevent disruption to healthcare services both during and outside of lock-down orders. In addition, we believe our findings could be extended to HIV negative youth who would benefit from differentiated service delivery for other chronic medical conditions.

ontact us:

NAME OF THE INITIATIVE:

Combating mental health challenges amongst adolescents (Our Family Our Future Project)

Our Family Our Future is an NIH funded R01 project being conducted at the Masiphumele Research Site of the Desmond Tutu Health Foundation. The research study aims to assess the efficacy of a family-

based preventive intervention designed to reduce sexual risk behaviours linked to HIV/STI acquisition or transmission, and depressive symptoms among South African adolescents (14-16 years). 880 parent-child dyads are randomized to either receive standard of care or the family intervention and outcomes are measured at 6 and 12 months. The study aims to improve resilience and give adolescents and their parents' tangible behavioural skills to help address challenges that arise during adolescence. While this study was conceived prior to the Covid-19 pandemic, there are many similarities between the two viruses and their impact on adolescents. It is plausible that if the intervention can

reduce depressive symptoms in young people, it may be able to mitigate some of the mental health challenges that we are seeing a consequence of the pandemic.

NAME OF THE INITIATIVE:

Research to understand the Impact of HIV and Covid-19 on families and households

Research by the sociobehavioural division of the DTHC has also considered the impact of HIV and Covid-19 on families and households. Like HIV, the covid-19 pandemic has reminded us once again of the need to consider, in addition to biomedical measures, the social and contextual factors within which HIV and Covid-19 thrive.





To successfully tackle these two epidemics, effective interventions that align with specific social contextual factors should be devised for impact. Until recently, families have been neglected and remain an untapped resource in HIV prevention and treatment efforts. For children and adolescents living with HIV in particular, families have been central in ensuring these young people continue to adhere to their treatment by providing both emotional and tangible support (mainly in the form of food). The Covid-19 pandemic and the related lockdown orders, however, strained these resources, diverting the families' responsibility and priorities from health-related needs to survival.

Our work with youth exploring poverty and its impact on treatment adherence and retention in care (the CIPHER study) underscores the impact of Covid-19 on increased levels of stress and anxiety among families. Youth in our study described how some of their family members diverted to 'drinking cheap alcohol' as a way to cope with the challenges of being unable to provide for their families. The strain caused by Covid-19 has subsequently impacted on the limited resources that families used to leverage in supporting their children with HIV and may well lead to an increase in poor health outcomes and secondary HIV transmission.

The IMARA study, a family-based intervention aimed at reducing STIs/HIV, reduce depressive symptoms

and improve the sexual health of adolescent girls and young women through improved family communication and relationships has shown how participants who attended the family-based intervention had reduced STIs and reduced stress and anxiety levels compared to those in the control. Thus, we recommend further research that aims to strengthen families using family-based interventions that reduce stress and anxiety and that empower families to support their children as a way to improve the health and wellbeing of children and adolescents.

At the household level, in South African informal and township communities, living conditions are extremely crowded, and this is where the burden of TB, HIV, and many other health threats, including SARS-CoV-2, is greatest. Many do not have access to running water and must stand in queues to get water or food. Socializing in such settings is unavoidable. The major Covid-19 mitigation components recommended – social distancing and hand hygiene – are difficult to implement in many of these communities and the result is high potential for rapid transmission of SARS-CoV-2.

The TRACE (Transmission of COVID-19 in Crowded Environments) study conducted a randomised control trial to test the effect of an infection mitigation intervention – STOPCOV. The STOPCOV intervention was a support package delivered by community

healthcare workers, developed for households with Covid-19 patients. STOPCOV was designed to monitor their symptoms, prevent onward infection among household contacts (HHCs), identifying those at risk of severe infection as well as support of general problems in the household and people in need of extra care. The intervention households received personal protective equipment (masks), surface cleaner and PACK Home (https://www.coronawise. org.za/downloads/), which is printed educational material about Covid-19 prevention and care of someone with Covid-19. The TRACE study found high levels of SARS-CoV-2 antibodies in household contacts at baseline, indicating that infection had occurred before the STOPCOV team was able to implement infection mitigation in the household. Since SARS-CoV-2 transmission may occur before a diagnosis or symptoms, it may be beneficial to introduce support within the first 24 hours to the household. While the intervention did not impact household transmission, the support provided by the community healthcare workers has the advantage of informing the household how to manage Covid-19, and when to link to care, ensuring early management.

NAME OF THE INITIATIVE:

Adolescents in Research Toolkit

The Adolescent Programmes team has completed the Adolescents in Research Toolkit, an online resource site for researchers involved with adolescent studies, set for an initial launch during the first half of 2022. This online toolkit will be a living resource and it will be updated based on feedback and changes to the field. The AP team also successfully ran the first three IAVI WeMove adolescent health webinars focusing on: HIV/COVID INTERSECTION, MENTAL HEALTH &

WELLBEING and SRH INTEGRATION. The final three webinars in this series will be held during the first quarter of 2022 before the second series is launched later in the year. Each edition features two state of the art talks, an interactive panel discussion, and a brief artistic item to highlight local artists and an alternative perspective and expression the issue under discussion. The series can be viewed on our <u>YouTube channel</u>.

The DTHC and Grassroot Soccer hosted a virtual workshop to jointly disseminate and discuss key findings of the Goals for Girls (G4G) research study. The G4G study evaluated the impact, feasibility, and acceptability of a sport-based, integrated healthpromotion intervention, called SKILLZ, seeking to improve sexual and reproductive health outcomes amongst secondary school female learners in South Africa. Attendees of the workshop included teachers and learners involved in the study, as well as researchers, representatives from the provincial departments of education and health, and academics. The programme included a presentation of key findings, comments from a Western Cape Provincial Department of Education representative, and in-depth, small group discussions of the study's key insights and learnings.





To help combat the alarming rise of vaccine hesitancy the DTHF continued with a series of vaccine webinars in May with a discussion on blood clots with UCT's Jonathan Peter. Community engagement teams also focused on sensitizing communities with COVID-19 information and the importance of vaccination. This assisted clinical sites in improving adherence to lockdown regulations, and helping to spread knowledge and awareness.

The DTHF website also launched a COVID-19 vaccine page, which included a 24-hour chat function where researchers and doctors answered questions from the public on vaccines.

Institute of Infectious Disease and Molecular Medicine (IDM) submission

IDM Member groups and affiliated academic departments and divisions continued to lead major outreach programmes. Social responsiveness is part of the work done by all IDM Member groups and is reported annually to the FHS for inclusion in the Faculty's Social Responsiveness Report to Senate & Council.

In recognition of the crucial role the IDM plays in vaccine related research, the IDM created a series of vaccine information resources, which are fact-checked by the "IDM Vaccine Experts", a grouping of volunteers drawn from IDM member groups

with specific expertise in vaccinology, virology and immunology. These resources, which include several webpages, an infographic, and a list of reputable social media pages that can be followed, are updated regularly and shared widely. A Vaccine Expert MS Teams channel was established to enable staff and students to engage with the experts on issues relating to vaccine safety and efficacy.

Advocacy Working Group

Following from the increased involvement in public engagement and social responsiveness around vaccines during the pandemic, the Advocacy working group was created. This group was approached by the international organization,

Global Citizen, and in collaboration with the "IDM Vaccine Experts" produced a series of videos to address vaccine hesitancy and dispel myths about vaccination. These videos, which feature experts from within the IDM and FHS community, were launched towards the end of 2021.

UNIT/DIVISION:

CIDRI-Africa

NAME OF THE INITIATIVE:

Community Vaccine Literacy Training Workshop

CIDRI-Africa <u>hosted a Vaccine Literacy Training</u> <u>Workshop</u> at the Training Centre, Sub council 10 offices in Khayelitsha on the 8th of February. The workshop was part of the Centre's public engagement Programme research advocacy project. The training improved community and health advocates' vaccine literacy and helped them gain an understanding of vaccine research and development. The workshop covered the following topics: introduction to vaccines, the difference between vaccination and immunisation, SARS-CoV-2 vaccine development and research, and myths about vaccines. Some of the misconceptions discussed during the workshop involved: rumours about vaccines altering human DNA, side effects of vaccines, disease arising from live attenuated vaccines, the rapid development of the vaccine, and the need for more Africans to participate in and conduct research.

On World TB Day, CIDRI-Africa collaborated with City Health, WITS RHI, Médecins Sans Frontières (MSF), TB HIV Care, Sex Workers Education and Advocacy Taskforce (SWEAT) and the Centre of Science and Technology (COSAT) to host 130 learners in iLitha Park, Khayelitsha. The learners were particularly interested in the highly topical issue of vaccine development and asked about TB vaccine development, comparisons with the process for development of SARS-CoV-2 vaccines, and HIV vaccine trials.

The day was rounded off by WITS RHI's presentation of their "SheConquers" and "#MyPrEP" projects, followed by a quiz focused on the talks presented by the professionals.

UNIT/DIVISION:

SATVI

NAME OF THE INITIATIVE:

Community Workshops

Partnership with the local community, targeting

vulnerable groups including HIVand TB-affected people and the youth was maintained during 2021 through various workshops. One such workshop was with a patient support group at a Zwelethemba community centre; there was also a series of monthly workshop sessions presented with participants in a substance abuse rehabilitation programme at a local community centre. During 2021 the 'Let's Talk TB' peer education programme was continued, which commenced in 2020 in Robertson and was expanded to two schools in Worcester in 2021.

Under this programme, participants were trained in radio production and had to complete various assignments – interviewing youth peers, health workers and patients who had been affected by either TB or COVID. The training partner RX Radio packages these programmes for use through local community radio stations. A follow-up project will include documenting the experiences of participants in this programme over the two years.

For World TB Day 2021, SATVI collaborated with the Department of Education and the UCT Rural Students network in hosting two separate events to raise awareness of TB and the TB research agenda. Firstly, SATVI facilitated a programme on World TB Day, with a presentation by Carly Young (a SATVI postdoctoral student) and a play developed by SATVI, which featured a five-minute drama which was performed on SABC 2's Hectic Nine 9. Secondly, SATVI co-hosted a special World TB Day programme with the UCT Rural Students Network, a student chapter for UCT health students.

The programme featured input from Tom Scriba on the current TB research agenda, and a patient perspective from an affected health student.

During quarter one of 2021, SATVI hosted a two-day TB vaccine advocacy workshop with delegates from various community groupings, which included medical students, community advisory board members and health workers. The programme, which was conducted online, covered an introduction to advocacy, an overview of the TB vaccine research pipeline, and patient perspectives. It was organized by Kelvin Vollenhoven from SATVI and Zani de Witt from the UCT Lung Institute, with the support of Michèle Tameris; it was funded by a grant from the Stop TB Partnership Working Group on TB Vaccines.



ying human DNA, side effects of vaccines, disease

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REHABILITATION SCIENCES

Zeekoevlei School of Hope -Occupational Therapy

In May 2021, the Grade 4 teachers and UCT occupational therapy students sent invites to parents to partner with them in finding ways to help our children with their about the children not going to school everyday and the things they are being exposed to in the community. We wanted to keep them safe to engage in play and learning for their health. We started a communitybased 'school' called the Zeekoevlei School of Hope which focuses on maths, reading, writing and play. The

OT students are working on building their capacity with the aim that the school of hope will be used as means to address occupational risk factors impacting on learning and play; and as an ends to building capacity of local community members to disrupt the doxa of 'education is not important' and 'there is no hope in Lotus and surrounds, and so what is the point'... and more. The students, parents and interns have built strong partnerships with school management and grade 4 teachers in setting up structure.

The Zeekoevlei School of Hope is based at the school Monday: Thursday 2.30 - 3.30pm

In capacity building, learning new skills and being introduced to new knowledge is essential. On the 2nd June, Leigh-Ann Richards (in partnership with the Child, Learning, Play & Development cluster in

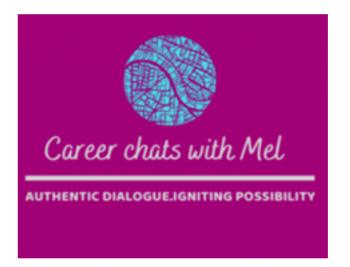








the Division) started a series of intern 'training'. Content is designed based on the challenges interns and parent educators experience in the school context and community. The first topic was 'Basics on Child Development'. Future topics expressed by interns include discipline and phonics. Interns expressed a deep appreciation to being exposed to this information and students will continue to build on the application in the school of hope.



Occupational Therapy: Grade 7 Innovation Hub-Career Chats with Mel (Mellisa Francke)

Career Chats with Mel is aimed at empowering the youth started in 2019 by Mellisa Francke. It focuses on supporting youth in vulnerable communities in accessing career opportunities. Her website and YouTube channel (www.careerchatswithmel. co.za) has successfully showcased role models and success stories of individuals from vulnerable areas sharing their experiences, tips and motivation about their careers to other youth. Empowering and inspiring youth as well as practical information on how to prepare and access opportunities is central in this initiative.

In 2021, during the global COVID-19 pandemic, she offered her initiative as a site for practice learning for final year OT students. Under her direction, final year OT students partnered with Grade 7 teachers and management at Zeekoevlei Primary School and started the Innovation Hub for Grade 7s as she recognised the need for earlier intervention and motivation for youth. She played an integral role in co-securing funding for the Hub and used her social media to source donations for art supplies and furniture to make the Hub space inspiring and welcoming for the children. The Innovation Hub has been running since May 2021 with 25+ Grade 7s have attended.

Hub has become a place where children have the freedom to engage in health promoting occupations, explore their identity, reflect critically about issues in their context and a space to dream, plan and set goals in preparation for high school.

The Hub space is for engaging in conversations about critical issues that the learners are facing within their academics and community to disrupt the current discourse in the community around unemployment and occupational deprivation. Role models are also included in Hub spaces.

The Hub is run by UCT Occupational Therapy Students Monday - Thursday, from 2.30 - 3.30 pm in the school hall. The school provides snacks for the learners.



Activities by the Division of Anatomical Pathology

The Division of Anatomical Pathology was actively involved in the diagnostic platform at both Groote Schuur Hospital and Red Cross Children's Hospital during the entire COVID lockdown period. All staff were at work and responded accordingly. The following activities were accomplished by the division during this period:

CLINICAL SERVICE:

Frozen Section service: Adjustments had to be made to ensure that patients were tested negative for COVID.

Fine needle aspirate specimens were delivered to the laboratory instead of collected.

Full autopsy examinations were only done on Covid negative cases. However, in the few Covid positive children that died, post-mortem needle biopsies were performed and reported on to confirm the cause of death. A study (below) by the Division of Pulmonology also involved needle biopsies of lung, adipose tissue, heart, lung and kidney to confirm cause of death.

Combined Clinical meetings/communications continued albeit done remotely (Zoom, MS Teams and WhatsApp).

TEACHING:

Undergraduate and Postgraduate teaching continued remotely on Vula

Postgraduate teaching for the registrars was enhanced by international experts via virtual platforms which included seminars, webinars and online conferences. The registrars immensely benefitted from these sessions which are still available on the online portals. Slides were scanned by Mr Jurgen Geitner for virtual slide teaching and examinations. All content from the three weekly academic meetings (Journal club/research, Seminar, Short topics/Molecular/Case presentations) and remote teaching

were placed on Vula and meetings continued via $\operatorname{\mathsf{MS}}\nolimits$ Teams

Adjustments were also made to respond to undergraduate teaching which required a drastic shift from the norm. In brief, all second year and third year undergraduate Anatomical Pathology teaching was moved to the online space. Virtual lectures were created using voiceover technology, with synchronous sessions used when possible. Problembased learning sessions, and tutorials were also moved online. Student support continued virtually. Assessments were conducted online, and students were supported with any queries pertaining to these assessments.

RESEARCH:

Dr Riyaadh Roberts is involved in Covid related research as part of a multidisciplinary team that includes the Division of Anatomical Pathology, Division of Pulmonology and Centre for Lung infection and Immunity in the Department of Medicine (Division of Pulmonology). The collaborative team include Prof Komala Pillay, Prof Keertan Dheda, Dr Shameem Jamdully, Dr Ali Esmail, Dr Anil Pooran and Dr Michele Tomasicchio. This research is ongoing, and no publication has emanated thus far.

Dr Dharshnee Chetty was involved in a study related to COVID-19–Associated Graft Loss from Renal Infarction in a Kidney Transplant Recipient. This was a collaborative study (See attached)

Dr Lynelle Govender focused her MPhil (Health Professions Education) project on the experience of medical educators at the University of Cape Town, during COVID-19. Publication with the African Journal of Health Professions Education is currently under review.

Slides were scanned by Mr Jurgen Geitner for research allowing remote access and virtual viewin

FACULTY OF LAW

JOURNAL PUBLICATIONS:

Responding to the impact of the pandemic on basic education and early childhood development



RESEARCH ARTICLE: Faranaaz Veriava & Nurina Ally, 'Legal mobilisation for education in the time of Covid-19' South African Journal on Human Rights (2021).

The article discusses three case studies that (i) detail the impact of the pandemic on school nutrition programmes, access to schools and learners with disabilities; and (ii) demonstrate the successful role that legal mobilisation by 'repeat players' within progressive civil society played in mitigating the impact of the pandemic on the rights of learners.

The article is informed by my contribution to the legal challenges discussed in the case studies.

Link: https://www.tandfonline.com/eprint/JIUGEKRMHTIDQYV6VPSG/full?target=10.1080/02587203.2021.2004919

RESEARCH ARTICLE: Nurina Ally, Rubeena Parker, Tess N. Peacock, 'Litigation and social mobilisation for early childhood development during COVID-19 and beyond' South African Journal of Childhood Education 12 (1) (2022).

The article critically reflects on the role of litigation and social mobilisation in advancing the right to

ECD during and beyond the COVID-19 pandemic. The article concludes that litigation may play a significant role in advancing children's rights to ECD, particularly as a complement to broader social mobilisation strategies.

The cases highlight the (1) need and potential for building a holistic rights-based foundation of ECD jurisprudence post the pandemic; and (2) strategic use of litigation interventions as part of broader mobilisation strategies.

Link: https://sajce.co.za/index.php/sajce/article/view/1054

Op-eds: Impact of the pandemic in children

Rubeena Parker, Nurina Ally and Tess Peacock, 'Court's intervention shows dire need for reform in the Early Childhood Development sector', DailyMaverick, 8 July 2020

Link: https://www.dailymaverick.co.za/article/2020-07-08-courts-intervention-shows-dire-need-for-reform-in-the-early-childhood-development-sector/

Nurina Ally, Rubeena Parker and Tess Peacock, 'Court steps in (again) to protect children under lockdown - this time the little ones', DailyMaverick, 4 November 2020

Link: https://www.dailymaverick.co.za/article/2020-11-04-court-steps-in-again-to-protect-childrenunder-lockdown-this-time-the-little-ones/

Advocacy and social responsiveness

WEBINAR PRESENTATION on the right to nutrition: Webinar hosted by the South African National Child Rights Coalition on 'Planning for the protection of children's best interests and rights in and through education in the time of COVID and beyond' (24 July 2020)

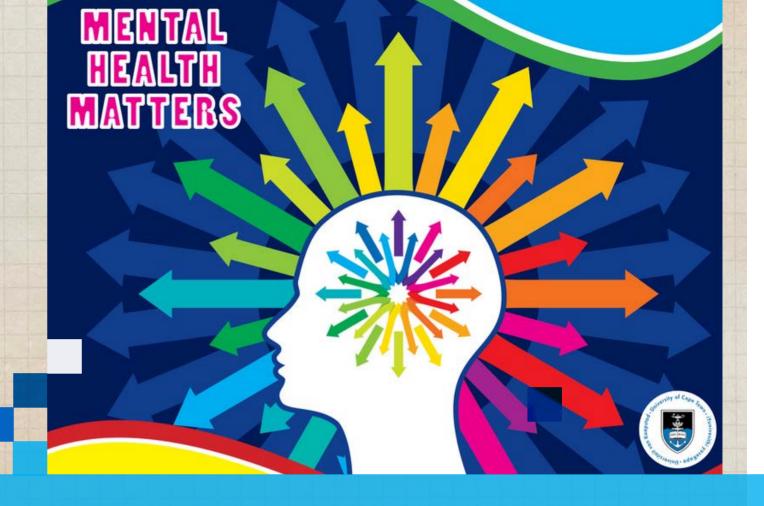
Legal research, in collaboration with Equal Education Law Centre and Equality

Collection, for a campaign on payment of subsidies to ECD providers during the pandemic.

Dirk Van Zyl Smit

Frieder Dunkel, Stefan Harrendorf and Dirk van Zyl Smit (eds) The Impact of Covid-19 on Prison Conditions and Penal Policy (Routledge 2022). As you can see on the publisher's website, https://www. routledge.com/The-Impact-of-Covid-19-on-Prison-Conditions-and-Penal-Policy/Dunkel-Harrendorf-Smit/p/book/9780367769727, it is an encyclopaedic work that took months to edit and to write overview chapters. The book includes a chapter on South Africa. More to the point, there are 150 references to child and children in the text, as inevitably how COVID-19 is dealt with in prison has a significant impact both on children that might be incarcerated as well as on the children of prisoners.





FACULTY OF HUMANITIES

Building emotional literacy in schools through Psychological First Aid

(Patti Silbert, Tembeka Mzozoyana and Ferial Parker: Schools Development Unit)

The negative impact of the Covid-19 pandemic on school-going youth was particularly felt in the second half of 2021, following the third wave of infections. Rotational learning; learner absenteeism; the loss of contact time with teachers and peers; the absence of physical play; bereavement and economic strain have resulted in significantly higher levels of stress and anxiety for many South African learners.

The emotional and psychological strain placed on families during the pandemic, particularly in low socioeconomic communities, has in many instances rendered the family system more fragile, with the result that children have not received the kind of support needed in order to cope with the trauma they have faced - and continue to face as a result of the pandemic. Schools have therefore had to play a more prominent role in helping learners deal with their

emotional distress; and teachers have become pivotal to the child's support network. However teachers themselves have been experiencing heightened stress as a result of the pandemic. Navigating new versions of the curriculum, managing health screening measures, adjusting to different routines and dealing with illness, fatigue and bereavement have made it extremely difficult for teachers to recruit the necessary resources to support their learners.

In the weeks following the start of the national lockdown in March 2020. Lifeline South Africa, the South African Depression and Anxiety Group and Childline reported an exponential surge in daily calls¹¹. In addition to causing distress for children and their families, mental health disorders in youth diminish and disrupt children's ability to learn effectively and to function in everyday life.

Over 50% of all adult mental health problems originate before the age of 14, and 75% by the age of 24, making early prevention and intervention essential¹².

Even before the pandemic, mental health illness amongst youth in poor and vulnerable communities was high, with estimations that one in three people would be affected in their lifetime. Typically, mental health disorders manifest in poor academic performance, with the schooling system mostly unable (not necessarily unwilling) to help youngsters address underlying issues of depression and anxiety¹³.

Rather than encouraging a discourse of communication and self-expression, in many schools, silence is conflated with coping - with the result that children and adolescents are becoming increasingly disconnected from their personal and collective trauma. Disconnection is exacerbated by shame and stigma - which often leads to high-risk behaviour. Effective psychosocial support strategies are needed to help children reconnect with their peers, their families and themselves. If children feel safe, they will be more receptive to learning, and will be better able to recruit internal self-regulatory mechanisms. It is therefore important that teachers develop a basic understanding of how trauma affects self-esteem, behaviour and interpersonal relationships. By de-stigmatizing trauma, teachers can help normalise children's experiences associated with mental illness.

It is against this background that, in 2021 the Schools Development Unit (SDU) developed the short course: *Psychological First Aid (PFA)* for teachers in times of crisis. The purpose of the short course is to empower teachers to support learners in dealing with emotional distress as a result of the pandemic. Through PFA, teachers are taught practical skills to appropriately attend to their learners using the 'RAPIDS' model¹⁴ and to implement these skills within their immediate context. The RAPIDS model enables teachers to create safer classroom

environments in which children are comfortable to share their feelings and anxieties without fear of humiliation and shame. Through being noticed and heard, children feel acknowledged and validated, and are less likely to retract, disconnect or be drawn to high-risk behaviour.

The university-approved nine-hour short course is offered through UCT's Schools Improvement Initiative (SII), as well as the Zenex Imfundo Phambili national project, currently being rolled out through the SDU. Over 300 primary- and secondary-school teachers, deputies and principals from the Western Cape, Gauteng and the Eastern Cape have completed the short course. Age appropriate, context sensitive resources developed by the SII are included such as YouTube videos which focus on depression and anxiety. Feedback from teachers who attended the short course has been extremely positive, with many commenting that PFA has shifted the way they listen to, and engage with their learners:

"One aspect that still stands out for me even now is that 'no trauma is little – that any traumatic experience deserves an ear and should be taken as just as important as those considered huge. And the way I listen now is more reflective, as I maintain eye contact and paraphrase and repeat what one said, to encourage the person to open up more and know that I am listening. People feel so much better knowing that their situation is not just any other situation ... just offering an ear has had a positive impact."

"After the course one learner, I found her crying but she tried to hide it from me, I remembered what I learnt from the course, and used the knowledge".

"I enjoyed the whole course because I realised that it equipped me with a set of tools which I use not only to assist learners who are in distress, but also my colleagues".

"This programme needs to be extended as much as we can because our communities have suffered in different forms of trauma".

"After PFA I felt inspired to further my studies in psychology in education...".

By teaching educators the importance of emotional literacy, the PFA short course has helped to centre the voice of children. Developing strategies that encourage children to express their vulnerability builds resilience and agency – and shifts negative behavioural patterns.

As Tomlinson et al remind us, "when children and adolescents are listened to, and their feelings are acknowledged and accepted, then they are likely to experience fewer symptoms of psychological distress¹⁵."

Child and adolescent mental health requires multisectoral strategies that promote psychosocial support within schools as key institutions in the life of a child. Universities have an important role to play in partnering with schools to minimise the risk of mental illness. Promoting health and wellbeing in our schools is fundamental in order to create safe, nurturing environments in which children can grow, learn, develop and thrive.

Centre for Social Science Research

The Accelerating Achievement for Africa's Adolescents (Accelerate) Hub Rebecca Maughan-Brown

The Hub aims to improve the lives of and realise the potential of Africa's youth. Jointly based in the Centre for Social Science Research at UCT and the University of Oxford, our team conducts social science research on adolescent health and wellbeing, social protection, parenting, education, including COVID-19-related research. The COVID-19 pandemic has dramatically exacerbated inequalities, motivating us to identify approaches that can address inequalities and generating positive impacts.

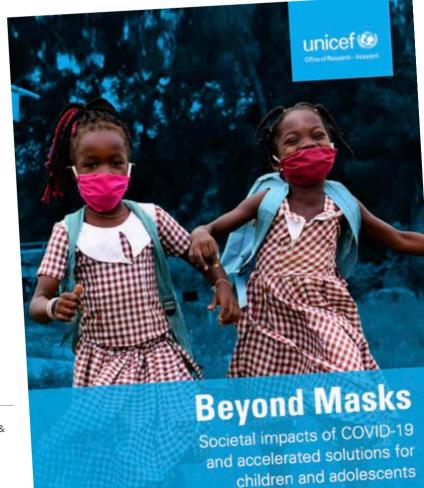
Collaborative policy sharing

In collaboration with international agencies, our team led on authorship of <u>UNICEF Innocenti "Beyond Masks</u>, summarizing the evidence on parenting support, cash transfers, and mental health support, as cost-effective combination social protection interventions which can accelerate the prevention

15 Tomlinson M, Lake L, Lachman A, Vogel W, Brown C, Abrahams Z & Hunt. X. Mental health and wellbeing. In: Lake L, Shung-King M, Delany A & Hendricks H (eds) Children and COVID-19 advocacy brief series. Cape Town: Children's Institute, University of Cape Town. 2021. of violence against children and adolescents. We supported improved sexual and reproductive health (SRHR) for current and future generations by authoring an internal report for the International Planned Parenthood Federation's 2023-2028 Strategy, focusing on provisions that can boost SRHR alongside other important priorities.

With UNICEF, WHO, and UNAIDS, we contributed to a <u>Policy Brief</u> on service provision during COVID-19, focusing on the needs of adolescents and young people, including service access interruptions. We co-authored a <u>Technical Brief</u> with the Paediatric Adolescent Treatment for Africa. In South Africa, we worked with the Presidency to support COVID-19 mitigation measures, including an increase in the Child Support Grant, bringing immediate tangible benefit to hardest-hit families.

We collaborate with governments to impact policy in South Africa, Eswatini, Kenya, Lesotho, South Sudan, Sudan, Zambia, and Zimbabwe, and engage with 30 African early-career researchers. The empirical and methodological findings of our COVID-19-related social science research have been shared with hundreds of researchers, policy makers, and implementers globally.



- 12 2021/2022 Child Gauge
- 3 Silbert & Mzozoyana, Children and young people are in the firing line of the Covid-19 mental health pandemic, Daily Maverick, 23 August 2021
- 4 RAPIDS: Rapport; Assessment; Prioritization; Intervention; Disposition & Folllow up; Self-care

Our team's secondary data analyses test potential pathways, mapped through evidence reviews and qualitative engagement with stakeholders, including adolescents, caregivers, and service providers. We have developed and refined analyses approaches that investigate which provisions may have impacts on multiple health and development outcomes simultaneously (https://osf.io/n6jy7/).

In collaboration with UNICEF, WFP, and the Global Fund, we have applied these techniques to evaluate impacts of possible service models on distinct but interrelated outcomes in Ethiopia, Kenya, Lesotho, Malawi, Nigeria, South Africa, Tanzania, Zambia and Zimbabwe. to support a generation of adolescents and young people, their families and communities.

Innovative pathways for adolescent engagement

Our team developed and launched a 'Facebook Time Capsule' with the Adolescent Advisors in our South African Teen Advisory Group, using remote participatory arts-based methods to collect data on vulnerable adolescents' real-time COVID-19 experiences, access to health services, and health outcomes, and methodological lessons from remote engagement.

Findings have been shared in the Global Stakeholder Forum Meeting Young People's Participatory Research and Communication for Change, cohosted by UNICEF's Communication 4 Development Headquarters team and the Wellcome Trust, as well as the Lancet Commission on Governing health futures 2030: growing up in a digital world. We disseminated this work at the 2022 International AIDS conference in Montreal, the Nvivo conference panel on engaging adolescents and young people meaningfully in research during

a pandemic, and published in Global Public Health.

We have engaged with researchers across Canada, South Africa, and Kenya to inform their methods and share findings, and contributed primary data collection to the UNICEF Innocenti "Beyond Masks report. The research tools developed are available to researchers and program developers wanting to engage adolescents and young people remotely.

In another sub-study, our research team explored dynamics of healthcare service provision for Adolescents and Young People Living with HIV, in public health facilities in the Eastern Cape during the COVID-19 pandemic. Findings indicate the importance of providing support, including psychosocial support, to healthcare providers, as well

adolescents continue to access critical healthcare services. Findings and recommendations were shared at the 2021 International Aids Society (IAS) COVID-19 Conference, as a chapter in the South African Health Review, and with local and provincial and national government stakeholders.

COVID-19 and the Pivotal role of Grandparents: Childcare and income Support in the UK and South Africa - Cantillon, S. Moore, E and Teasdale, N

as showing innovative ways to ensure that vulnerable

The COVID-19 global crisis and the "stay-home" response taken by most governments has starkly exposed the dependence of formal economies on the invisible and unpaid care labor of women - a dependence that has intensified during the pandemic as public childcare provision and schools are shut and parents work from home.

This article focuses specifically on the childcare and income support provided by grandparents in the United Kingdom and South Africa. In undertaking this comparative analysis the study demonstrates the universality of intergenerational interdependence and the contextual specificity of grandparental childcare and income provision, as well as the differential impacts of suspending, or risking, such supports during the pandemic. Grandparents within and across households make substantial contributions to economic, social, and affective lives, and the study argues for greater recognition of these crucial contributions and the development of a more intersectional understanding of the provision of care work.

Cantillon, S. Moore, E and Teasdale, N (2021) Covid-19 and the pivotal role of grandparents: childcare and income support in South Africa and the UK. Feminist Economics. 27:1-2, 188-202

https://www.tandfonline.com/doi/full/10.1080/13545 701.2020.1860246



REMOTE METHODS FOR **ENGAGING ADOLESCENTS** AND YOUNG PEOPLE IN RESEARCH:

Lessons from adolescent advisors in Kenya and South Africa during COVID-19





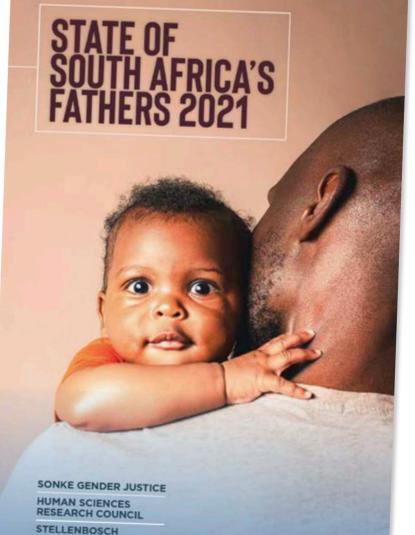




May 2022



UNIVERSITY



State of fatherhood report in SA - Moore, E

This is the second issue of an evolving report, planned for publication every three years. It can be used in the development of policy and legislation for families, labour market regulations, educational curricula, and other training materials. It can be referenced as a source of expert information for advocacy and community groups, individual families, and legislative committees. It contains specific recommendations for shifting norms towards gender-equitable parenting, and highlights men's caregiving as an institutional and social priority.

The report promotes a nuanced approach to fatherhood for improved support for families in South Africa.

Moore, E (2021) Brothers, uncles, and grandfathers: kinship based fatherhood and the state. In State of South Africa's Father Report. Sonke Gender Institute and Human Sciences Research Council. Pp

https://genderjustice.org.za/publication/ state-of-south-africas-fathers-2021/

Impossible choices for low income essential workers with young children - Mbokazi, N and Moore, E

With the reopening of schools, and as debates about the safety and concerns of teachers and pupils continue, we reflect on how caregiving during the pandemic has deepened inequalities for low-income employed mothers and essential workers who care for children.

Mbokazi, N and Moore, E (2021) Impossible choices for low income essential workers with young children.

https://www.dailymaverick.co.za/ article/2021-02-23-impossible-choicesfor-low-income-essential-workers-withyoung-children/

'Granny was the true parent': Cautious reflection is required on the court ruling allowing a caregiver grandparent to inherit - Moore, E

In November 2020 in the Pretoria High Court, the judiciary allowed a grandmother, who was the primary carer of a child, to benefit from the child's estate. In the case Wilsnach N.O. v TM and others [2020] JOL 49017 (GP), the matter under discussion was whether a person who has acquired parental rights and responsibilities can be considered a parent for the purposes of inheritance and whether a biological parent, who had had parental rights and responsibilities revoked, could still be regarded as the legitimate beneficiary.

Moore, E (2020) 'Granny was the true parent': Cautious consideration is required on the court ruling allowing a caregiver grandparent to inherit.

https://www.dailymaverick.co.za/article/2020-12-03-granny-wasthe-true-parent-cautious-reflection-is-required-on-the-court-rulingallowing-a-caregiver-grandparent-to-inherit/

DAILY MAVERICK

'Granny was the true parent': Cautious reflection is required on the court ruling allowing a caregiver grandparent to inherit



Impossible choices for low-income essential workers with young children



Adding injury to insult - Moore, E

MAVERICK CITIZEN OP-ED

By denying womxn access to the Covid-19 social relief grant when they are also receiving child support grants for the children in their care, the state is making its position clear: Womxn's roles are firmly located in the family and it's acceptable for their rights to go there to die.

Moore, E (2020) Adding Insult to Injury. When you're a womxn and a caregiver, you're not a citizen

https://www.dailymaverick.co.za/article/2020-08-12adding-insult-to-injury-when-youre-a-womxn-and-acaregiver-youre-not-a-citizen/

Covid-19 emergency relief child support grants are tied to a 'primary caregiver' model of Childcare – Moore, É

Covid-19 emergency child support grants need flexibility to accommodate fluid caregiving. But in South Africa, where family relations are often fluid and childcare negotiated, this imposes a rigidity which is creating tensions within families.

Moore, E (2020) Covid-19 emergency child support grants need flexibility to accommodate fluid caregiving.

https://www.dailymaverick.co.za/article/2020-05-14-covid-19-emergency-child-support-grants-needflexibility-to-accommodate-fluid-caregiving/

DAILY MAVERICK MAVERICK CITIZEN

Covid-19 emergency child support grants need flexibility to accommodate fluid caregiving



Adding insult to injury: When you're a womxn and a caregiver, you're not a citizen



How do multi-generational families adjust when Covid-19 enters a household through illness or economic loss? How are patterns of care and financial support transformed and what conflicts emerge?

Moore, E (2020) Family Dynamics in multi-generational households during covid-19

https://www.dailymaverick.co.za/article/2020-04-17-family-dynamics-in-multi-generational-households-during-covid-19/

Women-headed households and Covid-19 – Moore, E

In the second instalment of a three-part series, Elena Moore looks at multi-generational households headed by women in employment. The first article examined the possible impact of Covid-19 on old age grant-receiving households. If disease enters a household, it will have different impacts depending on the family, family assets, levels of domestic violence and levels of poverty.

Moore, E (2020) Women-headed households and Covid 19. https://www.dailymaverick.co.za/article/2020-04-16-women-headed-households-and-covid-19/

Old age grants hold together many a household – Moore, E

In a three-part series on the dynamics of Covid-19 on care and money within households, Professor Elena Moore unpacks thorny issues in intergenerational relationships, responsibilities and obligations. She outlines care-giving and financial challenges families face. This first article looks specifically at challenges in old age grant-receiving households.

Moore, E (2020) Old age grants hold together many a family. Coronavirus: Intergenerational issues.

https://www.dailymaverick.co.za/article/2020-04-15-old-age-grants-hold-together-many-a-household/

Sidla imbuya ngothi (We are very poor): Child Support Grants and Covid-19 – Mbokazi, N and Moore, E

The Covid-19 pandemic will deepen existing glaring racial disparities among children. We know already that children's access to resources varies dramatically by race.

Mbokazi, N and Moore, E (2020) Sidla imbuia ngothi (We are very poort): Child Support Grants and Covid-19

https://www.dailymaverick.co.za/article/2020-04-20-sidla-imbuya-ngothi-we-are-very-poor-child-support-grants-and-covid-19/



CORONAVIRUS: INTERGENERATIONAL ISSUES (PART THREE)

Family dynamics in multi-generational households during Covid-19





CORONAVIRUS: INTERGENERATIONAL ISSUES (PART 2)

Women-headed households and Covid-19



DAILY MAVERICK MAVERICK CITIZEN

CORONAVIRUS: INTERGENERATIONAL ISSUES (PART ONE)

Old age grants hold together many a household



MAVERICK CITIZEN OP-ED

Sidla imbuya ngothi (We are very poor): Child Support Grants and Covid-19



'The law is the way it is. If you try to apply it directly to tradition, you will find that it is not a perfect fit and will affect a lot of [cultural] practices such as initiation." This is the opinion of Siya (not her real name), a 32-year-old married Tsonga schoolteacher in Limpopo. The sentiment was shared by most people who took part in an investigation of the clash between "harmful" cultural practices and constitutional principles. ("Harmful" is in inverted commas to indicate the ambiguous nature of the so-called harm of cultural practices.)

Moore, E and Himonga, C (2019) Human Rights and Cultural Practices, 22 March 2019

(https://mg.co.za/article/2019-03-22-00-human-rights-and-cultural-practices)

Customary wives in fight against marital abuse – Moore, E

South Africa has one of the highest rates of domestic violence in the world. Exact figures are unknown because many cases do not get reported and many reports of domestic violence do not end in prosecutions and therefore fail to show up in administrative records.

Moore, E (2019) Customary wives fight against abuse. Mail & Guardian, 01 February 2019

https://mg.co.za/article/2019-02-01-00-customary-wives-in-fight-against-marital-abuse)

Support Grants and Covid-19

https://www.dailymaverick.co.za/article/2020-04-20-sidla-imbuya-ngothi-we-are-very-poor-child-support-grants-and-covid-19/









COVID left South African pupils far behind in maths and language skills

Ursula Hoadley

Learning to read, write, count and calculate forms the basis for all other learning in school and beyond. Pupils start to learn these basic skills in the first three years of schooling. Their learning continues throughout their time in school as the content becomes more complex.

In 2020 and 2021, learners across South Africa missed at least a quarter of a school year due to COVID-related lockdowns and rotational timetabling. Many learners lost much more school time. Given these disruptions, how much learning was lost across the schooling system? The systemic tests carried out

by the country's Western Cape province provided an ideal opportunity to find out. Each year the Western Cape Education Department tests learners in mathematics and language at the grade 3, 6 and 9 levels.

A team of researchers from Stellenbosch University and the University of Cape Town compared learner performance on the mathematics and language tests in 2019 with that of 2021 on a range of mathematical and reading and writing competencies.

https://theconversation.com/covid-left-south-african-pupils-far-behind-in-maths-and-language-skills-183678



FACULTY OF SCIENCE

Department of Environmental and Geographical Science

The Nourished Child Project
- Jane Battersby

The dual burden of malnutrition is a critical challenge facing South Africa, and one which we have made only limited progress. Over a quarter of South African children under the age of 5 are stunted and one in eight are overweight. The ongoing research of the food cluster at the African Centre for Cities and Department of Environmental and Geographical Science has demonstrated that poor diets are largely the outcome of systemic challenges in the food system, the urban system and other systems. In 2019, the African Centre for Cities together with City University, London, Stellenbosch University, the Provincial Government of the Western Cape and UNICEF received funding from the BBSRC for the Nourished Child project to conduct research into the dual burden of malnutrition in children under five and they caregivers in Masiphumelele in Cape Town and Zweletemba in Worcester. The purpose of this work was to better understand the systemic drivers of malnutrition and to work to find novel solutions to

the problem. Covid's arrival as we were about to start fieldwork required the project to develop innovative research methods, including a WhatsApp-based photo-elicitation tool

https://www.news.uct.ac.za/article/-2021-03-17-pandemic-praxis-adapting-research-methods-within-covid-19-constraints

Throughout the research the focus was on understanding how the food system, the urban system social services systems and other systems interacted to shape dietary practices and health of children. Core to the project was the idea that work co-designed with policymakers could be more impactful than research that conducted independent of them and then disseminated to them. It enabled the project team to be responsive to identified needs and it helped to ensure buy in from policymakers. The project team also wanted to build local capacity in both understanding the drivers of child malnutrition and developing community-led responses to the challenge.

In order to achieve these outcomes, there was a need to translate the research findings into accessible

resources that would have impact with policy and community spaces and help to create dialogue across these spaces. We used the research findings to create the story of Nosipho, a four-year-old girl living in Masiphumelele, and the factors that shaped her food consumption across a single day. The story was then translated into a short video with policy recommendations, which we then workshopped with Provincial Government. We also produced shorter versions of the video in English and isiXhosa, without the policy recommendations for community groups and wider dissemination (https://www.youtube.com/watch?v=s6RQImBN_0Y_. We also created a physical and online photo exhibition incorporating key quotes from the research and policy interventions

https://www.africancentreforcities.net/thenourished-child-an-exhibition/

Following the completion of the research, the research team worked with community facilitators to present and work through the implications of the research findings with research participants and the wider community.

This then provided community groups with some agency in developing local responses and capacity to engage local and provincial government on food and nutrition security-related issues.

In November 2021, the Food Working Group of the Provincial Government of the Western Cape went on a learning journey to Zweletemba to spend time with research participants, ECD teachers and food vendors to develop an understanding of the complex interactions shaping nutrition outcomes and to begin to develop integrated strategies to address child malnutrition across a range of departments. The use of the Feeding Nosipho video and project exhibition was central to creating

a shared understanding of the challenge of child malnutrition and the need for systemic responses. This was the first of a series of learning journeys with provincial and local government in Worcester and new policy responses are being developed, including the potential mainstreaming of food within the Breede Valley Municipality's new Integrated Development Plan.

In Masiphumelele, a group called the Masi Ambassadors has been formed to advance the cause of child malnutrition in their community. They have received funding from the Social Employment Fund to support their work. So far they met with their ward councillor to get her support, convened a series of training events on child nutrition and diets, held a meeting with the City of Cape Town's environmental health department to help them work with informal traders to improve vendor compliance with health and safety regulation, and are working with the neighbourhood's ECDs to improve child nutrition.

Finally, the project team has been working to increase the impact of the project's findings beyond government and the communities in which the research was conducted. The ACC partners with the South African Food and Farming Trust to co-lead the annual Food Dialogues programme. In 2022 we were able to host two sessions on child nutrition targeted at community food activists and NGOs to try and identify new opportunities to address child nutrition in different communities and forge connections across communities

https://fairfood.org.za/food-dialogues-2022-events/#feedingourfuture



BACKGROUND AND PHILOSOPHICAL DRIVERS for curriculum change

In the last eight years, attention to the curriculum and how it is curated, enacted and assessed has been heightened. Calls for decolonising the curriculum were driven by the #RMF and FMF students movements of 2015-16, locally and globally. Universities were challenged to transform and decolonise their curriculum offerings to make the curriculum representative and reflective of our students, knowledge, pedagogy, assessment as well as the social and cultural ethos of our context. One of the main goals of curriculum change from this critical position is to ensure that students do not feel alienated, marginalised or invisible and that they can thrive as full beings in their achievement of student success.

The 2020-21 Covid-19 pandemic provided a further thrust for curricula change when the transition to online and physically distanced learning and teaching brought into sharp relief the schisms between students with access and those unable to bridge the digital divide. The design and relevance of curricula were foregrounded as attention was drawn to the selection and sequencing of content for online platforms and assessment in hybrid and blended modes.

Both these cataclysmic and critical moments in higher education have catapulted universities' initiatives to transform and decolonise university curricula as a social justice imperative in the global South context. Transformation of the curriculum is understood in its full depth of meaning and encapsulates all aspects related to the academic project. Curriculum change

in our context, given the history and background that informs the need for change, is therefore informed by key drivers that include but are not limited to:

What we teach (knowledge domain);

- Who we are (students, staff and all stakeholders);
- How we teach (pedagogical and assessment considerations):
- Why we teach (purpose and goal) and
- With what intention (values).

The challenges students face with respect to the curriculum is evident in their engagement and participation in learning activities and is manifest in student performance analytics. These include program cohort analysis, retention and throughput patterns, course pass rates, percentages and averages, and the differentials in these between black and white students. In totality, these indicators provide a rigorous quantitative evidence basis for framing the problem in order to open faculty curriculum discussions, and to identify particularly problematic areas to focus detailed investigations on.

Curriculum change is also a key part of the UCT's Vision 2030, which aspires towards a socially-engaged curriculum which centres Afrika while it promotes interdisciplinary education, engaged pedagogy, student-centred academic development and support in a digitally-enabled context, which has 21st century

infrastructure, as it continuously supports the development of staff as university teachers.

This has taken place through the University's activities in a few ways. Firstly, through support from a UCDG grant for Curriculum change, a pilot faculty-wide curriculum change initiative in one faculty was undertaken. The initiative involved all staff engaging in a series of workshops organised within departments, that reflected critically on the curriculum questions above, as well as related data, specifically in relation to the UG programmes that department was primarily responsible for. The outcome of these engagements is that the faculty has embraced a number of curriculum change proposals, at course and programme levels, that better aligns content, pedagogy and assessment with the graduate attributes and values envisioned within Vision 2030. In addition, faculty engagements have led to curriculum change proposals that aim to address very seriously the negative impact of credit overload in the curriculum on student success.

Secondly, the DVC Vision 2030 Strategic Funding budget earmarked funds for a Curriculum Change project. To facilitate a University -wide curriculum change process all faculties were encouraged in 2022 to develop curriculum change proposals to review their philosophical underpinnings, academic workload, programme structuring and design, teaching and learning pedagogies and assessment. This is in progress.

Thirdly, there is project-based curriculum change across the University in different stages of development. Some of these include UCDG funded projects as follows:

A/Prof Elena Moore, Sociology. Project title:

"From the Sociological imagination to social imaginary: rethinking Sociology from the tip of Africa"

Prof Michael Held, Orthopaedic surgery. Project title:

"Orthopaedic curriculum change and student-centred content creation for undergraduate medical students"

Ms Sumaya Gabriels, Health and Rehabilitation Sciences. Project title:

"Disability Inclusive Development module- Design and implement an interprofessional module in the undergraduate curricula of the five undergraduate programmes in the Faculty of Health Sciences"

Dr Amaal Abrahams, Human Biology. Project title:

"Promoting student engagement and self-directed learning: A pilot study focused on the design and implementation of an interactive App"

Ms Sarah Crawford-Browne, Primary Health Care Directive. Project title: "Challenging the cycles of violence: creating an open access online textbook for future responders Pilot Project"

Project-based grant support will continue in 2023.

Curriculum change is a necessarily slow process that requires not only sustained engagements amongst staff, but also rigorous quality assurance and approval processes for implementing curriculum change. We are confident that this ball has started rolling in earnest at UCT.