Preserving Childhoods: An Evaluation of Teenage Pregnancy Prevention, Reporting, and Safeguarding Mechanisms in the Northern Cape

Commission for Gender Equality

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REPORT

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LIST OF ACRONYMS

AYFS	Adolescent and Youth-Friendly Services
AYP	Adolescent and Youth Programme
CAPS	Curriculum and Assessment Policy Statement
CGE	Commission for Gender Equality
CPF	Community Policing Forum
CSC	Community Service Centre
CSE	Comprehensive Sexuality Education
CSTL	Care and Support for Teaching and Learning
CYCCs	Child and Youth Care Centres
DBE	Department of Basic Education
DG	Director General
DHA	Department of Home Affairs
DSAC	Department of Sport, Arts and Culture
DSD	Department of Social Development
EMIS	Education Management Information System
ESA	East and Southern African Countries
EXCO	Executive Council
FAS	Foetal Alcohol Syndrome
FB	Frances Baard
FCS	Family Violence, Child Protection and Sexual Offences
FET	Further Education and Training
GBV	Gender-Based Violence
GET	General Education and Training
HIV	Human Immunodeficiency Virus
HRD	Human Resource Development
HSRC	Human Sciences Research Council
ISHP	Integrated School Health Programme
JTG	John Taolo Gaetsewe
LO	Life Orientation
LSA	Learner Support Agent
MECs	Members of the Executive Council
NACCW	National Association of Child Care Workers
NAM	Namakwa

NCDOH	Northern Cape Department of Health
NCDOE	Northern Cape Department of Education
NCDSD	Northern Cape Department of Social Development
NCPR	National Child Protection Register
NDoH	National Department of Health
NGOs	Non-Governmental Organisations
NPA	National Prosecuting Authority
NRSO	National Register for Sex Offenders
NSP-GBVF	National Strategic Plan on Gender-Based Violence and Femicide
OTP	Office of the Premier
PEC	Patient Experience of Care
PKS	Pixley Ka Seme
SA-SAMS	South African School Administration and Management System
SAPS	South African Police Service
SASSA	South African Social Security Agency
SBST	School-Based Support Team
SECI	Serial Electronic Crime Investigation
SGB	School Governing Body
SIAS	Screening, Identification, Assessment, and Support
SIOC-CDT	Sishen Iron Ore Company Community Development Trust
SLPs	Scripted Lesson Plans
SMT	School Management Team
SOPs	Standard Operating Procedures
SORMA	Sexual Offences and Related Matters Amendment Act
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TB	Tuberculosis
WebDHIS	Web-Based District Health Information System
ZFM	Zf Mgcawu

1. INTRODUCTION

The Commission for Gender Equality (CGE) is an independent institution established in terms of Chapter 9 of the Constitution of the Republic of South Africa, 1996. The powers and functions of the CGE are outlined in the Commission for Gender Equality Act (CGE Act) 39 of 1996. The CGE is charged with a broad mandate to promote respect for gender equality and the protection, development, and attainment of gender equality and to make recommendations to parliament on any legislation affecting the status of women and gender parity in South Africa.

In terms of Section 11(1)(a) of the CGE Act, the CGE has the power to monitor and evaluate practices and policies of, amongst others, public bodies, and private institutions. Section 11(1)(e) of the Act enables the CGE to investigate any gender related issue of its own accord or upon receipt of a complaint.

Section 181 of the Constitution establishes the CGE as an institution with the purpose of strengthening constitutional democracy in the Republic. It is independent, and subject only to the Constitution and the law, and it must be impartial and must exercise its powers and perform its functions without fear, favour or prejudice.

Other organs of state, through legislative and other measures, must assist and protect Chapter 9 institutions to ensure their independence, impartiality, dignity, and effectiveness. No person or organ of state may interfere with the functioning of Chapter 9 institutions in the execution and furtherance of their mandate.

2. BACKGROUND

Teenage pregnancy remains a major social, economic, educational, and health challenge in South Africa. The consequences of unplanned teenage pregnancies are devastating and often have long-term implications for adolescent mothers, their children, families, and communities. The South African Government has accordingly developed the Policy on the Prevention and Management of Learner Pregnancy in Schools, recognising that teenage pregnancy is not merely a medical or educational issue, but a broader societal concern requiring a coordinated and multi-sectoral response.

This investigation was conducted in line with the strategic mandate of the CGE as outlined in its Five-Year Strategic Plan and the 2025/2026 Annual Performance Plan under the outcome:

> "An enabling legislative environment for gender equality through submissions, recommendations, investigations, and litigation."

The purpose of this strategic outcome is:

> "To evaluate legislation, policies, practices and mechanisms within public and private institutions and make recommendations and undertake litigation to advance the gender transformation agenda."

The investigation was initiated following ongoing observations by the CGE regarding the prevalence of teenage pregnancy in the Northern Cape Province, particularly through the work of the CGE's Research as well as the Public Education and Information programmes, stakeholder interactions, and related provincial activities.

Teenage pregnancy is a pressing issue affecting societies worldwide. South Africa continues to face significant challenges concerning increasing rates of teenage pregnancy, particularly among school-going learners. Teenage pregnancy often leads to social consequences that can have long-lasting effects on young parents and their families.

Pregnancies not only pose adverse health risks for adolescent mothers and their babies, but these consequences may persist into future generations. Girls who become pregnant frequently drop out of school, thereby limiting future economic opportunities and perpetuating cycles of poverty[1], the ripple effect of which is inequality and social vulnerability.

An increase in the adolescent pregnancy rate strongly suggests challenges with accessing sexual and reproductive healthcare services for this vulnerable age group and is a cause for concern. In South Africa, 31% of girls between 15 and 19 are not receiving the contraceptives they need. The proportion of this age group is more than that of other age groups.[2]

Teenage pregnancy remains a significant concern within the Northern Cape Province, specifically. The Northern Cape Department of Education has identified teenage pregnancy as a contributor to high learner dropout rates. Its Zero Dropout Campaign report documents concerning learner retention and school completion trends within the province.

The prevalence of teenage pregnancy within the province has also been publicly acknowledged by the former Northern Cape MEC for Education, Zolile Monakali, who indicated during the launch of a teenage pregnancy prevention campaign in the John Taolo Gaetsewe District that the Northern Cape continues to record alarmingly high levels of teenage pregnancy despite having one of the smallest learner populations in the country. The MEC further stated that approximately 900 learners between the ages of 10 and 19 fall pregnant in the province each quarter, with the rural John Taolo Gaetsewe District identified as one of the most affected districts[3].

Teenage pregnancy in South Africa is driven by interrelated factors such as poverty, poor access to contraceptives, gender inequalities, sexual taboos, high levels of gender-based violence, sexual exploitation, and inadequate sex education. This complex issue requires a comprehensive approach to address these multifaceted drivers.[4]

According to the Human Sciences Research Council (HSRC), the Northern Cape ranked fourth in the country in relation to the prevalence of births to mothers under the age of 20 between 2014 and 2023[5]. This finding is consistent with the observations of the CGE arising from its PEI departmental activities and community engagements conducted across the province.

The statistics present two alarming issues: the lack of education about safe sex in schools and the lack of investigations regarding prima facie cases of sexual assault. In South Africa, it is illegal to engage in sex with anyone who does not consent. It is illegal to engage in sex with a partner younger than 16 years unless the sexual partner is less than two years older, or both sexual partners are between the ages of 12 and 16. It is illegal for anyone to engage in sexual activities with a child under the age of 12, whether consent has been

1 Jonas, K., 2022, Teenage pregnancy during COVID-19 in South Africa: A double pandemic, South African Medical Research Council. Retrieved from https://www.samrc.ac.za.

2 Jonas, K., 2022, Teenage pregnancy during COVID-19 in South Africa: A double pandemic, South African Medical Research Council. Retrieved from https://www.samrc.ac.za.

3 Northern Cape records high numbers of teen pregnancies: Education MEC, SABC. Retrieved https://sabcnews.co.za

4 DA calls for urgent action to address alarming rise in teenage pregnancies in South Africa. Issued by Alexandra Abrahams MP – DA Deputy Spokesperson on Social Development ,7 Aug 2024 in News.

5 Mapping South Africa's hotspots for mothers under the age of 20 years, Human Sciences Research Council. Retrieved from https://hsrc.ac.za

given or not. Therefore, girls under 12 who have given birth are victims of sexual abuse, and their cases must be reported and investigated.[6] In addition, teenage pregnancy has an impact on gender equality in the province, as it affects girls who have to face socio-economic challenges alone, while boys or men who impregnate them continue with their lives.

In light of the above, and pursuant to the CGE's constitutional and statutory mandate, the CGE resolved to conduct this provincial investigation. Through this process, the CGE engaged various government departments and relevant stakeholders to assess existing interventions, identify systemic gaps, evaluate compliance with applicable legal and policy obligations, and address the need for an integrated provincial strategy focusing on prevention, reporting, response, accountability, and victim support.

The CGE approached this investigation through a gender-responsive and rights-based evaluative framework informed by the Department of Planning, Monitoring and Evaluation's Gender Responsive Evaluations Guideline which requires evaluations to assess the extent to which institutional responses, governance systems, safeguarding mechanisms, policies, programmes, and intersectoral interventions respond to gender equality, differentiated vulnerabilities, human rights obligations, inclusiveness, psychosocial realities, and the lived experiences of affected persons.

The investigation commenced with the development and dissemination of a structured questionnaire to the entities, focusing on their respective roles pertaining to the management of teenage pregnancy.

The responses received, oral evidence presented during the hearings, statistical information, post-hearing submissions, and subsequent developments were thereafter analysed against the applicable constitutional, legislative, policy, safeguarding, and gender-responsive evaluative framework outlined throughout this report.

The investigation further recognised that teenage pregnancy within the Northern Cape cannot be understood in isolation from the broader constitutional and child protection obligations imposed upon the State and all relevant duty-bearers. Sections 27, 28, and 29 of the Constitution guarantee children's rights to healthcare services, social services, basic education, dignity, equality, protection from maltreatment, neglect, abuse, exploitation, and access to supportive developmental environments that advance their best interests. The Children's Act 38 of 2005 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act further impose mandatory safeguarding and reporting obligations upon educators, healthcare workers, social workers, police officials, and other frontline professionals where children are exposed to abuse, neglect, sexual exploitation, statutory rape, or other forms of harm. The prevalence of teenage pregnancy involving children, particularly in circumstances involving significant age disparities, school dropout, psychosocial vulnerability, and socio-economic dependency, therefore raises broader concerns regarding safeguarding failures, under-reporting of statutory sexual offences, fragmented institutional responses, and barriers preventing vulnerable children from accessing protection, justice, healthcare, education, and psychosocial support services.

Accordingly, this investigation sought not only to assess the existence of policies, programmes, and institutional interventions, but also to evaluate whether the current provincial response meaningfully protects children, preserves dignity, advances gender equality, and safeguards the constitutional rights and developmental interests of vulnerable learners and young mothers. The CGE recognises that preserving childhood in the context of teenage pregnancy requires a dual and integrated approach: firstly, preventing children from being prematurely exposed to adult responsibilities, exploitation, abuse, coercion, and socio-economic vulnerability through effective safeguarding, prevention, education, and support interventions; and secondly, ensuring that children who do become pregnant are not excluded from education, healthcare, psychosocial support, or

6 Section 15 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007

broader childhood protections and developmental opportunities. In this regard, the investigation was guided by the understanding that pregnant learners and young mothers remain children entitled to the full protection of the Constitution, child protection legislation, and gender-responsive safeguarding systems aimed at ensuring their safety, dignity, equality, well-being, and long-term development.

3. NORTHERN CAPE DEPARTMENT OF EDUCATION

The Northern Cape Department of Education (the Department of Education) operates within a broader constitutional, legislative, and policy framework that imposes both direct and indirect obligations in relation to the prevention and management of teenage pregnancy among learners. While not exhaustive, the provisions, frameworks, and initiatives highlighted below represent some of the key governance and regulatory mechanisms relevant to the Department of Education's obligations in this context.

The Department of Education's obligations must further be understood within the broader context of creating safe, inclusive, and non-discriminatory educational environments. Although schools are distinct from traditional workplace environments, best-practice principles emerging from occupational health and safety governance, psychosocial risk management, and equality frameworks remain relevant in assessing institutional responses to teenage pregnancy, stigma, sexual harassment, bullying, discrimination, and gender-based violence within educational settings.

In this regard, the principles underpinning the Occupational Health and Safety Act 85 of 1993 and the Employment Equity Act 55 of 1998, read together with the Code of Good Practice on the Prevention and Elimination of Harassment in the Workplace (18 March 2022), provide useful guidance regarding the proactive identification, prevention, and management of psychosocial risks, harassment, victimisation, stigma, exclusion, and discrimination.

These principles reinforce the importance of ensuring that learners, particularly pregnant learners and young mothers, are protected from bullying, humiliation, exclusion, secondary victimisation, and other harmful conduct that may undermine their dignity, educational access, psychological well-being, safety, and equal participation within the schooling environment.

The interplay between gender equality, psychosocial safety, learner dignity, and child protection further underscores the need for preventative institutional cultures, early intervention measures, awareness programmes, effective reporting systems, and integrated support services within schools and surrounding communities.

In terms of Section 28(2) of the Constitution establishes that a child's best interests are of paramount importance in every matter concerning the child. This principle is relevant where teenage pregnancy intersects with issues of school attendance, learner retention, access to support services, protection from abuse and exploitation, and the overall well-being of affected children.

Further, Section 29(1)(a) of the Constitution provides that everyone has the right to a basic education. This right is immediately realisable and places a duty on the state to ensure that learners, including pregnant learners and young mothers, are not unfairly excluded from the education system.

The Department is also bound by statutory obligations in terms of the Children's Act, specifically Section 110, which imposes a mandatory duty on educators and other professionals to report any reasonable suspicion of child abuse, neglect, or sexual exploitation. This provision must be read together with the Criminal Law (Sexual

Offences and Related Matters) Amendment Act 32 of 2007, particularly Section 54, which criminalises the failure to report sexual offences against children.

The Department is further guided by various policy frameworks, programmes, or intersectoral initiatives aimed at improving learner well-being, retention, protection, and educational outcomes. These include the Department of Basic Education Policy on the Prevention and Management of Learner Pregnancy in Schools, the Integrated School Health Programme (ISHP), and the Care and Support for Teaching and Learning (CSTL) Programme.

Collectively, these frameworks and initiatives promote a coordinated, preventative, protective, and supportive approach to teenage pregnancy, learner well-being, and learner retention.

3.1 Statistics and school impact

The Department of Education provided the rate of learner pregnancies for the past three financial years.

Year 2023/2024	3,217 learners
Year 2024/2025	3,339 learners
First Quarter 2025/2026	835 learners

The statistics provided by the Department of Education indicated that during 2023/2024, there were 3,217 learner pregnancies, during 2024/2025 there were 3,339 learner pregnancies, and during the first quarter of 2025/2026, there were 835 learner pregnancies. The statistics indicate an increase in learner pregnancies from 2023/2024 to 2024/2025. Even the 835 pregnancies in the first quarter of 2025/2026 are alarming, given the Northern Cape's population.

3.1.1 Breakdown of the pregnancy rate per district

Year	FB	JTG	NAM	PKS	ZFM
2023/2024	1,172	706	213	486	647
2024/2025	1,193	749	232	482	683
First Quarter 2025/2026	310	174	044	131	176

The pregnancies per district indicate that the Francis Baard District remains a hotspot in the province, followed by the John Taolo Gaetsewe District. The ZF Mgcawu District also has a high number of learner pregnancies.

This indicates that there is a need for the department to intensify awareness programmes in those districts that have a high rate of teenage pregnancy.

3.1.2 Departmental database

The Northern Cape Department of Education submitted that they do have a centralised database in place, namely, the South African School Administration and Management System (SA-SAMS) and Education Management Information System (EMIS) to monitor and track teenage pregnancy cases among learners, but the system is not being utilised effectively by the schools in the province.

3.1.3 Effects of teenage pregnancy on learner attendance

The department stated that teenage pregnancy adversely affects learners as school attendance is poor, leads to low performance, and some learners leave school if they are not properly supported.

3.2 Causes and risk factors

The department lists several major contributing factors to teenage pregnancies in the Northern Cape:

- Drugs and alcohol use
- Early exposure to sex
- Sexual exploitation and abuse
- Peer pressure
- Economic vulnerabilities-poverty
- Poor access to contraceptives
- Psychological factors, for example, family stress, low/lack of self-esteem, peer pressure, and lack of motivation
- Gender-based violence (GBV)
  - » 1 in three girls below the age of 18 experiences sexual abuse
  - » 1 in 20 girls aged 15 - 19 years has experienced forced sex during their lifetime.

The factors listed indicate underlying social ills, including poverty and gender-based violence issues in the province, which lead to many teenage girls being vulnerable to abuse and sexual exploitation, often at the hands of older men.

3.2.1 Role of poverty and family background

The department submitted that various factors play a role in early awareness of sex and teenage pregnancy, including poverty, family background, the need to experiment, for association, and to belong, as well as socio-economic challenges and peer pressure.

The department stated that no comparative research has been conducted, and no reports are available. As part of its mechanisms to address teenage pregnancy, the department should be conducting such a study or collaborating with other stakeholders to conduct it, as the study would enable the department to better address the root causes of teenage pregnancy.

3.2.2 Dropout rates due to teenage pregnancy

The department stated that the dropout rate due to pregnancy in the province is significantly high, but did not provide statistics. The department further stated that it has initiatives aimed at higher learner retention and the completion of compulsory basic education.

3.2.3 Engagements with parents and guardians

The department engages parents and guardians through pregnancy-preventive advocacy, social mobilisation events, and preventive capacity-building sessions for school governing boards and school-based support teams. The department also encourages participation in school policy development.

3.2.4 Life Orientation class

The department has content training on material for teachers of Life Orientation's comprehensive sexuality education programme, which is currently being taught in schools to prevent teenage pregnancy. The department further stated that teachers are adequately trained to teach the comprehensive sexuality education programme because, in each training session, two teachers from a school are trained, along with the subject heads. In high schools, one teacher from general education and training (GET), one teacher from further education and training (FET), and the subject head are trained.

The CGE is not satisfied with the number of teachers being trained to teach the comprehensive sexuality education programme. More teachers need to be trained in the content.

Educators and learners are also trained in creating inclusive environments for pregnant learners. The department submitted that the training is sufficient, although it is clouded by personal values. In the training, two things happen:

- Firstly, one of the training outcomes states that clarity should be given in relation to personal values related to sexuality, and teachers should be supported to manage their personal values when implementing the Curriculum and Assessment Policy Statement (CAPS) Life Orientation and Life Skills with their learners.
- Secondly, there is a strong emphasis on keeping the girl child at school until she gives birth or until advised by a medical practitioner. Emphasis is also placed on the creation of safe spaces where the girl child is spared from any form of discrimination or intimidation.

The department stated that there are currently no trained personnel on site to assist pregnant learners. The lack of trained personnel on-site to assist pregnant learners is a risk because, in cases of emergency, pregnant learners will not receive the necessary medical assistance.

Currently, there are no monitoring tools to measure the impact of this curriculum. The department should have monitoring tools in place to effectively assess the curriculum's impact and improve it.

The comprehensive sexual education and peer education programmes are presented through learning support agents. This is a commendable initiative that will help raise awareness about teenage pregnancy among learners. The department stated that there are no awareness programmes in place within the curriculum. The department did not provide a response regarding how these awareness programmes are adapted to address the socio-cultural and economic context of Northern Cape communities.

3.2.5 Awareness campaigns on teenage pregnancy for learners, parents, educators, and communities

The Department of Education stated that no awareness campaigns are being conducted. The lack of awareness campaigns on teenage pregnancy is problematic because such campaigns may have a significant impact on addressing and preventing teenage pregnancies.

Learners are educated about the risks, consequences, and legal aspects of teenage pregnancy (for example, statutory rape and consent) within the content of scripted lesson plans, for example, Lesson 10.9: Consent, Rape, and Taking Action. This lesson builds on the previous lesson on assertive communication. Learners will consider the definition of rape and explore aspects of consent from several perspectives (their own perspective, the perspective of the opposite sex, and what the law says about young people and consent).

The lesson also examines victim-blaming and challenges the attitudes that enable victim-blaming. The lesson offers learners an opportunity to change their attitudes and behaviour and to appreciate that everyone can play a part in reducing the harmful impact of rape. Finally, the lesson offers practical information, such as what to do if someone is raped.

The department stated that they do not use digital tools or online platforms to educate learners about teenage pregnancy. The department should consider using online platforms as educational tools, since most youth use social media.

3.2.6 Policies and/or guidelines for supporting pregnant learners and young mothers to remain in or return to school

The Department of Education submitted that the following policies are in place. However, they did not provide copies thereof:

- Department of Basic Education Policy on HIV for Education Institutions
- South African Children's Act (38) (as amended by the Children's Amendment Act 41 of 2007) refers and requires that information on sexual violence be reported to relevant authorities (Act 38 of 2005, Sections 110 and 150)
- Integrated School Health Programme (ISHP)
- Department of Basic Education Integrated Strategy on HIV, Sexually Transmitted Infections, and Tuberculosis 2012–2016.
- East and Southern African Countries (ESA) Commitment to the Comprehensive Sexuality Education Programme
- National Sexual Reproductive Health Services and Rights Framework 2014–2016
- National Youth Policy 2015–2020
- Department of Basic Education Protocol for Management and Reporting of Sexual Violence in School
- Department of Basic Education National Policy on HIV, Sexually Transmitted Infections and Tuberculosis for Learners, Educators, School Support, and Officials in all Primary and Secondary Schools in the Basic Education Sector
- Standard Operating Procedures (standard operating procedures) for the Provision of Sexual Reproductive Health and Social Services in Secondary Schools
- Policy on the Prevention and Management of Learner Pregnancy in Schools.

3.2.7 Provision and coordination of support services

The department stated that it provides support services through 1) appointing learner support agents (LSAs), 2) through the establishment and capacity building of school-based support teams and collaborative initiatives with the Northern Cape's Department of Health and Department of Social Development, and 3) through the capacity building of life orientation educators.

3.2.8 Stigma and/or bullying pregnant learners or young mothers

The department stated that there is a need for capacity building, structural arrangements, and development, which indicates that the schools are currently not well equipped to handle stigma and bullying that pregnant learners might face.

3.2.9 Collaboration with other stakeholders (health, social development, NGOs) to support affected learners

The department submitted that there are integration and collaborative arrangements between the Northern Cape's Department of Education, Department of Health, and Department of Social Development. Collaboration between these departments is key to addressing teenage pregnancy.

3.2.10 Reporting in terms of Section 110 of the Children's Act 38 of 2005

The department stated that regarding Form 22, they have an orientation and implementation programme, which is a current and new activity for implementation and compliance, as all learning support agents and district coordinators have recently been made aware of Form 22 and are being capacitated.

3.2.11 Engagements with community leaders or traditional authorities to address cultural and social factors contributing to teenage pregnancy

The department affirmed that they engage community leaders or traditional authorities through collaboration with the Department of Social Development. Engaging community leaders is important, as the engagement will raise awareness of the duty to report abuse under Section 110 of the Children's Act.

3.2.12 Challenges faced by the department in addressing teenage pregnancy in schools

- Lack of appropriate and specialised human resource capacity
- No structural capacity and support at provincial, district, and local municipalities
- No pregnancy intervention budget/funding
- Limited conditional grant funding
- Lack of community and civil society support
- No coordination between the provincial government and the local municipality.

The above-mentioned challenges will continue to hamper the prevention of teenage pregnancy unless the department prioritises the issue of teenage pregnancy and allocates appropriate resources.

3.2.13 Proposed improvements and recommendations needed in the current education system to better prevent and manage teenage pregnancies

The department stated that "care and support for learners" should be an integral part of the training curriculum for prospective teachers in tertiary education:

- Make the stakeholders aware that teenage pregnancy is a societal responsibility
- Provide appropriate and sufficient funding
- Support and protection for the reporter of learner sexual violence and abuse

- Appoint learner support agents
- Render care, support, and protection to vulnerable learners in line with the implementation of the HIV and Life Skills Education Programme, as well as the Care and Support for Teaching and Learning (CSTL) Programme and Peer Education Programme
- Work with the school-based support team to screen and identify vulnerable learners and develop support plans to support them
- Provide basic counselling to learners who are experiencing or have been exposed to trauma
- Accompany learners to obtain services rendered by various service providers based on needs
- Establish and manage networks with local stakeholders that support the provision of care and support for learners
- Conduct visits to the homes of learners who are not performing well or have been absent for a week or more
- Provide support to learners who are sick or have missed school because of a long-term illness by taking schoolwork to their homes
- Develop and submit monthly and quarterly reports to the school-based support team coordinator or school principal on the work done
- Train educators of Life Orientation to teach the comprehensive sexuality education programme using scripted lesson plans. The scripted lesson plans are designed to assist educators in teaching scientifically accurate, evidence-informed, incremental, age-appropriate and culturally appropriate sex education within the Curriculum and Assessment Policy Statement (CAPS) Life Skills and Life Orientation in the classroom.

3.3 CGE Public Hearings

The Department of Education was subsequently subpoenaed to appear before the CGE on 17 November 2025 in terms of Section 12(4)(b) of the CGE Act. After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by the department's under oath at the hearing, the CGE deemed it necessary to request further information for clarity on certain aspects and make preliminary findings and recommendations as outlined below.

3.3.1 Preliminary Findings

1. There is a high number of teenage pregnancies among learners in the Northern Cape, which raises concerns of possible statutory rape cases going unreported and not being investigated.
2. Incoherent statistics of teenage pregnancies provided by the Northern Cape's Department of Education, Department of Health, and Department of Social Development each indicate over 1,000 teenage pregnancies over the past three years, compared to the 215 statutory rape cases reported at the SAPS over the same period, showing a lack of collaboration between all relevant stakeholders.
3. The department has not been implementing the completion and submission of Form 22 in terms of the Children's Act, and there has been no training of duty-bearers on the completion of the form.

4. There is a lack of accurate data collection of cases of teenage pregnancy and cases of school dropout because of teenage pregnancy.

5. The South African School Administration and Management System and Education Management Information System centralised database systems are not being effectively used by schools to monitor and track teenage pregnancy cases among learners.

6. The department is not aware of the research study by the CGE titled School dropout of adolescent girls during pregnancy and in the postpartum period in selected South African provinces of 2023, in KwaZulu-Natal, Limpopo, and Eastern Cape and the recommendations thereof.

7. The number of educators who are adequately trained to teach the comprehensive sexuality education programme in Life Orientation classes is insufficient.

8. There is a lack of trained personnel on-site to assist pregnant learners.

9. Not all teachers in the province have been vetted, which is contrary to the Department of Basic Education's implementation plan, which required that all educators and staff working with children and persons with disabilities must be vetted by the end of December 2023.

10. Insufficient awareness campaigns are being conducted by the department to raise awareness among learners, parents, and communities about teenage pregnancy and statutory rape.

3.3.2 Preliminary recommendations

1. The department and all relevant stakeholders must expedite the finalisation of the provincial teenage pregnancy strategy in place to address teenage pregnancy in the Northern Cape. The department submitted that the Provincial Multi-Sectoral Teenage Pregnancy Strategy has been finalised and presented to the coordinating MECs (Education, Social Development, and Health and Safety). The strategy still has to be presented to EXCO for ratification and approval. The envisaged implementation date for the strategy is in the new financial year.

2. The department must ensure that all staff members are trained on the duty to report cases of child abuse and/or neglect to the Department of Social Development and the completion of Form 22 in terms of Section 110 of the Children's Act. The department subsequently confirmed that schools with learning support agents and schools under district coordinators are conducting advocacy and social mobilisation activities, including Teenage Pregnancy Week, School Health Week and STI Week, Parental and Early and Unintended Learner Pregnancy Dialogues, Community Engagements and Commemorative Events (World Aids Dy, World TB Day, Human Rights Day, and Freedom Day), and the Integration Awareness on the Prevention and Management of Learner Pregnancies Policy in Schools. The department is capacitating educators, school management teams, school-based support teams, and learning support agents on the significance of the comprehensive sexuality education programme, including the scripted lesson plans and policy and legislative frameworks. The department supports schools in policy development for approval and adoption by school governing boards. The policy development will ensure school community support when acting against gender-based violence, sexual violence, and abuse. In addition, the policies will promote effective reporting to the SAPS or the Department of Social Development to protect girl child learners regarding factors causing early and unintended pregnancies.

3. The department must ensure that there is accurate data collection of and cases of school dropout because of teenage pregnancy.

4. The department must engage the National Department of Basic Education regarding the CGE study titled School dropout of adolescent girls during pregnancy and in the postpartum period in selected South African provinces of 2023 in KwaZulu-Natal, Limpopo, and Eastern Cape, and the recommendations thereof.

5. The department must ensure that all educators are adequately trained to teach the comprehensive sexual education programme in Life Orientation classes.

6. The department must ensure that all teachers in the province are properly vetted in terms of the Department of Basic Education's implementation plan, which required that all educators and staff working with children and people living with disabilities to be vetted by the end of December 2023.

7. The department must ensure that they roll out advocacy and awareness-raising initiatives to support and strengthen the application of the prescripts of the National Policy on the Prevention and Management of Learner Pregnancy across all schools in the province. These awareness-raising activities should target all school officials, including principals, educators, members of school governing boards, learners, and parents.

3.4 *After the hearings*

The department responded to the CGE's request and provided the following information:

3.4.1 Learner retention interventions

Learner retention remains a central focus of the Northern Cape Department of Education, particularly in the context of persistent socio-economic challenges, vast rural distances and household poverty that continue to affect access to schooling. The department's approach to learner retention is therefore not limited to academic support alone but is deliberately structured to address the practical and social conditions that influence whether learners can remain in school and progress through the system.

The interventions listed below address non-academic factors that often lead to disengagement and dropout, particularly in the senior grades. Inclusive education remains an integral part of the learner retention strategy.

By addressing transport, nutrition, accommodation, financial barriers, learner dignity, and psychosocial well-being, the department has adopted a holistic approach to learner retention that aligns with national policy objectives and is responsive to the realities learners face in the Northern Cape. Collectively, these interventions demonstrate the department's commitment to creating conditions that enable learners to access schooling and to remain in the system and complete their education.

The department stated the following initiatives that are in place, are aimed at learner retention:

3.4.1.1 Learner transport

One of the most significant contributors to learner retention in the province is the provision of learner transport. Given the geographic spread of communities and the location of many schools in rural and farming areas, access to reliable transport remains crucial. The department provides learner transport for qualifying learners who live far from the nearest public school, ensuring that distance and safety concerns do not

become reasons for absenteeism or dropout. This intervention has had a direct impact on regular attendance and punctuality, particularly during winter months and in remote areas where walking long distances is neither safe nor sustainable.

3.4.1.2 National School Nutrition Programme

The National School Nutrition Programme continues to play a vital role in keeping learners in school, especially in communities affected by food insecurity. For many learners, the school meal is the most reliable of the day. Beyond addressing hunger, the programme contributes to improved concentration, increased learner participation, and higher overall school attendance. Schools consistently report that the nutrition programme acts as a strong incentive for daily attendance, particularly in the foundation and intermediate phases, and has contributed to a reduction in short-term absenteeism linked to household poverty.

3.4.1.3 Hostel accommodation

In areas where daily travel to school is not feasible, hostel accommodation remains an essential retention mechanism. Learners from distant communities can access schooling through boarding facilities attached to schools, particularly in the secondary phase. Hostel accommodation provides a place of residence and structured supervision, meals, and a stable environment that supports continuity of learning. This provision of hostel accommodation has proven especially important in ensuring that learners can complete the further education and training phase without dropping out due to transport or accommodation constraints.

3.4.1.4 Norms and Standards Funds

The department also provides Norms and Standards Funds to public schools in line with national policy. These funds enable schools to procure learner and teacher support materials, including textbooks and workbooks, and to cover essential operational needs. By ensuring that learners have access to the necessary learning materials at school, the department reduces the financial burden on parents and caregivers. This support contributes to learner retention by preventing disengagement from schooling caused by a lack of basic educational resources.

3.4.1.5 Fee exemption

In recognition of the financial pressures many households face, the department continues to implement fee exemption processes in line with the South African Schools Act. At no-fee schools, learners are automatically exempt from paying school fees, and fee-charging schools have structured exemption processes. These measures ensure that learners are not excluded or marginalised because of their families' inability to pay school fees, thereby protecting the constitutional right to basic education and supporting continued enrolment.

3.4.1.6 Sanitary dignity

The sanitary dignity programme has further strengthened learner retention, particularly among girl child learners in the upper primary and secondary phases. By providing sanitary towels to qualifying learners, the department addresses a key cause of absenteeism linked to menstrual health challenges. Schools have reported improved attendance and participation among girl child learners, contributing to sustained engagement in schooling during crucial transitional years.

3.4.1.7 Psychosocial support

The department continues to provide psychosocial support to learners through district-based support structures and partnerships. Learners facing challenges such as trauma, bullying, substance abuse, or family instability are supported through counselling and referral mechanisms.

3.4.1.8 Special academic needs interventions

Learners with barriers to learning are supported through special schools, full-service schools, and targeted district interventions. By accommodating diverse learning needs and providing appropriate support, the department reduces the risk of exclusion and early dropout among vulnerable learners.

3.4.1.9 Learner support agents

The appointment of learner support agents to support the provision of Learner Care and Support for Teaching and Learning (CSTL) Programmes, through whom vulnerable learners are granted access to the provision of psychosocial support services that support of learner performance and retention. Educators and learning support agents are trained in Accredited Lay Counselling and First Aid Training to provide counselling services and first aid to vulnerable learners. Learning support agents trained in life coaching, communication, integrity, conflict management, resilience, confidence coaching, as well as diversity, conflict resolution, and teamwork, which improves effective communication, relationships, character, and reliability, and learners' confidence in their care.

3.4.1.10 Comprehensive sexuality education programme

Educators of the comprehensive sexuality education programme, school management teams, school-based support teams, and learning support agents are capacitated to present the programme, which improves learners' comprehension of the Life Orientation learning area and access to sexual and reproductive health services, thereby enhancing learners' responsible decision-making processes. School governing body consultation, orientation, and advocacy engagement are provided about outcomes of the comprehensive sexuality education programme, and the importance of reporting the sexual violence against and abuse of learners.

3.4.1.11 Peer education skills

Learning support agents train in peer education skills to develop Peer Education Groups at school, in which learners are appointed as peer mentors to support age-appropriate communication, behavioural change, and responsible decision-making for a healthier life and the achievement of educational goals.

3.4.1.12 Support for pregnant learners

School-based support teams and learning support agents support the implementation of the Department of Basic Education Policy on Prevention and Management of Learner Pregnancies by ensuring support for pregnant learners with homework, reasonable accommodations, and no discrimination during and after school, including upon return to school after the postpartum period. In collaboration with the Department of Transport Safety and Liaison, the Department of Education is providing learner transport for learners to support learner retention. Collaboration with the Northern Cape Department of Health and the Northern Cape Department of Social Development provides a comprehensive, integrated package of services and support to pregnant learners, including boys, before, during, and after delivery, to support successful reintegration into school.

While the CGE acknowledges the existence of the above interventions and notes their potential contribution towards learner retention and educational access, the persistence of high learner pregnancy rates, dropout concerns, reporting gaps, and inconsistencies in interdepartmental coordination indicate that these interventions have not yet sufficiently addressed the systemic drivers and consequences of teenage pregnancy within the province.

3.5 Appointment of trained personnel on-site, especially in the hotspot

In response to the CGE's enquiry regarding plans to appoint trained personnel on-site, particularly within hotspot schools, the department stated that continuous upskilling is being provided to Life Skills and Life Orientation educators at both primary and high school levels.

While the CGE acknowledges the importance of continuous educator development and capacity building, the response does not indicate the existence of concrete plans to appoint dedicated specialised personnel within hotspot schools. The CGE observes that the upskilling of educators, although important, is not equivalent to the deployment of trained multidisciplinary personnel capable of providing specialised psychosocial support, trauma-informed interventions, counselling services, crisis management, learner protection support, and emergency responses relating to learner pregnancy, sexual violence, abuse, and other vulnerabilities affecting learners.

The CGE notes with concern that the apparent reliance on existing educators to absorb additional safeguarding and psychosocial support responsibilities may place further strain on already burdened educational personnel, particularly within hotspot schools characterised by elevated levels of learner vulnerability, learner pregnancy, socio-economic challenges, gender-based violence, and psychosocial risks.

In response to the CGE's enquiry regarding measures implemented to ensure that schools comply with and effectively utilise the SA-SAMS and the EMIS, the department stated that all schools have access to SA-SAMS and EMIS to record learner incidents and statistics relevant for reporting purposes.

3.6 Measures to ensure schools' compliance and effective utilisation of SA-SAMS and EMIS data system

The department further indicated that a Circular of Instruction is being developed for all employees of the Northern Cape Department of Education to strengthen the reporting of incidents involving learner sexual violence, abuse, and learner pregnancy through the utilisation of Form 22, SA-SAMS, and EMIS processes. The department additionally stated that the Information Technology Unit is expected to incorporate a dedicated module within the Circular of Instruction to guide school officials and other relevant stakeholders on the effective utilisation of SA-SAMS for the recording, reporting, and monitoring of learner pregnancy incidents and related statistics for monthly, quarterly, and annual reporting purposes.

3.7 Cases reported to SACE

In response to the CGE's request for detailed information regarding matters reported to SACE during the previous five financial years, the department provided a list of reported matters involving various forms of misconduct and transgressions. These included allegations relating to:

a. sexual relationships with learners.

b. sexual misconduct.

c. rape of a learner.

d. sexual harassment of learners.

e. inappropriate conduct towards learners.

f. corporal punishment.

g. assault.

h. absenteeism.

i. examination fraud.

j. falsification of documents.

k. misuse of state property.

l. embezzlement of funds.

m. labour-related disputes.

The CGE notes with particular concern the existence of multiple allegations involving sexual misconduct, sexual relationships with learners, sexual harassment, and rape of a learner. These matters raise significant concerns regarding learner safety, safeguarding mechanisms, educator vetting processes, institutional culture, and the protection of vulnerable learners within educational environments.

The CGE further observes that all listed matters were indicated as "awaiting outcome from SACE." The apparent absence of finalised outcomes raises concerns regarding the timeliness and effectiveness of disciplinary and professional accountability processes involving educators accused of misconduct, particularly where allegations involve vulnerable learners and conduct of a potentially criminal nature.

The CGE further notes that the existence of matters involving rape of a learner, sexual relationships with learners, and sexual misconduct appears inconsistent with the department's simultaneous response that no cases of statutory rape or child abuse and/or neglect had been reported to the Department of Social Development or the South African Police Service.

This apparent contradiction raises serious concerns regarding:

a. possible under-reporting of criminal conduct.

b. fragmentation between disciplinary and criminal justice processes.

c. inadequate implementation of mandatory reporting obligations in terms of Section 110 of the Children's Act No. 38 of 2005.

d. failures to trigger appropriate referrals to the South African Police Service and the Department of Social Development.

e. and systemic weaknesses in safeguarding and child protection mechanisms within schools.

The CGE further observes that allegations involving sexual relationships with learners and rape of a learner may potentially constitute criminal conduct requiring mandatory reporting and investigation beyond internal disciplinary or professional misconduct processes. In this regard, disciplinary proceedings and referrals to SACE cannot substitute compliance with statutory child protection and criminal justice obligations.

In response to the CGE's enquiry regarding the number of educators found to have impregnated learners within the province during the previous three years, the department responded that there were "none."

3.8 Copies of completed Form 22 referrals

In relation to copies of completed Form 22 referrals made to the Department of Social Development, the department indicated that it would immediately direct the implementation of Form 22 by all schools in line with the envisaged Circular of Instruction.

The department further indicated that existing Form 22 archives are currently held by the Northern Cape Department of Social Development and were submitted by community workers under the Department of Social Development rather than by schools themselves.

The CGE considers this response particularly significant as it potentially indicates that schools have not historically functioned effectively as frontline child protection reporting sites despite the statutory reporting obligations imposed upon educators and other professionals.

The response raises concerns regarding:

a. the inconsistent implementation of Form 22 processes across schools.

b. inadequate institutionalisation of safeguarding and reporting obligations.

c. and possible failures by school officials and educators to fulfil mandatory child protection reporting duties.

The CGE further observes that the apparent reliance on community workers and external structures to initiate Form 22 reporting processes may reflect systemic weaknesses within the education sector's safeguarding architecture and interdepartmental child protection mechanisms.

While this response is noted, the CGE observes that the existence of pending matters involving sexual relationships with learners, rape allegations, and sexual misconduct nevertheless indicates the continued existence of safeguarding risks and vulnerabilities within educational environments that necessitates that the department strengthens its reporting systems to ensure that they extend beyond administrative compliance and form part of a broader institutional safeguarding framework that ensures the effective implementation of mandatory reporting obligations, learner protection mechanisms, interdepartmental referrals, and accountability measures within the education sector taking cognisance of the EEA and OHS Act interplay applicable to school environments. This ought to be leveraged to ensure proactive risk management, which assesses incidents on a case-by-case basis in order to ensure that the interventions are responsive to the differentiated needs and lived realities of the pregnant learner or young mother.

3.9 Final findings

Based on the analysis of information received after the hearings, the CGE makes the following findings:

1. Teenage pregnancy within the Northern Cape is not merely an educational challenge, but reflects broader systemic socio-economic, safeguarding, psychosocial, and child protection vulnerabilities affecting learners within the province. These vulnerabilities are compounded by poverty, gender-based violence, sexual exploitation, substance abuse, unequal power dynamics, and inadequate access to integrated support services.

2. Despite the implementation of various learner retention and support interventions, including learner transport, nutrition programmes, psychosocial support services, sanitary dignity initiatives, learner support agents, hostel accommodation, and comprehensive sexuality education programmes, the persistence of high learner pregnancy rates and learner vulnerability indicates that existing interventions have not yet sufficiently addressed the systemic drivers and consequences of learner pregnancy within the province.

3. The safeguarding and learner protection mechanisms within schools remain inadequately institutionalised and inconsistently implemented across the province, particularly in relation to mandatory reporting obligations, psychosocial support systems, trauma-informed interventions, and integrated child protection responses.

4. The department continues to experience institutional human resource and structural capacity constraints, including the absence of sufficient specialised multidisciplinary personnel capable of providing sustained psychosocial support, counselling services, crisis intervention, and learner protection support within hotspot schools and vulnerable communities.

5. The department's apparent reliance on existing educators to absorb additional safeguarding and psychosocial support responsibilities may place further strain on already burdened educational personnel and may undermine the effectiveness of learner support and protection measures within schools.

6. The weaknesses in institutional reporting architecture, inconsistent utilisation of SA-SAMS and EMIS systems, and inadequate implementation of Form 22 processes undermine evidence-based planning, safeguarding oversight, mandatory reporting compliance, and integrated child protection responses within the province.

7. The development of a Circular of Instruction and additional reporting modules indicates that the department itself has recognised deficiencies in existing reporting, monitoring, and safeguarding compliance systems across schools within the province.

8. The apparent absence of completed Form 22 submissions from schools, together with the department's undertaking to direct the implementation thereof through the envisaged Circular of Instruction, raises concerns regarding the historical implementation and institutionalisation of mandatory child protection reporting obligations within schools.

9. The existence of matters reported to SACE involving allegations of rape of a learner, sexual relationships with learners, sexual misconduct, and sexual harassment raises significant concerns regarding learner safety, safeguarding mechanisms, educator accountability, institutional culture, and the protection of vulnerable learners within educational environments.

10. The apparent absence of finalised outcomes in matters reported to SACE raises concerns regarding delays and inefficiencies in disciplinary and professional accountability processes involving educators accused of serious misconduct, particularly where allegations involve vulnerable learners and potentially criminal conduct.

11. The coexistence of pending SACE matters involving allegations of sexual misconduct and rape of learners with the department's response that no cases of statutory rape or child abuse and/or neglect had been reported to the Department of Social Development or the South African Police Service raises serious concerns regarding possible under-reporting of criminal conduct, fragmentation between

disciplinary and criminal justice processes, failures to trigger mandatory reporting obligations, and systemic weaknesses in safeguarding and child protection mechanisms within schools.

12. The disciplinary and professional misconduct processes involving educators cannot substitute compliance with statutory child protection obligations, mandatory reporting duties, and criminal justice processes where allegations potentially constitute criminal conduct against learners.

13. The department's current approach to learner pregnancy, safeguarding, and learner support requires a more integrated, preventative, gender-responsive, and risk-informed institutional framework that proactively addresses psychosocial risks, stigma, discrimination, victimisation, and the differentiated vulnerabilities and lived realities of pregnant learners and young mothers within school environments.

3.10 Final recommendations

In light of the above, the CGE makes the following recommendations:

1. The Northern Cape Department of Education must strengthen and institutionalise an integrated safeguarding and child protection framework within schools that ensures effective implementation of mandatory reporting obligations, learner protection mechanisms, referral pathways, psychosocial support systems, and accountability measures in relation to learner pregnancy, sexual violence, abuse, exploitation, and other safeguarding concerns.

2. The department must institutionalise a province-wide mandatory reporting and safeguarding compliance framework that includes compulsory capacitation, accountability mechanisms, monitoring systems, and periodic compliance audits for all educators, principals, school management teams, learner support agents, school-based support teams, and other relevant duty-bearers.

3. The department must ensure that principals and school management teams are specifically capacitated regarding their obligations in terms of:

a. Section 110 of the Children's Act.

b. The Protocol for the Management and Reporting of Learner Pregnancy in Schools.

c. Safeguarding and learner protection obligations.

d. Interdepartmental referral and reporting mechanisms.

4. The department must urgently strengthen the implementation, utilisation, monitoring, and oversight of SA-SAMS, EMIS, and Form 22 reporting processes to ensure integrated, accurate, standardised, and real-time reporting of learner pregnancy incidents, safeguarding concerns, school dropout trends, and related vulnerabilities across all schools within the province.

5. The envisaged Circular of Instruction must be finalised and implemented without delay and must clearly provide for:

a. Mandatory reporting procedures.

b. Accountability measures.

c. Standardised safeguarding protocols.

d. Referral pathways.

e. Monitoring responsibilities.

f. Oversight mechanisms applicable to all schools and relevant officials.

6. The department must conduct periodic safeguarding and compliance audits relating to:

a. Form 22 implementation.

b. Educator reporting obligations.

c. Learner protection systems.

d. Safeguarding compliance.

e. Educator misconduct management.

f. Institutional responses to learner pregnancy and sexual violence within schools.

7. The department must strengthen institutional coordination and referral systems between the Department of Education, Department of Social Development, Department of Health, SAPS, SACE, and other relevant stakeholders to ensure integrated safeguarding, reporting, investigation, and learner support responses.

8. The department must ensure that all allegations involving:

a. Sexual relationships with learners.

b. Sexual misconduct.

c. Rape of learners.

d. Sexual harassment.

e. Related safeguarding concerns are immediately escalated to the relevant law enforcement and child protection authorities where required by law, in addition to internal disciplinary and professional misconduct processes.

9. The department must strengthen institutional measures aimed at preventing stigma, discrimination, bullying, victimisation, and psychosocial harms experienced by pregnant learners and young mothers through integrated awareness programmes, educator capacitation, psychosocial support interventions, and preventative institutional culture initiatives.

10. The department must prioritise the deployment and strengthening of multidisciplinary learner support structures, including psychosocial support personnel, counsellors, learner support practitioners, and integrated interdepartmental support mechanisms, particularly within hotspot schools and vulnerable communities.

11. The department must develop and implement monitoring and evaluation mechanisms to assess the effectiveness, impact, and outcomes of:

a. learner retention interventions.

b. comprehensive sexuality education programmes.

c. safeguarding measures.

d. psychosocial support systems.

e. institutional responses to learner pregnancy and learner vulnerability.

12. The department must strengthen community-based and school-based awareness initiatives relating to:

a. learner pregnancy.

b. statutory rape.

c. Consent.

d. gender-based violence.

e. sexual exploitation.

f. safeguarding obligations.

g. and available reporting mechanisms.

including through the utilisation of digital platforms and youth-accessible communication mechanisms.

13. The department should adopt a proactive, gender-responsive, and risk-informed safeguarding approach that incorporates principles relating to psychosocial safety, prevention of harassment and victimisation, differentiated vulnerability assessments, and responsive institutional support measures within school environments, taking cognisance of the interplay between safeguarding obligations, equality principles, and psychosocial risk management frameworks.

3.11 Conclusion

The evidence gathered during the investigation demonstrates that while the department has implemented various learner retention and support interventions, including learner transport, hostel accommodation, psychosocial support initiatives, sanitary dignity programmes, learner support agents, and comprehensive sexuality education programmes, significant systemic challenges continue to undermine the effectiveness of the department's response to learner pregnancy and learner vulnerability.

The investigation further revealed persistent concerns relating to safeguarding systems, institutional reporting mechanisms, mandatory reporting compliance, data governance, psychosocial support capacity, and learner protection responses within schools. In particular, the CGE notes concerns regarding the inconsistent implementation of Form 22 processes, weaknesses in the utilisation of SA-SAMS and EMIS systems, and the apparent absence of fully institutionalised safeguarding and child protection mechanisms across schools within the province.

Of particular concern to the CGE is the apparent inconsistency between the existence of SACE matters involving allegations of rape of a learner, sexual relationships with learners, sexual misconduct, and sexual harassment, and the department's simultaneous indication that no cases of statutory rape or child abuse and/or neglect had been reported to the Department of Social Development or the South African Police Service. This contradiction raises serious concerns regarding possible under-reporting of criminal conduct, fragmentation between disciplinary and criminal justice processes, failures to trigger mandatory reporting obligations, and systemic weaknesses in safeguarding and child protection mechanisms within educational environments.

The CGE further notes that the department continues to experience institutional capacity constraints, including shortages of specialised multidisciplinary personnel capable of providing sustained psychosocial support, counselling services, trauma-informed interventions, and learner protection support within hotspot schools and vulnerable communities. The department's reliance on existing educators to absorb additional safeguarding and psychosocial support responsibilities may further strain already burdened educational personnel and limit the effectiveness of learner support interventions.

The CGE emphasises that safeguarding obligations within educational environments extend beyond administrative compliance and require the establishment of proactive, integrated, gender-responsive, and child-centred institutional systems that prioritise learner dignity, psychosocial safety, equality, protection from victimisation and discrimination, and the best interests of the child. In this regard, the strengthening of reporting systems, safeguarding frameworks, accountability mechanisms, psychosocial support interventions, and interdepartmental referral pathways remains critical in improving the department's overall response to learner pregnancy and learner vulnerability within the province.

Finally, integrating the interplay between the OHS, EEA (including the Code of Good Practice, 18 March 2022 and related psychosocial safety principles within the school environment presents an opportunity not only to strengthen safeguarding and learner protection mechanisms, but also to provide support and protection to frontline role players within schools who may themselves be impacted by the psychosocial demands associated with responding to learner pregnancy, sexual violence, trauma, abuse, bullying, victimisation, and other safeguarding concerns.

In this regard, educators, principals, learner support agents, school-based support teams, and other frontline personnel may experience secondary trauma, emotional fatigue, psychological stress, burnout, intimidation, or other psychosocial risks arising from their responsibilities in managing vulnerable learner cases and safeguarding interventions. A proactive, risk-informed, and gender-responsive institutional approach may therefore assist the department in strengthening both learner protection and the psychosocial well-being, support, and resilience of personnel operating within school environments.

4. NORTHERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

The Northern Cape Department of Social Development (the Department of Social Development) operates within a broader constitutional, legislative, child protection, and social development framework that imposes both direct and indirect obligations in relation to the prevention, management, reporting, and mitigation of teenage pregnancy and its associated social harms. While not exhaustive, the provisions, frameworks, programmes, and intersectoral initiatives highlighted below represent some of the key governance and regulatory mechanisms relevant to the Department of Social Development's obligations in this context.

The Department of Social Development's obligations must further be understood within the broader context of child protection, psychosocial support, family strengthening, community-based prevention, gender equality, and the protection of vulnerable children and families affected by poverty, abuse, neglect, exploitation, trafficking, gender-based violence, and social exclusion. In this regard, the department occupies a critical role within the broader safeguarding and child protection system relating to teenage pregnancy and learner vulnerability within the province.

The interplay between child protection, psychosocial support, gender equality, poverty alleviation, social cohesion, and community-based prevention further underscores the need for coordinated interdepartmental responses, integrated referral systems, awareness programmes, early intervention mechanisms, and effective

safeguarding measures to address the systemic drivers and consequences of teenage pregnancy within the province.

In terms of Section 28(2) of the Constitution, a child's best interests are of paramount importance in every matter concerning the child. This principle is particularly relevant where teenage pregnancy intersects with issues of abuse, neglect, exploitation, school dropout, psychosocial vulnerability, access to social support services, reintegration into education, and the overall well-being and protection of affected children.

The Department is further bound by statutory obligations in terms of the Children's Act, including obligations relating to child protection services, mandatory reporting obligations, prevention and early intervention services, care and protection measures, psychosocial support, and referral mechanisms for children found to be vulnerable or in need of care and protection. Section 110 of the Children's Act imposes mandatory reporting obligations on various professionals and role players who reasonably suspect that a child has been abused, deliberately neglected, sexually abused, or otherwise requires care and protection.

These obligations must further be read together with Section 54 of SORMA, which imposes a legal duty on any person who has knowledge, a reasonable belief, or suspicion that a sexual offence has been committed against a child or other vulnerable person to report such knowledge or suspicion to a police official.

Collectively, these policies, frameworks, and intersectoral arrangements promote a coordinated, preventative, developmental, protective, and supportive approach to teenage pregnancy, child protection, psychosocial support, and the strengthening of safeguarding mechanisms within communities.

The CGE dispatched a questionnaire to the Department of Social Development and received its response, which is analysed below.

4.1 Policy on teenage pregnancy

The Department of Social Development does not have a policy document on teenage pregnancy specific to the Northern Cape. However, the Department of Social Development indicated that it is leading the provincial task team on child and teenage pregnancy. The task team comprises key departments, including the Department of Education, the Department of Social Development, the SAPS, the Department of Health, and the Office of the Premier. The document is still a draft, and stakeholders are being consulted to provide input.

The department is currently aligning its interventions with the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2014–2019). There is a provincial strategy on teenage pregnancy that is in the process of being developed in line with existing relevant legislation related to teenage pregnancy and gender-based violence, for example, the NSP-GBVF. There is no specific budget for teenage pregnancy; the provision of this service within the Department of Social Development is funded by Child Care and Protection Services and the Victim Empowerment Programme's goods and services budget.

4.2 Programmes and interventions

The department provides departmental programmes and services to children in general. Some of the programmes implemented are:

- Prevention programmes on teenage pregnancy
- Awareness programmes to raise awareness of teenage pregnancy

- Awareness programmes focusing on parents about the dangers of trafficking their children to older men for income
- Awareness programmes for children and parents in the small towns on the N12 to raise awareness of the dangers of children and minors selling themselves to truck drivers
- Integrated programmes to raise awareness of trafficking in persons.
- Awareness programmes on child abuse
- Teenage parenting programmes
- Awareness raising on substance abuse and foetal alcohol syndrome (FAS) programme
- Isibindi Ezikoleni programme
- Social behaviour change programmes (Yolo, Chommy, and Boys Championing Change).

The department further provides other types of social or psychological support services to pregnant teenagers, which include:

- Individual counselling
- Family group conferences to mediate between families of expectant teenagers
- Placement of babies in alternative care
- Encouraging families to lay charges of statutory rape in cases of child and teenage pregnancy
- Referral to other relevant services, for example, to SASSA for application of grants, to the Department of Home Affairs for birth registration
- Provision of social relief of distress to assist with, for example, vouchers for baby clothes and food parcels, among other assistance.

Departmental social workers also provide services in rural and urban areas. The rural areas with child abuse and teenage pregnancy-related challenges are prioritised.

The department also manages and funds child and youth care centres for children in need of care and protection (children's homes). Children who are assessed and found to be in need of care as per the Children's Act are admitted to the child and youth care centres.

There are no specific accommodations at the children's homes for teenage mothers. Parenting programmes are provided for young mothers. The department's skills development programme focuses on women's empowerment in general. The departmental social workers also engage with schools and the Department of Education when young mothers are to be reintegrated into the education system.

4.3 Interdepartmental and community partnerships

The department collaborates with other stakeholders in addressing teenage pregnancy in the province. There is a provincial task team on teenage pregnancy that comprises stakeholder departments. Most of the programmes implemented by the department, especially those on gender-based violence and feminicide, are carried out in partnership with stakeholders, such as the trafficking in persons and gender-based violence programmes. Stakeholders in the gender-based violence field share resources (predominantly financial) in the implementation of such programmes. The department works closely with the Department of Education. School principals in some areas have a good working relationship with the departmental social workers, especially in

the small towns. The schools submit requests to the department to conduct programmes in schools based on the challenges and needs identified by the schools.

The department is funding the National Association of Child Care Workers (NACCW) to implement the Isibindi Ezikoleni programme, which focuses on learners. Two organisations in the province are funded social behaviour change programmes, and related programmes are also implemented in schools.

The department is also funding the sites for the implementation of the Risiha Programme for community-based prevention and early intervention for children, focusing on the following core package of services:

- Childcare and protection
- Psychosocial support
- HIV and AIDS support
- Health promotion
- Food and nutrition
- Economic strength
- Education support.

The department is also funding Isolabantwana (eye on the children) volunteers to conduct community-based services. The programmes implemented are also focusing on raising awareness amongst parents.

The department also highlighted challenges faced in addressing teenage pregnancy, which include:

- The referral system between the departments is a challenge. The Department of Health is the main source of statistics on teenage pregnancy, but referral of those cases to the Department of Social Development for intervention is a challenge.
- Parents are not willing to lay charges of statutory rape due to a variety of reasons, for example, the boyfriend (older man) is providing for the entire family, or parents are trafficking their daughters to older men for money.
- The absence of a guiding document with clear roles and responsibilities of each department.

The department further stated that it needs support to strengthen its role in reducing teenage pregnancy, relating to the following:

- Involvement of all relevant departments, with each department taking responsibility and playing its role
- Finalisation of the provincial strategy on teenage pregnancy.

4.4 Monitoring, evaluation, and data collection

Regarding data collection on teenage pregnancy, the department relies on statistics from the Department of Health. The only data collected by the department is of cases reported to the departmental social workers. The department confirmed that they rely on the statistics from the Department of Health that has 3,300 cases. John Taolo District was confirmed as the district with the highest incidence of teenage pregnancy. The department provided statistics on cases reported to it under Section 110 of the Children's Act for the past three years.

The department confirmed that they convened an information session for the Provincial Child Protection Forum, focusing on Section 110 of the Children's Act. This session engaged educators from various schools to equip them with the requisite skills to report suspected cases of child abuse. In anticipation of the forthcoming financial year, the department is in the process of planning comprehensive training sessions for educators to further enhance the protocol for reporting suspected cases of child abuse.

The department stated that it has established a Provincial Child Protection Forum comprising representatives from stakeholder departments, non-governmental organisations, and child protection organisations. The Provincial Child Protection Forum is a crucial platform for stakeholders to discuss the issues and challenges surrounding the care and support of children. During these meetings, the roles and responsibilities of each stakeholder are examined, and relevant provisions of the Children's Act, including Section 110, are communicated to ensure a comprehensive understanding of legal obligations and best practices in child protection.

4.5 CGE Public Hearings

The Department of Social Development was subsequently subpoenaed to appear before the CGE on 18 November 2025 in terms of Section 12(4)(b) of the CGE Act. After considering and analysing the information submitted prior to the hearing, as narrated above, as well as submissions made by the Department of Social Development under oath at the hearing, the CGE deemed it necessary to request further information for clarity on certain aspects and make preliminary findings and recommendations as outlined below.

4.5.1 Preliminary findings

Accordingly, the CGE hereby made the following preliminary findings:

1. There is a high number of teenage pregnancies among learners in the Northern Cape, which raises concerns of possible statutory rape cases going unreported and not being investigated.

2. Incoherent statistics of teenage pregnancies provided by the Northern Cape's Department of Education, Department of Health, and Department of Social Development each indicate over 1,000 teenage pregnancies over the past three years, compared to the 215 statutory rape cases reported at the SAPS over the same period, showing a lack of collaboration between all relevant stakeholders.

3. The department has not been properly monitoring and implementing the completion and submission of Form 22 in terms of the Children's Act, and there has been no training of duty-bearers on the completion of the form.

4. There is a lack of accurate data collection of cases of teenage pregnancy and cases of school dropout because of teenage pregnancy.

5. The Department of Social Development does not conduct adequate awareness campaigns on teenage pregnancy and neglects the duty to report the abuse and neglect of children to raise awareness in communities around the province.

6. There is currently no provincial policy document addressing teenage pregnancy. However, the Department of Social Development is leading a provincial task team on child and teenage pregnancy, which is developing a provincial strategy on teenage pregnancy. The absence of a guiding document with clear roles and responsibilities of each department leads to not addressing teenage pregnancy adequately in the province.

7. The referral system between the relevant departments is a challenge. The Department of Health is the main source of statistics on teenage pregnancy, but referral of those cases to the Department of Social Development for intervention is a challenge.

8. Parents are not willing to lay charges of statutory rape due to various reasons, such as the boyfriend (older man) being a provider for the family of the pregnant teenager.

9. The Department of Social Development does not have a specific budget allocated for teenage pregnancy. The provision for this service within the Department of Social Development comes from the Child Care and Protection Services and the Victim Empowerment Programme goods and services budget.

4.5.2 Preliminary recommendations

Considering the above, the CGE made the following preliminary recommendations:

1. The department and all relevant stakeholders must expedite the finalisation of the provincial teenage pregnancy Strategy in place to address the high number of teenage pregnancies in the Northern Cape.

2. The department and all relevant stakeholders must put measures in place to address the issue of incoherent teenage pregnancy statistics in the Northern Cape.

3. The department must ensure that measures are put in place to properly monitor and implement the completion and submission of Form 22 in terms of the Children's Act and also ensure that duty-bearers are adequately trained on the completion of the form in terms of Section 110 of the Children's Act.

4. The department must ensure that there is accurate data collection regarding cases of teenage pregnancy and cases of school dropout because of teenage pregnancy in the province.

5. The department must intensify its awareness campaigns to raise awareness about teenage pregnancy and statutory rape among learners, parents, and communities.

6. The department and all relevant stakeholders must expedite the finalisation and implementation of the provincial strategy on teenage pregnancy.

7. The department, working together with the SAPS, must ensure that there is mandatory reporting of teenage pregnancies and must also enforce the Sexual Offences Amendment Act, ensuring that every pregnancy of a girl under the age of 16 is treated as an offence. The SAPS must ensure that communities, health professionals, and schools report these cases without exception.

8. The Department of Social Development must advocate for budget allocation specifically to address teenage pregnancy in the province.

4.6 After the hearings

The department responded to the CGE's request and provided the following information:

4.6.1 Provincial Strategy on Teenage Pregnancy

The Department of Social Development indicated that the Provincial Strategy on Teenage Pregnancy is in draft form.

4.6.2 Measures in place to educate parents and communities about teenage pregnancy and children's rights

The Department of Social Development submitted that it is collaborating with various stakeholders to tackle teenage pregnancy. Two of the organisations are funded to implement the following Social Behaviour Change Programs:

- Yolo (You Only Live Once)
- Chommy
- Boys Championing Change

Additionally, the Department of Social Development indicated that it collaborates with the Department of Education through the placement of Child and Youth Care Workers within schools to implement Prevention and Early Intervention Programmes. According to the department, the following interventions are implemented within schools:

Prevention and Awareness Programmes relating to:

- Substance Abuse (Ke Moja)
- Gender-Based Violence and Femicide, including bullying, human trafficking, and homophobic bullying
- Child Protection and child abuse
- Social Crime Prevention, including gangsterism
- Teenage Pregnancy
- Individual and group sessions with learners across all grades
- Corridor and bathroom supervision during classes
- Referrals of learners to social workers for therapeutic services and referrals to relevant stakeholders
- Learner supervision and support
- Identification of learners requiring material assistance to restore learner dignity and minimise bullying, including uniforms and dignity packs
- Home visits and parent engagements.

The department further indicated that it funds the National Association of Child and Youth Care Workers (NACCW) to implement the Ezikolweni Programme within schools. According to the department, Child and Youth Care Workers implementing the programme are responsible for championing behavioural and social change, fostering intergenerational communication, and improving health-related information sharing within school environments.

The Department of Social Development further indicated that, through its Population Development Directorate, it conducts Ezabasha Dialogues focusing on young people as part of the Adolescent Sexual and Reproductive Health and Rights dialogues adopted during the Mikondzo Campaign in 2013. According to the department, the following topics are addressed during these dialogues:

- Mirror Reflection / Self Reflection (Who Am I)
- Self-Esteem
- Sexually Transmitted Infections (STIs) and HIV/AIDS

- PEP and PREP
- Teenage Pregnancy
- Sexual and Reproductive Health and Rights Obligations
- Substance Abuse
- LGBTQI+
- Life Line Services.

The Department further indicated that it is implementing Mother-Daughter and Father-Son Dialogue programmes as integral components of the Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework. According to the department, these programmes are aligned with South Africa's Population Policy and are aimed at empowering communities by equipping individuals with knowledge and resources required to make informed decisions relating to sexual and reproductive health.

The CGE acknowledges the department's efforts to implement intergenerational and family-centred dialogue interventions aimed at strengthening communication, awareness, prevention, and psychosocial support relating to teenage pregnancy and adolescent sexual and reproductive health.

The CGE further notes that the interventions are guided by the ASRH&R Framework. However, the CGE emphasises the importance of ensuring continued innovation and inclusivity within such interventions to adequately recognise and respond to the diverse, evolving, and non-traditional family structures, caregiving arrangements, gender identities, and lived realities present within communities.

In this regard, interventions framed primarily through Mother-Daughter and Father-Son models may inadvertently reinforce binary and traditional family constructs and may unintentionally exclude or marginalise children and young people who are raised within single-parent households, child-headed households, grandparent-led families, kinship care arrangements, blended families, foster care environments, same-sex parented households, or other diverse caregiving structures.

The CGE therefore encourages the department to continue exploring inclusive, adaptable, and child-centred approaches that ensure broader accessibility, participation, representation, and psychosocial support for all children, caregivers, and family structures within the province, to fully give effect to the principles of Section 195 of the Constitution regarding public administration.

The Department of Social Development further stated that it funds nineteen Risiha sites for the implementation of the Risiha Community-Based Prevention and Early Intervention Programme for children. According to the department, the programme focuses on the following core package of services:

- Childcare and Protection
- Psychosocial Support
- HIV and AIDS Support
- Health Promotion
- Food and Nutrition
- Economic Strength
- Education Support

The Department of Social Development further indicated that youth empowerment and Sexual and Reproductive Health and Rights literacy initiatives are implemented through:

- Youth development programmes offering life skills training, community engagement platforms, and SRHR education
- Modules focusing on consent, contraception, gender norms, and healthy relationships
- Peer-led initiatives where trained youth ambassadors facilitate dialogues on teenage pregnancy, gender-based violence, and SRHR within schools and communities
- Community-based awareness and mobilisation campaigns
- Door-to-door GBVF and SRHR campaigns implemented across districts to raise awareness regarding teenage pregnancy risks, available services, and rights-based approaches to adolescent health
- Community dialogues and stakeholder forums engaging parents, traditional leaders, educators, and service providers in co-developing local solutions to teenage pregnancy
- Mother-Daughter Dialogues
- Father-Son Dialogues
- Intergenerational Communication Dialogues targeting identified vulnerable groups.

The department further indicated that psychosocial support and case management services are provided through:

- Social Worker Interventions for teenagers who are pregnant or at risk are referred for individual counselling, family mediation and linkage to health services.
- Victim Empowerment Services for cases involving statutory rape or GBV, DSD provides trauma counselling and protection services.
- The Northern Cape Department of Social Development offers parenting programmes and skills development for young people, not only for young mothers.
- These services are delivered through the Children and Families Programme and Youth Development initiatives, with a focus on empowerment, life skills, and family resilience.
- The Care and Services to Families Programme offers structured workshops and counselling to promote emotional bonding and communication skills, conflict resolution, family cohesion, and awareness of parenting responsibilities and child development.
- Family Preservation Services (eg, life skills, positive values, fatherhood, behaviour modification, etc.) focus on empowering young women to form stable relationships, nurture others, and become resilient caregivers. These services are not limited to mothers; they also include young women preparing for future family roles.

4.6.3 Learner retention

The Department of Social Development indicated that it implements Early Intervention and Prevention Services through the Children and Families Programme. According to the department, the following interventions are implemented:

Parenting support and family strengthening programmes, including:

- Parenting workshops
- Family mediation
- Early identification of teenagers at risk

The department indicated that these interventions aim to reduce the vulnerability of teenage pregnancy by fostering stable and informed home environments.

School-based interventions implemented in partnership with the Department of Education and the Department of Health, including:

- School-based prevention campaigns
- Referrals to social workers
- Psychosocial support for pregnant learners

According to the department, these interventions are intended to promote educational retention and reduce stigma affecting pregnant learners.

- Learner support interventions conducted by Child and Youth Care Workers, including homework supervision.

The CGE acknowledges the Department of Social Development's implementation of learner retention, early intervention, psychosocial support, and family strengthening initiatives, particularly the recognition of the role played by stable family environments, psychosocial support systems, and interdepartmental collaboration in reducing learner vulnerability and supporting educational retention.

The CGE further observes that interventions such as parenting support, family mediation, psychosocial support for pregnant learners, learner supervision, and referrals to social workers potentially contribute towards reducing school dropout, improving learner support, strengthening family resilience, and addressing stigma and psychosocial vulnerabilities associated with teenage pregnancy.

Notwithstanding these interventions, the persistence of high teenage pregnancy rates and learner vulnerability within the province indicate that continued strengthening, monitoring, evaluation, and coordination of learner retention interventions is still required to adequately assess their effectiveness, impact, accessibility, and sustainability of the interventions within hotspot districts and vulnerable communities.

4.6.4 Training of duty-bearers on Section 110 of the Children's Act

Regarding plans to train duty-bearers in terms of Section 110 of the Children's Act, particularly within hotspot districts in the province, the Department of Social Development indicated that it convened an information session for the Provincial Child Protection Forum focusing on Section 110 of the Children's Act. According to the department, the session engaged educators from various schools and aimed to equip them with the requisite skills to report suspected cases of child abuse.

The department further indicated that, in anticipation of the forthcoming financial year, it is in the process of planning comprehensive training sessions for educators aimed at further strengthening protocols relating to the reporting of suspected cases of child abuse.

The CGE acknowledges the department's efforts to initiate awareness and capacity-building interventions relating to mandatory reporting obligations in terms of Section 110 of the Children's Act. The engagement of educators through the Provincial Child Protection Forum reflects recognition by the department of the importance of strengthening safeguarding systems, mandatory reporting compliance, and child protection responses within schools and communities.

The CGE further observes that educators and other frontline role players within school environments occupy a critical position within the child protection system and are often among the first individuals capable of identifying signs of abuse, neglect, exploitation, psychosocial vulnerability, or safeguarding risks affecting learners.

Notwithstanding these interventions, concerns remain regarding the consistency, institutionalisation, scalability, monitoring, and effectiveness of mandatory reporting implementation and safeguarding compliance across the province, particularly within hotspot districts characterised by elevated levels of teenage pregnancy and child vulnerability. The CGE further observes that the duty to report in terms of Section 110 of the Children's Act extends beyond educators and includes various professionals and role players who interact with vulnerable children within communities and institutions.

4.6.5 Measures in place to ensure compliance with Section 110 of the Children's Act

The Department of Social Development indicated that it established a Provincial Child Protection Forum comprising representatives from stakeholder departments, non-governmental organisations, and child protection organisations. According to the department, the Forum serves as a platform for stakeholders to discuss issues and challenges relating to the care and protection of children. The department further indicated that, during these engagements, the roles and responsibilities of stakeholders are examined and relevant provisions of the Children's Act, including Section 110, are communicated to promote understanding of legal obligations and child protection practices.

The CGE acknowledges the establishment of the Provincial Child Protection Forum as an important intersectoral coordination and child protection mechanism aimed at strengthening stakeholder engagement, awareness, collaboration, and safeguarding responses within the province.

The CGE further observes that interdepartmental and multi-stakeholder coordination mechanisms such as the Provincial Child Protection Forum may contribute towards improving information sharing, strengthening referral pathways, promoting awareness of statutory obligations, and facilitating more integrated child protection responses.

Notwithstanding the above, the CGE notes that the continued existence of high teenage pregnancy rates, safeguarding concerns, fragmented referral systems, and inconsistent reporting practices within the province indicates that further strengthening, institutionalisation, monitoring, and evaluation of Section 110 implementation and compliance mechanisms may still be required across relevant departments, schools, and community structures.

4.6.6 Reported statutory rape, child abuse, and/or neglect cases

In response to the CGE's enquiry regarding the number of cases of statutory rape, child abuse, and/or neglect reported during the previous three financial years, the Department of Social Development provided the following statistics:

Financial Year	Type of abuse		
	Statutory rape	Child abuse (physical and emotional)	Neglect
2022/23	62	22	116
2023/24	91	53	115
2024/25	132	36	142

The CGE notes that the statistics provided by the department demonstrate that cases of statutory rape, child abuse, and neglect are being reported within the province and that safeguarding and child protection processes do exist within the Department of Social Development's operational framework.

The CGE further observes a significant increase in reported statutory rape cases over the three financial years, rising from 62 cases during the 2022/23 financial year to 91 cases during the 2023/24 financial year, representing an increase of approximately 46.8%. The number further increased to 132 cases during the 2024/25 financial year, reflecting an overall increase of approximately 112.9% over the three-year period.

The CGE additionally notes that reported child abuse cases increased from 22 cases during the 2022/23 financial year to 53 cases during the 2023/24 financial year, representing an increase of approximately 140.9%. Although the number decreased to 36 cases during the 2024/25 financial year, the figure nevertheless remained substantially higher than the 2022/23 baseline.

The statistics relating to neglect further demonstrate persistently high levels of child vulnerability within the province. Neglect cases remained consistently elevated over the three-year period, increasing from 116 cases during the 2022/23 financial year to 142 cases during the 2024/25 financial year, reflecting an increase of approximately 22.4%.

The CGE observes that these trends raise serious concerns regarding the continued vulnerability of children to abuse, neglect, sexual exploitation, and safeguarding risks within the province. The increasing number of reported statutory rape cases, in particular, must further be considered within the broader context of teenage pregnancy, socio-economic vulnerability, gender-based violence, unequal power relations, transactional relationships involving children, and barriers to reporting identified elsewhere during the investigation.

While the increase in reported cases may potentially indicate improved awareness, reporting mechanisms, or greater willingness to report safeguarding concerns, the CGE further observes that the persistence and escalation of these statistics simultaneously raise concerns regarding the extent to which existing interventions are effectively reducing the prevalence and underlying drivers of abuse, neglect, and statutory rape within communities.

In this regard, notwithstanding the existence of multiple awareness campaigns, psychosocial support initiatives, family strengthening programmes, prevention interventions, and interdepartmental collaborations implemented by the department, the impact of these interventions on reducing teenage pregnancy, statutory rape, abuse, neglect, and broader child vulnerability is not yet clearly evident from the statistical trends presented to the CGE.

The CGE further notes that the statistics provided do not include corresponding information regarding:

- the outcomes of reported matters.
- prosecutions instituted.
- convictions secured.

- child protection interventions implemented.
- referral pathways followed.
- or the relationship between reported statutory rape cases and teenage pregnancy statistics within the province.

In the absence of integrated outcome-based reporting, monitoring, and evaluation mechanisms, it becomes difficult for the CGE to fully assess:

- the effectiveness and impact of existing interventions.
- the adequacy of safeguarding and referral mechanisms.
- accountability outcomes.
- and the overall effectiveness of provincial child protection responses relating to teenage pregnancy and learner vulnerability.

The CGE therefore emphasises the importance of strengthening integrated provincial monitoring systems, interdepartmental coordination, safeguarding oversight, and outcome-based evaluation mechanisms to ensure that interventions implemented by the department and relevant stakeholders are capable of demonstrating measurable impact in reducing child vulnerability, statutory rape, neglect, abuse, and teenage pregnancy within the province.

Considering the submission made by the Department of Education regarding Form 22 referrals to the Department of Social Development, or rather the apparent lack thereof, together with the statistical information from the Department of Social Development, the CGE considers this response particularly significant as it potentially indicates that schools may not historically have functioned effectively as frontline child protection reporting sites despite the statutory reporting obligations imposed upon educators, principals, and other professionals in terms of Section 110 of the Children's Act and Section 54 of SORMA.

The CGE further observes that the Department of Social Development subsequently outlined various interventions aimed at strengthening awareness, safeguarding, psychosocial support, prevention and early intervention services, as well as Section 110 awareness and capacity-building initiatives targeting educators and other stakeholders. However, when considered together with the apparent lack of Form 22 referrals originating from schools and the increasing statistical trends, further concerns are raised regarding the extent to which duty-bearer training, safeguarding awareness initiatives, and mandatory reporting interventions are translating into effective implementation, institutionalisation, and practical compliance within school environments.

The CGE therefore observes that, notwithstanding the existence of training sessions, awareness programmes, and interdepartmental child protection structures, the impact and effectiveness of these interventions are not yet clearly evident from the broader safeguarding and reporting trends presented during the investigation. This raises concerns regarding possible gaps between awareness and implementation, inconsistencies in frontline safeguarding responses, inadequate institutional accountability mechanisms, and the practical operationalisation of mandatory reporting obligations within schools and surrounding communities.

4.7 Final findings

Based on the analysis of information received after the hearings, the CGE makes the following findings:

1. Teenage pregnancy within the Northern Cape reflects broader systemic socio-economic, safeguarding, psychosocial, developmental, and child protection vulnerabilities affecting children, families, and communities within the province. These vulnerabilities are compounded by poverty, gender-based violence, unequal power dynamics, substance abuse, sexual exploitation, and inadequate access to integrated support services.

2. Despite the implementation of multiple awareness campaigns, psychosocial support initiatives, social behaviour change programmes, youth empowerment interventions, parenting programmes, family strengthening services, and community-based prevention initiatives, the persistence of high teenage pregnancy rates, statutory rape cases, child abuse, neglect, and learner vulnerability indicates that existing interventions have not yet sufficiently addressed the systemic drivers and consequences of teenage pregnancy and child vulnerability within the province.

3. The measurable impact, effectiveness, sustainability, coordination, and outcome-based monitoring of the department's preventative, psychosocial support, safeguarding, and community-based interventions are not yet clearly evident from the broader safeguarding, reporting, and teenage pregnancy trends presented during the investigation.

4. The continued existence of fragmented referral systems, inconsistent provincial statistics, and inadequate interdepartmental coordination between the Department of Social Development, Department of Education, Department of Health, SAPS, and other stakeholders undermines integrated safeguarding responses, evidence-based planning, coordinated interventions, and effective child protection responses within the province.

5. The department's reliance on statistics generated primarily by the Department of Health, together with the absence of integrated provincial monitoring and outcome-based reporting systems, limits the ability of stakeholders to effectively assess intervention outcomes, safeguarding effectiveness, accountability measures, referral pathways, and the relationship between teenage pregnancy, statutory rape, child abuse, neglect, and learner vulnerability within the province.

6. The absence of a finalised provincial strategy on teenage pregnancy with clearly defined interdepartmental roles, responsibilities, and accountability mechanisms contributes towards fragmented institutional responses and weakens coordinated safeguarding and prevention efforts within the province.

7. The absence of a dedicated budget allocation for teenage pregnancy interventions within the Department of Social Development raises concerns regarding the sustainability, institutional prioritisation, scalability, and long-term implementation capacity of interventions aimed at addressing teenage pregnancy and learner vulnerability within the province.

8. The increasing number of reported statutory rape cases, child abuse cases, and neglect cases within the province raises serious concerns regarding the continued vulnerability of children to abuse, exploitation, neglect, gender-based violence, and safeguarding risks within communities.

9. The increase in reported statutory rape cases from 62 cases during the 2022/23 financial year to 132 cases during the 2024/25 financial year, representing an increase of approximately 112.9% over the three-year period, raises concerns regarding the extent to which existing preventative and safeguarding interventions are effectively reducing the prevalence and underlying drivers of statutory rape and sexual exploitation involving children within the province.

10. Socio-economic vulnerability, poverty, and economic dependency continue to contribute towards barriers to reporting statutory rape and child protection concerns within communities, particularly where older men are perceived as financial providers for vulnerable families.

11. These circumstances raise serious concerns regarding transactional and exploitative relationships involving children, normalisation of harmful conduct, barriers to reporting statutory rape, unequal power relations, and broader safeguarding and child protection risks affecting children within vulnerable communities.

12. While the Department of Social Development has initiated awareness and capacity-building interventions relating to Section 110 of the Children's Act through the Provincial Child Protection Forum and educator engagements, concerns remain regarding the consistency, institutionalisation, monitoring, scalability, and effectiveness of mandatory reporting implementation and safeguarding compliance across the province.

13. The apparent lack of Form 22 referrals originating from schools, when considered together with increasing statutory rape, child abuse, and neglect statistics within the province, raises concerns regarding the extent to which duty-bearer training, safeguarding awareness initiatives, and mandatory reporting interventions are translating into effective implementation, institutionalisation, and practical compliance within school environments and surrounding communities.

14. Schools may not historically have functioned effectively as frontline safeguarding and child protection reporting sites despite the statutory reporting obligations imposed upon educators and other professionals in terms of Section 110 of the Children's Act and Section 54 of SORMA.

15. Interventions framed primarily through Mother-Daughter and Father-Son dialogue models may unintentionally reinforce binary and traditional family constructs and may not fully accommodate the diverse and evolving family structures, caregiving arrangements, gender identities, and lived realities present within communities.

16. The department's current approach to teenage pregnancy, psychosocial support, prevention, safeguarding, and child protection requires a more integrated, preventative, coordinated, inclusive, gender-responsive, and outcome-based institutional framework capable of demonstrating measurable impact in reducing child vulnerability, teenage pregnancy, statutory rape, abuse, neglect, and broader safeguarding risks within the province.

4.8 Final recommendations

In light of the above, the CGE makes the following recommendations:

1. The Department of Social Development, together with all relevant stakeholders, must expedite the finalisation, adoption, and implementation of the Provincial Strategy on Teenage Pregnancy to ensure the existence of a coordinated, integrated, and outcome-based provincial framework with clearly

defined interdepartmental roles, responsibilities, accountability mechanisms, referral pathways, and monitoring measures relating to teenage pregnancy, safeguarding, and child protection within the province.

2. The department must strengthen integrated interdepartmental coordination and referral systems between the Department of Social Development, Department of Education, Department of Health, SAPS, the Office of the Premier, and other relevant stakeholders to ensure coordinated safeguarding, reporting, psychosocial support, prevention, investigation, and child protection responses relating to teenage pregnancy and learner vulnerability within the province.

3. The department must strengthen integrated provincial monitoring, data collection, and outcome-based reporting systems relating to:

a. teenage pregnancy.

b. statutory rape.

c. child abuse.

d. neglect.

e. learner vulnerability.

f. school dropout.

g. referral pathways.

h. safeguarding interventions.

i. psychosocial support services.

to ensure accurate, coherent, evidence-based, and integrated provincial data management systems.

4. The department must develop and implement monitoring and evaluation mechanisms to assess the effectiveness, impact, accessibility, sustainability, and outcomes of:

a. awareness campaigns.

b. psychosocial support interventions.

c. social behaviour change programmes.

d. youth empowerment initiatives.

e. learner retention interventions.

f. parenting programmes.

g. and community-based prevention initiatives implemented within the province.

5. The department must strengthen and institutionalise mandatory reporting compliance mechanisms in terms of Section 110 of the Children's Act and Section 54 of SORMA through:

a. structured and recurring duty-bearer training.

b. monitoring systems.

c. referral protocols.

d. accountability measures.

e. safeguarding audits.

f. and interdepartmental compliance mechanisms

applicable across schools and communities.

6. The department must ensure that awareness and capacity-building initiatives relating to safeguarding and mandatory reporting extend beyond educators and include:

a. community workers.

b. social workers.

c. healthcare professionals.

d. traditional leaders.

e. parents.

f. caregivers.

g. youth development practitioners.

h. and other frontline role players

interacting with vulnerable children within communities.

7. The department must strengthen psychosocial support, prevention and early intervention services, and community-based safeguarding responses within hotspot districts and vulnerable communities, particularly in areas characterised by elevated levels of teenage pregnancy, statutory rape, abuse, neglect, trafficking risks, gangsterism, substance abuse, and socio-economic vulnerability.

8. The department must strengthen institutional measures aimed at addressing barriers to reporting statutory rape and child protection concerns within vulnerable communities, including through:

a. community awareness initiatives.

b. safeguarding education.

c. victim empowerment services.

d. community dialogues.

e. economic empowerment interventions.

f. and strengthened child protection and referral mechanisms.

9. The department, together with SAPS and the National Prosecuting Authority, must strengthen measures aimed at ensuring the reporting, investigation, referral, and prosecution of statutory rape and other offences against children, particularly within vulnerable and hotspot communities where socio-economic vulnerability and exploitative relationships may contribute towards under-reporting.

10. The department must continue strengthening learner support and educational retention interventions implemented in partnership with the Department of Education and Department of Health, including:

a. psychosocial support services.

b. learner supervision.

c. family strengthening programmes.

d. referrals to social workers.

e. home visits.

f. and school-based prevention and awareness interventions.

to support vulnerable learners, pregnant learners, and young mothers within educational environments.

11. The department should continue strengthening inclusive, adaptable, and child-centred approaches within community and family-based interventions to ensure that programmes adequately recognise and accommodate diverse family structures, caregiving arrangements, gender identities, and lived realities present within communities.

12. The department must advocate for dedicated budget allocations aimed specifically at addressing teenage pregnancy, safeguarding interventions, psychosocial support services, prevention and early intervention programmes, and integrated child protection responses within the province to ensure improved sustainability, scalability, institutional prioritisation, and long-term implementation capacity.

13. The department should adopt a more integrated, preventative, gender-responsive, rights-based, and risk-informed safeguarding approach that strengthens psychosocial support, early intervention, prevention, interdepartmental coordination, and child protection responses while taking cognisance of the differentiated vulnerabilities, lived realities, and support needs of vulnerable children, pregnant learners, young mothers, and affected families within the province.

4.9 Conclusion

The CGE's engagements with the Department of Social Development highlight that teenage pregnancy within the Northern Cape extends beyond a health or educational concern and reflects broader systemic safeguarding, socio-economic, psychosocial, developmental, and child protection challenges affecting vulnerable children, families, and communities within the province. The investigation further demonstrates the interconnected relationship between teenage pregnancy, statutory rape, child abuse, neglect, gender-based violence, poverty, unequal power dynamics, substance abuse, and broader safeguarding vulnerabilities affecting children and learners within communities and educational environments.

The CGE acknowledges that the Department of Social Development has implemented various awareness campaigns, psychosocial support services, social behaviour change programmes, family strengthening interventions, learner support initiatives, and community-based prevention and early intervention programmes aimed at addressing teenage pregnancy, child vulnerability, safeguarding concerns, and adolescent sexual and reproductive health challenges within the province. The department's collaborative engagements with the Department of Education, Department of Health, community structures, Child and Youth Care Workers, and other stakeholders further reflect recognition of the importance of integrated and intersectoral responses to teenage pregnancy and child protection concerns.

Notwithstanding these interventions, the evidence before the CGE indicates that significant safeguarding, reporting, coordination, monitoring, and institutional challenges persist within the province. The increasing number of reported statutory rape cases, child abuse cases, and neglect cases, together with concerns relating to fragmented referral systems, inconsistent reporting mechanisms, inadequate outcome-based monitoring, and barriers to reporting safeguarding concerns, raise serious concerns regarding the continued vulnerability of children to abuse, exploitation, neglect, and psychosocial harm within communities.

The investigation further highlights concerns regarding the extent to which existing interventions are translating into measurable impact and effective institutional responses capable of reducing teenage pregnancy, child vulnerability, statutory rape, neglect, abuse, and broader safeguarding risks within the province. The CGE further observes that the absence of integrated provincial monitoring systems, coordinated safeguarding frameworks, and clearly institutionalised accountability mechanisms limits the ability of stakeholders to effectively assess intervention outcomes, safeguarding effectiveness, and broader child protection responses.

The CGE therefore emphasises the importance of strengthening integrated, preventative, inclusive, coordinated, and outcome-based safeguarding and child protection systems capable of addressing the systemic drivers and consequences of teenage pregnancy and learner vulnerability within the province. This includes strengthening interdepartmental coordination, mandatory reporting compliance, psychosocial support systems, community-based prevention initiatives, referral pathways, outcome-based monitoring mechanisms, and inclusive child-centred interventions responsive to the differentiated vulnerabilities and lived realities of children, pregnant learners, young mothers, and vulnerable families within the Northern Cape.

5. NORTHERN CAPE SOUTH AFRICAN POLICE SERVICE

The Northern Cape South African Police Service (SAPS) operates within a broader constitutional, legislative, criminal justice, child protection, and safeguarding framework that imposes both direct and indirect obligations in relation to the prevention, investigation, reporting, and management of teenage pregnancy matters involving statutory rape, sexual offences, child abuse, neglect, exploitation, trafficking, gender-based violence, and broader crimes against children. While not exhaustive, the provisions, frameworks, and mechanisms highlighted below represent some of the key governance and regulatory instruments relevant to SAPS obligations within this context.

The role of the SAPS must further be understood within the broader context of safeguarding vulnerable children, protecting victims of crime, ensuring access to justice, facilitating integrated interdepartmental responses, and supporting child protection mechanisms within communities and educational environments. In this regard, SAPS occupies a central role within the broader provincial safeguarding and criminal justice architecture relating to teenage pregnancy and offences involving children.

The constitutional obligations of SAPS are informed by Sections 10, 12, 28, and 29 of the Constitution of the Republic of South Africa, 1996, which collectively protect the rights to dignity, freedom and security of the person, bodily and psychological integrity, protection from violence, the best interests of the child, and access to basic education. Section 205(3) of the Constitution further provides that the objects of the police service are to prevent, combat, and investigate crime, maintain public order, protect and secure the inhabitants of the Republic and their property, and uphold and enforce the law.

The SAPS further operates within the framework of SORMA, which criminalises various sexual offences against children and imposes mandatory reporting obligations in terms of Section 54 where a person has

knowledge, a reasonable belief, or suspicion that a sexual offence has been committed against a child. The SAPS is further responsible for receiving, registering, investigating, and processing criminal complaints relating to statutory rape, sexual assault, rape, trafficking, child abuse, and related offences involving children and vulnerable persons.

These obligations must further be read together with the Children's Act, particularly provisions relating to the care and protection of children, safeguarding responsibilities, mandatory reporting obligations, and interventions involving children in need of care and protection. In this regard, National Instruction 3 of 2010 relating to the care and protection of children in terms of the Children's Act provides operational guidance to SAPS members regarding the management, reporting, referral, and protection of vulnerable children.

The broader safeguarding obligations applicable to SAPS must further be understood within the context of the NSP-GBVF including that of trauma-informed, victim-centred, child-sensitive, and integrated criminal justice approaches responsive to the differentiated vulnerabilities, psychosocial realities, socio-economic conditions, and safeguarding risks affecting vulnerable children, pregnant learners, young mothers, victims of abuse, and survivors of sexual offences within communities.

Collectively, these frameworks, obligations, and intersectoral mechanisms require the SAPS not only to investigate and process criminal complaints, but also to contribute towards integrated safeguarding systems, mandatory reporting enforcement, victim protection, interdepartmental coordination, child protection interventions, community awareness, and broader preventative responses aimed at addressing statutory rape, child abuse, teenage pregnancy, exploitation, and gender-based violence within the province.

5.1 Overview of reporting landscape

The SAPS outlined their role in cases where a teenage pregnancy may involve statutory rape or abuse. The SAPS submitted that when a criminal case is opened and registered, the pregnant teenager receives psychosocial support while the case is being investigated by the Family Violence, Child Protection and Sexual Offences (FCS) Unit. The SAPS submitted that there were 215 cases of statutory rape reported in the past three years, according to its records. The SAPS stated that it is only responsible for keeping or filing the SAPS forms and dockets. Form 22 is the responsibility of the Department of Social Development. However, the SAPS submitted that they are not exempt from completing the forms for submission to the relevant department or role-player. The SAPS officers are adequately trained to respond to cases. FCS Unit members also undergo specialised training and courses that enable them to deal with such cases. There are also standard operating procedures for handling such cases. The SAPS stated that when a case is opened, the victim is attended to in a victim-friendly room or at a gender desk by a female police official trained in such crimes and related matters, with a social worker providing services to the victim. The SAPS collaborates with other departments to prevent crime. When cases are opened for investigation, an integrated approach with the relevant departments is taken to assist and support victims.

5.2 Victim support and protection services

The SAPS provides victim-friendly rooms and gender desks at all police stations. Victim support services are provided by a trained police official. The victims will be provided with psychosocial services on-site by the relevant official.

There are 16 FCS Units in the province and 1 Serial Electronic Crime Investigation Unit (SECI) situated at the provincial office. The SAPS submitted that FCS Units are aligned to the districts and police stations. A certain

number of stations are serviced by the designated FCS Unit. The detectives are also trained to handle and investigate such cases.

The SAPS serves on the Victim Empowerment Forum. The following departments collaborate with the SAPS in ensuring that professional services are rendered to victims of crime:

- Department of Education
- Department of Health
- Department of Social Development.

The SAPS stated that most of these cases are reported by the Department of Social Development, the Department of Health, or parents after a child is suspected of being pregnant. The case will be opened at a community service centre and assigned to an FCS Unit for investigation. The victim will be taken for medical examination, and relevant information will be provided for consideration by the victim and the support structure of the victim. The SAPS stated that the late reporting of cases is a challenge because most such crimes are committed by relatives. Some of the cases are discussed first within families and thereafter reported to the police. In some instances, victims do not want to cooperate and withhold the incident information from the police, thinking that the police are interfering in their personal affairs. The SAPS has guiding prescripts or protocols, such as National Instructions and standard operating procedures, that members must follow when dealing with victims of crime. Therefore, when anyone comes forward to report a crime, the docket is opened and assigned for investigation.

5.3 Prevention and community outreach

The SAPS conducts awareness campaigns at all levels of policing, and particularly among the police at the police station level, as it is where crime is reported and requires a first response. The following are the awareness campaigns commonly conducted:

- Sexual offences
- Drug abuse
- Bullying
- Rape
- Substance abuse.

5.4 Safety at schools

The SAPS does conduct awareness campaigns throughout the province and at all structural levels to educate children about the dangers of engaging in sexual relationships. The SAPS further submitted that the reasons for engaging in sexual relationships vary.

5.5 Observations from interventions

Observations by SAPS suggest that child support grants are viewed as means to economic liberation. The SAPS stated that gender-based violence is receiving the full attention of the SAPS through awareness campaigns. Victims are counselled so that they can integrate into society, where in the past, girls would be forced into marriage, citing cultural traditions. However, now cases of kidnapping and rape are opened against perpetrators and the perpetrators are arrested.

5.6 Common Challenges

The SAPS highlighted that cultural beliefs, financial dependency, late reporting, withdrawal of cases, societal stigma among peers and families, and family involvement in some issues are some of the challenges faced in addressing teenage pregnancy-related issues.

The SAPS submitted that members attend refresher courses from time to time and receive guidance from the National Prosecuting Authority. Personnel shortages are a challenge. However, teenage pregnancy cases are treated as a priority and receive the attention they require. The SAPS stated that cultural or societal norms, such as families resolving matters at home, can perpetuate illegal practices. Some families depend financially on the suspect. Late reporting also hinders the investigation from finding DNA evidence. The SAPS stated that there are no measures to deal with or address challenges regarding children who display uncontrollable behaviour. The SAPS submitted that gaps in the current system are the provision of shelter for child-headed families, societal and family beliefs, and the improvement of school nutrition programmes.

The SAPS confirmed that they are aware of Form 22 and are involved in the process through the Department of Social Development and the Department of Health. The forms are available at the Community Service Centre (CSC) and at the offices of station commanders, and are provided by the Department of Social Development when children are removed for their own protection. The SAPS is responsible for the following forms when they are dealing with children who need care and protection:

- Form SAPS581(a): Removal and Interim Placement of Child(ren) in Temporary Safe Care
- Form SAPS581(b): Notification in terms of Section 110(4), 150(2) or 152(3) of the Children's Act.

These forms are forwarded to the Department of Social Development, which, in turn, appoints a social worker to further address the matter.

The table below indicates the number of Form 22 forms that the SAPS have completed and submitted to the Department of Social Development in the past four financial years:

2022/2023	2023/2024	2024/2025	2025/2026
6	8	13	5

The table below indicates the number of statutory rape cases that have withdrawn family involvement in the past four financial years:

2022/2023	2023/2024	2024/2025
5	3	3

The SAPS confirmed that the number of dockets on hand that are active and pending is currently as follows:

- There are currently 3,548 dockets on hand.
- The Northern Cape has 143 investigating officers attached to the FCS Unit, with the exclusion of six investigators who are attached to the Serial Electronic Criminal Investigation (SECI) Unit.
- The investigating officer carrying the highest number of cases currently has 97 dockets in hand, including pending investigation cases.

The members of the SAPS are receiving training to handle or investigate all matters related to sexual crimes, as well as to deal with children in need of care and protection. The Human Resource Development (HRD) component within the SAPS ensures that members' training needs are prioritised, with particular focus on vulnerable groups in society, including children.

The SAPS confirmed that the number of cases opened in line with National Instruction No. 3 of 2010 over the past three financial years is 188. And during the same period, they have removed 20 children from their families in accordance with National Instruction No. 3 of 2010. There have been no cases opened against duty-bearers for failure to report in terms of National Instruction No. 3 of 2010.

The SAPS further undertook to convene quarterly meetings with all stakeholders as of the fourth quarter of the 2025/2026 financial year. All relevant departments and institutions will be invited to form part of a committee to ensure continuous compliance with National Instruction No. 3 of 2010 and the Children's Act.

It was further confirmed that no SAPS official has been found to be unfit to work with children in the past three financial years.

5.7 CGE Public Hearings

SAPS was subsequently subpoenaed to appear before the CGE on 18 November 2025 in terms of Section 12(4)(b) of the CGE Act. After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by the SAPS under oath at the hearing, the CGE deemed it necessary to request further information for clarity on certain aspects and make preliminary findings and recommendations as outlined below.

5.7.1 Preliminary findings

Accordingly, the CGE made the following preliminary findings:

1. There is a high number of teenage pregnancies in the Northern Cape. However, the number of corresponding statutory rape cases opened by the SAPS is disproportionately low.
2. The inconsistencies relating to statistics of teenage pregnancies provided by the Northern Cape's Department of Education, Department of Health, and Department of Social Development each indicate over 1,000 teenage pregnancies over the past three years compared to the 215 statutory rape cases reported at the SAPS over the same period, which shows a lack of collaboration and a collaborative approach between all relevant stakeholders.
3. There is under-reporting and late reporting of cases of statutory rape and/or child abuse to the SAPS by victims, parents, community members and relevant stakeholders.
4. All schools in the province are linked to a local police station, and there are programmes aimed at involving learners to address crime.
5. There is no evidence that the SAPS has been implementing National Instruction No. 3 of 2010, which deals with the care and protection of children in terms of the Children's Act.
6. SAPS must work closely with the National Prosecuting Authority to track and ensure that offenders' names are added to the National Child Protection Register (NCPR), specifically targeting "repeat offenders" and predatory adults in small communities.
7. There is non-cooperation from victims and families who often 'settle' statutory rape cases through mediation or traditional arrangements, bypassing the legal system and protecting perpetrators from prosecution.

5.7.2 Preliminary recommendations

The CGE made the following preliminary recommendations:

1. The SAPS must ensure that there is mandatory reporting of teenage pregnancies and must also enforce the Sexual Offences Amendment Act, ensuring that every pregnancy of a girl under the age of 16 is treated as an offence. The SAPS must further ensure that communities, health professionals, and schools report these cases without exception.
2. SAPS must strictly enforce Section 54 of the Sexual Offences Act, which makes it a crime for teachers, nurses, or social workers to fail to report a child pregnancy (pregnancy of a girl under 16) to the police.
3. The SAPS must collaborate with the Northern Cape's Department of Education, Department of Health, and Department of Social Development to address the issue of inconsistent teenage pregnancy statistics, which will assist in identifying possible statutory rape cases.
4. SAPS must issue provincial directives that every birth or pregnancy of a child under 16 identified at a clinic or school must trigger an automatic SAPS inquiry.
5. The SAPS must collaborate with the Northern Cape Department of Education and the National Register for Sex Offenders (NRSO) to ensure that all school staff in the Northern Cape are vetted.
6. The SAPS must intensify awareness campaigns involving parents, community leaders, and communities to address teenage pregnancy and statutory rape.

5.8 After the hearings

The department responded to the CGE's request and provided the following information:

5.8.1 Analysis of SAPS Case Data

The CGE received and analysed data pertaining to cases registered by SAPS over the past three years. Cases are reported from towns such as Alexander Bay, Augrabies, Brandvlei, Britstown, Calvinia, Carnarvon, Colesberg, De Aar, Fraserburg, Groblershoop, Kimberley, Kuyasa, Loeriesfontein, Loxton, Nieuwoudtville, Pabalello, Petrusville, Pofadder, Port Nolloth, Richmond, Rosedale, Springbok, Sunrise, Sutherland, Vanwyksvlei, Victoria West, Vosburg, Williston, and others. This wide distribution underscores the province-wide nature of the issue.

The submitted data includes ages of victims and accused, number of accused per case, and verdicts. Most victims are teenagers, and the accused are often single individuals per case.

5.8.1.1 Statutory rape

The data submitted by SAPS regarding statutory rape reflects a mixed pattern of enforcement success and significant systemic attrition within the criminal justice process.

According to the list shared with the CGE, a total of sixty-seven cases resulted in guilty verdicts, indicating that the prosecutorial system is capable of securing convictions in matters involving sexual offences against minors. However, this positive outcome is counterbalanced by a comparatively high number of withdrawals and unresolved cases, which collectively undermine the overall effectiveness of the justice response.

A particularly concerning feature of the dataset is that the majority of cases record "none" under verdict, suggesting that a substantial proportion of matters remain either pending, unfinalised, or insufficiently tracked to conclusion. This raises critical concerns regarding case management, prosecutorial follow-through, and the integrity of record-keeping systems, as the absence of recorded outcomes limits accountability and obscures the true extent of justice delivered.

Further analysis reveals that twenty-nine cases were withdrawn by complainants in court, representing the largest identifiable category of case attrition. This trend is legally significant, as it points to potential secondary victimisation, lack of adequate psychosocial support, fear of reprisal, or external pressures on minor complainants. In matters involving children, such withdrawals raise serious constitutional concerns in relation to the State's duty to uphold the best interests of the child and to ensure that victims are meaningfully supported throughout the criminal process.

In addition, twenty-two cases were withdrawn by the Senior Public Prosecutor (SPP) due to insufficient evidence, highlighting systemic challenges in investigation quality, evidence collection, and case preparation. These withdrawals suggest that, despite the seriousness of the offences, the evidentiary threshold required for successful prosecution is frequently not met, thereby weakening deterrence and diminishing confidence in the criminal justice system.

A smaller number of cases were withdrawn due to procedural and logistical factors, including two cases where witnesses could not be traced and two cases handled under the Child Justice Act[7], likely involving child offenders and diversion processes. While diversion is consistent with the principles of child justice, its application in the context of statutory sexual offences requires careful scrutiny to ensure that it does not inadvertently compromise accountability or the rights of victims.

Of further concern is the presence of one case resolved through alternative dispute resolution (ADR) and one case withdrawn on the basis of triviality by the SPP. Given the gravity of statutory rape offences, particularly where minors aged 12-16 are involved, the use of ADR or characterisation of such matters as trivial raises serious legal and policy questions regarding the appropriateness of prosecutorial discretion and the consistency of decision-making standards.

Although only five cases resulted in acquittals, indicating that courts are generally persuaded by the evidence presented where matters proceed to trial, the relatively low acquittal rate must be viewed in light of the high number of withdrawals, which prevent many cases from reaching the adjudication stage altogether.

5.8.1.2 Child abuse and neglect

SAPS reported that a total of 188 cases were opened over the past three financial years in accordance with National Instruction 3 of 2010. For the same three-year period, SAPS recorded that a total of 20 children were removed from their family environments. Such removals constitute statutory protective interventions where children are deemed to be at risk or in circumstances that may be harmful to their physical, mental, or social well-being. The relatively limited number of removals, when compared to the total number of cases recorded, suggests that removal is applied as a targeted intervention and likely reserved for high-risk situations requiring immediate protective action.

The data submitted by SAPS in respect of child abuse and/or neglect cases also reflects mixed case outcomes, with a limited number of matters resulting in convictions. According to the information submitted, two are

7 Act 75 of 2008

deceased, with no clarity offered whether this is with reference to the child or the alleged perpetrators, while nine matters resulted in findings of guilt. A further two matters resulted in findings of not guilty or acquittal.

However, the majority of matters reflected no court verdict. This is significant, as it suggests that a substantial proportion of cases may not have reached final adjudication. The data further reflects that some matters were withdrawn by the complainant in court, while others were withdrawn following diversion processes or resolved through ADR mechanisms. The second-highest category of outcomes related to cases withdrawn in court due to insufficient evidence.

From a CGE perspective, these trends raise concerns regarding the effectiveness of the criminal justice response to child abuse and neglect matters. The low number of convictions, when compared with the number of matters without final verdicts or withdrawn due to evidentiary challenges, may point to systemic weaknesses in case preparation, evidence collection, complainant support, docket quality, witness management, and coordination between SAPS, prosecutors, social workers, and other child protection stakeholders.

The CGE notes that withdrawals due to insufficient evidence are particularly concerning in child abuse and neglect matters, given the vulnerability of child victims, the likelihood of delayed reporting, dependency on adult caregivers, trauma-related inconsistencies, and the specialised nature of evidence required in such cases. Where complainants withdraw matters in court, this may also indicate possible gaps in victim support, intimidation prevention, psychosocial assistance, family pressure management, or continuous communication with complainants and caregivers.

Accordingly, while the reported guilty findings demonstrate that some matters were successfully prosecuted, the overall pattern suggests the need for SAPS to strengthen its investigative, referral, and case-monitoring mechanisms in child abuse and neglect matters. This should include improved evidence-led investigations, closer coordination with the NPA and DSD, strengthened victim and witness support, and better tracking of reasons for withdrawal, diversion, ADR, acquittals, and cases with no recorded verdict. This would enable SAPS and relevant stakeholders to identify recurring barriers to successful prosecution and improve accountability in matters involving vulnerable children.

5.8.2 Acknowledgement by SAPS

The SAPS acknowledged the high number of teenage pregnancies within the province while simultaneously indicating that not all cases are reported to SAPS either by the Departments of Education, Health, Social Development, family members, or community members. The CGE considers this acknowledgement particularly significant as it potentially indicates the existence of systemic under-reporting of statutory rape, child abuse, and safeguarding concerns within communities and institutions.

The CGE further observes that this concern becomes particularly important when considered together with the mandatory reporting obligations imposed by various statutory frameworks and necessitated by the increasing statutory rape statistics subsequently presented during the investigation.

The CGE therefore observes that the apparent disconnect between teenage pregnancy prevalence and formal safeguarding and criminal justice reporting mechanisms raises concerns regarding possible systemic under-reporting, weak frontline safeguarding implementation, fragmented interdepartmental reporting systems, barriers to disclosure, and possible normalisation of unlawful sexual conduct involving children within vulnerable communities.

5.8.3 SAPS forms and procedures

SAPS shared the forms that it uses, such as SAPS581(a) and SAPS581(b), to document removal and interim placement of children in temporary safe care, as well as notifications under the Children's Act. These forms detail reasons for removal, placement procedures, and reporting requirements to social workers and courts.

The reporting includes physical, emotional, and sexual abuse indicators, as well as deliberate neglect and child labour. Pregnancy among minors is specifically noted as an indicator. Police interventions include the removal of children, reporting to social workers, joint interventions, and ongoing investigations. The feedback emphasises the importance of multi-agency collaboration.

5.8.4 Reporting of statutory rape or child abuse and/or neglect cases

The SAPS further indicated that some cases are reported late, thereby compromising investigations because critical evidence and information can no longer be traced. While the CGE acknowledges the investigative challenges associated with delayed reporting, the CGE further observes that delayed reporting must be understood within the broader context of:

- trauma
- fear
- intimidation
- psychosocial vulnerability
- socio-economic dependency
- unequal power relations
- community pressure
- family mediation practices
- and barriers to accessing criminal justice systems.

5.8.5 Concerns over statutory rape cases being resolved through informal alternative dispute resolution mechanisms

In this regard, the SAPS further noted and agreed with the CGE's concern that some victims and families settle statutory rape matters through mediation or traditional arrangements outside the criminal justice system and that victims are often financially dependent on alleged perpetrators due to poverty, unemployment, and financial vulnerability. The CGE considers this acknowledgement particularly significant as it confirms the extent to which socio-economic vulnerability and dependency may contribute towards:

- under-reporting
- withdrawal of complaints
- protection of perpetrators from prosecution
- transactional and exploitative relationships involving children
- and broader safeguarding failures within vulnerable communities.

The CGE further observes that these circumstances raise serious concerns regarding:

- the possible normalisation of unlawful sexual conduct involving children
- unequal power relations between adults and children
- economic coercion
- barriers to reporting
- and the continued vulnerability of children to abuse and exploitation within impoverished communities.

5.8.6 Coordination of programmes, awareness campaigns, and crime prevention initiatives

The SAPS further indicated that all schools within the Northern Cape are linked to local police stations through designated school coordinators responsible for participating in programmes, awareness campaigns, and crime prevention initiatives involving learners. While the CGE acknowledges the existence of these school-linked coordination mechanisms, concerns nevertheless remain regarding the extent to which such interventions are translating into measurable reductions in teenage pregnancy, statutory rape, safeguarding failures, and under-reporting trends within the province.

5.8.7 Measures to strengthen compliance with the duty to report

The CGE further notes the SAPS indication that measures are being implemented to strengthen compliance with mandatory reporting obligations, that quarterly monitoring measures will be introduced to ensure compliance with the SORMA, and safeguarding obligations for cases reported in the past three financial years. While these commitments are welcomed, the CGE observes that the broader statistical and safeguarding trends presented during the investigation suggest that the impact and effectiveness of existing mandatory reporting enforcement mechanisms are not yet clearly evident.

The SAPS further indicated that National Instruction No. 3 of 2010 relating to the care and protection of children is being implemented across police stations and that SAPS collaborates with relevant departments, local Community Police Forums (CPF), designated child protection organisations, and local non-profit organisations. In this regard, SAPS indicated that suitable non-profit organisations are identified on an ongoing basis to assist with the provision of temporary safe care, counselling, and other support services to child victims and children in need of care. The CGE acknowledges the important role played by civil society organisations and community-based structures in strengthening psychosocial support, victim empowerment, temporary safe care, and safeguarding interventions for vulnerable children.

Notwithstanding the above, the CGE cautions against excessive institutional reliance on external organisations and non-governmental structures to perform functions that are integral to the state's constitutional and safeguarding obligations, particularly where such organisations may themselves operate within constrained, donor-dependent, project-based, or financially unsustainable environments.

5.8.8 Cases opened against duty-bearers

The CGE further notes that despite concerns relating to widespread under-reporting and safeguarding failures identified during the investigation, SAPS indicated that no cases have been opened against duty-bearers for failure to report in terms of National Instruction No. 3 of 2010 or the Children's Act during the reporting period. The CGE considers this response particularly significant when considered against:

- the apparent lack of Form 22 referrals originating from schools
- increasing statutory rape and child protection statistics
- and broader concerns regarding safeguarding implementation failures within institutions and communities.

The CGE therefore observes that the absence of accountability measures against duty-bearers for failures to report may potentially indicate:

- weak enforcement of mandatory reporting obligations
- inadequate safeguarding oversight mechanisms
- limited monitoring of institutional compliance
- or broader systemic weaknesses within frontline safeguarding systems.

5.8.9 Number of active case dockets

The CGE further notes that SAPS reported:

- 3,548 active and pending dockets currently on hand.
- 143 investigating officers attached to the FCS Units, with the exclusion of six investigators who are attached to the SECI Unit.
- and that the highest caseload carried by a single investigating officer was 97 dockets.

The CGE considers these figures particularly significant as they potentially indicate institutional capacity constraints, excessive workload pressures, and resource challenges that may impact:

- the quality and timeliness of investigations.
- victim-centred service delivery.
- safeguarding responsiveness.
- case finalisation.
- and broader access to justice for vulnerable victims and children.

5.8.10 Training and Institutional Capacity

The SAPS has indicated that its members and/or employees are receiving ongoing and specialised training to effectively investigate sexual offences and manage matters involving children in need of care and protection.

In particular, the Human Resource Development (HRD) component within SAPS is ensuring that members' training needs are being prioritised, especially focusing on vulnerable groups, including children.

This demonstrates an institutional commitment to enhancing the ability of law enforcement officials to respond appropriately to the complexities associated with teenage pregnancy and related offences.

5.8.11 Data integrity and protection

SAPS indicated that case data is captured on various internal electronic systems and subjected to daily monitoring to ensure data integrity.

5.8.12 Form 22 accessibility

The SAPS reported measures to improve accessibility, such as the availability of Form 22 at Community Service Centres and Station Commanders' offices, which are indicative of an effort to strengthen reporting mechanisms and procedural compliance. This is particularly important in the context of underreporting of sexual offences involving minors. Nevertheless, the CGE notes that accessibility alone does not guarantee effective reporting or protection, especially in communities where social stigma, fear, and lack of awareness may inhibit disclosure.

5.9 Final findings

Based on the analysis of information received after the hearings, the CGE makes the following findings:

1. There is a significant disconnect between the prevalence of teenage pregnancy within the Northern Cape and the comparatively lower number of statutory rape matters formally reported to SAPS, which raises concerns regarding possible systemic under-reporting of statutory rape, child abuse, and safeguarding concerns within communities and institutions.

2. The inconsistencies between teenage pregnancy statistics reported by the Department of Education, Department of Health, Department of Social Development, and SAPS demonstrate fragmented interdepartmental reporting systems, weak data integration, and inadequate coordinated safeguarding and monitoring mechanisms within the province.

3. There is continued under-reporting and delayed reporting of statutory rape, child abuse, and safeguarding concerns by victims, families, communities, and relevant stakeholders, which undermines timely investigations, evidence collection, victim protection, and broader safeguarding interventions.

4. Delayed reporting must be understood within the broader context of trauma, intimidation, psychosocial vulnerability, socio-economic dependency, unequal power relations, fear, family mediation practices, and barriers to accessing criminal justice systems.

5. The existence of statutory rape matters being resolved through informal mediation, family arrangements, traditional interventions, alternative dispute resolution mechanisms, or complainant withdrawals raises serious concerns regarding:
   - under-reporting.
   - withdrawal of complaints.
   - protection of perpetrators from prosecution.
   - transactional and exploitative relationships involving children.

   and broader safeguarding failures within vulnerable communities.

6. The statistical data submitted by SAPS reflects significant attrition within the criminal justice process, including high numbers of:
   - withdrawals by complainants.
   - matters withdrawn due to insufficient evidence.
   - unresolved matters.
   - and matters with no recorded verdicts.

which collectively raise concerns regarding case management, victim support, evidence collection, prosecutorial follow-through, and access to justice for vulnerable child victims.

7. The repeated occurrence of complainants withdrawing matters in court and complainants or witnesses becoming untraceable may indicate:

    - secondary victimisation.
    - inadequate psychosocial support.
    - trauma-related disengagement.
    - intimidation or family pressure.
    - socio-economic dependency.

    and broader victim support limitations within the safeguarding and criminal justice system.

8. The use of alternative dispute resolution mechanisms and diversionary processes in matters involving statutory sexual offences against children raises important safeguarding and accountability concerns requiring careful scrutiny to ensure that the best interests of the child and child protection obligations remain prioritised.

9. The data submitted by SAPS demonstrates that statutory rape and related safeguarding concerns are widespread across the province and affect both rural and urban communities, indicating that teenage pregnancy and offences involving children are systemic provincial safeguarding concerns rather than isolated incidents.

10. The recurring appearance of specific policing precincts within the SAPS data may indicate safeguarding hotspot areas characterised by recurring community vulnerabilities, socio-economic distress, persistent exposure of children to exploitation, and heightened safeguarding risks.

11. The existence of matters involving substantial age disparities between complainants and accused persons raises serious concerns regarding:

    - unequal power relations.
    - exploitation.
    - grooming.
    - transactional sexual relationships.
    - economic coercion.

    and broader safeguarding vulnerabilities affecting children within vulnerable communities.

12. The SAPS has implemented victim support measures, including victim-friendly rooms, gender desks, psychosocial support services, specialised FCS Units, and interdepartmental collaboration mechanisms aimed at supporting victims of sexual offences and crimes involving children.

13. Notwithstanding the above, the continued prevalence of under-reporting, withdrawals, delayed reporting, and safeguarding concerns indicates that the measurable impact and effectiveness of existing safeguarding, victim support, prevention, and reporting interventions are not yet clearly evident from the broader trends presented during the investigation.

14. The absence of cases opened against duty-bearers for failure to report in terms of National Instruction No. 3 of 2010 or the Children's Act, when considered together with broader safeguarding concerns identified during the investigation, raises concerns regarding weak enforcement of mandatory reporting obligations, inadequate safeguarding oversight, and limited monitoring of institutional compliance.

15. The relatively low number of Form 22-related referrals reported by SAPS over the reporting period, when considered together with the prevalence of teenage pregnancy and increasing statutory rape statistics within the province, raises concerns regarding under-utilisation of safeguarding and reporting mechanisms, inconsistent implementation of safeguarding procedures, and possible gaps between safeguarding obligations and practical implementation within institutions and communities.

16. The high number of active and pending dockets within the FCS Units, together with the significant caseloads carried by investigating officers, indicates institutional capacity constraints, excessive workload pressures, and resource limitations that may impact:

    - the quality and timeliness of investigations.
    - victim-centred service delivery.
    - safeguarding responsiveness.
    - case finalisation.

    and broader access to justice for vulnerable victims and children.

17. While SAPS has implemented specialised and ongoing training initiatives relating to sexual offences, vulnerable groups, and children in need of care and protection, the broader safeguarding and reporting trends presented during the investigation indicate the need for strengthened implementation, monitoring, coordination, and outcome-based safeguarding responses.

18. The reliance on non-governmental organisations and external structures to provide temporary safe care, counselling, and victim support services raises concerns regarding the sustainability and adequacy of state-led safeguarding and psychosocial support interventions where such organisations may themselves operate within constrained and financially unsustainable environments.

19. The SAPS current approach to teenage pregnancy-related safeguarding, reporting, investigation, victim support, and child protection requires a more integrated, trauma-informed, preventative, coordinated, victim-centred, and outcome-based safeguarding framework capable of demonstrating measurable impact in reducing under-reporting, statutory rape, exploitation, and broader safeguarding risks affecting children within the province.

5.10 Final recommendations

In light of the above, the CGE makes the following recommendations:

1. The SAPS must strengthen integrated interdepartmental safeguarding, reporting, and referral mechanisms between SAPS, the Department of Education, Department of Health, Department of Social Development, the National Prosecuting Authority, and other relevant stakeholders to ensure coordinated, integrated, and outcome-based responses relating to teenage pregnancy, statutory rape, child abuse, and safeguarding concerns within the province.

2. The SAPS must strengthen implementation and enforcement of mandatory reporting obligations in terms of Section 54 of SORMA, the Children's Act, and National Instruction No. 3 of 2010 through:
    - strengthened monitoring mechanisms.
    - accountability systems.
    - compliance audits.
    - interdepartmental reporting protocols.

    and structured oversight measures applicable to all frontline duty-bearers and institutions.

3. The SAPS, together with relevant stakeholders, must strengthen integrated provincial data management and safeguarding monitoring systems to ensure:
    - improved consistency of statistics.
    - integrated safeguarding reporting.
    - accurate outcome-based monitoring.

    and coordinated the identification of possible statutory rape and child protection matters within the province.

4. The SAPS must strengthen trauma-informed, victim-centred, and child-sensitive approaches in the investigation and management of matters involving children and sexual offences, particularly in relation to:
    - delayed reporting.
    - victim support.
    - complainant withdrawals.
    - witness tracing.

    and psychosocial support interventions.

5. The SAPS must strengthen measures aimed at preventing informal settlements, mediation, family arrangements, or alternative dispute resolution mechanisms from undermining accountability and criminal justice processes in matters involving statutory rape and offences against children.

6. The SAPS must intensify community awareness and safeguarding campaigns involving parents, community leaders, traditional leaders, schools, healthcare professionals, and community structures to strengthen awareness regarding:
    - mandatory reporting obligations.
    - statutory rape.
    - child protection.
    - safeguarding obligations.

    and access to victim support and criminal justice systems.

7. The SAPS must strengthen hotspot-based safeguarding and prevention interventions within repeatedly affected policing precincts and vulnerable communities characterised by elevated safeguarding risks, socio-economic vulnerability, exploitation risks, and recurring statutory rape reporting patterns.

8. The SAPS, together with the National Prosecuting Authority and relevant stakeholders, must strengthen case management, evidence collection, docket quality, witness support, and prosecutorial coordination mechanisms to reduce case attrition, evidentiary failures, unresolved matters, and complainant withdrawals in matters involving children and sexual offences.

9. The SAPS must strengthen victim support, psychosocial support, and witness support systems to minimise secondary victimisation, intimidation, trauma-related disengagement, and barriers to sustained participation within criminal justice processes involving vulnerable children and victims of sexual offences.

10. The SAPS must strengthen institutional monitoring and accountability mechanisms relating to failures by duty-bearers to comply with mandatory reporting obligations in terms of the Children's Act, SORMA, and National Instruction No. 3 of 2010.

11. The SAPS must continue strengthening specialised training and institutional capacity-building initiatives relating to:

    - sexual offences.
    - child protection.
    - trauma-informed investigations.
    - safeguarding responses.
    - vulnerable groups.

    While ensuring that such training translates into measurable institutional and safeguarding outcomes.

12. The SAPS must strengthen institutional human resource capacity, victim support infrastructure, and safeguarding resources within the FCS Units and broader child protection environment to reduce excessive workloads, strengthen safeguarding responsiveness, improve case finalisation, and enhance access to justice for vulnerable victims and children.

13. The SAPS should reduce excessive institutional reliance on donor-dependent or financially constrained non-governmental organisations for functions integral to the state's safeguarding and victim support obligations by strengthening sustainable state-led psychosocial support, temporary safe care, and victim support mechanisms.

14. The SAPS should adopt a more integrated, preventative, trauma-informed, victim-centred, child-sensitive, and outcome-based safeguarding approach that strengthens:

    - mandatory reporting enforcement.
    - victim protection.
    - interdepartmental coordination.
    - psychosocial support.
    - child protection interventions.

- and broader safeguarding responses.

while taking cognisance of the differentiated vulnerabilities, socio-economic realities, psychosocial needs, and lived experiences of vulnerable children, pregnant learners, young mothers, and victims of sexual offences within the province.

5.11 Conclusion

The engagements with SAPS in this investigation reflect a system that is, on its face, structurally compliant with applicable legal and policy frameworks, yet reveals underlying challenges in achieving substantive outcomes for children.

From an institutional perspective, SAPS presents itself as adequately capacitated and compliant. The assertion that no SAPS official has been found unfit to work with children over the past three financial years suggests adherence to the suitability requirements set out in the Children's Act. Similarly, the statement that there are no limitations in the implementation of National Instruction 3 of 2010 conveys an image of operational sufficiency, implying that systems, resources, and training mechanisms are functioning as intended. This narrative is reinforced by the emphasis on ongoing training through the Human Resource Development component, which prioritises matters involving vulnerable groups, including children.

However, when examined alongside operational data, this portrayal of full compliance becomes more complex. The low conviction rate for statutory rape cases raises concerns about the effectiveness of the criminal justice response. While the investigation and opening of cases demonstrate procedural compliance, the relatively low conviction rate points to potential systemic weaknesses. In this regard, there appears to be a gap between the formal compliance claimed by SAPS and the actual outcomes achieved within the justice system.

The data also reflects a reliance on its various internal systems for case management and monitoring. SAPS' indication that case information is captured on electronic systems and subjected to daily monitoring to ensure data integrity suggests a structured and disciplined approach to record-keeping, the emphasis remains on internal accountability mechanisms. The absence of reference to independent verification, external oversight or monitoring and evaluation reports raises questions about transparency and whether the data fully reflects the lived realities of victims and communities affected by teenage pregnancy and related offences. In relation to child protection interventions, questions remain about whether all children at risk are being adequately protected.

Children's Act envisages a collaborative approach involving law enforcement, social development, health, and education sectors. If effectively implemented, the coordination mechanisms have the potential to address some of the systemic challenges identified, particularly in relation to prevention, early intervention, and victim support.

SAPS' constitutional mandate under section 205(3) of the Constitution underscores its responsibility to prevent and combat crime, investigate offences, and protect the public. The effectiveness of its implementation must ultimately be measured against measurable outcomes. The gaps and challenges revealed in this investigation suggest that, while SAPS is procedurally compliant, the system as a whole is not yet achieving the level of protection and justice required for children.

6. NORTHERN CAPE DEPARTMENT OF HEALTH

The Northern Cape Department of Health operates within a broader constitutional, legislative, public health, safeguarding, child protection, and adolescent sexual and reproductive health framework that imposes both direct and indirect obligations in relation to the prevention, management, reporting, referral, and treatment of teenage pregnancy matters involving statutory rape, sexual offences, child abuse, neglect, exploitation, coercion, gender-based violence, psychosocial vulnerability, and broader safeguarding concerns affecting children and adolescents within the province. While not exhaustive, the provisions, frameworks, policies, and mechanisms highlighted below represent some of the key governance and regulatory instruments relevant to the Department of Health's obligations within this context.

The role of the Department of Health must further be understood within the broader context of safeguarding vulnerable children, promoting access to healthcare services, facilitating integrated interdepartmental responses, strengthening adolescent sexual and reproductive health and rights, supporting psychosocial interventions, and contributing towards broader child protection and safeguarding systems within communities and educational environments. In this regard, the Department of Health occupies a central role within the broader provincial safeguarding, public health, and child protection architecture relating to teenage pregnancy and offences involving children.

The constitutional obligations of the Department of Health are informed by Sections 10, 12, 27, 28, and 29 of the Constitution, which collectively protect the rights to dignity, bodily and psychological integrity, access to healthcare services, freedom and security of the person, protection from violence, the best interests of the child, and access to basic education. These rights become particularly relevant where teenage pregnancy intersects with issues of child vulnerability, statutory rape, safeguarding, psychosocial support, school retention, healthcare access, exploitation, and protection from abuse.

The Department of Health further operates within the framework of SORMA, as with the other entities, which imposes mandatory reporting obligations where a person has knowledge, a reasonable belief, or suspicion that a sexual offence has been committed against a child. These obligations must further be read together with Section 110 of the Children's Act, which imposes mandatory reporting duties on healthcare professionals and other duty-bearers where there are reasonable grounds to conclude that a child has been abused, deliberately neglected, or is in need of care and protection.

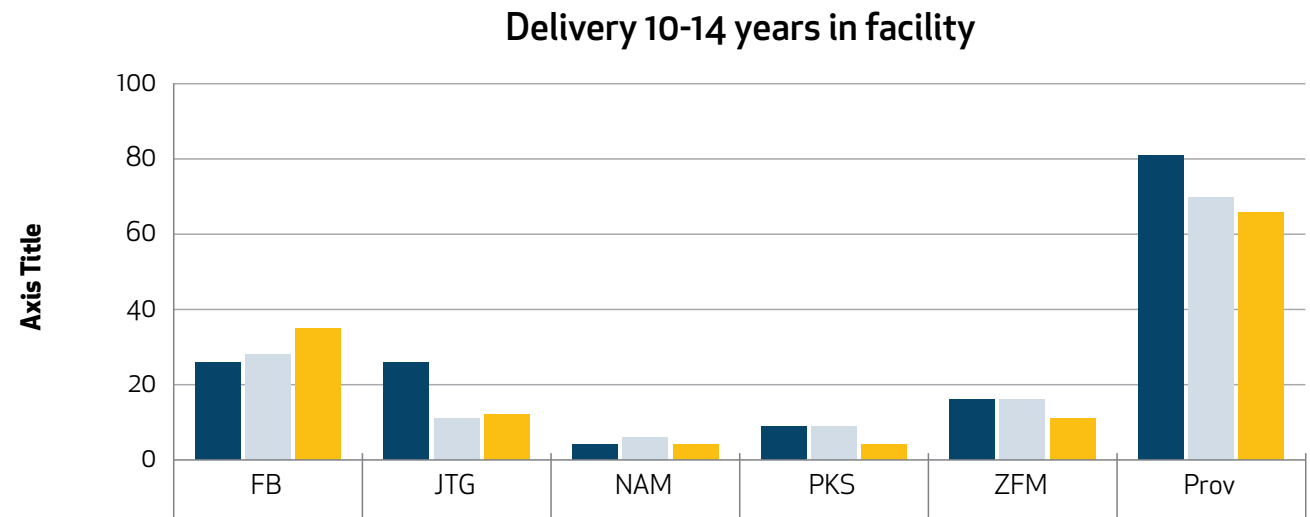
The department's obligations must further be understood within the broader safeguarding and child protection context associated with teenage pregnancy, particularly where pregnancies involving children below the age thresholds contemplated in law may potentially trigger safeguarding concerns relating to statutory rape, abuse, exploitation, coercion, trafficking, psychosocial vulnerability, or broader child protection risks requiring reporting, referral, psychosocial support, interdepartmental intervention, and integrated safeguarding responses.

The broader safeguarding obligations applicable to the Department of Health must further be understood within the context of the NSP-GBVF, including trauma-informed, youth-centred, inclusive, rights-based, and gender-responsive healthcare approaches responsive to the differentiated vulnerabilities, psychosocial realities, socio-economic conditions, stigma, discrimination, disability inclusion, and safeguarding risks affecting adolescents, pregnant learners, young mothers, vulnerable children, and survivors of abuse within the province.

Collectively, these frameworks, obligations, and intersectoral mechanisms require the Department of Health not only to provide healthcare services, but also to contribute towards integrated safeguarding systems, mandatory reporting implementation, psychosocial support interventions, adolescent-friendly healthcare services, interdepartmental coordination, prevention initiatives, child protection interventions, community awareness, and broader safeguarding responses aimed at addressing teenage pregnancy, statutory rape, exploitation, abuse, and adolescent vulnerability.

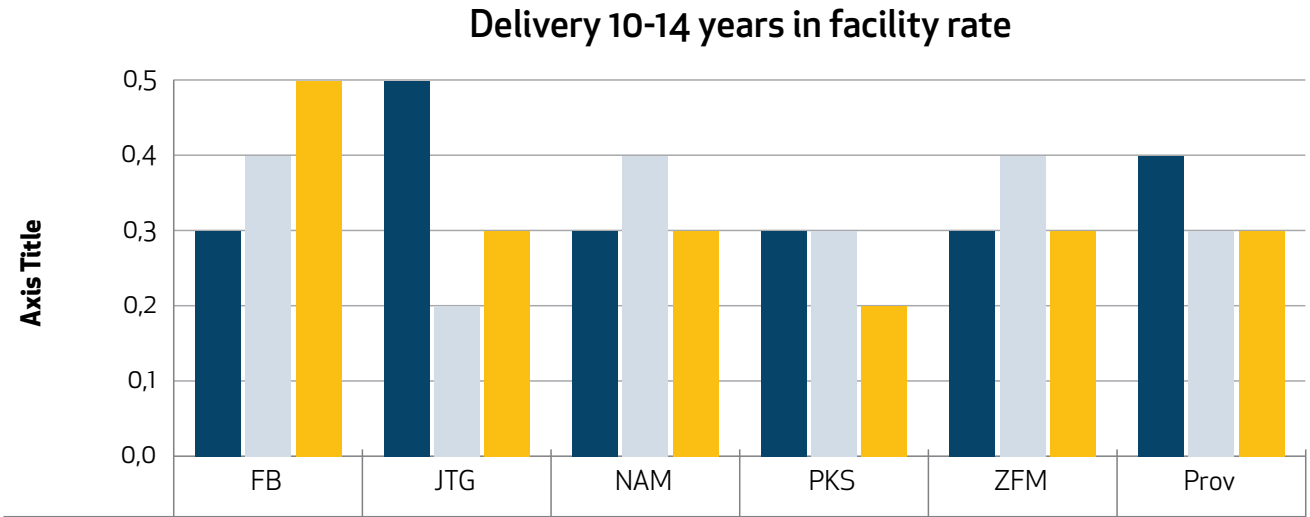
6.1 Health data and trends

Teenage pregnancy rates for girls between 10 and 19 per district in the Northern Cape province for the past three years:



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	26	26	4	9	16	81
FY23/24	28	11	6	9	16	70
FY24/25	35	12	4	4	11	66

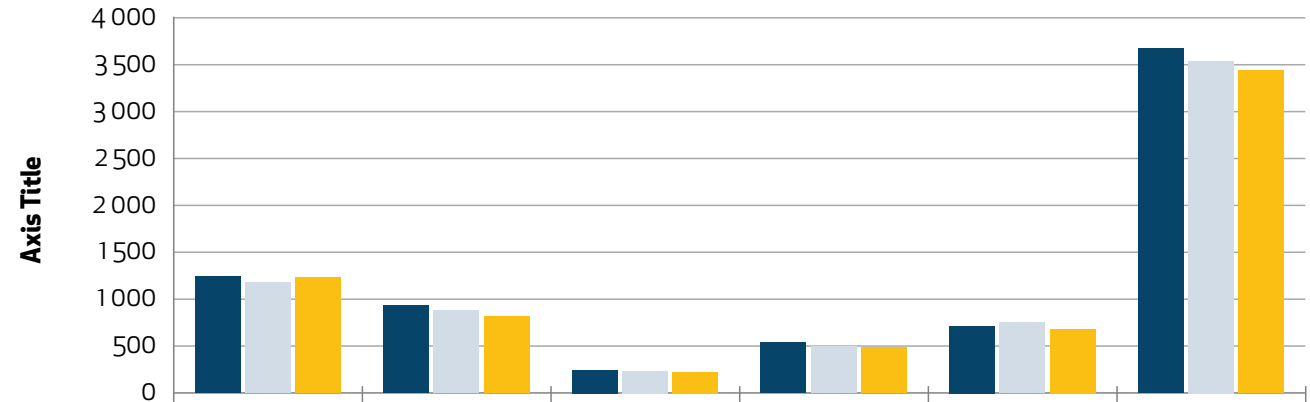
Source: WEBDHIS



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	0,3	0,5	0,3	0,3	0,3	0,4
FY23/24	0,4	0,2	0,4	0,3	0,4	0,3
FY24/25	0,5	0,3	0,3	0,2	0,3	0,3

Source: WEBDHIS

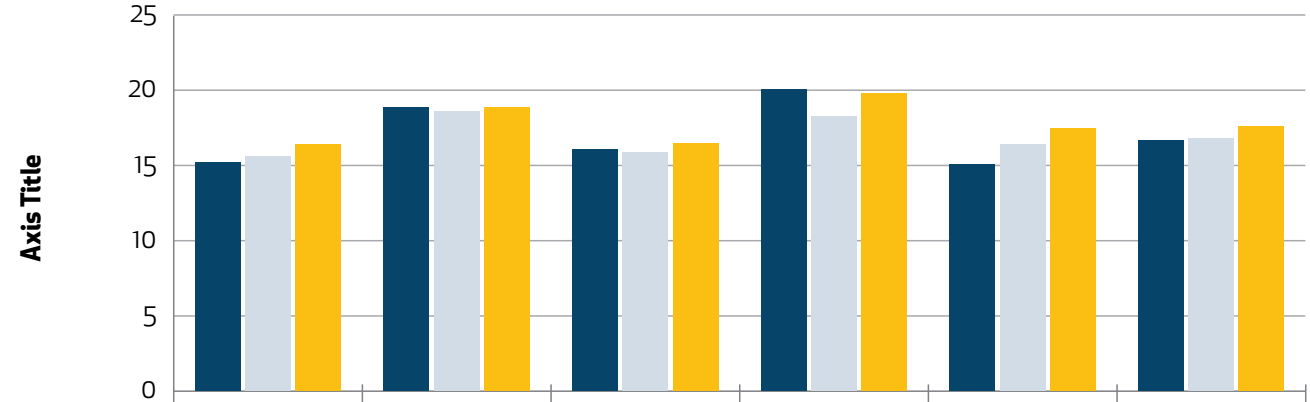
Delivery 15-19 years in facility



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	1 240	935	246	536	717	3 674
FY23/24	1 177	879	237	495	750	3 538
FY24/25	1 232	813	226	483	685	3 439

Source: WEBDHIS

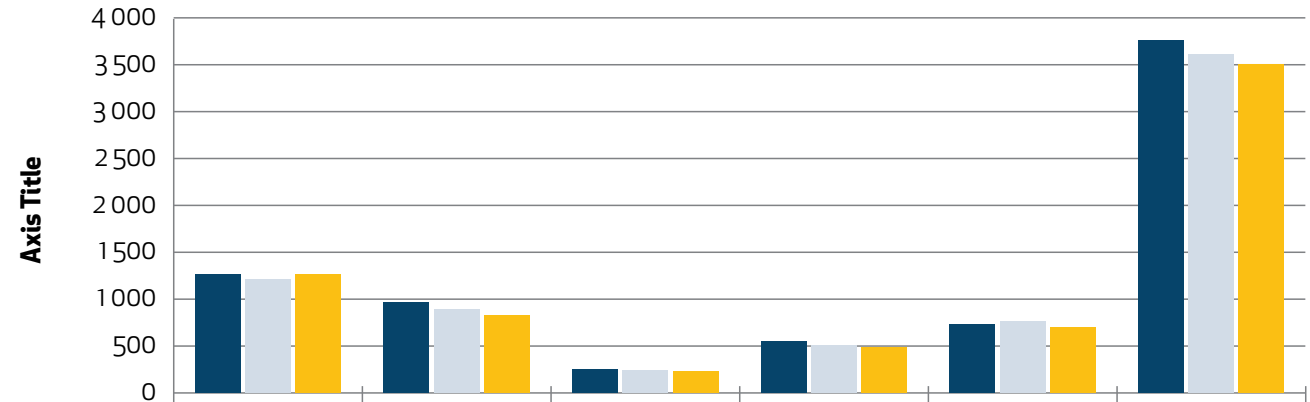
Delivery 15-19 years in facility rate



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	15,2	18,9	16,1	20,1	15,1	16,7
FY23/24	15,6	18,6	15,9	18,3	16,4	16,8
FY24/25	16,4	18,9	16,5	19,8	17,5	17,6

Source: WEBDHIS

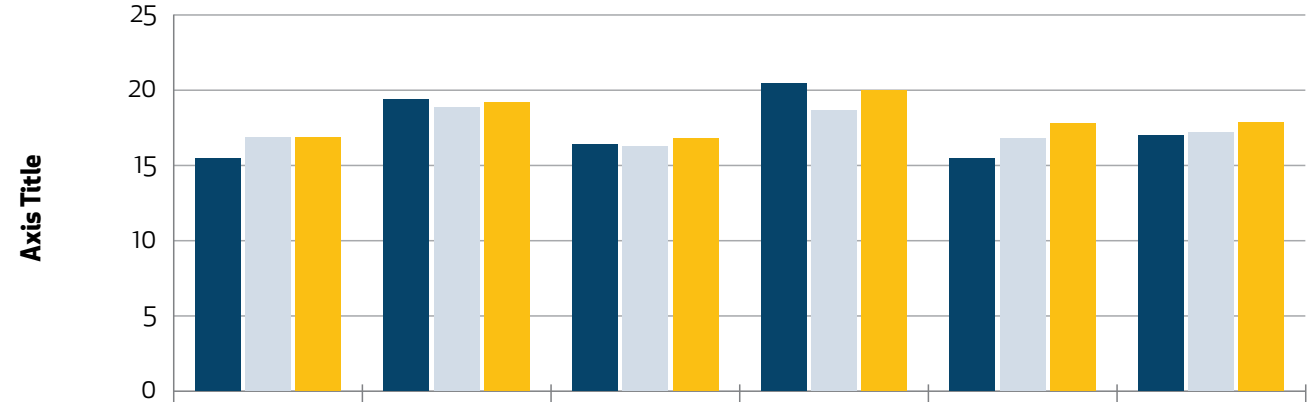
Delivery 10-19 years in facility



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	1 266	961	250	545	733	3 755
FY23/24	1 205	890	243	504	766	3 608
FY24/25	1 267	825	230	487	696	3 505

Source: WEBDHIS

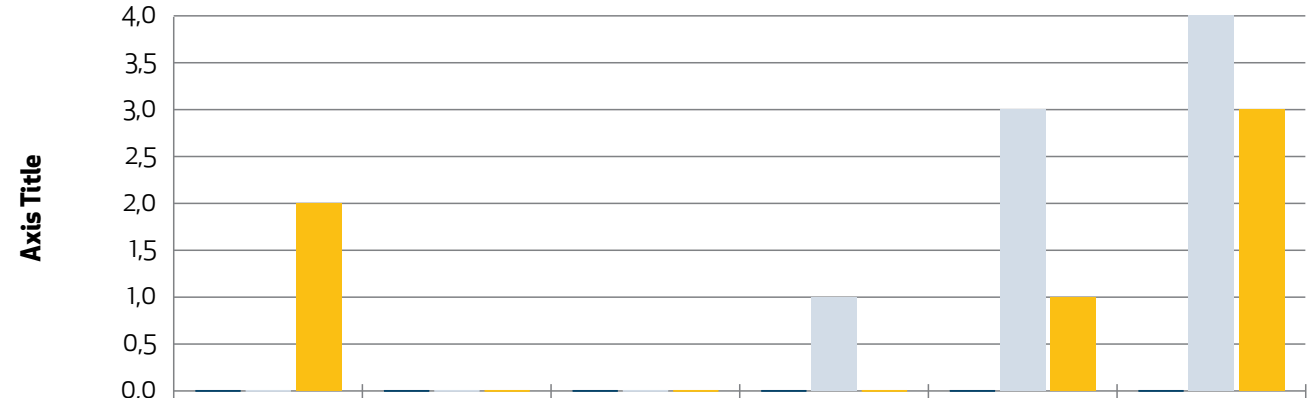
Delivery 10-19 years in facility rate



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	15,5	19,4	16,4	20,5	15,5	17,0
FY23/24	15,9	18,9	16,3	18,7	16,8	17,2
FY24/25	16,9	19,2	16,8	20,0	17,8	17,9

Source: WEBDHIS

Termination of pregnancy 10-14 years

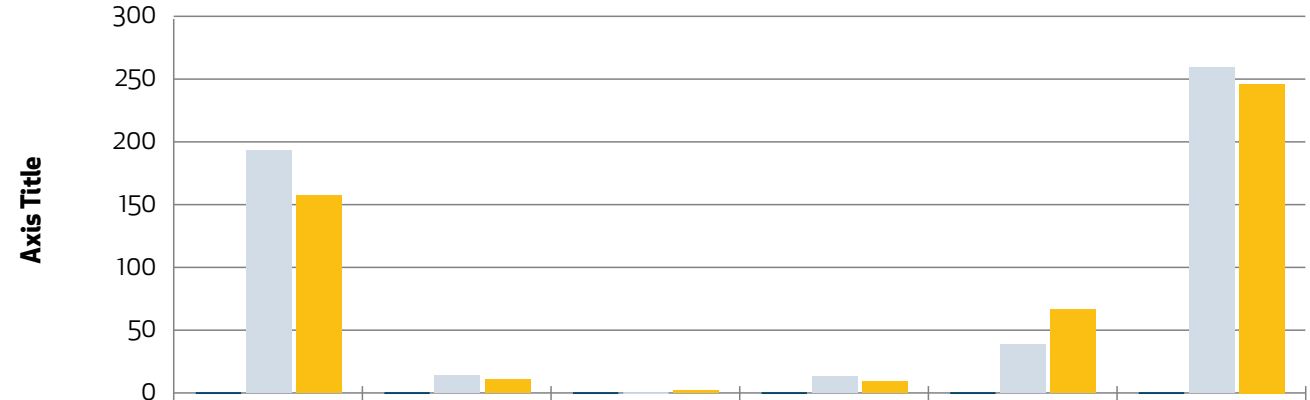


	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	0	0	0	0	0	0
FY23/24	0	0	0	1	3	4
FY24/25	2	0	0	0	1	3

Source: WEBDHIS

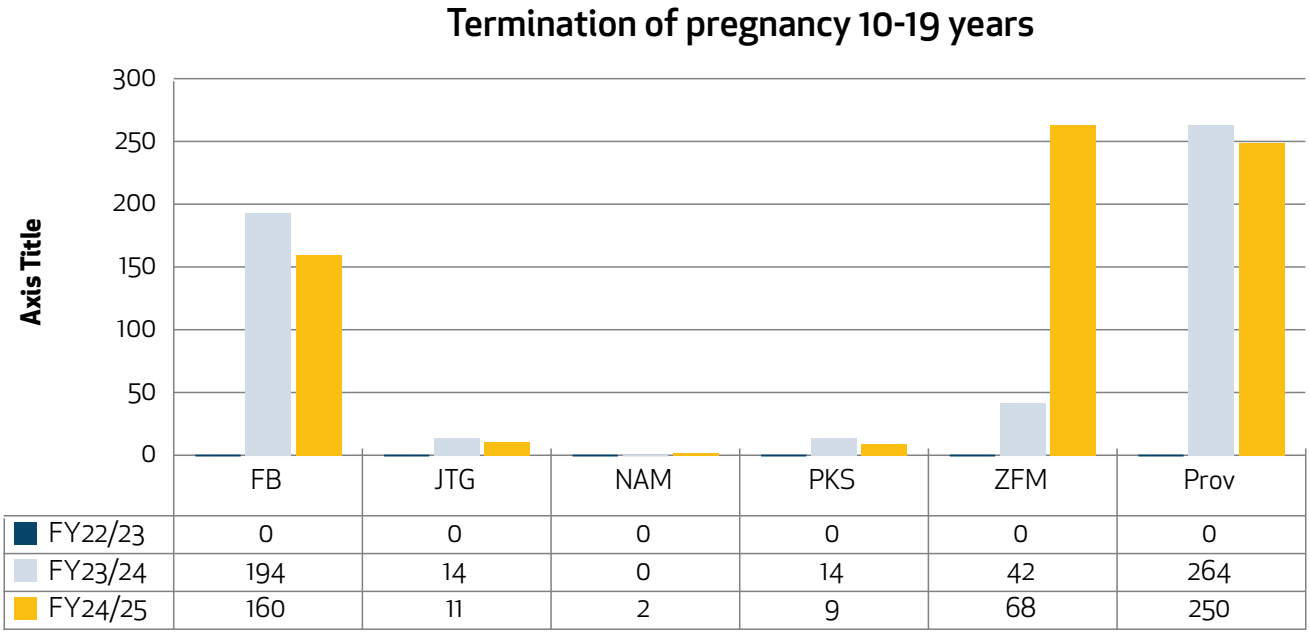
Termination of pregnancy data were not captured in the Web-based District Health Information System (WebDHIS) for the financial year 2022/2023; thus, zeroes were recorded and only began in the financial year 2023/2024.

Termination of pregnancy 15-19 years



	FB	JTG	NAM	PKS	ZFM	Prov
FY22/23	0	0	0	0	0	0
FY23/24	194	14	0	13	39	260
FY24/25	158	11	2	9	67	247

Source: WEBDHIS



Source: WEBDHIS

The table below reflects the total number of adolescent pregnancies, namely those that delivered in facilities (10–14 years, 15–19 years, and 10–19 years in facilities), including the termination of pregnancy (only in public facilities)

	Delivery 10–4 years	Delivery15–19 years	Delivery10–19 years
FY 2023/2024	70+4=74	3,538+260=3,798	3,608+264=3,872
FY 2024/2025	66+3=69	3,439+247=3,686	3,505+250=3,755

Source: WEBDHIS

The Northern Cape Department of Health stated that it does not maintain records of all Form 22 reports submitted to the department. Some of the forms are sent to the Department of Social Development. They further stated that all facilities will be encouraged to keep the records of all forms going forward.

The department is collecting only the data shown in the table below, and no data is collected for repeat pregnancies.

RAW DATA for the financial years 2022/2023–2023/2024–2024/2025Web-based District Health Information System (webDHIS)

District	Period	Delivery 10-14 years in facility	Delivery 15-19 years in facility	Delivery 10-19 years in facility
FB	FY 2022/2023	26	1 240	1 266
	FY 2023/2024	28	1 177	1 205
	FY 2024/2025	35	1 232	1 267
JTG	FY 2022/2023	26	935	961
	FY 2023/2024	11	879	890
	FY 2024/2025	12	813	825
NAM	FY 2022/2023	4	246	250
	FY 2023/2024	6	237	243
	FY 2024/2025	4	226	230

District	Period	Delivery 10-14 years in facility	Delivery 15-19 years in facility	Delivery 10-19 years in facility
PKS	FY 2022/2023	9	536	545
	FY 2023/2024	9	495	504
	FY 2024/2025	4	483	487
ZFM	FY 2022/2023	16	717	733
	FY 2023/2024	16	750	766
	FY 2024/2025	11	685	696

Source: WEBDHIS

6.2 Health services and accessibility

Reproductive health services that are available to adolescents through public clinics and hospitals.

Sexual and Reproductive Health	HIV Testing Services	Pregnancy Support	Nutrition & Dietary Guidance	Screen & Treat Injuries and Minor Ailments	Violence & Sexual Assault	Immunisation	Screening For:
CONTRACEPTIVES Male and female condoms Implant (sub-dermal) Intrauterine device (IUD) Choice on injectables Oral contraceptive pills Emergency contraceptive pills Voluntary sterilisation for men and for women	Antiretroviral treatment HIV Prevention package (including Post Exposure Prophylaxis (PEP) and Pre-exposure Prophylaxis Treatment adherence support	Pregnancy testing Early booking Ante Natal Care Adoption Prevention of Mother to Child Transmission (PMTCT)	Healthy Eating Healthy lifestyle		Screen Psychosocial support Provide Post Exposure Prophylaxis	Td at 12 years	Obesity (BMI) Malnutrition Substance abuse Violence & Sexual Assault Mental Health Psychosocial support
Termination of Pregnancy (CToP)							

Various contraceptive methods are freely available at healthcare facilities. Confidentiality is emphasised in the Reproductive Health Training Module 1. The Department of Health is always upholding confidentiality and privacy.

The department stated that adolescents are comfortable with accessing reproductive health services in public health facilities. The comfort level is evident from the number that is increasing with each financial year and reflected in the table below:

Period	PHC headcount 10-19 years	PHC utilisation rate 10-19 years
FY 22/23	172 616	0,7
FY 23/24	181 954	0,8
FY 24/25	189 113	0,8

There are also strategies in place to reduce stigma and promote youth-friendly services, which include:

- Training of healthcare facility employees (cleaners, security, and ward-based outreach teams, among others) on adolescent and youth-friendly services (AYFS) and the curriculum includes psychosocial and communications skills for use when approaching adolescents and youth
- Implementing of the ideal clinic model by conducting patient experience of care (PEC) studies to assess the services provided (waiting times, privacy, and attitude, among others), where adolescents and youth are encouraged to express their views
- Promoting the B-Wise strategy, which includes the Northern Cape Department of Health's innovative, youth-oriented programmes and technologies
- Collaborating with other departments to celebrate youth calendar events
- Participating in facility open day events and programmes
- Participating in youth care clubs led by Soul City and Lovelife
- Establishing youth-friendly services at facilities with youth zones and dedicated times for adolescents and youth
- Implementing awareness campaigns, dialogues with young people and their parents, health education/talks in schools, and radio slots at local community radio stations.

Adolescent and youth-friendly services are part of the primary healthcare service package, with continuous youth-zone activation and partners supporting facilities and the community with mobile services.

District initiatives include: JTG: Soul City social clubs, Three youth centres (ZFM: Groblershoop, JTG: Gamagara, and FB: Solplaatjie), Grassroots and Pathways, mines: SIOC-CDT: Vertice, Innovo Mobile Health Clinics, Lovelife (GroundBreakers and Mpintshis), and Lifeline, among others.

6.3 Antenatal, postnatal, and mental health support

Antenatal and postnatal services available for teenage mothers:

Sexual and Reproductive Health	HIV Testing Services	Pregnancy Support	Nutrition & Dietary Guidance	Screen & Treat Injuries and Minor Ailments	Violence & Sexual Assault	Immunisation	Screening For:
CONTRACEPTIVES Male and female condoms Implant (sub-dermal) Intrauterine device (IUD) Choice on injectables	Antiretroviral treatment HIV Prevention package (including Post Exposure Prophylaxis (PEP) and Pre-exposure Prophylaxis	Pregnancy testing Early booking Ante Natal Care Adoption	Healthy Eating Healthy lifestyle		Screen Psychosocial support Provide Post Exposure Prophylaxis	Td at 12 years	Obesity (BMI) Malnutrition Substance abuse Violence & Sexual Assault Mental Health Psychosocial support

Sexual and Reproductive Health	HIV Testing Services	Pregnancy Support	Nutrition & Dietary Guidance	Screen & Treat Injuries and Minor Ailments	Violence & Sexual Assault	Immunisation	Screening For:
Oral contraceptive pills Emergency contraceptive pills Voluntary sterilisation for men and for women	Treatment adherence support	Prevention of Mother to Child Transmission (PMTCT)					
Termination of Pregnancy (CToP)							

All pregnant women are screened during the first antenatal care visit, and those below 16 years are regarded as high-risk pregnancies and are managed as such. All mothers, regardless of age, are encouraged to attend the postnatal visit within 3–6 days after delivery for a mother-baby check-up. All pregnant adolescents and young mothers are screened, and those eligible are referred for further management to appropriate services, such as mental health nurses, social services, NGOs, medical officers, counsellors, psychiatrists or other services. Sexual and reproductive health services are provided in all facilities to prevent unplanned and unwanted pregnancies.

The department has health education programmes in place to teach young people about pregnancy, sexually transmitted infections (STIs), and relationships, which include:

- Community radio stations and social media on health topics
- Collaboration with other departments and partners, among others
- B-Wise articles directly draw users to the site, and the articles cover various topics around health issues, knowing your body, mental health, rights and responsibilities and access to help and support (through 'ask an expert' functionality and service finders)
- Continuous health education at facilities and schools, among other facilities

The department runs awareness campaigns targeting pregnancy prevention. The department involves parents, communities, and schools in teenage pregnancy prevention efforts.

The department stated that it has partnerships with community health workers, traditional leaders, or NGOs for prevention and referral services. There are continuous engagements with all stakeholders (Grassroots, Pathways, supporting the Integrated School Health Programme: Innovo Mobile Health Clinics, Sishen Iron Ore Company's Community Development Trust (SIOC-CDT).

Through community and institutional dialogues, feedback indicates that the interventions are not effectively meeting pregnant teenage girls' needs. Staff attitude at facilities is highlighted as the main barrier.

The Department of Health collaborates with the Department of Social Development and the Department of Basic Education through annual planning to implement interactive methodologies for social outreach interventions in schools, clinics, communities, and workplaces. Ad hoc meetings are conducted to review interventions.

The Department of Health stated that integrated care or referral systems are in place for teenage mothers across the department.

Adolescent and youth-friendly services are part of the primary healthcare service package. Adolescents are managed throughout the day, during the allocated times (youth zones), and referred for further management.

The department stated that health workers are trained to identify cases involving statutory rape, abuse, or coercion and refer the cases accordingly. Adolescent and youth-friendly services training is continuous to reach all healthcare workers, including training on Form 22.

6.4 Policy frameworks that guide the department's approach to teenage pregnancy

The Adolescent and Youth Health Policy is aligned with the following national and international policies and plans:

- South Africa's National Strategic Plan on HIV, STIs and TB (2012–2016)
- The World Health Organization's Global Strategy for Women, Children's and Adolescents' Health 2016–2030
- South Africa's Negotiated Service Delivery Agreement (NSDA) for Outcome 2: A long and healthy life for all South Africans
- Sexual and Reproductive Health and Rights: Fulfilling Our Commitments 2011–2021 and Beyond
- South Africa's National Contraception and Fertility Planning Policy and Service Delivery Guidelines
- South Africa's National Contraception Clinical Guidelines
- UNAIDS 90–90–90: An ambitious treatment target to help end the AIDS epidemic
- Preventing HIV in Adolescent Girls and Young Women: Guidance for PEPFAR DREAMS
- Partnership Initiative
- The World Health Organization's Consolidated Guidelines on HIV Testing Services
- UNAIDS Fast Track – Ending the AIDS Epidemic by 2030
- The World Health Organization's Global Standards for Quality Healthcare Services for Adolescents: A guide to implement a standards-driven approach to improve the quality of healthcare services for adolescents
- South Africa's National Adolescent Sexual and Reproductive Health Rights Framework 2014–2019
- The South African Government's National Development Plan 2030
- South Africa's National Youth Policy 2015–2020
- South Africa's Integrated School Health Policy 2012
- Blueprint for Action 2012–2016: Keeping Children Alive and Healthy in South Africa – paediatric and adolescents (0–19 years) HIV and TB integrating prevention, early Identification of HIV and linking to treatment, care, and support,
- Strategy for the Prevention and Control of Obesity in South Africa 2015–2020
- All In to #EndAdolescentAIDS (UNICEF, UNAIDS, MTV staying Alive, Young People Living With HIV partnership, the Global Fund, UNFPA. PEPFAR, and the WHO).

- Nutrition Roadmap 2013–2017
- National Adolescent and Youth Health Policy 2017
- Department of Basic Education's SOP for SRH – standard operating procedures for the provision of sexual reproductive health (SRH) services in schools.
- Department of Social Development's National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2015.

The department measures the effectiveness of its teenage pregnancy intervention by using the following:

- WebDHIS (using youth zones)
- Social clubs.

Based on the interventions from the department and supporting partners and involvement of other departments, and civil society, among others, a decline of at least 117 was noted in teenage pregnancies for the past three years.

6.5 Challenges that the department faces in addressing teenage pregnancy

Youth stigmatise themselves and are reluctant to access the services despite the resources provided by the department.

6.6 Recommendations proposed by the Northern Cape Department of Education to strengthen the department's response to teenage pregnancy in the Northern Cape

- Structured engagements to address social determinants of health and societal issues are necessary with other departments, civil society, and institutions of higher learning, among others.
- The programme is currently managed by an acting manager and a permanent appointment of an adolescent and youth manager.
- Department of Basic Education to re-initiate wellness days that entail sports, Department of Basic Education, Department of Home Affairs, and Department of Social Development to address psychosocial aspects of teenage pregnancy at schools within school premises.
- Implementation of a single service point-of-delivery model for integrating services.
- Monitor interventions of digital health tools leveraged to advance health education, information, and support (B-Wise strategy).
- Continuous social outreach interventions at local clinics, communities, and workplaces in all districts.
- Continuous healthcare workers training on adolescent and youth friendly services.
- Implementation of the Department of Basic Education standard operating procedure on the provision of contraceptives to learners in schools.
- Behavioural change in parenting and youth to promote effective and inclusive health communications.

- Expand and provide the contraceptive method mix (contraceptive patches and vaginal rings) in public facilities and ensure continuous condom availability for dual protection and safe conception.
- Sharing of resources amongst three departments (Department of Health, Department of Basic Education, Department of Social Development, the SAPS, and Department of Sport, Arts and Culture) towards curbing teenage pregnancy.

6.7 Additional insights, success stories, or ongoing challenges related to teenage pregnancy in the Northern Cape

- The province is still experiencing adolescent and youth pregnancies despite the available resources.
- There is a steady increase in adolescents and youth accessing adolescent and youth-friendly services over the past three years (from 172,616 to 189,113: an increase of 16,497).
- There has been an insignificant drop in teenage pregnancy of only 117 for the past three years.

6.8 Approach to persons with disabilities, youth, and teenage pregnancy

The department also made strides in environmental access at local health facilities by building ramps, though much remains to be done regarding communication.

In 2019, the Northern Cape Department of Health introduced a sexual and reproductive health training curriculum, in which Module 1 is compulsory and includes Learning Session 2: Disability Etiquette and Access.

Module 1 seeks to address various aspects of reproductive health, but for the sake of the inquiry, we will highlight relevant learning sessions:

- Learning Session 1: Sexual Reproductive Health and Rights
- Learning Session 2: Introduction to Disability Etiquette
- Learning Session 3: Value Clarification and Attitude Transformation
- Learning Session 4: Counselling in Sexual and Reproductive Health and Rights Services
- Learning Session 5: Service Delivery Platform
- Learning Session 6: Quality of Care
- Learning Session 7: Self-Care Interventions
- Learning Session 8: Monitoring and Evaluation
- Learning Session 9: Mentoring
- Learning Session 10: Community Engagement and Orientation.

Module 2 of the sexual and reproductive health training curriculum responds to adolescent sexual and reproductive health and comprehensive sexual education needs. Sexual and reproductive health and rights training assists the healthcare professional to reflect on their own perceptions of how they have been treating persons with disabilities, to interrogate their own assumptions and fears, and to address intimidation of persons with disabilities. There is a need for strong collaboration and attitudinal shifts regarding people with disabilities in accessing sexual reproductive health and rights services through continuous training of healthcare providers.

Between 2022/2023 and 2024/2025, the in-facility delivery rate for pregnant girls between the ages 10–14 years ranged from 0.3% to 0.4%. During the same period, the in-facility delivery rate for girls ages 15–19 years was 16.7% and 17.6%, indicating a slight increase. The province is still experiencing adolescent and youth pregnancies despite the available resources.

According to statistics on terminations of pregnancies among girls aged 10–14, there were zero terminations in 2022/2023, four in 2023/2024, and three in 2024/2025. The rate for girls between 15–19 years was zero in 2022/2023, 260 in 2023/2024, and 247 during 2024/2025.

The department provides services to adolescents, and there has been a steady increase in adolescents and youth accessing these services over the past three years. The department does not keep records of Form 22 reports.

The department collaborates with the Department of Social Development and the Department of Education and conducts health education programmes across various media platforms and in schools. There are also continuous training programmes for healthcare workers.

6.9 CGE Public Hearings

The Department of Health was subsequently subpoenaed to appear before the CGE on 27 February 2026 in terms of Section 12(4)(b) of the CGE Act. After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by the Department of Health under oath at the hearing, the CGE deemed it necessary to request further information for clarity on certain aspects and make preliminary findings and recommendations as outlined below.

6.10 Preliminary findings

Accordingly, the CGE made the following preliminary findings:

1. There is a high number of teenage pregnancies among learners in the Northern Cape, which raises concerns of possible statutory rape cases going unreported and not being investigated.
2. Incoherent statistics of teenage pregnancies provided by the Northern Cape's Department of Education, Department of Health, and the Department of Social Development each indicate over 1,000 teenage pregnancies over the past three years, compared to the 215 statutory rape cases reported at the SAPS over the same period, showing a lack of collaboration between all relevant stakeholders.
3. The department does not seem to understand its role and responsibility as prescribed by the Children's Act and the Sexual Offences and Related Matters Act 32 of 2007, relating to the duty to report the sexual abuse of children.
4. The department has not consistently implemented the completion and submission of Form 22 in terms of the Children's Act 38 of 2005, and there has been no training of duty-bearers on the completion of the form.

5. There is a gap in data reporting from private facilities in terms of girls delivering between the ages of 10–19 years and the termination of pregnancy. The department undertook to exercise its authority to enforce reporting and compliance by the private sector. The Northern Cape Department of Health will exercise its authority to enforce reporting and compliance by the private sector and will implement consequence management for non-compliant private sector facilities, for example, withdrawal of operating licences.

6. The department stated that department staff regard a pregnant minor child to be a woman, which shows that there is a gap in sensitisation and gender terminology.

7. The department does not have a specific budget dedicated to teenage pregnancy programmes.

8. Insufficient awareness campaigns are being conducted by the department to raise awareness about teenage pregnancy and statutory rape among learners, parents, and communities.

9. Data is kept for all cases referred to Victim Empowerment Programmes. However, there is a gap regarding feedback from the National Prosecuting Authority.

6.11 Preliminary recommendations

Considering the above, the CGE made the following preliminary finds:

1. The department and all relevant stakeholders must expedite the finalisation of the provincial teenage pregnancy Strategy in place to address teenage pregnancy in the Northern Cape. The province has established the Inter-Ministerial Teenage Pregnancy Reduction Committee, led by the Office of the Premier and all the MECs. In response, the Northern Cape Department of Health director general issued a Circular on Child Abuse and Sexual Offences to enforce implementation by healthcare professionals. An inter-ministerial draft strategy must be developed, and the department will benchmark with the Gauteng Department of Health to develop a draft strategy for approval by executive management and the inter-ministerial committee, and develop a teenage pregnancy reduction strategy. The department undertook to collaborate with other departments to strengthen social determinants of health collaborative interventions and strengthen primary prevention strategies.

2. The department must ensure that all healthcare workers are trained on the duty to report cases of child abuse and/or neglect to the Department of Social Development and the completion of Form 22 in terms of Section 110 of the Children's Act 38 of 2005. The department stated that it will develop and implement a project plan to scale up training and capacitation for healthcare workers, and to strengthen the healthcare workers' capacity on the Children's Act and the Sexual Offences and Related Matters Act 3 of 2007 to ensure compliance and effective management of identified cases.

3. The department must conduct gender sensitisation/mainstreaming and terminology training for staff members. The department undertook to continue transforming the healthcare service platform to ensure full compliance and responsiveness to challenges.

4. The department must ensure that there is accurate data collection regarding cases of teenage pregnancy in the province. The department stated that it will develop governance systems to ensure data synchronisation and optimise the institutionalisation of Form 22. They will further enforce the implementation of the Circular on Child Abuse and Sexual Offences. The department will develop a memorandum of understanding with clear terms of reference for all affected departments.

5. The department must strengthen its mechanisms to ensure that they have adolescent-friendly programmes that minor children can relate to. The department undertook to improve platforms for healthcare delivery services to be fully compliant, be responsive to challenges, and enhance psychosocial services and inter-sectoral collaboration

6. The department should advocate for a specific budget dedicated to teenage pregnancy programmes. In response, the department stated that teenage pregnancy programmes are budgeted for under integrated health programmes, equitable share, and HIV conditional grants. Sexual and reproductive health counselling and referral services must be made available. A formalised package of on-site services has been implemented: adolescent and youth programmes (AYPs) and youth zones at facilities with dedicated times for adolescents and youth; youth zones: Happy Hour from 14h00–16h00; youth-oriented programmes that promote the B-Wise strategy, awareness campaigns, parent and youth dialogues, health education/talks in schools, radio slots, and on various social media platforms; collaborations with other departments and partners to celebrate youth calendar events, Soul City Social clubs, youth centres: three (ZFM: Groblershoop, JTG: Gamagara and FB: Sol Plaatjie), mines: Sishen Iron Ore Company's Community Development Trust (SIOC-CDT): Vertice, Innovo Mobile Health Clinics, Love Life (Ground Breakers and Mpintshis), Lifeline, Department of Social Development, Department of Basic Education, the SAPS, National Prosecuting Authority, civil society, NGOs, Department of Sport, Arts and Culture, Office of the Premier, etc.), 2023/202024 Health Talks 1027, promotional material: 55; service delivery outreach: 40; community dialogues: 5 people; radio talk shows: 33. 2024/2025 health talks: 1530, promotional material: 11,622; service delivery outreach: 59; community dialogues: 340 people; radio talk shows: 33. Integrated School Health Policy with age-appropriate comprehensive sexual education – Department of Basic Education and Department of Social Development, and the Childcare and Protection Forum for prevention and management of child abuse, neglect, and exploitation. The department confirmed that teenage pregnancy programmes are budgeted for in the 2026/2027 financial year.

7. The department must intensify advocacy and awareness-raising initiatives to address teenage pregnancy in the province. The department will expand advocacy interventions beyond traditional health-sector approaches and strengthen the implementation of the Integrated School Health Programme (ISHP) and primary prevention strategies.

8. The department must strengthen its collaboration with the National Prosecuting Authority (NPA) to facilitate working relations. The department will develop joint action plans and a memorandum of understanding with NPA for effective interventions. The Legal Unit of the department is to establish an effective relationship with the NPA to discuss mutual issues of interest. The NPA supports the training of clinicians. Training was conducted in March 2026 at PKS and JTG. The Northern Cape Department of Health director general has issued a Circular on Child Abuse and Sexual Offences to enforce implementation by healthcare professionals.

6.12 After the hearings

The Department of Health responded to the CGE's request and provided the following information:

6.12.1 Circular on Child Abuse and Sexual Offences and mandatory reporting obligations

The Department of Health further indicated that the Director-General of Health issued a Circular on Child Abuse and Sexual Offences ("circular") on 26 February 2026, aimed at enforcing the implementation of

safeguarding and reporting obligations by healthcare professionals. The CGE considers this particularly significant in light of earlier findings relating to inconsistent implementation of Form 22 processes and apparent institutional uncertainty regarding mandatory reporting obligations in terms of the Children's Act and SORMA.

6.12.2 Capacitation of healthcare workers and institutional sensitisation

The Department of Health indicated that it intends to strengthen the capacitation of healthcare workers regarding the Children's Act, SORMA, safeguarding obligations, professional ethics, psychosocial responsiveness, value clarification, and attitude transformation. The department further indicated that the National Prosecuting Authority is supporting training initiatives involving clinicians and healthcare workers.

The CGE considers this particularly important in light of the department's earlier indication that some healthcare staff regarded pregnant minor children as "women," together with concerns raised during engagements regarding staff attitudes towards pregnant adolescents within healthcare facilities. The CGE therefore observes that the department's own responses potentially indicate ongoing institutional sensitisation gaps, attitudinal barriers within healthcare environments, stigma affecting adolescents and young mothers, and the need for stronger trauma-informed, child-sensitive, rights-based, and gender-responsive healthcare approaches within facilities.

6.12.3 Data collection, synchronisation, and governance systems

The Department of Health indicated that measures are being implemented to strengthen governance systems aimed at ensuring synchronisation of data relating to teenage pregnancy within the province. The department further indicated that efforts are underway to optimise the broader mandatory reporting and Form 22 implementation concerns already identified above, enforce implementation of the circular, and develop a Memorandum of Understanding with clear Terms of Reference involving affected departments and stakeholders.

The department further indicated that the province has established an Inter-Ministerial Teenage Pregnancy Reduction Committee led by the Office of the Premier, together with MECs and that an inter-ministerial draft strategy relating to teenage pregnancy reduction has been developed. The department further noted that these processes involve maternal and child health coordinators, supporting partners, the Department of Human Settlements, civil society organisations, faith-based organisations, and other government departments.

Notwithstanding the above, the CGE observes that the department's own response effectively acknowledges the existence of fragmented data systems, inconsistent reporting mechanisms, weak safeguarding coordination, and inadequate integration of institutional reporting and monitoring processes relating to teenage pregnancy within the province.

While the proposed governance reforms and coordination mechanisms are welcomed, the CGE nevertheless remains concerned regarding implementation effectiveness, measurable impact, accountability mechanisms, and the extent to which these interventions will translate into accurate data collection, integrated safeguarding responses, effective mandatory reporting implementation, and improved child protection outcomes within the province.

6.12.4 Adolescent-friendly healthcare programmes and psychosocial support interventions

The Department of Health indicated that measures are being implemented to improve healthcare delivery platforms to ensure that services are fully compliant and responsive to challenges affecting adolescents and young people. The department further indicated that psychosocial services and intersectoral collaboration mechanisms are being strengthened as part of broader adolescent and youth-focused healthcare interventions.

The department further indicated that Adolescent and Youth Programmes and youth zones have been established within healthcare facilities, including dedicated service periods for adolescents and youth through "Happy Hour" sessions operating between 14h00 and 16h00. The department indicated that approximately 133 youth zones have been established across facilities within the province.

The CGE acknowledges the implementation of adolescent and youth-focused healthcare interventions aimed at improving accessibility, youth responsiveness, psychosocial support, and healthcare engagement for adolescents and young people within the province. The CGE further acknowledges that dedicated youth-friendly service platforms may assist in reducing barriers associated with stigma, fear, confidentiality concerns, and accessibility challenges affecting adolescents accessing healthcare services.

Notwithstanding the above, the CGE nevertheless observes that the department itself acknowledged throughout the investigation that the province continues to experience high levels of adolescent and youth pregnancies despite the availability of interventions and healthcare programmes. The CGE, therefore, remains concerned regarding the measurable impact, effectiveness, accessibility, monitoring, and preventative outcomes of existing adolescent and youth-focused interventions.

The CGE further observes that improving adolescent-friendly healthcare services requires more than the establishment of designated programmes or dedicated service periods and must further include:

- trauma-informed and child-sensitive healthcare environments.
- strengthened psychosocial responsiveness.
- healthcare worker sensitisation.
- stigma reduction.
- confidentiality protections.
- inclusive and accessible communication strategies.

to ensure integrated safeguarding responses responsive to the differentiated vulnerabilities and lived realities of adolescents, pregnant learners, young mothers, and vulnerable children.

6.12.5 Budget allocations and sustainability of teenage pregnancy interventions

The Department of Health indicated that teenage pregnancy programmes have been budgeted for during the 2026/27 financial year and that the department intends pooling resources across sectors to support the implementation of interventions. The department further indicated that teenage pregnancy programmes are currently funded through integrated health programmes, equitable share allocations, and HIV conditional grants.

While the CGE acknowledges the department's indication that teenage pregnancy interventions are funded through broader health programme allocations, concerns nevertheless remain regarding the absence of

clearly identifiable and ring-fenced budget allocations specifically dedicated to teenage pregnancy reduction interventions, safeguarding systems, psychosocial support services, adolescent-focused prevention initiatives, and integrated child protection responses within the province.

The CGE further observes that reliance on broader integrated funding streams may create challenges relating to:

- programme prioritisation.
- sustainability.
- accountability.
- outcome-based monitoring.
- impact measurement.

and long-term implementation planning relating specifically to teenage pregnancy and safeguarding interventions.

6.12.6 Advocacy, awareness raising, and primary prevention strategies

The Department of Health indicated that measures are being implemented to intensify advocacy and awareness-raising initiatives aimed at addressing teenage pregnancy within the province through strengthened intersectoral collaboration, expansion of advocacy interventions beyond traditional health sector approaches, and strengthening implementation of the Integrated School Health Programme and primary prevention strategies.

Notwithstanding the above, the CGE nevertheless remains concerned that despite the existence of various awareness campaigns, advocacy initiatives, youth-focused interventions, and intersectoral programmes implemented by the department and stakeholders, the province continues to experience persistently high levels of teenage pregnancy and safeguarding concerns affecting adolescents and young people.

The CGE therefore observes that concerns remain regarding:

- the measurable preventative impact of existing awareness and advocacy interventions.
- effectiveness of behavioural change strategies.
- accessibility of interventions within vulnerable and rural communities.
- sustainability of programmes.

and the extent to which current prevention initiatives adequately address the underlying socio-economic, safeguarding, psychosocial, and gender-related drivers associated with teenage pregnancy within the province.

6.12.7 Provincial teenage pregnancy strategy and interdepartmental coordination

The Department of Health indicated that it intends to benchmark with the Gauteng Department of Health in order to develop a draft teenage pregnancy reduction strategy for approval by Executive Management and the Inter-Ministerial Committee. The department further indicated that measures are being implemented to strengthen collaboration with other departments in addressing the social determinants of health and strengthening primary prevention strategies relating to teenage pregnancy within the province.

Notwithstanding the above, the department further indicated that progress relating to the finalisation and implementation of the Provincial Teenage Pregnancy Strategy remains dependent on meeting dates from the Department of Education as the lead department.

While the CGE acknowledges the importance of integrated governance approaches and collaborative planning processes, concerns nevertheless remain regarding the prolonged finalisation of the provincial strategy despite the persistent prevalence of teenage pregnancy and safeguarding concerns identified throughout the investigation.

The CGE therefore observes that the absence of a finalised and operational provincial strategy with clearly defined implementation frameworks, accountability mechanisms, measurable targets, monitoring systems, and coordinated safeguarding interventions may continue to undermine integrated provincial responses aimed at addressing teenage pregnancy and child vulnerability within the Northern Cape.

6.12.8 Community awareness, parental engagement, and social responsibility interventions

The Department of Health indicated that measures are being implemented through integration with civil society organisations, faith-based organisations, government departments, and other stakeholders to address issues relating to moral values, social responsibility, accountability, and community awareness relating to teenage pregnancy.

The CGE acknowledges the department's recognition that teenage pregnancy requires broader community-based and societal interventions extending beyond healthcare environments and involving families, parents, caregivers, community structures, faith-based organisations, and broader social support systems.

The CGE further observes that strengthened parental engagement and community awareness initiatives may support broader safeguarding, prevention, and child protection objectives.

Notwithstanding the above, the CGE nevertheless observes that the department's response remains broad and limited in demonstrating clearly defined implementation mechanisms, measurable outcomes, monitoring indicators, or evidence-based impact assessments relating to community awareness and parental engagement interventions.

The CGE, therefore, remains concerned regarding the measurable effectiveness and sustainability of broader societal and community-based prevention strategies aimed at addressing the underlying socio-economic, safeguarding, psychosocial, behavioural, and gender-related drivers associated with teenage pregnancy within the province.

6.12.9 Compliance with Section 110 of the Children's Act

The Department of Health indicated that measures are being implemented to strengthen capacitation of healthcare workers regarding the broader mandatory reporting and Form 22 implementation concerns already identified above. The department further indicated that it intends to continue the transformation of healthcare service platforms to ensure that they are fully compliant and responsive to safeguarding challenges affecting adolescents and vulnerable children.

The department further indicated that emphasis is being placed on value clarification and attitude transformation workshops for healthcare workers and that the National Prosecuting Authority is supporting training initiatives involving clinicians and healthcare workers. The department additionally indicated that the Director-General of Health issued a Circular on Child Abuse and Sexual Offences aimed at enforcing

implementation of safeguarding and reporting obligations by healthcare professionals and that an inter-ministerial draft strategy has been developed.

The CGE further observes that the department's repeated emphasis on capacitation, value clarification, professional ethics, attitude transformation, and safeguarding compliance potentially reflects institutional acknowledgement of:

- ongoing implementation gaps
- institutional sensitisation challenges
- inconsistent understanding of safeguarding obligations

Notwithstanding the above, the CGE nevertheless remains concerned that many of the interventions and compliance mechanisms remain newly introduced, under development, or dependent on future implementation processes, despite the longstanding statutory obligations imposed upon healthcare professionals regarding reporting.

6.12.10 Reporting to the Department of Social Development and institutional safeguarding systems

The Department of Health was requested to provide detailed information on the number of cases reported to the Department of Social Development during the previous five financial years and the outcomes thereof. In response, the department indicated that it intends to develop governance systems to ensure data synchronisation, optimise the institutionalisation of Form 22, enforce implementation of the Circular on Child Abuse and Sexual Offences issued by the Director-General of Health on 26 February 2026, and develop a Memorandum of Understanding with clear Terms of Reference for affected departments. The department further indicated that the province has established an Inter-Ministerial Teenage Pregnancy Reduction Committee led by the Office of the Premier and MECs, and that an inter-ministerial draft strategy has been developed.

The CGE notes that while these measures are important, the response does not provide the requested five-year breakdown of cases reported to the Department of Social Development or the outcomes thereof. This omission is significant, as it limits the CGE's ability to assess the extent to which healthcare facilities have historically complied with mandatory reporting obligations.

6.12.11 Reporting to SAPS and safeguarding compliance mechanisms

In relation to the number of statutory rape, child abuse, and/or neglect cases reported to SAPS, the department identified measures aimed at strengthening healthcare worker capacitation, transforming healthcare service platforms, strengthening governance, developing standard operating procedures, intensifying monitoring and evaluation, and synchronising data. The department further indicated that the National Prosecuting Authority is supporting the training of clinicians, that training was conducted during March 2026 in PKS and JTG, and that the Director-General's Circular on Child Abuse and Sexual Offences has been issued.

While these measures are acknowledged, the CGE notes that the response again does not provide the requested numerical breakdown of cases reported to SAPS or their outcomes. The CGE considers this omission significant as it raises concerns regarding the department's current ability to track, verify, monitor, and account for referrals made to law enforcement and child protection authorities.

6.12.12 Gender mainstreaming and institutional gender governance

The Department of Health indicated that a gender management unit has been established within the department, but that the relevant post remains vacant. The CGE acknowledges the establishment of the unit as a positive institutional development aimed at strengthening gender mainstreaming within the department.

Notwithstanding the above, the CGE nevertheless remains concerned that the vacancy may undermine the effective coordination, implementation, monitoring, and institutionalisation of gender mainstreaming functions within healthcare programmes and broader safeguarding interventions.

The CGE further observes that teenage pregnancy, adolescent sexual and reproductive health, safeguarding, psychosocial support, GBVF, disability inclusion, and healthcare access are inherently gendered issues requiring strengthened institutional gender governance, coordination, monitoring, and accountability mechanisms within the department.

6.12.13 The envisaged Provincial Health Act

The Department of Health indicated that the envisaged Provincial Health Act seeks to fully regulate the public health space and enforce compliance.

The CGE notes this response, particularly insofar as strengthened regulatory authority may potentially improve compliance, accountability, safeguarding implementation, and reporting obligations across healthcare environments.

The CGE further observes that strengthened regulatory and governance frameworks may assist in improving institutional responsiveness relating to adolescent health, safeguarding obligations, mandatory reporting duties, psychosocial support systems, and broader public health interventions affecting vulnerable adolescents and children within the province.

6.12.14 Data-informed planning and budgeting

In relation to the manner in which data informs planning and budgeting, the department indicated that Annual Performance Plans are funded.

While this response is noted, the CGE observes that the response does not adequately explain how teenage pregnancy data, safeguarding information, Form 22 referrals, statutory rape referrals, adolescent service utilisation statistics, or interdepartmental safeguarding information are systematically analysed and translated into planning, prioritisation, budgeting, and resource allocation decisions within the department.

The CGE therefore, remains concerned regarding the extent to which evidence-based planning, safeguarding data, outcome-based monitoring, and interdepartmental information systems are sufficiently integrated into healthcare planning and budgeting processes relating to teenage pregnancy and adolescent vulnerability within the province.

6.12.15 Interdepartmental gender strategy and measurable targets

The Department of Health was requested to indicate whether a formal interdepartmental gender strategy with measurable targets exists. No substantive response or copy of such a strategy was provided.

The CGE considers this omission significant in light of the cross-cutting and gendered nature of teenage pregnancy, adolescent sexual and reproductive health, safeguarding, GBVF, disability inclusion, and psychosocial support within healthcare environments and broader provincial governance systems.

The CGE therefore observes that the absence of clearly articulated interdepartmental gender strategies with measurable targets may undermine coordinated gender-responsive planning, accountability, monitoring, and safeguarding interventions relating to teenage pregnancy and adolescent vulnerability within the province.

6.12.16 Staff attitudes towards teenage mothers and institutional culture

The Department of Health indicated that measures are being implemented to address staff attitudes towards teenage mothers through reorientation of healthcare workers, value clarification and attitude transformation workshops, reinforcement of professional ethics, strengthening patient feedback mechanisms, and implementation of consequence management measures aimed at strengthening accountability and responsibility.

The CGE considers this response particularly significant because it reflects institutional acknowledgement that safeguarding and adolescent healthcare challenges are not solely infrastructure or resource-related, but also involve:

- institutional culture.
- staff attitudes.
- Stigma.
- communication barriers.
- psychosocial responsiveness.

and a broader treatment of vulnerable adolescents and young mothers within healthcare environments.

The CGE therefore observes that healthcare worker attitudes, stigma, judgmental conduct, and poor psychosocial responsiveness may undermine:

- access to healthcare services.
- disclosure of abuse.
- safeguarding interventions.
- patient trust.
- psychosocial well-being.
- and adolescent-friendly healthcare environments.

6.12.17 Economic cost of teenage pregnancy

In relation to the economic cost of teenage pregnancy within the province, the department indicated that it is still awaiting a report arising from Lekgotla discussions.

The CGE notes that the absence of such information limits evidence-based planning and weakens the ability of the department and broader stakeholders to quantify the broader social, economic, educational, healthcare, psychosocial, and intergenerational impact associated with teenage pregnancy within the province.

The CGE therefore considers it important that the province strengthen evidence-based research, socio-economic impact analysis, and integrated monitoring systems capable of informing policy development, safeguarding interventions, budgeting, and long-term planning responses relating to teenage pregnancy.

6.12.18 Long-term educational dropout monitoring

In relation to whether the department measures long-term educational dropout rates linked to teenage pregnancy, the department indicated that a Memorandum of Understanding with clear Terms of Reference must be developed between the Department of Basic Education and the Department of Health.

The CGE considers this response significant as it confirms the absence of a mature, integrated, and operational interdepartmental system for tracking the long-term educational consequences associated with teenage pregnancy within the province.

The CGE further observes that learner retention, reintegration, psychosocial support, safeguarding interventions, healthcare outcomes, and broader child protection responses cannot be effectively assessed without integrated longitudinal data systems and coordinated interdepartmental monitoring mechanisms.

The CGE therefore considers it important that integrated monitoring frameworks be strengthened to ensure coordinated tracking of educational, psychosocial, healthcare, safeguarding, and long-term developmental outcomes affecting pregnant learners and young mothers within the province.

6.13 Final findings

Having considered the information submitted by the Northern Cape Department of Health prior to the hearings, the oral evidence presented under oath during the hearings, the statistical information placed before the CGE, the post-hearing submissions, and the broader safeguarding and governance context relating to teenage pregnancy within the province, the CGE makes the following final findings:

1. The Northern Cape continues to experience persistently high levels of teenage pregnancy despite the existence of various healthcare interventions, adolescent and youth-friendly programmes, awareness campaigns, psychosocial support initiatives, intersectoral collaborations, and reproductive healthcare services implemented by the Department of Health and supporting stakeholders.
2. The decline in teenage pregnancy rates reflected by the department remains insignificant when considered against the overall prevalence of adolescent pregnancies within the province and the continued safeguarding concerns associated with teenage pregnancy involving children.
3. Pregnancies involving children, particularly those below the age thresholds contemplated in law, potentially raise safeguarding concerns relating to statutory rape, sexual offences, exploitation, coercion, abuse, psychosocial vulnerability, and broader child protection risks requiring mandatory reporting, referral, investigation, and integrated safeguarding responses.
4. There remains a significant disconnect between the high prevalence of teenage pregnancy within the province and the comparatively lower number of statutory rape and child protection matters formally reported through safeguarding and criminal justice systems, which potentially indicates systemic under-reporting and weaknesses in frontline safeguarding implementation.

5. The Department of Health has not historically maintained adequate records of Form 22 reports and safeguarding referrals, including referrals made to the Department of Social Development and SAPS, thereby undermining effective safeguarding oversight, accountability, referral tracking, monitoring, and interdepartmental coordination.

6. Fragmented data systems, inconsistent reporting mechanisms, weak data synchronisation processes, and inadequate integration of safeguarding information across departments continue to undermine coordinated institutional responses relating to teenage pregnancy and child protection within the province.

7. The Department of Health's own responses and undertakings acknowledge the existence of implementation gaps relating to safeguarding systems, mandatory reporting obligations, monitoring mechanisms, governance coordination, institutional accountability, and broader safeguarding implementation within healthcare environments.

8. Many safeguarding, governance, reporting, coordination, and strategic reforms identified by the department remain newly introduced, under development, dependent on future implementation processes, or still at the draft stage despite the longstanding nature of the safeguarding concerns identified throughout the investigation.

9. While the department has introduced adolescent and youth-friendly programmes, including youth zones and psychosocial support interventions, concerns remain regarding the measurable preventative impact, effectiveness, accessibility, monitoring, sustainability, and long-term outcomes of these interventions.

10. Healthcare worker attitudes, stigma, judgmental conduct, communication barriers, poor psychosocial responsiveness, and institutional culture remain barriers affecting adolescents and young mothers accessing healthcare services within facilities.

11. The department's indication that some healthcare staff regard pregnant minor children as "women" reflects concerning conceptual and sensitisation gaps relating to child protection, safeguarding obligations, vulnerability recognition, and gender-responsive approaches within healthcare environments.

12. The department has not demonstrated the existence of a fully integrated and operational safeguarding architecture capable of ensuring coordinated mandatory reporting, referral tracking, interdepartmental accountability, data integration, monitoring, and long-term safeguarding oversight relating to teenage pregnancy within the province.

13. The prolonged finalisation of the Provincial Teenage Pregnancy Strategy, together with continued dependency on interdepartmental coordination processes, undermines the urgency and effectiveness of integrated provincial responses required to address teenage pregnancy and safeguarding concerns within the Northern Cape.

14. While teenage pregnancy interventions are funded through broader integrated health programmes, equitable share allocations, and HIV conditional grants, the absence of clearly identifiable and ring-fenced budget allocations specifically dedicated to teenage pregnancy interventions creates challenges relating to prioritisation, accountability, sustainability, impact measurement, and long-term planning.

15. The absence of clearly articulated interdepartmental gender strategies with measurable targets, together with vacancies within gender management structures, undermines coordinated gender-responsive planning, monitoring, accountability, safeguarding interventions, and effective institutional gender mainstreaming within the department.

16. The department has not sufficiently demonstrated the existence of integrated evidence-based systems capable of systematically translating teenage pregnancy data, safeguarding information, referral trends, and adolescent health information into planning, budgeting, prioritisation, monitoring, and policy development processes.

17. The absence of comprehensive data relating to the economic cost of teenage pregnancy, together with the absence of mature interdepartmental systems for tracking long-term educational and developmental outcomes associated with teenage pregnancy, limits evidence-based planning and weakens broader institutional understanding of the long-term impact of teenage pregnancy within the province.

6.14 Final recommendations

Accordingly, the CGE makes the following final recommendations to the Northern Cape Department of Health:

1. The Department of Health must urgently strengthen and institutionalise safeguarding systems relating to teenage pregnancy, statutory rape, child abuse, exploitation, and broader child protection concerns within healthcare environments and interdepartmental safeguarding structures.

2. The Department of Health must ensure full institutionalisation, implementation, monitoring, and enforcement of mandatory reporting obligations in terms of Section 110 of the Children's Act and the applicable provisions of SORMA across all healthcare facilities within the province, including continuous compulsory training for healthcare workers on safeguarding obligations, Form 22 implementation, psychosocial responsiveness, trauma-informed care, adolescent-friendly healthcare approaches, disability inclusion, and gender-responsive service delivery.

3. The Department of Health must establish and maintain comprehensive safeguarding referral records and integrated reporting systems relating to Form 22 referrals, statutory rape referrals, child abuse and neglect referrals, referrals made to SAPS and the Department of Social Development, and broader safeguarding interventions involving vulnerable children and adolescents.

4. The Department of Health, together with the Department of Social Development, SAPS, the Department of Education, the National Prosecuting Authority, and other relevant stakeholders, must strengthen integrated safeguarding frameworks, referral pathways, accountability mechanisms, interdepartmental coordination systems, and data synchronisation processes aimed at addressing teenage pregnancy and child protection concerns within the province.

5. The Department of Health must ensure that all private healthcare facilities comply with applicable reporting obligations relating to teenage pregnancy, safeguarding referrals, and termination of pregnancy reporting requirements, and must implement appropriate compliance monitoring and consequence management mechanisms where necessary.

6. The Department of Health must expedite the finalisation and implementation of the Provincial Teenage Pregnancy Strategy together with clearly defined implementation frameworks, measurable targets, accountability mechanisms, safeguarding indicators, monitoring systems, and interdepartmental

operational responsibilities.

7. The Department of Health must strengthen adolescent and youth-friendly healthcare programmes to ensure that interventions are accessible, inclusive, trauma-informed, psychosocially responsive, child-sensitive, disability-inclusive, and responsive to the differentiated vulnerabilities and lived realities of adolescents, pregnant learners, young mothers, and vulnerable children.

8. The Department of Health must strengthen measures aimed at addressing healthcare worker attitudes, stigma, discriminatory conduct, communication barriers, and institutional culture within healthcare environments through value clarification programmes, attitude transformation initiatives, professional ethics training, psychosocial sensitisation, strengthened patient feedback mechanisms, and appropriate accountability measures.

9. The Department of Health must strengthen monitoring and evaluation systems capable of measuring the effectiveness, accessibility, sustainability, behavioural impact, and preventative outcomes of existing awareness campaigns, youth programmes, psychosocial interventions, and adolescent-focused healthcare initiatives.

10. The Department of Health must strengthen community-based and preventative interventions through integrated collaboration with parents, caregivers, schools, civil society organisations, faith-based organisations, traditional leaders, youth structures, and broader community stakeholders.

11. The Department of Health must strengthen integrated evidence-based planning systems capable of translating teenage pregnancy data, safeguarding information, referral trends, and adolescent health statistics into budgeting, prioritisation, programme design, monitoring, and policy development processes.

12. The Department of Health must strengthen and formalise gender mainstreaming functions within the department through filling vacant gender management posts, strengthening institutional gender governance mechanisms, developing measurable gender-responsive targets, and integrating gender-responsive monitoring and accountability systems across healthcare programmes and safeguarding interventions.

13. The Department of Health must develop and implement clearly identifiable and measurable budget allocation mechanisms specifically linked to teenage pregnancy reduction interventions, adolescent-friendly healthcare services, psychosocial support programmes, safeguarding systems, and broader child protection interventions.

14. The Department of Health, together with relevant departments and stakeholders, must strengthen research, socio-economic analysis, and integrated monitoring systems relating to the long-term economic, educational, psychosocial, healthcare, safeguarding, and developmental impact of teenage pregnancy within the province.

15. The Department of Health, together with the Department of Basic Education and other relevant stakeholders, must develop integrated interdepartmental monitoring systems capable of tracking learner retention, school dropout trends, safeguarding interventions, psychosocial outcomes, healthcare access, reintegration support, and long-term developmental outcomes affecting pregnant learners and young mothers within the province.

16. The Department of Health must ensure that safeguarding and adolescent healthcare responses are aligned with constitutional obligations, the NSP-GBVF, child protection principles, disability inclusion frameworks, and broader gender-responsive and rights-based governance approaches within the province.

6.15 Conclusion

The CGE recognises the important role performed by the Northern Cape Department of Health within the broader provincial response to teenage pregnancy, adolescent sexual and reproductive health, safeguarding, psychosocial support, and child protection. The investigation revealed that the department has implemented various interventions aimed at addressing teenage pregnancy within the province, including adolescent and youth-friendly programmes, youth zones, psychosocial support initiatives, awareness campaigns, intersectoral collaborations, and broader primary prevention strategies. The department has further demonstrated acknowledgement of the need to strengthen safeguarding systems, mandatory reporting compliance, governance coordination, healthcare worker capacitation, and adolescent-responsive healthcare services within the province.

Notwithstanding these interventions and undertakings, the investigation further revealed that the province continues to experience persistently high levels of teenage pregnancy together with significant safeguarding concerns relating to statutory rape, child abuse, under-reporting, fragmented referral systems, inconsistent safeguarding implementation, weak data integration, and institutional governance challenges. The CGE remains particularly concerned regarding the disconnect between the prevalence of teenage pregnancy involving children and the comparatively lower levels of formal safeguarding and criminal justice reporting mechanisms reflected throughout the investigation.

The CGE further observes that many of the department's proposed reforms and corrective measures remain at planning, developmental, or partial implementation stages despite the longstanding nature of the safeguarding concerns identified. Concerns therefore remain regarding implementation effectiveness, measurable impact, institutional accountability, outcome-based monitoring, and the extent to which existing interventions are translating into tangible reductions in teenage pregnancy, safeguarding failures, psychosocial vulnerability, and broader child protection risks affecting adolescents and young mothers within the province.

The investigation further highlighted the importance of ensuring that healthcare environments are not only clinically responsive, but also trauma-informed, child-sensitive, psychosocially responsive, gender-responsive, disability-inclusive, and aligned with broader constitutional and safeguarding obligations. In this regard, healthcare worker attitudes, institutional culture, stigma, communication barriers, and psychosocial responsiveness remain important considerations affecting adolescents and young mothers accessing healthcare services within facilities.

The CGE further emphasises that teenage pregnancy cannot be addressed solely through healthcare interventions in isolation, but instead requires integrated, coordinated, and sustainable interdepartmental safeguarding responses involving the Department of Health, Department of Education, Department of Social Development, SAPS, the National Prosecuting Authority, communities, families, civil society organisations, faith-based organisations, and broader provincial governance structures.

Accordingly, the CGE considers it imperative that the Department of Health urgently strengthens safeguarding systems, mandatory reporting implementation, data synchronisation, interdepartmental coordination, monitoring and evaluation systems, gender mainstreaming mechanisms, psychosocial support services, and adolescent-responsive healthcare interventions in order to ensure that the rights, dignity, safety, health, development, and best interests of vulnerable children, adolescents, pregnant learners, and young mothers within the Northern Cape are adequately protected and promoted.

7. OVERALL RECOMMENDATIONS

All relevant provincial departments and stakeholders must strengthen and institutionalise an integrated, coordinated, and outcome-based safeguarding framework aimed at addressing teenage pregnancy, statutory rape, child abuse, learner vulnerability, psychosocial harms, and broader child protection concerns within the Northern Cape. Such a framework must prioritise prevention, early intervention, mandatory reporting compliance, trauma-informed responses, victim support, accountability mechanisms, and interdepartmental coordination across the education, health, social development, criminal justice, and community sectors.

All entities must strengthen mandatory reporting implementation, safeguarding oversight, and accountability mechanisms in terms of the Children's Act 38 of 2005, the Criminal Law (Sexual Offences and Related Matters) Amendment Act, and all applicable safeguarding and child protection frameworks. This must include continuous capacitation of frontline personnel, standardised reporting procedures, integrated referral pathways, safeguarding audits, monitoring systems, and consequence management measures aimed at ensuring effective institutional compliance and child-centred safeguarding responses.

All entities must strengthen integrated provincial data governance, monitoring and evaluation systems, and interdepartmental information-sharing mechanisms relating to teenage pregnancy, statutory rape, child abuse, neglect, school dropout, safeguarding referrals, psychosocial interventions, healthcare access, and learner vulnerability in order to improve evidence-based planning, coordinated interventions, accountability, and outcome-based institutional responses within the province.

All entities must adopt and institutionalise integrated gender-responsive, child-centred, trauma-informed, disability-inclusive, and psychosocially responsive approaches within their policies, programmes, safeguarding systems, institutional cultures, and service delivery frameworks. Such approaches must prioritise the constitutional rights, dignity, equality, psychosocial well-being, safety, educational retention, healthcare access, and developmental interests of vulnerable children, pregnant learners, young mothers, and affected families within the province.

All entities are encouraged to strengthen collaboration with the Commission for Gender Equality's Public Education and Information (PEI) Department through the utilisation of its public education, awareness, training, stakeholder engagement, and gender mainstreaming programmes and tools in order to strengthen institutional self-assessment, safeguarding responsiveness, gender mainstreaming, accountability, and compliance with constitutional and gender equality obligations. The Northern Cape Provincial Legislature, policymakers, and relevant national authorities should further consider broader legislative and policy reform measures aimed at institutionalising and mandating the utilisation of gender mainstreaming assessment tools and gender-responsive evaluative mechanisms across public institutions to strengthen accountability, safeguarding oversight, gender equality implementation, and integrated rights-based governance within the province and nationally.

8. OVERALL CONCLUSION

This investigation has revealed that teenage pregnancy within the Northern Cape is not merely a public health concern or an educational challenge, but a profound constitutional, safeguarding, child protection, gender equality, and human rights issue that reflects deeper systemic vulnerabilities affecting children, families, schools, healthcare institutions, and communities across the province.

The evidence presented before the CGE demonstrates that teenage pregnancy is intrinsically linked to broader patterns of poverty, gender inequality, statutory rape, sexual exploitation, psychosocial vulnerability, unequal power relations, child neglect, substance abuse, school dropout, and failures in safeguarding and mandatory reporting systems. The investigation further highlights that while various departments have implemented important interventions aimed at prevention, psychosocial support, learner retention, adolescent healthcare, and community awareness, significant institutional weaknesses continue to undermine the effectiveness, coordination, accountability, and measurable impact of these interventions.

In conducting this investigation, the CGE adopted a gender-responsive, child-centred, rights-based, and safeguarding-oriented evaluative framework informed by constitutional obligations, the Children's Act, the Criminal Law (Sexual Offences and Related Matters) Amendment Act, and broader governance and accountability principles. Accordingly, each entity assessed throughout this investigation was evaluated not only against its statutory and policy obligations, but also against broader gender-responsive safeguarding, accountability, inclusiveness, psychosocial, and intersectoral governance considerations. The investigation therefore sought to assess not only whether institutional frameworks formally existed, but whether such systems meaningfully protected vulnerable children, promoted equality and dignity, strengthened safeguarding responses, and effectively addressed the lived realities and differentiated vulnerabilities experienced by children, pregnant learners, adolescent girls, and young mothers within the province.

The Constitution of the Republic of South Africa places clear obligations upon the State to protect, promote, and fulfil the rights of children and vulnerable persons. Section 27 of the Constitution guarantees everyone the right to have access to healthcare services, including reproductive healthcare, sufficient food and water, and social security, while obligating the State to take reasonable legislative and other measures, within its available resources, to progressively realise these rights. Equally important, section 28 of the Constitution recognises that every child has the right to family care or appropriate alternative care, basic nutrition, shelter, healthcare services, social services, and protection from maltreatment, neglect, abuse, degradation, and exploitation. Most critically, section 28(2) establishes that a child's best interests are of paramount importance in every matter concerning the child.

The findings arising from this investigation raise serious concerns regarding the extent to which these constitutional obligations are being realised in practice for vulnerable children, pregnant learners, adolescent girls, and young mothers within the Northern Cape. The continued prevalence of teenage pregnancy involving children, together with the persistent disconnect between teenage pregnancy statistics and the comparatively lower levels of statutory rape reporting, strongly suggests that many children remain insufficiently protected from abuse, exploitation, coercion, and harmful sexual conduct. The evidence further indicates that mandatory reporting obligations in terms of the Children's Act 38 of 2005 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act are not yet being implemented consistently, effectively, or in a sufficiently institutionalised manner across schools, healthcare facilities, communities, and safeguarding structures within the province.

The Children's Act places a legal and ethical duty upon educators, healthcare workers, social workers, police officials, and other frontline professionals to report children who are victims of abuse, neglect, exploitation, or sexual offences. These obligations are not discretionary. They form part of the broader constitutional imperative to safeguard children and ensure that every institutional response is guided by the best interests of the child. The apparent inconsistencies identified throughout this investigation relating to Form 22 implementation, safeguarding referrals, reporting systems, interdepartmental coordination, and criminal justice responses therefore raise significant concerns regarding institutional accountability and the practical protection afforded to vulnerable children.

The investigation further demonstrates that teenage pregnancy cannot be addressed solely through isolated healthcare interventions, school-based awareness programmes, or reactive safeguarding measures. Rather, it requires a fully integrated, coordinated, preventative, trauma-informed, gender-responsive, child-centred, and rights-based provincial response capable of addressing both the immediate and structural drivers of learner vulnerability. Effective interventions must therefore incorporate safeguarding systems, psychosocial support services, educational retention measures, adolescent-friendly healthcare services, poverty alleviation strategies, family strengthening initiatives, community-based prevention programmes, and strengthened accountability mechanisms across all departments and stakeholders.

Importantly, this investigation recognises that preserving childhood in the context of teenage pregnancy requires a dual and balanced approach. Firstly, it requires robust preventative interventions aimed at protecting children from premature exposure to adult responsibilities, sexual exploitation, abuse, coercion, and socio-economic vulnerability through education, safeguarding, community awareness, healthcare access, and integrated support systems. Secondly, it requires ensuring that those children and adolescents who do become pregnant are not stripped of their dignity, educational opportunities, psychosocial well-being, developmental rights, or their entitlement to continue experiencing childhood protections and support. Pregnant learners and young mothers remain children in terms of the Constitution and the Children's Act and must continue to enjoy the full protection of their constitutional rights, including the right to education, healthcare, equality, dignity, psychosocial support, and protection from discrimination, stigma, victimisation, and exclusion.

The CGE is further concerned that many institutional reforms identified during the investigation remain under development, partially implemented, dependent on future coordination processes, or insufficiently monitored despite the longstanding nature of the challenges identified. Fragmented data systems, inconsistent safeguarding reporting mechanisms, weak monitoring and evaluation structures, insufficient multidisciplinary psychosocial support capacity, excessive institutional reliance on already burdened frontline personnel, and gaps in interdepartmental coordination collectively undermine the effectiveness of provincial responses aimed at protecting vulnerable children and reducing teenage pregnancy.

The investigation nevertheless demonstrates that there exists an important opportunity for the province to strengthen an integrated safeguarding architecture grounded in constitutional rights, gender equality, child protection principles, psychosocial responsiveness, and evidence-based governance. Such an approach requires strengthened implementation of mandatory reporting obligations, improved safeguarding oversight, coordinated referral pathways, integrated data systems, strengthened victim support services, adolescent-responsive healthcare, community-based prevention interventions, and sustainable interdepartmental collaboration between the Departments of Education, Health, Social Development, SAPS, the National Prosecuting Authority, civil society organisations, traditional leadership structures, communities, and families.

Ultimately, the effectiveness of the provincial response to teenage pregnancy cannot be measured solely by the existence of policies, awareness campaigns, or institutional frameworks. It must instead be measured by whether vulnerable children are safer; whether statutory rape and exploitation are reduced; whether learners remain in school; whether young mothers are supported rather than stigmatised; whether safeguarding systems function effectively; whether children are protected from abuse and victimisation; and whether the constitutional promise that the best interests of the child are paramount is meaningfully realised in practice.

The CGE therefore emphasises that the protection of children within the Northern Cape requires urgent, sustained, coordinated, and accountable action from all sectors of government and society. Teenage pregnancy is not simply a statistic to be managed. It is a reflection of the lived realities, vulnerabilities, inequalities, and safeguarding failures experienced by children within the province. Addressing it requires a collective commitment to preserving childhood, advancing gender equality, strengthening child protection systems, safeguarding dignity, and ensuring that every child is afforded the opportunity to develop, learn, grow, and thrive in conditions of safety, equality, care, and constitutional protection.

All entities referred to in this report are required to submit to the CGE, by 30 August 2026, a comprehensive action plan detailing the specific measures, implementation strategies, responsible officials, monitoring mechanisms, and clear implementation deadlines applicable to each recommendation directed at the relevant entity.

The action plans must further include measurable timeframes, accountability mechanisms, interdepartmental coordination measures where applicable, and progress indicators demonstrating how the recommendations will be operationalised and monitored. The CGE further reserves the right to conduct ongoing oversight, monitoring, follow-up engagements, and compliance assessments in relation to the implementation of the recommendations and action plans submitted by the respective entities.

Notes

Notes

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