



DSI-NRF Centre of Excellence
in Human Development

Individual and Society



science & innovation

Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA



National
Research
Foundation

CoE-HUMAN • NEWSLETTER

March 2026



THE BILL OF RIGHTS AT
30 – MAKING HUMAN
DIGNITY REAL

#HumanRightsMonth2026 | #BillOfRights30yrs | #HumanDignity



#GovernmentZA



REPUBLIC OF SOUTH AFRICA

A NATION
THAT WORKS FOR ALL



Human Rights Day, which is observed on the 21st of March every year, is one of the most important holidays in South Africa. This day honours individuals who risked their lives to fight for freedom, equality, and human dignity. South Africans flocked to the streets of Sharpeville, Gauteng, and other parts of the country on this day in 1960, to protest against the pass laws that limited the mobility of people of colour. Police opened fire on the crowd despite the non-violent nature of the protest, killing 69 people and wounding another 180.

This day acknowledges the injustices of apartheid, promotes reflection on the progress made in advancing human rights, and underscores the continued need to address inequality, discrimination, and social justice issues in South Africa and beyond. It also recognises the rights protected in the Constitution of South Africa, which upholds fundamental human rights for all citizens.

There are still challenges in ensuring that every citizen can fully exercise their human rights, notwithstanding the significant progress that has been accomplished since 1994. Issues such as poverty, unemployment, gender-based violence, and corruption continue to threaten our democracy.

As we commemorate this day, it is crucial to safeguard every human being's rights from infringement, regardless of their race, gender, sexual orientation, religion, or nationality- as human rights are applicable to everyone equally. Below is research conducted by CoE-HUMAN researchers/grantees, which highlights some of the issues we still face in the democratic South Africa.





Towards a care continuum: A socio-material analysis of intra-acting public-private maternity care in South Africa.

Maternal health care is confronted with significant challenges in both the public and private sectors in South Africa.

Through observation and interviews conducted with obstetricians and pregnant women between March 2017 and July 2019, this multi-sited ethnography into private sector obstetrics in Cape Town, South Africa, produced comparative public sector data, contributing to critical health research.

Dr. Daniels (2026) conducted qualitative research to reveal a care continuum that was negotiated by obstetricians, patients, practices, and discursive meanings. Five obstetricians were specifically chosen to represent the variety of providers (Life, Mediclinic and Netcare, Melomed and Independent) that provide women with in-hospital obstetric care. These same obstetricians, who informed their patients about the study, selected twelve patients who met the inclusion criteria of first trimester, confirmed pregnancies. Word-of-mouth was used to recruit two patients and two obstetricians. All study participants were given pseudonyms, with the obstetrician's surname representing the hospital group name. A variety of qualitative methods were used to gather the data, including observational fieldnotes, transcribed interviews, participant observation during 55 obstetric consultations, and doula participation in three births.

Dr. Daniel's feminist ethnographic approach explores power through provider perspectives that are rarely questioned in situations where the mode of delivery is heavily influenced by healthcare provider beliefs (Smout, 2021). To make the social ordering of material cultures apparent as practices, spatialities, and temporalities of care, Dr. Daniels employed "materialities of care" as an analytical method (Buse et al., 2018). Lastly, she ensured the rigour and reliability of the data by conducting extensive fieldwork and by making herself apparent as an interlocuter in the findings (Maxwell, 2013). Dr. Daniels identified cross-cutting themes pertaining to obstetric practices (in continuities and discontinuities of care), spatialities (in the generalised public sector and individualised private sector) and temporalities (of waiting and power) in care using thematic analysis (Braun and Clarke, 2006).

Care is political - its accomplishment is filled with

meaning, cultural symbolism, and real-world affects that generate and maintain power asymmetries, according to analytical cuts made using "materialities of care" (Buse et al., 2018). What distinguished the public sector from the private sector was the socio-material foundation of the meanings, status, and capital associated with comfort, convenience, time, and qualifications. These intra-actions simultaneously demonstrated interdependencies, similarities, and mutual reliance, which suggests a continuum of care. Along a care continuum, care practices demonstrate resemblance, continuity, and reliance. Where private obstetricians rely on the public sector for clinical guidelines and standard-setting, the status of professionalisation, which is required in the private sector but only obtained in the public sector, reveals a social and moral debt. The use of the term "fish and chips obstetrics" to denote high-volume, low-cost care, revealed a social code in which volume as a surrogate for value, promotes existing race and class prejudice.

The seemingly distinct public and private maternity sectors are in fact intertwined, with the private sector depending on and gaining from the public sector and vice versa, as demonstrated by a care continuum. Using a variety of viewpoints, this study demonstrates that policymakers have to deal with socio-material factors that influence health care users, provider choices, and commercial interests.

<https://doi.org/10.1016/j.socscimed.2026.118998>



By Africa, for Africa: data and action for young children

Early childhood provides a crucial window of opportunity to shape a child's overall development trajectory and lay a foundation for their future. The foundation for a child's physical, cognitive, emotional, and social development is established during this period.

Lu et al. (2020) estimated that 249 million children under five (43%) are at risk of not learning in school or making as much money as they could as adults, using extreme poverty and stunting as a proxy for adversity. 55% of these children reside in sub-Saharan Africa. The value of these vulnerable children and their potential for the future is becoming more and more apparent, not just for themselves but also for their families and countries. Additionally, they are essential to society's overall sustainability and resilience.

The Nurturing Care Framework (NCF) was introduced in the 2016 Lancet Series "Advancing Early Childhood Development: From Science to Scale", as a framework for countries to comprehend pathways to enhance early childhood development (ECD). Policies such as child and family social protection, services such as free health care, and community resources, assist families to ensure the health, nutrition, early learning, loving care, and protection of their young children in a dynamic ecological system. The Countdown to 2030 for Maternal, Child, and Adolescent Health now includes the ECD Country Profiles, which were introduced in 2017 to illustrate important NCF components. They use publicly available, globally comparable data to monitor 40 variables in 198 countries. UNICEF partnered with a Technical Working Group to prepare country profiles, which are updated every two years and translated into Arabic, English, French, Russian, and Spanish.

On the 23rd of October 2025, in Durban, South Africa, ECD Regional and Country Profiles for Africa were launched during a side event at the 4th International Conference on Public Health in Africa (CPHIA), which attracted a lot of attention. UNICEF and the University of Witwatersrand's Centre of Excellence in Human Development, created the regional package. The African Early Childhood Network (AfECN), the African Union Commission, the Early Childhood Action Network (ECDAN), the WHO Africa Regional Office, Africa CDC, and UNICEF co-hosted the event.

Over 212 million children under the age of five, or one-third of all young children worldwide, reside in five different parts of the continent, with the highest numbers in West Africa (66 million) and East Africa (65 million). However, there is no "one Africa" in early childhood development (ECD). For instance, there are stark differences between Central Africa, which has been plagued by conflict for a long time, where 40% of children suffer from stunting and only 6% attend early childhood education, and North Africa, where 12% of children are stunted and roughly one in three attend early learning programmes. Common issues coexist with geographical differences - most children experience ongoing poverty, caregivers depend on precarious employment, and social protection is scarce.

Although statistics on early learning participation are available in 80% of countries, there are still significant gaps. Data on the percentage of children exhibiting "on track" development is available in just about half of African countries. Investment in regular, consistent, and country-owned data collection is critical for governments to prioritise, support,

and monitor services and young children's developmental progress. There has been some improvement in the living circumstances of children, despite all African regions having decreased in the percentage of children at risk of not developing to their full potential between 2005 and 2015. To track how countries and donors plan, budget, and provide for young children, the authors suggest that data be converted into policy and practice.

<https://doi.org/10.1016/j.lanafr.2025.100018>



“Human Rights Day is one of those moments that quietly stops me in my tracks. Living in South Africa, I feel the weight and the warmth of this day in a way that is difficult to put into words. There is something deeply moving about belonging to a country that chose to enshrine human dignity in its Constitution, to look its painful past in the eye and say: we will do better. And we have, in so many

ways. But honest reflection also means acknowledging how much further we still need to go. So many South Africans are still waiting for the promise of freedom to show up in their everyday lives, in their schools, their clinics, their neighbourhoods. For me, Human Rights Day is less about looking back and more about looking around, asking myself what role I play in keeping that promise

alive, and recommitting to the belief that every single person in this country deserves to live with dignity.”

– **Andiswa Mlindazwe, Masters, Wits University**

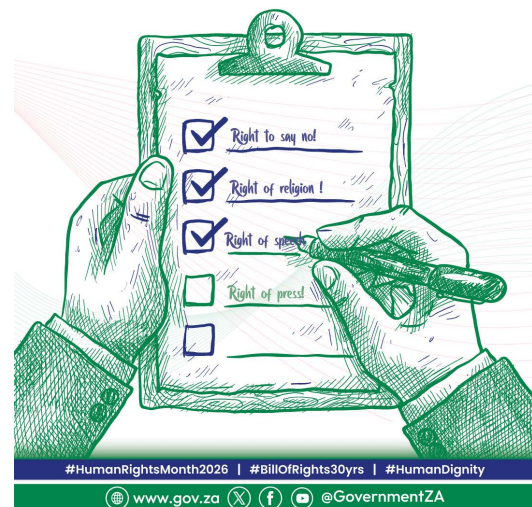
Examples of Human Rights in South Africa

1. Right to life
2. Right to education
3. Right to privacy
4. Right to Equality
5. Right to human dignity
6. Right to housing
7. Right to freedom and security
8. Right to freedom of expression



Quote of the month

“When the fundamental principles of human rights are not protected, the center of our institution no longer holds. It is they that promote development that is sustainable; peace that is secure; and lives of dignity.” – Former UN High Commissioner for Human Rights - **Zeid Ra’ad Al Hussein**





Publications

1. Gafari, O., Craig, A., Mabetha, K., Hornby, D., Hutton, C., Barker, M., & Norris, S. A. (2026). Food insecurity and the use of coping strategies on multimorbidity, anxiety and depression in South African adults: A nationally representative study. *PLOS One*, 21(1), e0340695. [https://doi.org/ 10.1371/journal.pone.0340695](https://doi.org/10.1371/journal.pone.0340695)
2. Richter, L. M., Okengo, L., Naicker, S., Dusabimana, A. D., & Petrowski, N. (2026). By Africa, for Africa: Data and action for young children. *The Lancet Regional Health - Africa*, 100018. <https://doi.org/10.1016/j.lanafr.2025.100018>
3. Daniels, N. M. (2026). Towards a care continuum: A socio-material analysis of intra-acting publicprivate maternity care in South Africa. *Social Science & Medicine*, 393, 118998. <https://doi.org/10.1016/j.socscimed.2026.118998>
4. Chikwati, R. P., Akokuwebe, M. E., Ojoniyi, O. O., Petlele, R., Norris, S. A., Pentz, A., Joffe, M., Doherty, S., Rebbeck, T. R., & Chen, W. C. (2026). Factors Associated With Risk Stratification and Overall Survival of Black South African Men With Non-Metastatic Prostate Cancer. *Cancer Medicine*, 15(3), e71628. <https://doi.org/10.1002/cam4.71628>
5. Bhoola, S. -2026- Voiceless Beneficiaries: A Child-Rights Perspective on the National School Nutrition Programme in Rural KwaZulu-Natal. *African Journal of Development Studies*, 16 (5), 251-273. <https://doi.org/10.31920/2634-3649/2026/v16n5a11>

