Let’s Play, Unicef donate 100,000 soccer balls
UNICEF Annual Report
South Africa
2007
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When sitting down to write this foreword I faced a favourite challenge. How to précis the varied and equally commendable achievements of this office and its dedicated teams remains my most exciting endeavour at the end of each year.

But in discussing the hard-won successes of our country programme over the past year, we should never lose sight of the daunting challenges to children’s development that still remain in South Africa – for complacency can never be a currency in which UNICEF can ever trade.

Our core business remains a devotion to energies that build capacity within programmes, institutions and partners that will help to stem the unacceptable rates of child mortality and help more children live.

HIV and AIDS, malnutrition, poverty, violence and a lack of quality education sadly continued to haunt, creating a significant number of preventable deaths in children under five and increasing the numbers of young orphans.

The news that one third of pregnant women are HIV positive meant that unless strategic interventions were put in place immediately, the orphan group would continue to grow at an alarming rate. Schools and communities too, continued to experience unacceptable levels of violence against women and children even as the Sexual Offences Bill was ratified.

Yet, I have cause for a cautious hope. Together with our partners in Government, civil society and the private sector, the South Africa country office achieved some key successes described throughout this report that will have a positive and lasting effect on children’s lives.

Our programme response has been to support interventions where both our financial and human resources can act as a powerful leverage for change in the lives of children. In this regard, UNICEF’s position in South Africa continues to be one of strategic engagement at the right time with the right partners and institutions and the right team.
In order to become more effective for children, this office recruited additional capacity in two important areas: first, the formation of a Parliamentary Advocacy office in Cape Town, the home of the South African legislature, helps position the country office to better support the Government in delivering positive legislative outcomes. We remain proud of our crucial role here.

Second, strengthening our Social Policy actions was a strong imperative to improve our capacity to evaluate both legislation and Government-led programmes aimed at improving the quality of life for children.

Relations at Ministerial, Director-General and Municipality levels also bore fruit. In the field of Health, we supported the Department of Health in its extended efforts to combat mother-to-child transmission of HIV.

The Department of Education’s strong leadership and commitment to foster children’s development helped us make more positive strides in implementing our Child-Friendly Schools, National Parenting and Principals Leadership Programmes. At the other end of the spectrum, we continue to demonstrate a robust commitment to investing in the very young.

And, we are also proud of our role in supporting community childcare forums that identify vulnerable children all over the country and connect them to life-supporting resources and services.

Engagement by private sector donors was also key in 2007. We are most grateful to our national committees whose generous funding helped our programmes have a much greater impact and allowed us to enter new and necessary areas of development such as strengthening school infrastructure.

The year was also brimming with opportunities as the country office joined the UNICEF private sector fundraising family and welcomed our own private sector partners and celebrity advocates to our new donor network.

A high point of the year was the receipt of our first major gift from the Motsepe Family Foundation via the engagement of the Mamelodi Sundowns and Barcelona FC teams and the support of a great friend and ally of UNICEF, Mr Patrice Motsepe. In addition, partnerships with Woolworths, Rockefeller Brothers Fund, Elma Philanthropies and the annual Soccerex Convention were successfully forged in 2007.

The generous support of our Goodwill Ambassadors, Yvonne Chaka-Chaka, and Gavin Rajah cannot be understated. This important circle of friends strengthened our Brand, broadened our advocacy, gave a fillip to our fundraising and inspired a select group of younger stars to join in our work with adolescents and sport for development.

The country office also had the great privilege to host a visit by Executive Director Ann Veneman, whose presence here was a testimony to the important role that UNICEF plays in South Africa and the region and in our organisation’s overall commitment to children.

Renewed energy for children
I began this foreword with a pleasant lament: that we have achieved so much with so little and never have enough time or space to talk about the impact of our actions for children.

A wise man once said: “Evil flourishes when good men do nothing.” I am proud to lead and share humbly in the presence and achievements of the good men and women of this office every single day. We shall take the lessons, setbacks and battles from 2007 and apply them to 2008 with increased fervour. Our commitment to children must improve and we will continue to balance our efforts with equal parts of inspiration and innovation. Our country programme philosophy will remain dedicated to improving the lives of children… whatever the cost.

Macharia Kamau
COUNTRY REPRESENTATIVE
Unfinished business for South Africa’s children and women

Two nations in one
For many children in South Africa, life is their biggest challenge. Living in poor rural communities, overcrowded townships and dilapidated inner cities, these children do not have the privilege of private medical care, a school library brimming with books, a computer at home or in some instances, parents to love and protect them. What they often face is a childhood lost to poverty, disease, poor social services and broken homes. There have been many positive changes since 1994 but apartheid’s legacy of racial discrimination and segregation has created a great divide between children who have and children who have not. Bridging this gap is South Africa’s unfinished business.

Bridging the gap
High hopes have rested on South Africa’s economy to put right the inequalities of the past. Gross Domestic Product (GDP) growth has been relatively steady for the past eight years – averaging 4.1 per cent – faster than the country’s population growth – yet South Africa faces important challenges, owing to power shortages, credit tightening and global economic volatility, to reach the Accelerated and Shared Growth Initiative’s target of six per cent by 2010. More than a million jobs have been created in the two years to September 2006. Although a quarter of the workforce is unemployed, with unemployment particularly biting among young people under the age of 35, women and African people, the rate of unemployment has been falling since 2003.

High hopes have rested on South Africa’s economy to put right the inequalities of the past

Poverty has been reduced and the percentage of the population living below the poverty line of ZAR 3,000 per capita per year has dropped from 50 per cent in 1993 to 43 per cent in 2006. Building a social security net has been one of the government’s most successful measures in alleviating income poverty.

More than 12 million people receive social grants and 67 per cent of the beneficiaries are children. In September 2007, over eight million children under the age of 14 received the ZAR 200 a month child support grant, a 70 per cent increase in beneficiaries since June 2005.

The extension of the grant to children up to their 15th birthday will come into effect from January 2009, firming the welfare net for hundreds of thousands of poor children.

But the country’s wealth has not trickled down sufficiently and the chasm between the rich and the poor continues to widen. South Africa’s Gini coefficient of 0.72 is high and has been steadily rising since 1994. Millions of ordinary South African children, women and men, the majority of whom are black, continue to live on the margins of mainstream life. Reaching the Millennium Development Goal of halving poverty by 2015 will be one of South Africa’s greatest challenges.

Respect for children’s rights
Since 1994, the democratic government has taken important steps to weave children’s rights into the South African legal fabric. The country has signed and ratified all major international child-related agreements. Child rights are enshrined in the Constitution, seen as one of the most progressive in the world. A new comprehensive Children’s Act has been developed to incorporate principles of the United Nations Convention on the Rights of the Child, the African Charter on Rights and Welfare of the Child and other global child rights conventions into local legislation. Parliament has also approved the long-awaited Sexual Offences Bill, which will help to better protect victims of rape, the majority of whom are children and women. However, despite the best efforts, putting these laws into practice and making children’s rights a lived reality has been slow.

Education is a priority
South Africa is on track in achieving the Millennium Development Goal of universal primary education – that is, making sure that all boys and girls complete a full course of primary schooling – and education is one of the highest priorities in national resource allocation.

Close to 98 per cent of school-aged children attend primary school. Around 80 per cent of five-year olds and 86 per cent of six-year olds are attending educational institutions, up from 40 per cent and 70 per cent in 2002 respectively. The number of schools without water, electricity and permanent buildings has been dropping since 1994. The national curriculum has been revised to include social justice, a healthy environment, human rights, inclusivity and is also outcomes-based...
with a focus on children learning. Around five million children who cannot afford school fees are benefit-
ing from the no-fee school policy, introduced by the
government in 2006. Despite this, quality education
is not taking place in many schools. Children living in
rural areas and in poverty-stricken communities where
inequality, violence, HIV and AIDS and poor services
are a feature of everyday life do not get the education
eye them deserve.

School safety a major concern
The safety of learners has become a matter of national
concern as violence in schools becomes a daily real-
ity for thousands of children. South African schools
face challenges in responding to incidences of abuse,
violence and sexual assault. In September 2006
public hearings on ‘School Based Violence’ were held
under the auspices of South Africa’s Human Rights
Commission. Testimonies revealed that the situation
was much more serious than initially thought, with
witnesses speaking about the prevalence of students
with weapons, learners inflicting violence on other
learners, as well as the rape of students. While learn-
ers, teachers and principals perpetuate the violence,
female pupils are the main victims of sexual assault.
Since then, schools have started putting in place
policies, procedures and programmes to curb the
violence.

A snapshot of South Africa

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>VALUE</th>
<th>YEAR</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>47.8 million</td>
<td>2007</td>
<td>Mid-year population estimates 2007, StatsSA</td>
</tr>
<tr>
<td>Children (0–17 years)</td>
<td>18.2 million</td>
<td>2007</td>
<td>Mid-year population estimates 2007, StatsSA</td>
</tr>
<tr>
<td>Gini coefficient</td>
<td>0.72</td>
<td>2006</td>
<td>Income and Expenditure Survey 2006, StatsSA 2008</td>
</tr>
<tr>
<td>Population living below the poverty line of ZAR3,000/ capita/year</td>
<td>43%</td>
<td>2006</td>
<td>Development Indicators: Mid-Term Review, The Presidency, Republic of South Africa, 2007</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>25.5%</td>
<td>2006</td>
<td>Development Indicators: Mid-Term Review, The Presidency, Republic of South Africa, 2007</td>
</tr>
<tr>
<td>Adult literacy</td>
<td>88%</td>
<td>2004</td>
<td>Education for All, 2005 Country Status Report, Dept. of Education</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>50 years</td>
<td>2007</td>
<td>Mid-year population estimates 2007, StatsSA</td>
</tr>
</tbody>
</table>
| South Africans aged 15–49 living with HIV and AIDS | 18.8% | 2007  | National HIV and Syphilis Antenatal Sero-preva-
{lence Survey 2006, Dept. of Health |
| Under-five mortality rate              | 58 per 1,000 live births | 2003 | Demographic and Health Survey, 2003                                   |
| Children living with HIV and AIDS      | 258,000                | 2006  | National HIV and Syphilis Antenatal Sero-
Prevalence Survey 2006, Dept. of Health                                |
| Net primary school enrolment ratio     | 95.5%                  | 2003  | Education for All, 2005 Country Status Report, Dept. of Education     |
| Gender Parity Index for primary educa-
tion                                     | 0.97                   | 2007  | 2007 School Realities, Dept. of Education                              |
**Child survival at stake**

Another worrying development is South Africa’s child mortality record. One in every 17 children die before they reach five years old and the under-five mortality rate has not changed in recent years.

This comes despite the introduction of free primary healthcare for women and children and the huge efforts made to tackle HIV and AIDS. HIV-related illnesses, neonatal causes and childhood infections such as pneumonia and diarrhoea are responsible for a third of all under-five deaths and malnutrition contributes significantly to child mortality. Injuries and violence cause another five per cent of deaths in children under the age of five.

Neonatal mortality is also a serious problem. Every year, 20,000 babies are stillborn and another 22,000 die before they are a month old. Deaths during the first month of life account for 30 per cent of all child deaths and are due to complications from preterm birth, infections and birth asphyxia. Most of the 4,500 asphyxia-related deaths could be prevented through improved care during childbirth.

On the plus side, immunisation rates for all major vaccine-preventable diseases are above 97 per cent coverage of children under the age of one, except for measles at 84 per cent.

Highly effective healthcare interventions to tackle the major causes of deaths in babies and children exist in South Africa. What is needed to save more lives is improvements in the quality and coverage of these ‘high-impact’ interventions. With greater investments and wider-reaching service delivery, South Africa could reach the Millennium Development Goal of reducing under-five mortality to less than 21 per 1,000 live births.

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**South Africa is... making excellent progress in bringing safe drinking water and adequate sanitation to its people**

South Africa is also making excellent progress in bringing safe drinking water and adequate sanitation to its people. An estimated 85 per cent of households have access to a supply of water at or above the national standard of 25 litres per person per day and 71 per cent of South African homes have access to proper sanitation. South Africa has achieved the Millennium Development Goal target of halving the percentage of people with access to clean water by 2015 and is on track to reach the Goal on sanitation services for 75 per cent of the population.

**Healthy mothers, healthy children**

To keep children healthy and growing properly, women also need to be in good health – before, during and after pregnancy. South Africa’s antenatal and child delivery services have a wide reach, which improves from year to year. The majority of women – 92 per cent – go for antenatal care and 92 per cent of deliveries are assisted by a skilled medical professional, eight percentage points higher than in 1998.

Yet despite these positive trends, the maternal mortality ratio...
has more than doubled between 1998 and 2003, from 74 to 165.5 per 100,000 live births respectively. HIV-related diseases and pneumonia are the main killers of women and mothers. Complications from high blood pressure and haemorrhage before and during pregnancy are also responsible for maternal deaths but can be easily prevented with better antenatal and child-birth care. For South Africa to reach the Millennium Development Goal of reducing maternal mortality by two-thirds by 2015, the country needs to improve the quality of maternal healthcare and increase pregnant women’s access to services that prevent mother-to-child transmission of HIV, including antiretroviral treatment for HIV-positive women.

Children and AIDS
South Africa carries the world’s largest number of people infected with HIV – 5.4 million and 18.8 per cent of South Africans in their prime (15–49 years of age) are living with HIV and AIDS. Women bear the brunt of HIV infection, especially those in their childbearing years. Close to a third of pregnant women are HIV-positive, although prevalence rates are decreasing in the youngest age group of pregnant women – those below the age of 20. This may be a sign that the epidemic has reached its peak and is levelling off. An estimated 258,000 children under the age of 14 are living with HIV and AIDS, with the majority having contracted the virus through mother-to-child transmission. Approximately 69 per cent of children and adults with advanced HIV infection were getting antiretroviral treatment in 2007, up from 44 per cent in 2006.

One of the most wretched ramifications of HIV and AIDS is the escalating numbers of orphaned and vulnerable children. This is especially worrying as parents and caregivers continue to die from HIV-related illnesses. More than two-thirds of all adult deaths are due to AIDS. South Africa has 2.5 million children who have lost a parent and by 2015, five million orphans are expected in the country if nothing is done to stem the rate of adult deaths. Left on their own or in the care of others, orphaned children are vulnerable to abuse, neglect and sexual and economic exploitation. Orphaned children also risk missing out on education, healthcare, basic nutrition and hygiene. Around 68 per cent of orphaned children attend school compared to 84 per cent of children who are not orphaned.

Growing up with violence
There is no question that South Africa has exceptionally high levels of contact crime – or violent crime against people – and children and women are victims in a significant number of reported cases. Murder, rape, assault, aggravated robbery and other people-on-people crimes account for more than a third of the country’s recorded serious crime, according to the South African Police Services. For every 100,000 people, 41 were raped, 111 people were murdered and 443 were assaulted in 2006/2007. In 2004/05, 40 per cent of reported rapes were against children.

Police statistics are only the tip of the iceberg. Under-reporting of crime is common, especially when it involves people that come from the same family or community. In the majority of contact crimes that happen in social or domestic settings, perpetrators and victims know each other – they are friends, acquaintances or family members. This means that children and women are assaulted, killed and raped in the intimacy of their homes and neighbourhoods. Sexual violence brings with it a host of other ills such as exposure to HIV infection and other sexually transmitted illnesses, post-traumatic stress and ruined lives.
### FAST FACTS

**55%**
Proportion of South Africa’s children who are ‘ultra-poor’ and live in households with a monthly income of ZAR800 or less

**8 million**
Number of children who received the Child Support Grant by September 2007

**15%**
Percentage of children aged 0–17 living in informal housing

**76%**
Proportion of children aged 0–17 who live in homes with electricity

The pain of poverty

Poverty is no doubt one of South Africa’s greatest hurdles to overcome in the second decade of democracy. Today, more than half of the country’s children are living in households too poor to buy basic necessities. Around 14.5 per cent of South Africans live in make-shift shacks in informal settlements, with no running water, toilets, electricity and other basic services. Poverty is passed down from generation to generation and unless this vicious cycle is broken, South Africa faces an ever-growing mass of impoverished and deprived children and adults.

Poverty affects children’s rights in many ways. Poverty means growing up without a nutritious and adequate diet and suffering the crippling and sometimes deadly consequences of malnutrition. Poverty means a lack of access to safe drinking water and safe disposal of human waste, increasing the risk of disease and death. Poverty means that some children have a long walk to school, often on an empty stomach. Homes with no electricity mean that many families have to use paraffin or coal fires for cooking and heating. Stories abound in the news of children perishing in house fires in informal settlements.

Working with parliamentarians

UNICEF is in a unique position in South Africa to assist the government in delivering services to children and therefore helping to reduce child poverty. In 2007, UNICEF established an office in Cape Town with the primary responsibility of engaging with parliament on child and women-related issues. South Africa’s parliament and its committees have strong powers. Not only do they make and pass laws, they monitor the work of government departments and approve budgets. They are therefore key allies in passing legislation, overseeing and directing resources towards services that will ultimately improve the quality of life for all children.

Establishing a solid relationship with the Office of the Speaker allowed UNICEF access to key Portfolio Committees in 2007. MPs acknowledged and appreciated UNICEF’s participation in parliamentary debates during this time. They also received a UNICEF advocacy booklet entitled ‘Parliamentarians, you can make a difference’, which makes a strong case for greater attention and resources to be given to children and women. In partnership with the Association of European Parliamentarians for Africa, an international NGO that supports parliaments in Africa, UNICEF hosted the Pan African Parliamentary Seminar on Orphans and Vulnerable Children, which outlined a number of steps the Pan African Parliament can take to improve the situation of orphans and vulnerable children in Africa.

UNICEF’s Cape Town office has also been working with civil society to strengthen advocacy for children. A round table with 30 major child-rights NGOs resulted in a plan to conduct joint knowledge-building seminars with parliamentarians and civil society in 2008. UNICEF provided support to NGOs working on an alternative report on the situation of children’s rights in South Africa for the United Nations Committee on the Rights of the Child (UNCRC) and to the Office on the Rights of the Child to draft the country report for the UNCRC.
The art of resource leveraging and budget analysis

It has been widely recognised that South Africa’s weakest link in dealing with its social and economic problems has not been a shortage of finances but the challenges that government departments face in managing their resources effectively and efficiently. UNICEF has seen an opportunity to support national and provincial government in this regard and in 2007, lent its technical expertise to a number of important priorities.

UNICEF has seen an opportunity to support national and provincial government... and in 2007, lent its technical expertise to a number of important priorities

One key area has been the preparation of bids for the Treasury. The country’s public financial managers need to be convinced that specific services for children and women are required and that capacity is in place to implement them. In 2007, the UNICEF country office worked with the Limpopo provincial government to sharpen its Integrated Strategic Plan for Early Childhood Development (ECD) and to revise terms of reference for an analysis of gaps in ECD service delivery. The assessment will be used as an evidence base to increase funding for ECD in the province.

UNICEF has also been working with the Department of Social Development and the South African Social Security Agency (SASSA) to advocate for an extension of the Child Support Grant (CSG) to children between the ages of 14 and 17. UNICEF technical support enabled the Department and SASSA to start consolidating the evidence base related to the CSG and to explore ways in which the operational capacity of the grant, as well as its uptake in the first 3–6 months of a child’s life, could be increased. An important step was taken to start designing a sound monitoring and impact evaluation system before the actual launch of the expansion programme. This will ensure proper tracking of the programme from the get-go, help to identify bottlenecks along the way and come up with solutions.

Future work

In 2008, UNICEF will continue with its work in parliamentary advocacy and legislative support, including partnership building with Parliament and other governance institutions; capacity building for parliamentari-

What did UNICEF learn?

The activities carried out in 2007 laid the foundations for UNICEF’s more active engagement in upstream policy dialogue with government and NGO partners.

Although the results of this engagement can only be assessed over the medium term, preliminary feedback from partners suggests that UNICEF’s new emphasis on high-end technical assistance in areas such as monitoring and impact evaluation, planning and budgeting is welcome.

Funding in 2007

Total resources: US$ 454,682

- Regular resources: US$ 123,866
- Other resources: US$ 330,815

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ans; dissemination of findings from the new Situational Analysis of South African Children; and support to the revision of social security legislation and the Child Justice Bill.

In the area of resource leveraging and budget analysis, UNICEF will carry on supporting financial management of public expenditure in ECD in a number of provinces, work with the Department of Education to evaluate the no-fee school policy and fee-exemption policies, and carry out a fiscal sustainability analysis for the expansion of Thuthuzela centres, which serve victims of abuse and violence.

Finally, a number of research and technical assistance projects will be supported to inform strategic government decisions regarding key interventions benefiting children. Examples include quantitative and qualitative studies on the expansion of the child support grant, an evaluation of the rollout of ECD programmes, and supporting the consolidation of the Department of Social Development’s monitoring and evaluation system.

Laws that work for children

The Children’s Act, 38 of 2005
After an extensive process of drafting and consulting on the first post-apartheid children’s legislation, the South African Parliament passed the comprehensive Children’s Act, 38 of 2005. The regulations of the Act will be completed in the first half of 2008. The Act provides for important rights of children, such as the right to family care, the right to be protected from maltreatment, abuse and neglect and the right to social services. It also provides for services to support and strengthen families, and for the state to provide appropriate care to vulnerable children who need protection. The Act also obligates all spheres of government to work together. Importantly, it asks that all government departments take reasonable measures to ensure maximum returns of their available resources to make the Act a reality. This is a major victory for children because it means that departments need to prioritise children when they are making decisions about budgets and resource allocation.

The Child Justice Bill
In 2007, Cabinet approved the Child Justice Bill and mandated it to appear for further debates within the current parliament. This is considered a complex Bill; it has been pending since 2002 and has undergone many changes. The following issues will be critical for the Bill to make a difference to children’s lives:

• Assessment for placement, treatment and/or sentencing for all children arrested,
• Monitoring and placement of all children awaiting trial,
• Provision and availability of secure care centres,
• Court cases involving children that are deferred for long periods of time, and that these cases should be prioritised,
• Alternative community-based sentencing, diversion and other social development programmes.

The Sexual Offences Act
The Sexual Offences Act was enacted in 2007 during the 16 Days of Activism campaign. Two chapters of this Act have been devoted exclusively to victims of sexual offences who are particularly vulnerable, that is children and people with mental disabilities. The Act strengthens the government’s efforts to fight child and gender-based abuse by declaring sexual violence a criminal offence.

The Act expands the definition of rape, and includes all forms of sexual assault and sexual violation without consent, irrespective of gender. It criminalises certain sexual acts and non-consensual exposure to sexual acts and pornography. The Act also provides for the provision of services to victims of sexual offences. It is essential that the implementation of the new Act is accompanied by training of service providers and putting in place effective monitoring systems.
Child survival and development

FAST FACTS

One in 17
Children who die before they turn five

One in 23
Children who die in their first year of life

165.5
The maternal mortality ratio (per 100,000 live births)

258,000
Number of children under the age of 15 living with HIV

64%
Percentage of HIV-positive women who received antiretrovirals to reduce mother-to-child transmission of HIV

84%
Percentage of children who are fully immunised

10%
Proportion of South African children who are underweight

Sources: South African Child Gauge 2006, University of Cape Town; Demographic and Health Survey 2003; National Food and Consumption Survey 2005; National HIV and Syphilis Antenatal Sero-prevalence Survey 2006, Dept. of Health; Development Indicators: Mid-Term Review 2007, The Presidency
A potent plan for HIV and AIDS

UNICEF also played an important role in helping develop the National HIV and AIDS and STI Strategic Plan, which has been heralded as South Africa’s most dynamic and comprehensive document on AIDS issues yet. The plan draws on lessons learnt from the country’s response to AIDS over the past decades and details concrete targets to be reached in specific areas by 2011. UNICEF worked with partners to make sure that the plan’s targets on PMTCT and the treatment of paediatric AIDS and opportunistic diseases were in line with the government’s commitment to provide universal access to HIV prevention services and AIDS treatment, care and support. Technical expertise on orphans and vulnerable children was also lent to the drafting committee.

Saving mothers and babies

The Limpopo Integrated Neonatal Care (LINC) and Basic Antenatal Care (BANC) programmes are two UNICEF-supported initiatives that show great promise in bringing down the country’s neonatal and maternal mortality rates.

LINC incorporates a number of life-saving approaches to the care of newborns such as the Baby Friendly Hospital Initiative, Kangaroo Mother Care, routine perinatal prevention and care, PMTCT and care of sick and underweight babies. The initiative, which started three years ago, has now been expanded to 40 hospitals in South Africa 2007–2011 provides an enhanced framework for assessing progress in the national HIV and AIDS programme. As part of a national PMTCT steering committee, UNICEF’s technical experts have been active in improving coordination between partners, reviewing progress and defining future priorities to make the PMTCT programme more effective. These efforts have paid off – 2007 saw the number of health facilities providing PMTCT services increase from 60 per cent a year ago to 90 per cent in 2007. The percentage of HIV-positive pregnant women who received Nevirapine to prevent infecting their babies increased from 54 per cent in 2006 to 64 per cent in 2007.

And the PMTCT programme is set to go from strength to strength. As a result of UNICEF’s financial and technical support, the national PMTCT guidelines were revised during the year to include, among other innovations, early infant HIV diagnosis at a baby’s first vaccination visit and ‘dual prophylaxis’ comprising Nevirapine and AZT. Dual drug prophylaxis can only be administered by a medical doctor but internationally has proven to be more successful in preventing mother-to-child HIV transmission than administering a single dose of Nevirapine.

A community PMTCT model in the North West province, run in partnership with the provincial Department of Health, the Institute for Health Improvement and the University of Witwatersrand is developing interventions to increase the uptake of PMTCT services using local solutions. Results have been very encouraging: over a period of three months in 2007, almost all pregnant women receiving antenatal care in the pilot clinics were tested for HIV, all women who tested positive for HIV were assessed to see whether they were eligible for antiretroviral treatment using the CD4 cell count and those that were, were started on antiretroviral therapy.

Early action for infants

Early infant diagnosis of HIV received a boost in 2007 through the procurement of laboratory equipment, hiring of additional lab technicians and training of nurses. This improved the country’s capacity to carry out 300,000 paediatric HIV tests, helping to provide timely treatment to HIV-infected children. The number of children on antiretroviral therapy rose from 25,000 in 2006 to 32,000 in 2007, representing 47 per cent of the 68,000 children in need of treatment.

Of the 1.1 million babies born every year in South Africa, 300,000 are born to HIV-positive mothers. About 78,000 of these babies run the risk of getting infected if nothing is done to prevent mother-to-child transmission of HIV. Half of these children die before they reach two years of age. HIV-related illnesses are among the top ten causes of under-five mortality in South Africa.

HIV infection in children can be prevented with proven and timely interventions, something that the Department of Health has been putting into place with support from UNICEF and other partners. A national Prevention of Mother-to-Child Transmission (PMTCT) programme offers HIV-positive mums an integrated package of services, including HIV testing, antiretroviral treatment for mother and baby, counselling, support for safe infant feeding and follow-up care after delivery. With PMTCT, the likelihood of HIV infection is reduced from 32 per cent to 11 per cent of babies exposed to the virus.

The recently published HIV and AIDS and Sexually Transmitted Infections National Strategic Plan for South Africa 2007–2011 provides an enhanced framework for assessing progress in the national HIV and AIDS programme. As part of a national PMTCT steering committee, UNICEF’s technical experts have been active in improving coordination between partners, reviewing progress and defining future priorities to make the PMTCT programme more effective. These efforts have paid off – 2007 saw the number of health facilities providing PMTCT services increase from 60 per cent a year ago to 90 per cent in 2007. The percentage of HIV-positive pregnant women who received Nevirapine to prevent infecting their babies increased from 54 per cent in 2006 to 64 per cent in 2007.

And the PMTCT programme is set to go from strength to strength. As a result of UNICEF’s financial and technical support, the national PMTCT guidelines were revised during the year to include, among other innovations, early infant HIV diagnosis at a baby’s first vaccination visit and ‘dual prophylaxis’ comprising Nevirapine and AZT. Dual drug prophylaxis can only be administered by a medical doctor but internationally has proven to be more successful in preventing mother-to-child HIV transmission than administering a single dose of Nevirapine.

A community PMTCT model in the North West province, run in partnership with the provincial Department of Health, the Institute for Health Improvement and the University of Witwatersrand is developing interventions to increase the uptake of PMTCT services using local solutions. Results have been very encouraging: over a period of three months in 2007, almost all pregnant women receiving antenatal care in the pilot clinics were tested for HIV, all women who tested positive for HIV were assessed to see whether they were eligible for antiretroviral treatment using the CD4 cell count and those that were, were started on antiretroviral therapy.

Early action for infants

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A potent plan for HIV and AIDS

UNICEF also played an important role in helping develop the National HIV and AIDS and STI Strategic Plan, which has been heralded as South Africa’s most dynamic and comprehensive document on AIDS issues yet. The plan draws on lessons learnt from the country’s response to AIDS over the past decades and details concrete targets to be reached in specific areas by 2011. UNICEF worked with partners to make sure that the plan’s targets on PMTCT and the treatment of paediatric AIDS and opportunistic diseases were in line with the government’s commitment to provide universal access to HIV prevention services and AIDS treatment, care and support. Technical expertise on orphans and vulnerable children was also lent to the drafting committee.

Saving mothers and babies

The Limpopo Integrated Neonatal Care (LINC) and Basic Antenatal Care (BANC) programmes are two UNICEF-supported initiatives that show great promise in bringing down the country’s neonatal and maternal mortality rates.

LINC incorporates a number of life-saving approaches to the care of newborns such as the Baby Friendly Hospital Initiative, Kangaroo Mother Care, routine perinatal prevention and care, PMTCT and care of sick and underweight babies. The initiative, which started three years ago, has now been expanded to 40 hospitals in
Limpopo province and has contributed to a 15 per cent decline in neonatal mortality for babies born with low birth weight (between one and two kilos).

BANC, the goal of which is to improve the quality of antenatal care by training health workers, has been tested in 18 health facilities throughout the country. The project saw a drop of at least ten per cent in the number of registered stillbirths during the pilot phase. Encouraged by these results, the Department of Health and the Medical Research Council of South Africa, with support from UNICEF, will scale up BANC to 100 sites by the end of 2008.

LINC and BANC are the inspiration behind an expanded model of care for mothers and babies, which includes health worker training in antenatal care, PMTCT, the Baby Friendly Hospital Initiative, neonatal care and the Integrated Management of Childhood Illnesses strategy. Demonstrating the power of bundled services plays a critical role in advocating for an integrated approach to maternal, neonatal and child survival. UNICEF has already made inroads on this front by placing child survival high on the agenda of the Department of Health, the Regional Paediatricians group and academic institutions. Regional paediatricians held, for the first time, a national conference focused on child survival in December 2007. One of the most significant outcomes of the event was an agreement to develop an integrated national strategic plan for maternal, neonatal and child survival. Many of the group’s members are already designing models for delivering an integrated package of services.

Nutrition is key for development

One in five South African children is chronically malnourished and many are deficient in vitamins and minerals vital to health and growth. Malnutrition is the major underlying cause of childhood disease and when combined with HIV infection, it can be deadly. Tackling malnutrition on multiple fronts is how the government, with support from UNICEF, approaches this key area of national development and well-being.

South Africa has a national food fortification programme and legislation that makes fortification of maize meal, wheat flour and table salt with key vitamins and minerals mandatory. Food fortification is one of the most effective and efficient ways of using public resources to promote health for all. UNICEF has been supporting national capacity to monitor compliance with the mandatory food fortification regulations. In 2007, funding from the Global Alliance for Improved Nutrition (GAIN) and USAID helped UNICEF to procure lab equipment for two national reference food laboratories in Pretoria and Cape Town, which will increase the volume of samples tested and contribute to compliance monitoring of the programme.

Other activities in nutrition included developing plans to carry out integrated child health campaigns in 2008 where children will be given vitamin A supplements together with de-worming tablets and other beneficial child survival interventions. UNICEF and the SABC teamed up on a media campaign to raise public awareness on infant and young child feeding. Government partners benefited from training in Essential Nutrition Action, an approach that integrates child feeding, maternal nutrition and micronutrient supplementation at community level. Department of Health staff were familiarised with WHO’s new International Child Growth Standards, which establish, among other innovations, breastfeeding as a biological norm and the breastfed infant as the standard for measuring a child’s healthy growth.
The case for fortifying food

Vitamins and minerals play a very important part in a child’s health. Diets that lack sufficient amounts of vital micronutrients can lead to deficiency diseases such as blindness, mental retardation and reduced resistance to infectious disease, depending on the particular micronutrient.

In South Africa, several local studies have shown that micronutrient deficiencies pose a serious health problem in the country. The South African Vitamin A Consultative Group, with support from the Department of Health and UNICEF, carried out a study in 1995 among pre-school children under the age of six. The findings revealed that more than a third of the children were vitamin A deficient and one in five were anaemic. One and a half million young children were stunted.

Vitamin A deficiency is particularly troubling, especially in a country where poverty and HIV and AIDS are major developmental challenges. The deficiency can cause blindness in severe cases, and usually impairs the body’s ability to fight infections, making children more susceptible to diseases. It also increases the risk of childhood death.

The study recommended to the Department of Health to investigate the feasibility of fortifying staple foods with multiple micronutrients as a strategy for improving children’s nutritional status.

Government takes action

Representatives from government, industry, academia and consumer organisations discussed the possibility of launching a food fortification programme and developed recommendations for government to draft legislation that would make fortification compulsory within the food industry.

As maize and bread are eaten by the large majority of South Africans, the government decided to make it mandatory to fortify all white and brown bread flour and maize meal with six vitamins (vitamin A, B1, B2, B6, niacin and folic acid) and two minerals (zinc and iron) in sufficient quantities to contribute to one third of the daily recommended allowance.

In April 2003, the National Food Fortification Programme was launched. Legislation came into effect on 7 October 2003 requiring any person who manufactures, imports, or sells bread wheat flour and maize meal to fortify them or be guilty of an offence punishable by a fine of up to ZAR 125,000. This applies to large and small millers, urban, peri-urban and especially rural-based millers.

UNICEF’s role

With funding from the Global Alliance for Improved Nutrition (GAIN), UNICEF has played an active role in South Africa’s fortification programme since 2003:

- 1,560 Environmental health practitioners have been trained to standardise their compliance monitoring efforts for the programme.
- Four million South Africans were reached through a multi-media campaign using radio, TV and magazine adverts to increase public recognition of the food fortification logo and raise awareness of the benefits of the programme.
- Two major government food laboratories received equipment and supplies to assess compliance with the mandatory regulations.
- The success of the food fortification programme has helped to raise funds from other government departments. The Department of Trade and Industry provided a grant of ZAR 23 million to small and medium sized millers so that they could buy equipment and supplies to improve their compliance with the mandatory regulations.

The programme shows success

Two years after the promulgation of the food fortification regulations there was a 33 per cent reduction in the national prevalence of neural tube defects such as spina bifida, according to independently conducted research. Neural tube defects are caused by the lack of folic acid in women before and during pregnancy. As folic acid is one of the minerals added to the fortification mix, researchers have attributed the reversal in neural tube defects to this intervention.

More recent data from 2007 showed that the prevalence of folic acid deficiency in women of child bearing age in Limpopo province has almost disappeared since the promulgation of the regulations.
**Future work**

UNICEF programmes have a long-term vision and lifespan. Commitment and flexibility are key to achieving tangible results for women and children. In 2008, UNICEF will continue along the path set out in 2007 with a focus on the following activities:

UNICEF will support a national assessment of the quality of care in maternity and neonatal care units that will be followed by quality improvement programmes aimed at transforming maternity units into mother-baby friendly facilities where women and newborns receive the highest standard of care.

A review of community and household integrated management of childhood illnesses programmes will be carried out to identify strengths, weaknesses and effective models that could be scaled up nationally.

UNICEF will support South Africa in developing a national strategy on maternal, newborn and child survival to reverse current mortality trends and to make progress towards the Millennium Development Goals.

UNICEF will also contribute to implementing new PMTCT guidelines, which if rolled out across the country have the potential of preventing up to 25,000 more babies becoming infected with HIV every year. The capacity of primary healthcare professionals will be strengthened to assess and initiate antiretroviral treatment for pregnant women in the context of PMTCT. Health workers will be trained to carry out early infant diagnosis of HIV at the child's six-week immunisation visit.

In the area of nutrition, a community-based nutrition model will be piloted in the framework of Essential Nutrition Action in Matatiele in the Eastern Cape province; service providers will be trained on community-based management of severe malnutrition; and child health days will be launched to accelerate the delivery of vitamin A supplementation to young children together with other preventive health interventions.

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**What did UNICEF learn?**

Public-private partnership is critical for accelerating access to services. This was clearly demonstrated by the food fortification programme. UNICEF helped to forge a partnership between the government and the food industry, which resulted in the fortification of 90 per cent of wheat flour and up to 85 per cent of maize meal in South Africa. An estimated 19 million women in their reproductive years and six million children under the age of six were reached with vitamins and minerals essential to their health.

UNICEF also learnt that in order to scale-up ‘high-impact’ healthcare programmes, more evidence is needed on their benefits to children and women’s health and well-being. This will mean continued monitoring and evaluation of these interventions. In the case of PMTCT, evidence was used to successfully change the national policy towards dual prophylaxis and treatment for eligible mothers.

National strategies with defined national goals and targets are essential to galvanise collective efforts towards a common vision. This is behind the success of HIV programmes such as PMTCT and paediatric care and treatment. However, South Africa does not as yet have a national strategy on maternal and child survival. In that context, it has been difficult to advocate with provincial and district decision-makers to prioritise maternal and child survival and to assess the adequacy of current financial allocations.

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**Funding in 2007**

Total resources: US$ 2,197,986

- **Regular resources:** US$ 59,828
- **Other resources:** US$ 2,138,158
Investing in young minds and bodies

Mavis and Martha’s community-based early childhood development centre in a rural South African village is an inspiration for all. It provides day-care in the mornings for 48 young children aged between three and four. Six volunteer caregivers visit families in the neighbourhood to help them register children for birth certificates, apply for social grants and check whether children have been for their vaccinations. The centre also runs a support group after hours for child- and elderly-headed households. The centre finally doubles up as a community venue and is used by the social worker as her field office and by the health worker for his outreach services so that mothers and children do not have to walk to the nearest clinic. Martha’s newest idea is to keep the centre open in the afternoons so that school children can come and do their homework in peace.

Mavis and Martha’s programme reaches close to 300 vulnerable children and their families and is an excellent example of what South Africa’s National Integrated Plan for Early Childhood Development (ECD) envisions community ECD to be like.

The concept of ECD programmes as ‘resources of care and support for orphaned and vulnerable children and their families’ was developed by the Departments of Social Development and Education with UNICEF support in 2006. This year, the Department of Social Development incorporated the strategy into its five-year plan as part of a national drive to scale up integrated ECD services.

In 2008, the Eastern Cape provincial Department of Social Development will take the lead in developing a provincial model for a community-based ECD programme, while in KwaZulu-Natal UNICEF will support the provincial

FAST FACTS

5.1 million
Number of South African children between birth and four years of age

16%
Percentage of children between birth and five years with access to formal early childhood development

95.5%
Percentage of school-aged children who enrol in primary school

68%
Percentage of students who pass the matric examination

5.9%
Proportion of adolescents between 15 and 19 years who are living with HIV and AIDS

Department of Social Development to strengthen the Little Elephant Training Centre in Early Education, a community ECD project working with young orphaned and vulnerable children in the Natal Midlands.

**Helping parents help their children**  
Parents and caregivers are at the frontline of childcare but need support to provide the best for their children. Empowering them with knowledge and skills is the essence of a low-literacy version of the National Parenting Programme that was finalised with UNICEF support in 2007. This version is designed for illiterate primary caregivers and has also been adapted for grandparents, teenage parents and child heads of households who look after young children.

The strength of the parenting programme lies in its links with the Department of Education’s early stimulation programme and the Department of Health’s ‘Key Family Practices for Integrated Management of Childhood Illnesses’, making sure that caregivers are given consistent messages on disease prevention, home care and children’s physical growth and mental development. A cadre of 27 master trainers has been formed in the Eastern Cape and will be responsible for rolling out the parenting programme in the province in 2008.

**Learning positively**  
Special attention is also given to young children living with HIV and AIDS. Paediatricians have noted that HIV-positive children show marked developmental and cognitive lags, even before they show clinical signs of HIV infection. This means that once they start school, they are likely to fall behind their classmates and may need special education. UNICEF has been working with the Department of Education on an early stimulation programme for such children so that they can take full advantage of school.

This simple and user-friendly programme, based on research that UNICEF supported in 2006, can be used at home by parents and primary caregivers. The programme is multi-layered and can benefit all children, but is also extremely useful for young children whose development has been affected by HIV and AIDS, poverty, malnutrition and ill health.

A technical expert, funded by UNICEF, was placed with the Department of Social Development for three months to assist with coordination and strategic communication for the National Integrated Plan for ECD. Guidelines for implementing and monitoring the plan were completed during the year. UNICEF and the Inter-departmental Committee on ECD hosted a knowledge-building seminar on early childhood research for South African and regional practitioners, policy makers, programme managers and academics.

The growing recognition of how important ECD is to the development of South Africa was voiced by Limpopo’s provincial Minister of Education, Dr Aaron Motsoaledi, when he said in his budget speech, “We have decided… that we shall present this province next year with a completely different picture on our investment in ECD in an appropriate manner.”

**Safe, caring and child-friendly schools**  
The dire state of some of South Africa’s schools has received a lot of media attention in recent times. Stories abound in newspapers of children and teachers in township schools being robbed by gangs in the middle of class, rural children having to swim across rivers to get to school or sitting outside on tree trunks for their lessons. While it is true that the education system is fragmented and many rural and township schools are under-resourced and dysfunctional, this is only part of the picture.

There is an untold story of the Department of Education working with partners like UNICEF to improve schools and the quality of education on all levels. This is being done through the Safe, Caring and Child Friendly School (SCCFS) initiative, a holistic approach to learning that promises to transform schools into safe, child-centred and gender-sensitive places of learning.

UNICEF has been collaborating with the Department of Education on SCCFS since 2004 and the programme is now being rolled out to South Africa’s 585 priority schools over the next three years – 65 schools in each of the nine provinces. These schools were identified for urgent action because of high levels of violence and poor matric pass rates. A national reference team of government representatives and UNICEF has been formed to guide overall coordination and implementation while guidelines and an implementation tool kit have been developed for use by schools and communities.

The Eastern Cape province has already started work on its 65 priority schools. Using an approach where a priority school mentors a cluster of 10 other schools, SCCFS is expected to reach an estimated 650 schools and will benefit 450,000 primary and secondary school pupils. Special attention is given to developing leadership skills among school managers and teachers, building partnerships with communities, establishing Girls and Boys Education Movement clubs, encouraging girls to excel in science and maths and supporting orphaned and vulnerable students.

In KwaZulu-Natal, a similar process is taking place in 113 schools, including some of the 65 priority schools. This complements the implementation of SCCFS in 700 schools in previous years as a result of a partnership between the Department of Education, UNICEF, Media in Education Trust and the Government of the Netherlands. Using the cluster approach, SCCFS will be brought to nearly 800,000 girls and boys in 1,130 schools. Limpopo and Western Cape provinces have started preparing to launch CFS in their 65 priority schools in 2008.
What kind of early childhood stimulation they get at home also plays a role in children’s school readiness. But what is emerging as a clear contributing factor is the impact of the virus itself. HIV is not only a stigmatising disease, it also causes what we call ‘neurodevelopment and cognitive delays’. This means that HIV-positive children experience learning difficulties, progress slowly in school and may be older than other children in their class. Their health also needs to be managed, which often means missing school to go to a clinic or hospital.

Q: How does one deal with stigma and discrimination in schools?

AV: It is very important, in my mind, to change perceptions of HIV from ‘doomed to die’ to seeing the disease as a chronic illness. Teachers, school managers, children, parents and communities all need to be involved in programmes that break down prejudice. Of course, one has to strike a balance between protecting a vulnerable child from discrimination and abuse and providing that child the best possible service. You can only do that if you are aware of the child’s condition and particular needs.

Q: Why is it important to invest in the education and development of children living with HIV and AIDS?

AV: As long as there is treatment for children, there is hope. We strongly believe that a child’s quality of life should be celebrated.

Q: Is it possible for children living with HIV and AIDS to catch up with their peers in school?

AV: Getting Down to Basics: an interview with UNICEF Education Specialist, André Viviers

In 2006, the Nelson R Mandela School of Medicine at the University of KwaZulu-Natal carried out a study with UNICEF support called ‘Getting Down to Basics: Principles and strategies for inclusion of children on antiretroviral treatment in the education system, and support for other children affected by HIV and AIDS’. UNICEF Education Specialist for Early Childhood Development and Child Friendly Schools, André Viviers, speaks about the study and how it is being used to make sure that any child’s right to education is respected.

Q: Why was it important to have a study like ‘Getting Down to Basics’?

AV: We were getting anecdotal evidence that HIV-positive children were not doing so well at school and needed remedial education, especially if they were not on antiretroviral treatment. We felt it was important to address this issue because more and more children living with HIV and AIDS would be entering the school system now that treatment was available to them.

Q: How many children are we talking about?

AV: There are about 295,000 children under the age of 14 living with HIV and AIDS in South Africa, with an estimated 105,000 HIV-positive babies. Most HIV-positive children die within their first or second year of life but with early diagnosis of HIV, prompt treatment and proper nutrition and care, they can survive well into their teens and beyond.

Q: What barriers to schooling do children living with HIV and AIDS experience?

AV: You can’t really isolate any one barrier per se – the circumstances they live in are important. We all know that poverty is a major obstacle to children’s education. What kind of early childhood stimulation they get at home also plays a role in children’s school readiness. But what is emerging as a clear contributing factor is the impact of the virus itself. HIV is not only a stigmatising disease, it also causes what we call ‘neurodevelopment and cognitive delays’. This means that HIV-positive children experience learning difficulties, progress slowly in school and may be older than other children in their class. Their health also needs to be managed, which often means missing school to go to a clinic or hospital.

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Q: Is it possible for children living with HIV and AIDS to catch up with their peers in school?
AV: It depends on when treatment is started. The earlier you put a child on ART and combine treatment with early childhood stimulation, the better a child’s chances of catching up. The later the treatment, the higher the neurocognitive damage. The child may then need special education.

Q: Can children living with HIV and AIDS go to a mainstream school?

AV: We recommend that as far as possible children attend normal school, although educators in the foundation phase need to be aware of the unique challenges of teaching children living with HIV who are on treatment.

Q: So do educators need special training?

AV: What they need is information, skills-building and self-awareness, especially in terms of stigma and discrimination. In fact, UNICEF is helping the Department of Education to develop national educator’s guidelines for supporting children with chronic and symptomatic illnesses such as HIV and AIDS. Equally important, and this is what ‘Getting Down to Basics’ recommends strongly, is that the school system as a whole addresses the specific needs of children living with HIV and AIDS. It also means linking with other social services and working together with parents to boost their confidence and skill in looking after their vulnerable children.

Q: What is the government doing to include children living with HIV and AIDS in the education system?

AV: They have embarked upon a process that will help schools accommodate HIV-positive children and children living in families affected by HIV. The three departments responsible for young child development – Education, Social Development and Health – came up with a national strategy in November 2007 to do just that, based on the ‘Getting Down to Basics’ study. The Department of Education’s early stimulation programme also includes children with special needs, in particular, those living with HIV and AIDS.

Q: Where does UNICEF fit in?

AV: UNICEF has always been a strong advocate for the rights of babies and young children living with HIV and AIDS. We support the government of South Africa by providing technical expertise in the area of HIV and AIDS and how it impacts on young children.

Q: If you had one wish for children living with HIV and AIDS, what would that be?

AV: Children need love more than most things. I wish for each child to have one adult that is unconditionally devoted and crazy about them.

Turning School Principals into Leaders: an interview with UNICEF Chief of Education, Nadi Albino

Q: What is the Principals’ Leadership Initiative about?

NA: The Principals’ Leadership Initiative is an integral part of the Safe, Caring and Child Friendly Schools programme. These schools have six broad and key characteristics, one of them being an effective school. This refers to school management and governance, the learning and teaching environment and the performance level of learners and educators. It is however important to emphasise that leadership qualities for principals, their deputies and school management teams will not only go a long way in turning around under-performing schools but will also take schools to greater heights.

Q: Can you expand a bit more on what makes a school ‘effective’?

NA: An effective school has several elements. It is a school that has enough classrooms, a supply of clean water and bathrooms/toilets for girls and boys. It also has policies and practices that prohibit harassment, violence, corporal punishment and substance abuse. An effective school has healthy and well-nourished pupils, a skilled and motivated teaching corps, gender-sensitive and child-centred teaching approaches, relevant curricula and adequate learning materials. An effective school has a defined set of skills, knowledge, values and attitudes that learners are expected to develop during the course of their schooling and ways to assess these learning outcomes. Essentially, it is a balanced school that equates rights with responsibilities.

Q: Why is it so important to build the capacity of school managers?

NA: As with any organisation, performance depends on overall management and leadership takes management one step further in that the leader does the
right thing the right way while the manager focuses only on doing the right things. School managers are responsible for ensuring positive learning outcomes for learners; they therefore need specific skills to ensure that schools function optimally.

Q: What does the leadership training entail?

NA: The training builds on the knowledge and challenges that the principals face in their work. It is a participatory process, which allows principals toanalyse actual school conditions, based on the collection and analysis of school data, which may be used to improve. The training also focuses on harnessing positive human energy to sustain effectiveness. It is organised in eight modules and covers key areas such as organisation behaviour and development, managing time and people and improving self-confidence and empowerment. The training takes place over two days and complements other courses in management.

Q: How will the principals’ knowledge and skills be assessed?

NA: This will be done against the baseline of the 585 priority schools that are the focus of the Safe and Caring Child Friendly School programme – with an emphasis on performance, retention and access rates.

Q: What kind of impact is the leadership training having on schools?

NA: We’re still in the beginning stages of the programme so it is too early to assess the impact. However let me share with you quotes from senior education managers who participated in the training:

“I feel inspired, nourished and nurtured”, Zen Rhoxo, Education District Manager.

“The task has been made easier and more exciting by our new understanding of leadership and particularly how to create high-energy learners in high-energy classrooms; high-energy staffrooms and ultimately high-energy school communities. This is something we are definitely going to take forward in the coming years”, Cameroon Dugmor, MEC for Education in Western Cape (Provincial Minister).

“I feel encouraged and am convinced that harnessing positive energy will contribute to turning the depressing tide of violence in our schools. Leadership based on positive energy is what we need to make our schools child friendly”, Ms Nobantu.

Q: How many principals have been trained so far?

NA: We have trained 150 principals and 44 senior education managers.

Q: Going back to the Safe, Caring and Child Friendly School concept, how is it being introduced in South Africa?

NA: The entry point for the programme has been through the quality education imperative. South Africa, as you may know, is on track to achieving the Millennium Development Goal of universal primary education in terms of the numbers of children enrolled. However, providing education of quality for all learners is a major challenge. We are also dealing with high levels of violence in schools, not enough maths and science teachers, and poor school infrastructure, particularly in rural schools. The Department of Education, with UNICEF, adapted the Child Friendly School initiative to the South African context and, building on existing strengths, started a process of transforming schools into places of learning that everyone can be proud of.

Q: What makes the approach different from other countries where the Child Friendly School initiative is being implemented?

NA: The major differences in South Africa are related to the leadership initiative, the focus on strengthening the Education Management Information System and the inclusion of integrated early childhood development and sport for development as pivotal areas in the Safe and Caring Child Friendly School framework. To that I would also add the focus on the 585 worst performing schools as the weakest link in the education system and public expenditure tracking.

Q: In what way do you think the approach in South Africa will be successful?

NA: Personally I believe success lies with the schools themselves and definitely not undermining all the necessary support that schools need to succeed. In addition, building partnerships aimed at improving the lives and life opportunities for children will contribute greatly to the success of the programme. Already we have excellent partnerships through the Department of Education with the Nelson Mandela Foundation, Super Sport, the Departments of Social Development and Health and the Umsombovu Youth Fund, among others. We also work with service providers such as Youth for Christ, Link Community, SCORE, Little Champs and Active Education.
Building young potential
While young South Africans generally spend most of their time doing the things young people do everywhere – watching television, listening to the radio or hanging out with friends – poverty, lack of opportunities for participation, violence, teen pregnancies and HIV and AIDS are major factors in the lives of many young South Africans. The AIDS epidemic is a particular source of fear and concern. Many young people know how HIV is prevented and treated but are not able to protect themselves. HIV infection is also closely intertwined with sexual violence, which puts girls and young women at higher risk of contracting the disease.

The need for innovative life skills programmes that tackle young people’s daily battles is a priority for UNICEF. With the 2010 Soccer World Cup just around the corner, UNICEF and its partners have seized this exciting opportunity to use sport as a vehicle for delivering information and services to children by 2010 and beyond. The concept of ‘sport for development’ means that sport is not just an end in itself, but also an effective tool to teach children and young people values and coping skills that will last a lifetime.

Through a partnership with civil society, UNICEF is taking sport for development to the country’s 585 priority schools. This will be a gradual process and will depend on the availability of funding. Plans have been prepared to launch the sport for development programme in nine school communities (one in each province) in 2008. An international violence prevention guide for football coaches, called ‘Coaching Boys to Men’, has been adapted for South Africa, with a particular focus on dealing with sexual harassment, exploitation and rape of girls and women.

SuperSport’s launch of the ‘Let’s Play a Million’ campaign, in partnership with UNICEF, is another exciting platform to raise the public’s awareness of a child’s right to quality education while directly supporting the government’s mass participation in sports strategy. The campaign, the goal of which is to raise one million soccer balls for young people in South Africa by 2010, has spent around US$ 1.5 million on promoting children’s right to play on radio, TV and print. In its first six months, the campaign raised more than 100,000 footballs.

Children speak their hearts and minds
In a youthful celebration of freedom and democracy, young people from South Africa and the continent converged on Robben Island from 5 to 10 December to take part in the eighth annual Bush Radio Media Kidocracy Konference (MKK 2007), co-sponsored by UNICEF South Africa.

According to the conference coordinator, Nashira Abrahams-De Jongh, Bush Radio, the MKK project was started eight years ago because children were seen as passive absorbers of the media and needed to take on a more influential role. The main theme of the 2007 conference was the celebration of children’s rights and children spoke passionately about sexuality, gender, human rights, child labour and other issues that affected their daily lives. They also produced stories, online blogs, TV and radio spots that were broadcast to their peers during the International Children’s Day of Broadcasting on 10 December.

Young people in the Eastern Cape got an opportunity to discuss drug abuse, child-friendly schools, HIV awareness and the National HIV and AIDS and STI Strategic Plan at a provincial HIV and AIDS conference, sponsored by the provincial Department of Education with UNICEF support. They responded very positively to the conference, reporting that it helped them to better understand the National Strategic Plan and how it related...
to the youth. At the conference they decided to develop a child-friendly version of the plan.

**Future work**

2008 will see our support from previous years continue and expand. In the area of early childhood development, the cadre of master trainers in the National Parenting programme will be grown to 120 trainers and the impact of the first phase of parent/caregiver training will be evaluated. UNICEF will continue supporting the ‘ECD as resources of care and support for orphans and vulnerable children’ programme and will start a longitudinal study on the impact of ART on the development of babies and young children.

**2008 will see our support from previous years continue and expand.**

SCCFS, including sport for development, will be scaled up to 585 school clusters and communities in 2008 and 2009. A monitoring and evaluation system, communications material and a teacher training curriculum will be developed for SCCFS. UNICEF will also support the Leadership Capacity Development Programme, targeting 5,000 school principals and district education managers. Support will be given to an international conference on school leadership and governance.

The adolescent development programme will demonstrate the impact of sport for development in at least 135 school clusters and will expand to 585 priority school clusters and communities. UNICEF will help to develop a manual for school sport programmes that addresses a range of issues, from HIV and AIDS to general life skills. Multi-purpose playing fields will be built in nine priority rural schools. UNICEF will design and execute a media campaign on HIV prevention together with young people.

**What did UNICEF learn?**

A good working relationship with government partners is vital at all times. The largest public service strike in South Africa’s history in mid-2007 crippled schools, hospitals and public transport, making it almost impossible for work on SCCFS to continue in schools. However, UNICEF’s collaboration with partners grew and the time was used to re-strategise implementation. Space was also provided for the government’s recovery plan to take effect after the strike.

**Funding in 2007**

Total resources: US$ 2,200,695

- Regular resources: US$ 81,233
- Other resources: US$ 2,119,462
Protection for orphans and vulnerable children

FAST FACTS

2.5 million
South African children who have lost a parent

66%
Number of orphaned children who have lost a mother or both parents to AIDS

68%
Proportion of orphaned children who attend school

118,564
Number of children living in child-headed households

41%
Percentage of young people between 12 and 22 years who have been victims of crime


Broken families, vulnerable children

Of all the countries affected by HIV and AIDS, South Africa has the most crushing burden, as a result of having the world’s highest number of HIV infected people – 5.4 million people out of a total population of 47.9 million. Close to 1,000 people die every day as a result of HIV-related illnesses and life expectancy has plummeted by 15 years, from age 65 in 1996 to age 50 in 2005.

As mothers, fathers, aunts and uncles die, they leave behind them an entire generation of orphaned and vulnerable children. South Africa has 2.5 million children who have lost a parent. More than two-thirds of children have lost a mother or both parents to HIV and AIDS. Not surprisingly, the country’s social services have struggled to keep pace with the scale of the crisis and the burden it has placed on communities, families and above all, children.

One of the most treacherous aspects of the AIDS epidemic is how the disease severs the human bonds and social ties that children need to survive.

One of the most treacherous aspects of the AIDS epidemic is how the disease severs the human bonds and social ties that children need to survive. In robbing society of those members most critical to children’s development needs – parents and caregivers – HIV and AIDS is destroying age-old patterns of traditional family, community and social support for children. Vulnerable children not only face the loss of loving and protective adults, but may also face threats of neglect and abuse from other family members, adults and even older children. Stigma, discrimination and poverty mean that children are often denied or discouraged from accessing basic services.

Supporting families and communities

A ‘gogo’ (granny) surrounded by a troop of children of different ages is a common sight in South Africa. South African families and communities carry the weight of looking after orphaned and vulnerable children, with up to 86 per cent of fostered African children being in the care of a grandparent or great-grandparent. Caring for a big family of dependants is not an easy task, especially if one is poor and reliant on social welfare. Many South African families and communities need extra support to be able to carry out their care-giving responsibilities, which is what UNICEF’s Protection for Orphans and Vulnerable Children programme is all about.

The Department of Social Development, with
UNICEF support, is working on a national orphan surveillance system using vital registers to identify maternal orphans – children who have lost their mothers. This will allow for better targeting and monitoring of services for vulnerable children. UNICEF is also helping to establish a pilot information system on orphans and vulnerable children in KwaZulu-Natal in partnership with the provincial Office on the Rights of the Child. How does this activity fit into the overall framework of the National Action Plan for Orphans and Vulnerable Children?

Circles of support

Supporting childcare forums is one of UNICEF’s main strategies in helping communities across South Africa reach out to disadvantaged children. Childcare forums are community groups; their role is to identify vulnerable children, mobilise community support for the children and link them to services and resources.

UNICEF has been working with the Department of Social Development on different models of community care for vulnerable children. One of the biggest challenges for childcare forums is to keep their programmes running and growing. A lot of effort, therefore, has to be put into developing systems, training staff and developing partnerships and links with other community resources.

A pilot training programme for childcare forums, using a team of 15 master trainers and training material in three local languages, was done in 2007 with 120 trainees in different settings around the country. UNICEF and the Centre for Rural Health at the University of KwaZulu-Natal teamed up to assist the Nkandla municipality in developing a system of coordination and support for expanding childcare forums in all of its 14 wards. The Family Literacy Project, an NGO that builds adult and early literacy skills using everyday experiences and materials, developed educational games to communicate health messages on hygiene, HIV and AIDS and accident prevention to illiterate rural women.

A particularly successful model of a childcare forum is the Isibindi Creating Circles of Support project, run by the National Association of Child Care Workers (NACCCW) in five provinces. This award-winning project helps vulnerable families with orphans, child-headed households and homeless and street children access state benefits and services, home and community-based care and psychosocial support. In 2007, more than 100 Isibindi trainers, coordinators, project managers and team leaders were trained and mentored as part of a skills development programme to strengthen the project.

In other parts of the country, childcare forums are also showing promising results. More than 3,600 young orphans and vulnerable children in the Nkandla municipality were reached through a project run by Training Resources in Early Childhood Development (TREE). TREE combines support to orphans and vulnerable children with play and early learning programmes for young children, parenting skills development and training of family facilitators and ECD practitioners. Over 2,000 men were trained to become activists against child abuse and gender violence in the Eastern Cape and KwaZulu-Natal by the Sonke Gender Justice community initiative.
Putting a stop to violence against children and women

It is clear that to end the unacceptably high levels of child abuse and gender-based violence a coordinated and massive response is needed from all sectors of society. In 2007, the National Action Plan to End Violence against Children and Women (NAP) and the 365 Days Programme were launched, making South Africa one of the first countries to develop a comprehensive, multi-sector plan for ending violence against children and women. The plan, developed in partnership with the government, the National Prosecuting Authority, civil society organisations, UNICEF and other stakeholders, has detailed actions, clear targets, indicators, timeframes and a budget.

Turning victims into survivors

The NAP contains a plan for expanding victim support and care, including the scale-up of the Thuthuzela Care Centre (TCC) model. A TCC is a hospital-based, one-stop service for children and women who have been raped. Nurses and psychologists from the Department of Health, a prosecutor and victim support officers from the National Prosecuting Authority and police officers from the Family Sexual Offences Unit staff each centre, helping to heal victims physically and emotionally and transforming them into survivors.

The plan is to increase the number of centres from the existing ten to 80 by 2010. UNICEF has been providing technical and financial support to the expansion, but in 2007 funding constraints made it impossible to set up the 12 additional planned TCCs, an activity which has been postponed to 2008.

In the areas of violence prevention, the Interdepartmental Management Team, Gender Links and UNICEF started a mapping and review exercise of different violence prevention programmes in South Africa. The aim is to identify good practice, which can be replicated nationally.

Public awareness on sexual violence and how it affects young girls was raised through a ten-part documentary series, supported by UNICEF. The ‘Our Stories in Our Own Voices’ films, which feature deeply personal stories of rape and violence by 42 teenage girls, were broadcast on SABC 2 and watched by two million viewers. UNICEF sponsored four of the young girls to attend the Commission for the Status of Women meeting in New York in March 2007, where they had the opportunity to participate in panel discussions and share their experiences of sexual abuse.

Future work

With more funding in 2008, UNICEF will be able to accelerate implementation of activities started this year. In the area of social protection for orphans and vulnerable children, implementation of the National Action Plan for Orphans and Vulnerable Children will be evaluated and planning started for the next phase. UNICEF will continue supporting childcare forums and their rollout across the country. Designing and implementing a creative programme of psychosocial support to orphans and vulnerable children will also be a priority.

UNICEF will continue to support the National Action Plan to End Violence against Children and Women. This will include working with the government to coordinate, raise resources and develop a monitoring and evaluation system for the NPA. Twelve new TCCs will be set up in 2008. Progress made by existing TCCs will be monitored and the effectiveness of training of staff will be evaluated. Models of good practice in the area of violence prevention will be identified and scaled up.

What did UNICEF learn?

The National Prosecuting Authority, our main partner in addressing violence and abuse of children, has played an invaluable role in pushing the violence agenda forward. UNICEF now needs to work with other partners to intensify action, including the Departments of Social Development and Justice and the South African Police Service. UNICEF also plans to develop strong partnerships in the provinces where innovative programmes for violence prevention and response can be evaluated for countrywide replication.

Another key learning lesson is that South Africa has to be better prepared to deal with the escalating numbers of orphaned and vulnerable children. With five million orphans predicted by 2015, government systems to coordinate a comprehensive and holistic approach to the orphan crisis have to be strengthened urgently.
Executive Director visits award-winning programme for orphaned and vulnerable children in South Africa

The poorly lit room is the first thing you notice when you enter this child-headed family household in Katlegong, near Johannesburg, South Africa. But that in no way dims the bright smiles on the faces of the three children aged 16, 13 and 8, their older brother, 21, and their young cousin, who welcomed UNICEF Executive Director Ann Veneman, the visitor from “overseas”, who they had been so eagerly waiting to meet. They immediately struck up a friendly conversation.

That was the scene in the Davey family household when Ms Veneman, accompanied by United States Ambassador to South Africa, His Excellency Eric M Bost, dropped by the home for a chat with the family to hear about their experiences first-hand. Child-headed households have little or no access to basic social services and some 40 per cent of the children in the area are orphaned or vulnerable. Ms Veneman, who was on a four-day official visit to South Africa, was the guest of the National Association of Child Care Workers (NACCW), a UNICEF partner organisation, which has developed a unique model of community-based child and youth care known as Isibindi, in response to the growing numbers of orphans and vulnerable children (OVC) in the country.

“This is a community of about 700,000 people,” said Ms Veneman. “One of the things we learnt today is that it is estimated that over 50 per cent of the children may be orphans. That’s a huge burden on a community, but the community is rallying around to try to provide services to these children.”

Isibindi carers work with orphans and vulnerable children identified through a school outreach programme. Key to its success is that children stay in their own homes and communities. The Isibindi childcare workers teach them important survival skills such as how to prepare meals, how to take care of themselves and younger siblings, how to apply for child support grants and how to stay in school.

Children are also assisted in finding accommodation and are sometimes taken on weekends to visit with volunteer families so that they can experience life in a normal family situation. This much-needed support provides a critical protection and safety net for children and helps reduce the daily stresses imposed on their young lives.

The Isibindi programme, which now oversees some 40 project sites, develops and trains unemployed community volunteers as child and youth care workers to provide emotional support and respond to the needs of OVC. To date, it has trained 575 workers and currently provides services to over 13,000 OVC. The programme has been named a “Best Practice” model by South Africa’s National Department of Social Development.

“This programme, through Isibindi, really helps to provide the childcare workers to help these many, many orphans who are in need”, said Ms Veneman, clearly moved by what she saw.

UNICEF South Africa provides strategic technical support for scaling up the training of community-based Isibindi workers nationwide in cooperation with the Department of Social Development.

At the end of the morning’s briefing and home visit, Ms Veneman shared some heartwarming moments with a small group of Isibindi childcare workers, joining them in a hearty rendition of the song, “We will never give up”.

For the orphans and vulnerable children of Katlegong, that was the best news.

UNICEF Executive Director, Ann Veneman, with members of the Isibindi programme
UNICEF may be a household name in other parts of Africa, but in South Africa the organisation needs to jostle for space with many other powerful brand names and UNICEF’s work with children and women is largely invisible. This was the crux of a market research study concluded in 2007 on UNICEF’s brand impact and reach in South Africa, and this is why UNICEF South Africa has worked tirelessly ever since to strengthen advocacy and branding opportunities.

Establishing co-branding initiatives with major corporate and media partners worth hundreds of thousands of rands was key in raising the profile of the UNICEF brand in the South African landscape. Strategic private sector partnerships forged in 2007 with Soccerex, SuperSport, Woolworths and the Bridgestone Firestone Company helped to broaden our appeal among the South African public and other partners.
Working with the media
Greater media interest in the impact of HIV and AIDS on child survival in South Africa was a result of our bold and vocal approach to issues that deeply concern the well-being of children.

Macharia Kamau, the UNICEF Representative for South Africa, gave a moving overview of the worrying trends in under-five mortality in South Africa to the global press corps in Geneva. The briefing captured exceptional global network coverage and triggered extensive South African news pickup and requests for interviews, even on a weekend when the global news agenda was dominated by the return of Benazir Bhutto to Pakistan.

Three other highlights of the media year provided more grist for the global and national media mill. These were:
• The National AIDS conference in June 2007 and launch of the National Strategic Plan.
• The announcement of South Africa’s top couturier, Gavin Rajah’s, appointment as UNICEF Goodwill Ambassador during Cape Town Fashion Week.
• The UNICEF Executive Director’s visit in October 2007 and her comments on child survival in South Africa.

Other UNICEF-supported activities such as the Prevention of Mother-to-Child Transmission Global Partners Forum, the visit of Marcel Desailly, UNICEF Goodwill Ambassador and international football star, UNICEF’s participation in the Soccerex global expo and the 18th anniversary celebration of the Convention on the Rights of the Child, created extraordinary media demand that saw UNICEF’s presence in live TV and radio interviews, debates, inter-generational dialogues and news stories playing out every day in all sectors of the media. This high media visibility further precipitated demand for comments on hot issues affecting children – from the political legacy of landmines left behind by apartheid forces in Namibia to the deteriorating conditions of some of South Africa’s schools.

Exposure of UNICEF’s work was enhanced even more by the country office’s proactive media relations drive. UNICEF placed cover stories in two special-

Corporate champions for children
SuperSport UNICEF signed an agreement with SuperSport, Africa’s leading satellite sports broadcaster to co-brand the ‘Let’s Play a Million’ campaign. This high-profile advocacy, branding and fundraising campaign on five major radio stations in the top media hubs of the country (Johannesburg, Durban, Cape Town, Port Elizabeth and Bloemfontein) increased public awareness on children’s rights to sport and play by raising funds to buy 100,000 soccer balls for South Africa’s disadvantaged school children. The ultimate goal is to raise one million balls by 2010.

Bridgestone/Firestone Company The South African arm of Bridgestone Firestone, an international car tyre manufacturer, launched a road safety campaign with UNICEF’s support during the holiday season in December. The TV campaign urges motorists to make children’s safety the top priority when travelling by road. Road accidents in South Africa are the third largest cause of unnatural deaths among children under the age of 14.

Soccerex UNICEF and Soccerex, the world’s largest football expo, have joined hands in a major advocacy, branding and fundraising initiative. Gauteng province is hosting the expo for three years in the run up to the 2010 World Cup. UNICEF has co-branding status with the hosts, including free promotion, a free stand, distribution of branded pledge cards for 4,000 delegates and a top speaking opportunity on the main panel with the heads of corporate social responsibility, Street Football World and football star, Marcel Desailly.

Woolworths UNICEF is one of the beneficiaries of a new and exciting Woolworths child-to-child programme, called Kids Changing the World. An immediate goal of Kids Changing the World is to raise ZAR10 million for orphans and vulnerable children by selling buddy bands, priced at ZAR15 each, in Woolworths stores. All profits are channelled to organisations like UNICEF, Heartbeat and the Woolworths Trust.
interest publications, issued more than 50 press and web releases on important country programme initiatives, including the adoption of the Children’s Bill, and documented over 40 media queries and requests for interviews. Further evidence of UNICEF’s heightened profile came from the great demand for the Representative as a speaker at some 30 events across all sectors this year, including the Parliament and the historic Rand Club. Unsolicited proposals for our involvement, endorsement or support for various activities tripled.

The power of fame
UNICEF South Africa appointed Gavin Rajah, the South African fashion designer, as Goodwill Ambassador in 2007. His appointment in August at the Cape Town Fashion Week attracted major coverage from the global and national media. Mr Rajah, who is an avid advocate for the protection of children from abuse and violence, helped UNICEF to negotiate the partnership with Woolworths, estimated at US$ 100,000. Gavin Rajah and UNICEF hosted a luncheon for private donors, Goodwill Ambassadors and new celebrity advocates, Danny K and Nicole Fox, with UNICEF Executive Director Ann Veneman during her visit to South Africa.

At the invitation of the French National Committee for UNICEF, Gavin Rajah has been admitted to an elite group of world famous fashion designers who have made a one-of-a-kind doll for auction to raise funds for birth registration for African children. Mr Rajah created a similar doll for auction in South Africa.

Playing for children
Adopting the sport for development mandate was a natural outgrowth of early attempts to build an advocacy and branding profile for UNICEF in the country which is to host the Soccer World Cup in 2010. Five major sporting platforms provided the country office with outstanding opportunities to create awareness of the UNICEF brand, attract sports partnerships, engage communities and raise funds to improve children’s access to sport and recreation facilities, equipment and training:

- SuperSport’s ‘Let Play a Million’ campaign raised ZAR 1.3 million (US$ 195,000) in a one-day sms fundraiser driven by partnership with five national radio stations. One hundred thousand soccer balls were bought and handed over to disadvantaged schools and communities. UNICEF Goodwill Ambassadors Gavin Rajah and Yvonne Chaka Chaka joined South African sport and entertainment celebrities to record TV and radio public service announcements (PSAs) endorsing the campaign.
- UNICEF raised ZAR 158,000 (US$ 23,600) at a gala dinner organised in partnership with Soccerex. A reel of UNICEF football initiatives and PSAs were shown during the Soccerex expo in Johannesburg and at the UNICEF stand.
- UNICEF’s global partnership with the International Cricket Council (ICC) provided an outstanding opportunity for local branding advocacy and partnerships. By taking world-class players and coaches to communities, UNICEF was able to get front-page cover-

Celebrity advocates
This year, UNICEF had the privilege of bringing on board an impressive line-up of young South African stars from the fields of entertainment and sport to help support our education, adolescent development and child protection programmes. These celebrity advocates help deliver positive messages on responsible behaviour and the importance of staying in school. They also make public appearances to support child-to-child development and sport for development initiatives.

Danny K Since the release of Danny’s self titled solo album in 2001, he has exploded on the South African music scene, releasing multiple award winning albums, performing on the same stage as Josh Groban, Stevie Wonder and Tina Turner, and topping the charts, time and time again. Danny has a passion for inspiring young people and has partnered with UNICEF to promote positive messages on violence prevention, HIV and AIDS and the fight against substance abuse.

Nicole Fox One of South Africa’s most popular radio and TV personalities, Nicole’s interest in putting a stop to the violence and abuse of children and women marries well with UNICEF’s priorities in South Africa. As a celebrity advocate, Nicole will be given a platform to inspire and motivate young people, especially young high school girls among whom she is a much-admired role model.

Malaika Winners of the prestigious Kora Awards and the South African Music Awards in 2005 and 2006, Afro Pop band, Malaika, has a huge following in South Africa and on the continent. Their debut album in 2004 went multi-platinum, a feat that no other South Africa recording artist has achieved. Malaika’s community work includes fundraising for various charities and speaking on platforms that bring them in direct contact with their young fans.
AnnuAl RepoRt 2007

age on the global UNICEF website, the ICC site and many other top sporting web sites and blogs. ICC donated two signed cricket bats to UNICEF South Africa for auction.

- The friendly football match between FC Barcelona and local team Mamelodi Sundowns, in Pretoria in June 2007, precipitated by UNICEF’s growing relationship with the Motsepe Family Foundation, raised ZAR 700,000 (US$ 104,500) for HIV/ and AIDS programmes for children and young people.
- UNICEF’s evolving cooperation with the 2010 Local Organising Committee (LOC) promises to deepen sport advocacy and programming opportunities. UNICEF’s strong partnership with SuperSport has resulted in an even broader engagement for advocacy and fundraising in connection with nine of the participating countries in the African Cup of Nations to be held in Ghana in 2008. SuperSport agreed to broadcast a UNICEF-produced PSA containing a fundraising appeal on children’s education during the event.

National committees stay loyal to South Africa
The country office’s long-term efforts at building and sustaining relationships with UNICEF National Committees have begun to mature. National Committee donations increased from US$ 2.1 million in 2006 to US$ 3.3 million in 2007. Education, long supported by the UK National Committee, received additional funding for infrastructure and for the sport for development initiative. The UK National Committee also pledged support to the PMTCT programme, whilst the German, Swedish and Irish National Committees contributed new funding.

2007 saw National Committee visits from France, Korea, Lithuania and New Zealand. The Representative visited UNICEF’s main donors – the UK, Irish and German National Committees – briefing them on programme initiatives and challenges and filing a menu of project proposals for consideration.

Private sector fundraising
Since UNICEF South Africa does not have large resources of its own, the country office is building strategic partnerships with the South African corporate sector and high profile individuals to go the extra mile.

In a six-month period in 2007, UNICEF raised more than US $200,000 in committed funds for children’s programmes from private companies and wealthy South African individual donors. This represented 80 per cent of UNICEF’s private sector fundraising target for the year.

The newly established on-line donor friendly gateway on the UNICEF South Africa homepage has also contributed to building up a network of individual repeat donors, both in South Africa and abroad.

UNICEF brought on board a professional fundraising specialist in mid-year to help build a donor base in the country. On the basis of market research done in 2006...

An additional US$1.5 million donation from the German National Committee was channelled directly to the Nelson Mandela Foundation in 2007 for the Schools for Africa programme.

UNICEF Goodwill Ambassador Marcel Desailly with Patrice Motsepe, owner of the Mamelodi Sundowns football team at Soccerex.
by Downes Murray International and Research and Planning International, UNICEF South Africa entered the fundraising market with a fundraising strategy focused on first building a limited stable of corporate and trust partners, and then inviting individuals of all income groups across society to give to UNICEF’s work with children. UNICEF South Africa also launched its first-ever e-appeal in December.

Future work
In 2008 UNICEF will carry out two direct marketing campaigns for under-funded programme areas. Three major private sector campaigns, with a strong in-built advocacy component, will also be launched. Sports for Development will be a key feature of the private sector fundraising drive. UNICEF will also continue to strengthen relationships with private donors and UNICEF National Committees by hosting visits in South Africa and maintaining regular contacts with the heads of National Committees.

South African designer Gavin Rajah creates one-of-a-kind doll to benefit UNICEF

South African couturier and UNICEF Goodwill Ambassador Gavin Rajah has created a high-fashion doll to raise funds in support of UNICEF’s ongoing work.

In creating this glamorous gift, Mr Rajah joins a select group of the world’s most prestigious designers who have been commissioned to do the same.

“As a designer, it’s been just great creating something for a child to play with,” said Mr Rajah. “The irony is that it will go towards supporting so many of the children of the world who do not have the simple privilege of being able to play.”

Mr Rajah’s doll is embellished in diamonds and gold donated by Galaxy Jewellers of South Africa, which collaborated with him in the decoration of the doll. Their partnership marks the launch of Galaxy’s ‘Twinkle Twinkle’ line of jewellery developed exclusively for children.

“Through his generous philanthropy and advocacy Mr Rajah continues to champion the rights of children to grow and develop healthy, educated, protected and safe children – not only in South Africa but all around the world,” said UNICEF Representative in South Africa Macharia Kamau.

“We are especially pleased that this generous initiative has come in the year that we celebrate the 18th anniversary of the Convention on the Rights of the Child and extend our heartfelt thanks to Gavin for his support of UNICEF’s work,” Mr Kamau added.

Mr Rajah’s creation was first shown on 29 November in Paris, as part of the Frimousses de Créateurs et Frimousses du Monde, an annual show featuring dolls and designs from fashion luminaries such as John Galliano for Dior and Karl Lagerfeld for Chanel.

The doll was auctioned during an event hosted by UNICEF France Goodwill Ambassador Laeticia Hallyday.
What did UNICEF learn?
UNICEF is slowly and successfully ingratiating its brand into the hearts and boardrooms of South Africans. This exercise is key to sustaining the success of UNICEF’s private sector fundraising and sport advocacy. Opportunities for building relationships abound for the future; however donors and potential donors need creative development and nurturing if they are to become life-long partners.

Funding in 2007

Total resources: US$ 337,604
- Regular resources: US$ 209,559
- Other resources: US$ 128,045

Kumar Sangakkara takes on another major assignment off the cricket pitch

Leading Sri Lanka cricketer Kumar Sangakkara and other team mates taking part in the ICC T-20 World Cup in South Africa had one other major assignment off the pitch – to campaign for children’s needs and rights in the global fight against HIV and AIDS.

On 12 September 2007, they took the campaign to Tembisa in Johannesburg, where they gave a coaching clinic to children on how the values of sport, in particular cricket, can help mitigate the situation of millions of children living with and affected by HIV and AIDS. The coaching clinic was part of the series of initiatives borne out of the ICC, UNICEF and UNAIDS global partnership to raise awareness and help prevent the spread of HIV and AIDS, especially among children and young people.

The campaign, under the banner of “Unite for Children, Unite Against AIDS” now in its second year, uses world class cricket to reach millions of people, including children themselves, policy makers and other role players in the fight against HIV and AIDS.

The campaign stresses the unacceptable levels of HIV and AIDS prevalence among children and young people. It also makes a call to action to de-stigmatise the AIDS epidemic and shows how the values of cricket are applicable responses to AIDS while giving greater visibility to children living with and affected by the disease.

The backdrop to the campaign is the staggering number of more than 1,000 children under 15 dying from AIDS-related diseases every 24 hours. So, far more than 15 million children worldwide have lost one or both parents to HIV and AIDS.

Sangakkara, accompanied by teammates, Chamara Silva, Upul Tharanga and Dilhara Fernando on the Tembisa field coached excited children in the techniques of batting and bowling.
There was Spanish flamenco dancing, African drumming and the unique trumpeting of the South African ‘vuvuzela’ or air horn – called football’s ‘beautiful noise’ here.

But this was not just another football match. Nor was the riotous assembly of colour, cultures and sport just a chance to see some heroes of the game in action.

When 50,000 adoring fans filled Pretoria’s Loftus Stadium for a friendly match between FC Barcelona and the local Mamelodi Sundowns team this week, it was a first for the country that will host Africa’s first World Cup in 2010. And there was more to come.

At halftime in the match – which was seen as something of a dress rehearsal for 2010 – Patrice and Precious Motsepe of the Motsepe Family Foundation handed over a cheque for ZAR 750,000 (US$ 107,000) to UNICEF South Africa. Mr Motsepe is a former lawyer turned businessman whose firm, African Rainbow Minerals, is one of the world’s largest gold-mining companies. Its corporate contribution is unprecedented in UNICEF’s history in South Africa.

Meanwhile, far away from the football field, the real reason behind that gift – and the reason why Barça wears the UNICEF logo on their team uniforms – lies in the missing face of AIDS, a child’s face.

Southern Africa is already dealing with one of the highest levels of HIV prevalence in the world. Startling numbers of orphans and struggling grandparents are raising young children in countries like tiny, land-locked Swaziland, whose very future is threatened by the disease.

To give real meaning to their slogan, ‘More than a club’, FC Barcelona has committed US $1.9 million to UNICEF every year for the next five years to fund HIV and AIDS programmes in Swaziland and elsewhere.

Hence the UNICEF logo on their jerseys, which seems to have added to the demand for Barça t-shirts. Even Africa’s most famous son, Nelson Mandela, was keen to get his. When he met the Spanish football team and got a personalized Barça shirt, Mr Mandela said: “My name next to UNICEF is what I like the most.”

After a thrilling match against the Mamelodi Sundowns home team and a 2–1 victory for the visitors, Barça’s heroes left more than their t-shirts behind. They also generated new awareness among their fans – awareness that will help score goals for children affected by HIV and AIDS as South Africa, the rainbow nation, gets ready for 2010.
UNICEF contributes to knowledge sharing by documenting and communicating best practise in a number of key areas related to child survival, development and protection. In 2007, several studies and research projects were supported:

- **Assessment of the psychosocial, social and development needs of babies and young children and their caregivers living with HIV and AIDS in South Africa** – The study stresses the importance of psychosocial care for HIV-positive babies and young children and will be used to design a training programme for health practitioners.

- **Baseline study on the access of eligible HIV-infected children to HIV care and treatment (ongoing)** – The findings of this study will be used to inform the development of a plan to accelerate paediatric care and treatment in South Africa.

- **Evaluation of the Family Literacy Project** – The results demonstrated that the use of games for health education were successful in teaching illiterate mothers hygiene habits such as hand washing and purifying water, accident prevention and HIV and AIDS awareness.

- **Evaluation of the Girls Education Movement** – The evaluation has been used to strengthen GEM in South Africa: a monitoring and evaluation system was developed for the next three years and 21 national and provincial gender focal points have been trained to track GEM activities.

- **Getting Down to Basics: principles and strategies for inclusion of children on antiretroviral treatment in the education system and support for other children affected by HIV and AIDS** – The study was used as a basis to develop a national strategy for including children living with HIV and AIDS in the education system, especially the foundation phase.

- **The ‘Kesho Bora’ study (ongoing)** – South Africa is part of this four-year multi-country research project that tests different ART drug regimes to reduce post-natal mother-to-child transmission of HIV.

- **Rapid assessment of cell phones for development** – There are over 30 million cell phone subscribers
Supplies are essential to fulfill children’s rights. A child needs simple tools such as a pencil and exercise book to attend school and vaccines to be immunised against childhood diseases.

UNICEF is a world leader in the procurement of supplies for children and assists development partners to procure quality, value-for-money supplies from reliable manufacturers.

In South Africa, the Pretoria Procurement Centre (PPC) assists the South Africa country office for its procurement and provides services to UNICEF country offices in the Eastern and Southern Africa region. In 2007, the PPC was approached by more than 31 different countries, with Zimbabwe, Angola, Eritrea, the Democratic Republic of Congo, Malawi and Madagascar requesting substantial assistance. The major commodities purchased were goods for which high quality can be obtained in South Africa. They are either produced in the country or sourced from an agent in South Africa and include printing services, vehicles, school furniture, water purification chemicals, to name a few. The total value of procurement in 2007, including shipping costs was US$8.3 million.

Several countries were faced with humanitarian emergencies in 2007. The PPC and the UNICEF Regional Office for Eastern and Southern Africa began coordinating with other UN partners and NGOs on how best to respond with a range of emergency goods, including making long-term arrangements with suppliers for standard commodities and, if necessary, reviving warehouses to stockpile supplies.

### How UNICEF tracks results for children

Reliable and up-to-date information is vital to changing the world for and with children. UNICEF plays a leading global and country-level role in strengthening methodologies for tracking and assessing progress toward the MDGs, the goals of ‘A World Fit for Children’ and other global and national commitments.

In South Africa, UNICEF is working with the Office on the Rights of the Child in the Presidency, Statistics South Africa and the Department of Social Development on various monitoring and evaluation tools:

- The Children’s Institute at the University of Cape Town has been contracted to carrying out a situation analysis of children and women, the second of its kind in South Africa. The first situation analysis was published in 1997. The study will be used as a key reference document for updating the National Plan of Action for Children and other national, regional and international children’s rights reports when it is completed in 2008.
- The Department of Social Development, with support from UNICEF, is working a comprehensive monitoring and evaluation framework for the new Children’s Act, which will come into force in mid-2008.
- UNICEF has invested significantly in the development of DevInfo, an advanced database management system to help partners keep track of commitments towards human development. The software package has been endorsed by the United Nations as the most effective monitoring tool for tracking a country’s progress towards the MDGs.
**Finances**

Total resources: US$ 7,849,540
- Regular resources: US$ 987,275
- Other resources: US$ 6,862,265

Total funding 2007

**Government Donors (2007)**

<table>
<thead>
<tr>
<th>Government</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
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</tr>
<tr>
<td>France</td>
<td>198,092</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1,148,467</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,354,989</strong></td>
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</table>

**National Committee Contributions 2007**

<table>
<thead>
<tr>
<th>National Committee Donor</th>
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<tbody>
<tr>
<td>French</td>
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</tr>
<tr>
<td>Dutch</td>
<td>311,234.78</td>
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<td>United Kingdom</td>
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**Distribution of funding per programme area by National Committees (2007)**

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<th>French</th>
<th>Dutch</th>
<th>UK</th>
<th>US</th>
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<td><strong>Total</strong></td>
<td><strong>68,267</strong></td>
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<td><strong>871,028</strong></td>
<td><strong>731,867</strong></td>
<td><strong>1,164,848</strong></td>
<td><strong>103,959</strong></td>
<td><strong>14,463</strong></td>
</tr>
</tbody>
</table>

**Distribution of funding per programme area by governments (2007)**

<table>
<thead>
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<th>Programme</th>
<th>Greece</th>
<th>France</th>
<th>UK</th>
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<tbody>
<tr>
<td>Protection</td>
<td>8,430</td>
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<tr>
<td>Education</td>
<td>-</td>
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<td>Child Survival</td>
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</tbody>
</table>
Funding for the new country programme 2007-2010

Trend in the gap between OR RR finding, per year

OR Allotment
RR Allotment
Endnotes

1 Development Indicators: Mid-Term Review, The Presidency, Republic of South Africa, 2007
2 Labour Force Survey, March 2007, StatsSA
3 Ibid
4 Social grants stats as of 30 September 2007, www.sassa.gov.za
5 Income and Expenditure Survey 2006, StatsSA 2008
6 General Household Survey, 2005
7 Public hearings on school-based violence, submission made to the South African Human Rights Commission by the Centre for Justice and Crime Prevention.
8 Demographic and Health Survey, 2003
9 Every death counts: Saving the lives of mothers, babies and children in South Africa, Dept. of Health, Medical Research Council, Save the Children Fund, University of Pretoria, UNICEF, 2007
10 Ibid
11 Ibid
12 Ibid
13 Ibid
15 Ibid
16 Demographic and Health Survey, 2003
17 Development Indicators: Mid-Term Review, The Presidency, Republic of South Africa, 2007
18 Every death counts: Saving the lives of mothers, babies and children in South Africa, Dept. of Health, Medical Research Council, Save the Children Fund, University of Pretoria, UNICEF, 2007
19 National HIV and Syphilis Antenatal Sero-Prevalence Survey 2006, Dept. of Health
20 National HIV and Syphilis Antenatal Sero-prevalence Survey in South Africa, 2006, Department of Health
21 Ibid
22 Estimates by the Actuarial Society of South Africa, 2006
23 Ibid
24 Human Science and Research Council, 2005
26 Crime Situation, 2007, South African Police Services
29 UNGASS Country Progress Report, Department of Health, 2008
30 Case study courtesy of ‘Conceptual Framework: Early Childhood Development Centres as resources of care and support for poor and vulnerable young children and their families, including orphans and vulnerable children’, Departments of Education and Social Development and UNICEF, 2006
32 Estimates by the Actuarial Society of South Africa, 2006
34 UNGASS Country Progress Report, Dept. of Health, 2008