“We at UNICEF believe that investing in children is the best way to develop a nation and ensure that future generations break out of the vicious cycle of poverty, violence and disease.”

Aida Girma, UNICEF Representative
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This year, the world celebrated the 20th anniversary of the Convention on the Rights of the Child (CRC) – the historic event that led to all countries of the world except two to unite in their commitment to uphold and realise the rights of all children. South Africa ratified the CRC in 1996, and since then the country has emerged as a leader in creating child-friendly laws and policies that offer immense opportunities to improve the lives of children and women.

Yet there are great challenges. Progress towards the Millennium Development Goals is uneven though the government has invested huge resources and put in place policies, laws and programmes to improve education, healthcare, water and sanitation and to reduce crippling poverty.

Poverty is widespread and continues to deny many children their human rights. Around 65.5 per cent of children are poor, according to Statistics South Africa.

South Africa is one of the few countries in the world where child mortality rates have increased since 1990. Children continue to die of preventable diseases, with HIV infection and neonatal causes at the top of the list of child killers.

Poor quality of education and high levels of violence and abuse in and around schools continue to compromise children’s right to development. Early childhood development programmes are growing but still only reach 16.9 per cent of children under the age of five.

Children’s rights to protection from abuse, violence and exploitation is one of the most challenging areas of South Africa’s development. Violence against children remains pervasive, child labour is prevalent and child trafficking is a major concern.

Upholding children’s rights is not only fundamental for their development and well-being, it is also pivotal to creating a world envisioned by the Millennium Declaration – a world of peace, equity, security, freedom, shared responsibility and respect for the environment. In short, a world fit for children.

We at UNICEF believe that investing in children is the best way to develop a nation and ensure that future generations break out of the vicious cycle of poverty, violence and disease. In South Africa, we continue to work closely with government and other partners to achieve a ‘South Africa fit for children’.

In 2009, the UNICEF country programme achieved a number of successes with a positive and lasting effect on children’s lives.

Renewed energy for mother and child HIV services
2009 saw a welcome change in the government’s healthcare focus towards improving mother, newborn and child health and significantly accelerated efforts to achieve this. The new South African leadership committed firmly to scaling up HIV prevention, treatment and care services for children and women, a move that UNICEF applauded and that will help us make a significant impact in reducing mother-to-child transmission of HIV and bringing life-saving antiretroviral treatment to babies and children living with HIV.

At the government’s request, a high-level UN review of the public health sector’s HIV and AIDS response was carried out. This critical exercise, which drew on the global experience and expertise of the United Nations Children’s Fund (UNICEF), the World Health Organisation (WHO), the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), identified key priorities such as offering comprehensive HIV services for children and women through the primary healthcare system.

The Department of Health, with UNICEF support, has already started piloting a down-referral model of prevention of mother-to-child transmission of HIV and paediatric HIV services, with the aim of offering these services beyond the current 400 accredited sites to all of the country’s primary health clinics.

Back to basics
Another victory for children and women was renewed attention to the

What We Achieved in 2009
primary healthcare system, which serves the majority of South African people but has been neglected at the expense of hospital care. UNICEF committed itself to helping the government and partners develop an effective approach to bolstering the sector, using community health workers as the frontline of primary healthcare. Work started on modelling this community-based intervention to inform national policy and planning.

The ‘back to basics’ approach to children’s and women’s healthcare also resulted in more than three million children being reached by the 2009 Child Health Week. The campaign brought Vitamin A supplementation, de-worming and catch-up immunisations, including the measles vaccination, to children who may otherwise have missed out on these life-saving services.

A stronger education system
The Department of Education continued to be a strong partner in the Safe and Caring Child-Friendly School programme, an initiative that promises to turn around thousands of struggling public schools. In 2009, progress was made in institutionalising the Safe and Caring Child-Friendly School framework – provincial roll out plans were put into place and child-friendly indicators included in the Education Management Information System.

UNICEF’s investment in young children saw community-based models for early childhood development being identified and reviewed, ready to inform the expansion of different kinds of early childhood development programmes.

Alliances between girls and boys are spreading through the Girls and Boys Education Movement (GEM/BEM), where peer education and support shows great potential in protecting vulnerable teenagers from HIV, abuse, violence and pregnancy. UNICEF’s support for Sport for Development presents exciting opportunities to use the 2010 FIFA World Cup as a platform to reach adolescents with information and life skills through sport and play.

Working towards a safer South Africa for children
In 2009, UNICEF aligned itself in support of implementing three recent pieces of legislation – the Children’s Act, the Sexual Offices Act and the Child Justice Act. These laws form the foundation of a comprehensive child protection framework on par with the best in the world. Work began on strengthening national capacity to translate the laws into effective interventions for children.

South Africa also launched its second Situation Analysis of South African Children in April 2009. The study, which acknowledged the tremendous gains made in realising children’s rights but also emphasised that more needs to be done, is being used as a key tool to update the National Plan of Action for Children.

Doing the groundwork
Our work in social and economic policy led us to analyse how the economic recession is affecting children and what can be done to mitigate any negative impact. Of key importance was support to a public expenditure tracking survey of early childhood development services, the first of its kind in South Africa. Work also began on the Child-Friendly Communities initiative, which can help local government transform communities into safe, fun and healthy spaces for children.

Maturing partnerships
UNICEF’s partnerships with the private sector, NGOs and academic institutions grew in strength in 2009. Major partnerships to advance children’s rights were established around the FIFA World Cup. Close to a million US dollars was raised from our local corporate and individual donors. Partnerships with leading think tanks and research institutions, as well as civil society, enabled UNICEF to generate evidence for high impact children’s and women’s programmes. Greater participation from UN sister agencies helped to strengthen the support of the UN family to South Africa’s realisation of children’s rights.

The road ahead
As we move forward to an exciting year of hosting the FIFA World Cup, let us keep our focus on what children and women need in the long term. South Africa has the right ingredients to achieve the Millennium Development Goals if the current commitment is kept, stronger focus placed, and sustained financial resources are allocated to proven high impact programmes for children and women.

Aida Girma
Representative
To be a child in South Africa is to walk a fragile path to adulthood. The country is home to nearly 19 million children, many of whom are vulnerable. Two-thirds of all children live in poverty – many in homes with unemployed, single, chronically sick or elderly parents and caregivers. Poverty collides with the country’s severe AIDS epidemic, high unemployment and poor service delivery to create great hardship for thousands of South African families.

Much effort has gone into improving the welfare of children and their families over the past 15 years. South Africa has some of the most progressive policies and laws to protect children against child rights violations. The government is addressing the worst poverty through a massive social grants system, which grows in strength every year. Social grants increased from 2.5 million recipients in 1998 to 13 million in 2009. Much of the increase was due to the expansion of the child support grant, which reached nine million children under the age of 15 in 2009.

Primary healthcare is free for pregnant women and children under the age of six. The poorest children are exempt from paying school fees, a policy that aims to increase enrolment and retention of children who would otherwise be destined for a bleak future.

But despite the government’s huge social investments, South Africa’s entrenched structural problems, inherited from the apartheid era, continue to undermine children’s survival, development and protection. South Africa is still a very unequal society, with the richest 20 per cent of the population earning two-thirds of the country’s income. Many ordinary people are being left behind by the country’s development. Progress towards the 2015 Millennium Development Goals (MDGs) is uneven, with children bearing the consequences of unmet promises.

Child survival is the gold standard for measuring the likelihood of achieving the MDGs. In South Africa, mortality rates for children under the age of five have remained almost the same over the past two decades. One in 15 children dies from diseases that could be prevented. Intestinal infection, flu and pneumonia are the major child killers and HIV-related illnesses account for a large proportion of child deaths.

A perturbing statistic is that 22 per cent of under-five deaths happen in the first month of life – the neonatal period – mainly as a result of poor quality of newborn care. If care of newborns and services to prevent mother-to-child
transmission of HIV were improved and scaled up significantly, close to 50,000 babies would be saved every year from 2015 onwards.

The country’s Expanded Programme of Immunisation (EPI) works to combat vaccine-preventable diseases. In 2009, the Department of Health introduced three new vaccines to prevent the most common forms of pneumonia and diarrhoea.

The District Health Information System showed that 84.2 per cent of children under one completed their primary course of immunisation in 2007/08. But an outbreak of measles in 2009, which affected more than 2,650 people, raised questions. Survey findings suggest that immunisation coverage is much lower and that the EPI system is not functioning well.

Child survival and maternal health are two sides of the same coin. Children need healthy mothers for their own optimal health and growth. Sadly, maternal mortality in South Africa is high and on the rise. With it, babies are dying or becoming orphans. The latest UN figures estimate that one in 250 women dies during pregnancy or childbirth. AIDS-related diseases account for 23 per cent of all maternal deaths, followed by complications of pregnancy-related hypertension.

Pregnant women are dying despite high coverage of antenatal care and the fact that 95 per cent of women give birth in hospitals and other medical facilities. Around 38 per cent of maternal deaths could be avoided by providing better health services. This has spurred the Department of Health to introduce a 10-point plan to improve the quality of healthcare for mothers and babies and include a strong community outreach programme.

Basic education and gender equality
South Africa is on track to achieve the MDGs on universal primary education and promotion of gender equality. Educational opportunities for children from previously disadvantaged backgrounds improved considerably with the birth of the new democracy. The country prioritised girls’ education, resulting in almost as many girls being enrolled in primary school as boys. In secondary school, girls outnumber boys.

The government spends huge resources on the education sector – around 5.4 per cent of its gross domestic product in 2008/09. However, this significant level of investment is not matched by results. Students’ academic achievements are poor and South Africa consistently scores low on international literacy, reading and numeracy assessments.

The poor quality of education undermines children’s ability and desire to learn. Many children experience a broken journey through school, interrupted by irregular attendance, absent teachers, teenage pregnancy and abuse and violence in and around schools. South Africa’s high levels of poverty continue to deny thousands of
children access to quality education. Around 27 per cent of public schools do not have running water, 78 per cent are without libraries and 78 per cent do not have computers.

Investment in early childhood development is beginning to yield results, although only 16.9 per cent of children under the age of five have access to day care, crèches, preschools and early childhood development centres. The government has put early childhood development high on its list of priorities, with funding for the sector projected to grow substantially in the next few years.

The government is also committed to offering Grade R in every school in South Africa. Enrolment in this reception year, which caters for children between five and six years, currently stands at 50 per cent in public and independent ordinary schools.*

Child protection
South Africa still has high levels of violence against its women and children, despite a world-renowned Constitution and a legislative overhaul that safeguards women’s and children’s rights.

Around 50,000 children were victims of violent crimes in 2008/09, according to the South African Police Service. Crimes of a sexual nature are the most frequent. Yet such crimes are committed in a climate of relative impunity: amongst the small proportion of rapes that actually get reported, no more than one in ten result in a conviction.

* EFA Country Report, 2009: South Africa

Social attitudes and behaviour at times condone child abuse. An example of this is parents’ use of corporal punishment. Young children are often smacked, hit and, in the worse cases, beaten, despite evidence of the devastating and long-term impact such abuse has on children’s self-esteem and development.

Furthermore, a Department of Labour survey estimates that around 850,000 children in South Africa are engaged in some form of child labour, often of a hazardous nature or to the detriment of the child’s full development. Other violations, which are often reported in the media, are harder to monitor; child trafficking, forced marriage and gang violence.

The country’s high prevalence of HIV and AIDS has resulted in equally
In 2009, President Jacob Zuma and the Minister of Health, Dr. Aaron Motsoaledi, made a historic shift in the government’s stance on HIV and AIDS.

High rates of orphaned children. Around 3.7 million children have lost one or both parents, many to HIV-related illnesses. Most orphans live in extended families, already under stress due to the impact of the pandemic. Childhoods are stolen as children take on adult roles, drop out of school and go without healthcare and good nutrition.

HIV and AIDS and children

In 2009, the Government of South Africa made a historic shift in its stance on HIV and AIDS. On October 15, 2009, its Cabinet committed to accelerating the national AIDS response and to meeting the targets of the HIV and AIDS and STI Strategic Plan by 2011. Also, on World AIDS Day, President Zuma announced that all children under one year of age will receive treatment if they test positive, regardless of the level of their CD4 counts. All pregnant HIV-positive women with a CD4 count of 350 or with symptoms regardless of CD4 count will also have access to treatment. These measures will become effective from April 2010.

With 5.2 million people living with HIV and AIDS and close to half a million new infections in 2009, the country continues to have the largest burden of HIV and AIDS in the world. The epidemic has levelled off at a high prevalence of 17 per cent for the adult population and 29 per cent among pregnant women attending antenatal clinics.

The good news is that HIV prevalence is declining among children and teenagers. For example, HIV prevalence among children between two and 14 years decreased from 5.6 per cent in 2002 to 2.5 per cent in 2008. This is most likely a result of several successful HIV prevention measures such as prevention of mother-to-child transmission (PMTCT).

There is also evidence that twice as many South Africans were aware of their HIV status in 2005 than in 2002. Another very encouraging trend is the dramatic increase in condom use among young people, with 87 per cent of males and 73 per cent of females reporting condom use during their last sexual encounter in 2008.

Nonetheless, HIV prevalence remains disproportionately high for girls and women. Girls and women in the 15 to 24 age group are four times more likely to be infected with HIV than boys and men. Sex with older men – an important risk factor for HIV infection – increased substantially, from 18.5 per cent of teen girls in 2005 to 27.6 per cent in 2008. Surveys have also reported that accurate knowledge about HIV transmission is worsening.

South Africa has the largest antiretroviral treatment programme in the world. By the end of July 2009, close to 800,000 adults and 76,000 children under the age of 15 were receiving free treatment. It is estimated that half of adults and two-thirds of children in need of antiretroviral medication are getting it, while 42.5 per cent of children are receiving co-trimoxazole, an antibiotic that prevents opportunistic infections in children who have been exposed to or are infected with HIV.
Musina, South Africa, March 2, 2009
Gift Dube (not his real name) was 11 when his father abandoned the family and his mother died. Six years later, he is still on his own in the South African border town of Musina, where thousands of Zimbabweans have joined him as economic crises and a cholera outbreak force a massive migration from their country.

Gift has managed to eke out a bare existence, roaming the streets of the town with a band of unaccompanied children. He yearns for an easier life and a night without hunger.

“All I want is to eat some nice food and to go to school,” he says. “I also miss my mother.”

Migrant children left to cope
The journey to South Africa is fraught with all the dangers of illegal border crossing. Many children, especially girls, are at the mercy of bus operators, truck drivers and traffickers who smuggle them into the country. UNICEF’s community-based partners say children as young as five years of age make the journey. They are usually in the company of teenaged friends or family members, but sometimes they get separated and are left to cope on their own. Those who arrive unaccompanied typically have no form of documentation, making it difficult for them to obtain asylum.

Arriving children gather at the Musina ‘showgrounds’, a dusty space in the centre of town, along with thousands of other asylum seekers. They camp out in the open air, exposed to the weather and without water or sanitation facilities. Here, they wait for the formal recognition by South African authorities that will allow them to stay in the country. Asylum is by no means guaranteed, however. Many children, fearing deportation, avoid the local authorities altogether.

Child protection at Musina
UNICEF estimates that between 1,000 and 2,000 children in Musina need assistance, and the organisation has stationed a child protection specialist to aid unaccompanied minors in close collaboration with the United Nations High Commission for Refugees, the International Office for Migration and Save the Children Fund.

“UNICEF is particularly concerned about the protection of girls,” says UNICEF South Africa Chief of Child Protection, Stephen Blight. “Many are at high risk of abuse, particularly those who are without family care or whose lack of documentation makes them vulnerable to exploitation.”

To help protect these children, UNICEF is strengthening documentation and registration procedures for them. It is also working closely with Save the Children to ensure that 13 drop-in centres established in and around Musina are child-friendly and equipped with caregivers.

In addition, UNICEF is working to address congestion in schools like Bonwa-Udi Primary, which has enrolled about 100 displaced Zimbabwean children seeking an opportunity to continue their education. UNICEF is providing mobile classrooms to help accommodate them. In the end, the aim of these and other efforts is to help realise some measure of hope for vulnerable children like Gift.
Programmes
Eyes on the budget

To work on child rights means having enough resources to do the job well. This is why UNICEF involves itself with the issue of national budgets. Analysing and building budgets from a human rights perspective is how UNICEF strives to leverage resources for children’s programmes.

As part of efforts to expand access to and improve the quality of early childhood care and learning services, UNICEF supported a public expenditure study of early childhood development in 2009. This is the first of its kind in the country. The study tracked funding from its source right down to the level of service delivery in communities. It produced a number of tools that will be used to better target early childhood development services and increase resources for the sector.

The report will be presented to the government in early 2010 as a key component of policy reform to boost the early childhood development sector. UNICEF and partners have an advocacy plan in place to make the best use of the study’s findings.

Policy consultations, including a roundtable on policy priorities for children, were also an important part of UNICEF’s child rights advocacy in 2009. UNICEF and the National Treasury came together to continue with various aspects of budget analysis for children. A partnership was formed with the Department for Social Development to develop ways of addressing the many types of child deprivation that exist in South Africa.

A lifeline for many

The child support grant – one of South Africa’s main social protection instruments – acts as a critical lifeline for poor and vulnerable children in the face of high poverty and unemployment. The grant reached nine million children in 2009 and will be broadened further to include children up to the age of 18 in 2012. UNICEF is a strong advocate for the extension of the child support grant to cover all children, a policy which the government has now adopted.

Many families and children still find it difficult to access the grant. Between 20 and 30 per cent of eligible children are excluded because of lengthy registration processes. UNICEF is working with the South African Social Security Agency to analyse and address these barriers. An impact evaluation of the child support grant is under way to determine how families are using it and how the grant can become more effective. A priority is to make it easier for orphaned children between birth and two years to benefit from the grant.

Another area of UNICEF support is employment-based social insurance for children. UNICEF is helping to change legislation to make it easier for children as dependants or surviving beneficiaries of their parents’ pension funds to claim what is rightfully theirs. This is particularly important when thousands of children are
losing their parents to AIDS-related diseases. The focus for 2010 will be to make sure that orphans are paid out the entitlements that their parents worked for.

**Keeping the focus on the vulnerable**

In 2009, UNICEF turned its attention to the effect of the economic downturn on children and women. More than ever, efforts are needed to ensure that the interests of the poor and vulnerable are not swept aside in the rush to save the economy.

UNICEF teamed up with the Fiscal and Financial Commission of South Africa to assess the impact of the economic recession on child poverty. The voices of children and poor families were captured in a complementary qualitative study. The findings will be used to rally members of parliament (MPs) and government departments to keep a focus on children and women as they plan the country’s economic recovery programme.

**Child-friendly communities**

The government, with support from UNICEF, is exploring the possibility of implementing the Child-Friendly Community Initiative in South Africa. The initiative helps to guide local government in including children’s rights as a key component of their goals, policies, programmes and structures.

UNICEF is working with a range of partners to design and implement the programme, starting with selected municipalities in 2010. The aim is to develop a national accreditation system on the basis of which municipalities in all parts of the country will be designated as ‘child-friendly’ (or not). UNICEF is also drawing on experience from Brazil and other UNICEF country offices in implementing the Child-Friendly School Initiative in South Africa.

**Supporting parliamentarians to be child advocates**

Investing in children is the foundation of a more just society and contributes to long-term economic growth and development. Within this framework, parliaments and their members have a unique responsibility: to make sure that government dedicates the human and financial resources needed to realise children’s rights.

UNICEF, as a leading advocate for children, is ideally positioned to work with MPs and lobby for child-friendly budgets and legislation. In South Africa, a strong partnership has been developed with Parliament, especially the Portfolio Committees on Women, Youth, Children and People with Disabilities and on Basic Education. During 2009, a child rights manual and a handbook on the MDGs to reduce child mortality and improve maternal health were prepared as a resources for parliamentarians. UNICEF also provided information to MPs and other partners on various aspects of the Convention on the Rights of the Child.
Healthcare solutions that save lives

A child’s right to life is more than just combating disease. It is also about healthy growth and development. To stay alive and flourish, children need love, sound nutrition, hygienic and safe living conditions and access to high impact yet relatively low cost healthcare programmes.

During 2009, UNICEF worked with the National Department of Health to accelerate the delivery of proven high impact health and nutrition interventions. Preventing the transmission of HIV infection from mother to baby is one of them.

A national acceleration plan for PMTCT services in 14 districts with a high HIV burden was developed. The plan puts priority on rolling out dual prophylaxis and Highly Active Antiretroviral Therapy (HAART) in primary healthcare clinics; integrating PMTCT into community-based mother, baby and child healthcare programmes; and creating greater public demand for PMTCT services.

Intensified efforts to deal with the impact of HIV and AIDS on the most vulnerable are paying off. The coverage of HIV services for children and women is increasing, with South Africa likely to reach the 2010 targets for PMTCT and paediatric HIV treatment set by the United Nations General Assembly Special
Session on HIV and AIDS. These are:

- Seventy-four per cent of HIV-infected pregnant mothers receive antiretroviral prophylaxis to reduce the risk of mother-to-child transmission.
- Sixty-six per cent of the children who are eligible for HIV treatment get it.

A UN-supported review of the South African health sector’s response to HIV and AIDS led to a more effective national PMTCT acceleration plan. The study’s recommendations of making PMTCT services part and parcel of mother and child health programmes and of offering comprehensive HIV and AIDS services for mothers and children through the primary health-care system were included in the plan.

A first for South Africa

In September, more than three million South African children between the ages of one and four were reached with a package of high impact interventions known to reduce disease and death. This included Vitamin A supplementation, catch-up immunisations, de-worming and growth monitoring. These integrated services were delivered through the Child Health Week, launched for the first time in South Africa in 2009. UNICEF advocacy and technical support were instrumental in making this happen. Child Health Week is a yearly mass campaign aimed at improving child survival.

Helping mothers to breastfeed

‘Breast is best’ when it comes to nourishing babies and protecting them from malnutrition and disease. The Baby-Friendly Hospital Initiative (BFHI) declared more than 40 per cent of South Africa’s 545 maternity facilities as ‘baby-friendly’ in 2009. This international programme, which is sponsored by WHO and UNICEF, encourages and recognises hospitals and birthing centres that support women to breastfeed their babies.

UNICEF supports the BFHI in South Africa by helping to revise assessment tools, orientate assessors and accredit maternity units. In 2009, 150 medical doctors, paediatric nurses and dieticians from five provinces were trained on the management of severe and acute malnutrition, including an orientation on community-based management of malnutrition for early identification and optimal management of malnourished children.

Advocating for positive change

Keeping mothers and newborn babies alive requires, among other things, changes in hospital practice. UNICEF and other partners succeeded in advocating for a change in policy to extend a mother’s hospital stay after delivery from six to 24 hours. Plans are in place to pilot this policy in selected district hospitals and maternity units before national rollout.

In addition, successful advocacy also resulted in the rollout of HAART for pregnant HIV-positive mothers in primary health clinics in KwaZulu-Natal and Limpopo provinces. The aim is to reduce AIDS-related maternal deaths.

A study on PMTCT was carried out by the Centre for AIDS Development, Research and Evaluation and Johns Hopkins Health and Education South Africa with UNICEF support. The
findings show that much more needs to be done at community and household level to increase awareness of PMTCT and the various modes of HIV transmission, and most importantly, to improve understanding of how to practice safe infant feeding in the context of HIV.

Partnerships for child survival
UNICEF relies on a broad range of partners to fulfil its mission and create the best results for children. In 2009, a number of collaborative projects bore fruit, helping to develop more effective mother and child healthcare models and improve the capacity of partners.

UNICEF worked with the Department of Health and strategic partners like the Centre for Disease Control and Prevention, non-governmental organisations (NGOs), academic institutions and donors to strengthen community-based maternal, neonatal and child survival and accelerate PMTCT implementation. An impact evaluation of the national PMTCT programme and the development of a framework for community-based Integrated Management of Childhood Diseases are planned for 2010 and 2011.

UNICEF teamed up with academic institutions and trained their experts on evidence-based planning and budgeting for health-related MDGs using the Marginal Budgeting for Bottlenecks (MBB) tool. Gauteng and KwaZulu-Natal provinces developed operational plans on maternal, neonatal and child survival.

Using the MBB tool, Gauteng province submitted a bid for R600 million (US$ 80 million) to support the implementation of its operational plan in 2010. KwaZulu-Natal province requested UNICEF to support a public health expenditure review to leverage the required R2 billion (US$ 266 million) from internal resources.

LIGHT AT THE END OF THE TUNNEL – SAVING BABIES FROM HIV

Eight years ago, the Government of South Africa launched the national PMTCT programme to reduce new HIV infections in infants and young children in a country where AIDS was quickly becoming the leading cause of death. South Africa is among the few countries in the world that have made no progress on MDG 4 of reducing under-five mortality by two-thirds from 1990 levels. HIV-related diseases are responsible for 45 per cent of all deaths among children under the age of five.

South Africa has ambitious goals to turn the tide against HIV and AIDS. The National Strategic Plan on HIV and AIDS aims to bring down new HIV infections by 50 per cent and the mother-to-child transmission rate to less than five per cent by 2011.

A concrete way forward has been mapped by a PMTCT Acceleration Plan developed by the Department of Health with UNICEF support. It includes key strategies to overcome health systems bottlenecks such as improving health management leadership and accountability and integrating PMTCT in community-based maternal and child survival services.

The programme has been rolled out nationally: all districts, all hospitals and over 90 per cent of primary healthcare facilities provide the full package of PMTCT services, either on site or through referral linkages. These services include contraceptive services to prevent unintended pregnancies, HIV testing of pregnant mothers attending antenatal care, clinical staging and CD4 cell count of HIV positive pregnant women to assess their eligibility for antiretroviral therapy, antiretroviral drugs for HIV prevention and treatment of mothers and infants, co-trimoxazole prophylaxis to prevent opportunistic infections and Dried Blood Spot PCR testing for early diagnosis of HIV in infants. A manual on standard operating procedures on how to take blood from infants for the HIV test was finalised and distributed in 2009.

By the end of December 2008, 73 per cent of the estimated 200,000 HIV-infected pregnant mothers and 54 per cent of their infants received antiretroviral prophylaxis to reduce the risk of mother-to-child transmission. In addition, two studies looking at the impact of the programme revealed that South Africa is well on track to achieve international targets of reducing mother-to-child transmission by half by 2010. HIV prevalence is also on the decrease in children between two and 14 years – from 5.6 per cent in 2002 to 2.5 per cent in 2008. Nearly 70 per cent of HIV-positive children who need treatment are currently receiving it.
During 2009, South Africa had three main public health emergencies to which UNICEF responded quickly and helped to avert needless deaths.

In partnership with the University of the Western Cape, 200 health professionals were familiarised with the management of severe and acute malnutrition. A tool for monitoring programme implementation was developed for health clinics.

UNICEF and the Medical Research Council began work on an integrated district model of maternal, neonatal and child survival in Mpumalanga province. The model is due for completion and evaluation in 2010.

Emergency response

During 2009, South Africa had three main public health emergencies to which UNICEF responded quickly and helped to avert needless deaths.

Cholera: In 2008, Limpopo province was struck by a cholera outbreak, which rapidly spread to all the nine provinces in 2009. The outbreak affected over 12,000 people and more than 50 people died.

UNICEF’s technical and financial support to the government contributed to the development of the national cholera contingency plan and the work of a multi-sectoral cholera outbreak committee. UNICEF supported assessments of children’s and women’s access to healthcare, safe water, proper sanitation and hygiene.

A UNICEF water and sanitation consultant worked closely with national and provincial departments of health to contain the epidemic. Mvula Trust, a local NGO, was sub-contracted to conduct house-to-house hygiene promotion and distribute hygiene packs. UNICEF provided more than US$ 66,000 worth of supplies for the cholera response.

H1N1 flu: The Pandemic Influenza A (H1N1) affected more than 12,619 people in all the nine provinces since its appearance in the country in May 2009. A total of 93 deaths were reported. Among them six deaths were of pregnant women, a great concern to UNICEF and its partners.

UNICEF supported the national response to H1N1 flu by participating in coordination meetings and preparing national and UN H1N1 contingency plans, and a UN multi-hazard contingency plan for health and water and sanitation. Technical support was provided to the Department of Health to develop and implement a communication strategy and develop communication material to contain the spread of the pandemic.

Measles: Since the first cases of measles were reported in April 2009, more than 2,650 cases with four deaths were registered by the end of October 2009. The vast majority of measles cases were reported in Gauteng. The Gauteng provincial Department of Health launched a mass measles vaccination campaign for two million children between the ages of nine months and 18 years. UNICEF provided technical assistance to support the planning and implementation of the campaign.
Cape Town, South Africa, December 9, 2009
UNICEF Goodwill Ambassador David Beckham was in South Africa in December to highlight the global progress that has been made on preventing mother-to-child transmission of HIV. During his busy stay, the football star visited a UNICEF-supported programme in a clinic in Cape Town’s Khayelitsha Township, where he met and talked to pregnant young women and new mothers who were living with HIV.

Mothers supporting each other
The UNICEF-supported ‘Mothers2Mothers’ (M2M) programme provides vital education that helps pregnant women and new mothers prevent HIV transmission to their babies. It also gives them the knowledge they need to improve their own health and that of their children.

Mr. Beckham was introduced to the work of the programme by Dr. Mitch Besser, the founder of M2M, who told him about the groundbreaking care and support that the clinic’s patients receive. He also met Tamara, 25, a mother living with HIV, who received treatment at the centre and now supports other young women in similar circumstances. Tamara started her treatment at the clinic when she was five months pregnant. Thanks to the testing, counselling and medication she received there, her son Sesiphi, now three, was born free from HIV. Tamara said it was important for men to get more involved in supporting their pregnant wives, noting that too few husbands and male partners join their wives at the clinic.

“She told me that more men need to support their partners to get the treatment and care they need,” said Mr. Beckham. “I hope that I can do my bit to help promote this message from Tamara, and that men out there hear this and do their bit”.

Preventing transmission
Almost every minute of every day, a baby is born with HIV somewhere in the world, passed on by his or her mother during pregnancy or labour and delivery. The great tragedy is that with simple inexpensive treatments, mother-to-child transmission of HIV is almost entirely preventable. Since the launch of UNICEF’s global ‘Unite for Children, Unite Against AIDS’ campaign in 2005, there has been significant progress in scaling up care and treatment to prevent mother-to-child transmission.

In South Africa, progress is particularly evident, with 74 per cent of mothers who need treatment now receiving it for themselves and their babies, compared to just 15 per cent in 2004.

“It gives me such hope that in a country like South Africa, where over five million people are living with HIV, this inspiring work is being done by UNICEF and their partners to help prevent the virus passing from pregnant mothers to their newborn children,” said Mr. Beckham. “The solution is cheap and it’s simple and can help save the lives of hundreds of thousands of children each year. Children have a right to be as healthy as possible, and I can think of no better thing than ensuring babies are born free from HIV.”

Ending stigma
Despite progress, South Africa remains the hardest hit country in Africa – in absolute numbers – in terms of people living with HIV and AIDS. In 2009, an estimated 5.2 million South Africans are living with HIV. In Khayelitsha Township, infection rates are significantly higher than the national average, and socio-economic conditions contribute to the spread of communicable diseases.

There is still a barrier to overcome in terms of social stigma against people living with disease, which prevents many women from getting the treatment and care they need to protect themselves and their babies.

“The young women I met today came forward to tell their stories and talk openly to me,” Mr. Beckham said at the end of his visit. “I admire and respect them for trying to break the stigma here and hope that others begin to do the same. I hope that my visit... can send a message to others that stigma around this virus needs to end now.”
Early investments in children

The future of any society depends on its ability to foster the health and well-being of the next generation. The earlier a society invests in its children the better. Nobel Laureate James J. Heckman argues that early childhood development has a high economic return relative to other policies.

UNICEF pays particular attention to early childhood, especially the first three years of a child’s life. This is a stage of incredibly fast growth and learning. It is also a period of development where the most damage can be done, leading to life-long problems in learning, behaviour and physical and mental health. Creating the right conditions for growth and development in the early years is likely to be more effective and less costly than addressing problems at a later age.

In South Africa, UNICEF draws on cutting edge research to provide evidence for early childhood development; works with the Departments of Education, Health and Social Development to expand the reach and quality of services; and leverages government resources to bolster the sector.

In 2009, work continued on creating standards, tools and the right capacity to support children’s early development:

- National Early Learning Development Standards for children between birth and four years were developed and adopted. They will be a basis for ensuring minimum standards for the provision and quality of early childhood development programmes.
- UNICEF documented good practice in home and community-based early childhood development programmes. These will support the implementation of chapter six of the new Children’s Act, which promotes and supports alternatives to centre-based early childhood services.
- UNICEF partnered with ABSA Bank in the Early Childhood Development Awards by supporting a category for innovation in early childhood development and publications for young children.
- Regulations to implement and monitor the Children’s Act in the area of early childhood development were developed with UNICEF support.
- UNICEF helped to develop and distribute 350,000 copies of early stimulation pamphlets and posters. These parenting tools, which come in versions for literate and illiterate parents, demonstrate age-appropriate techniques to stimulate young children’s development.
- Thirty Department of Basic Education, Health and Social Development service providers were trained on leadership and management of early childhood development programmes as part of a capacity building initiative.
Child-to-child learning in rural South Africa safeguards the right to play

KwaZulu-Natal Province, South Africa, November 16, 2009

He is only nine years old, but Mandla (not his real name) is already a mentor. Every day after school, he meets with younger, more vulnerable children in his rural village and teaches them through traditional songs, stories and games. Mandla is a volunteer in the new child-to-child component of the Little Elephant Training Centre for Early Education, which provides training to community-based early childhood development practitioners and volunteers. The role played by Mandla and the programme’s other ‘buddies’ – volunteers aged eight to 13 – is to help take some of the load off sick and elderly adults who are caring for young children.

“The ‘buddies’ are a powerful example of how... interventions between older and younger children can support early learning and development,” says UNICEF South Africa Education Specialist André Viviers. “The older children gain an extreme sense of self worth, whilst the younger children experience positive care, stimulation and fun with older kids.”

Investing in the future

Evidence shows that children who participate in early childhood development (ECD) programmes register improvements in health, cognitive ability and life skills – and, later in life, enjoy higher incomes and greater productivity.

ECD aims to protect the rights of young children to develop to their full cognitive, emotional, social and physical potential. These rights are enshrined in Articles 28 and 31 of the Convention on the Rights on Child, as the right to education and the right to play, respectively. However, only 16.9 per cent of South African children have access to organised ECD programmes, and where these programmes exist, attendance remains low because of poverty and limited infrastructure.

Trusted allies

The remote Matimatolo Valley area where Mandla lives with his extended family is no exception. According to the Little Elephant Training Centre’s founding director, Mary James, about 80 per cent of the families in the area live below the poverty line.

“We all need to do our best for our children. The vast majority of young South Africans living in under-resourced communities still have no access to early education,” says Ms. James.

Her team of ECD specialists trains facilitators and supports volunteers who work closely with poor rural families, visiting children in their homes and exposing them to learning and development. In order to engage younger children, the ‘buddies’ are trained to mix learning and play. They also become trusted allies and child helpers.

“The ‘buddies’ are more than just playmates,” notes Mr. Viviers. “These wonderful children also serve as important conduits of information about the social conditions within a home that can hamper that child’s development. They can be the first to notice warning signs and alert family facilitators of possible child hunger, illness, abuse or neglect.”

A model of best practices

UNICEF South Africa sees the Little Elephant Centre’s community-based approach as a model of best practices for similar early childhood programmes nationwide. In support of expanding these programmes, UNICEF is working with partners on the development of a National Integrated Plan for Early Childhood Development. UNICEF also works with the national Departments of Social Development, Basic Education and Health to promote cost-effective forms of early childhood development, with an emphasis on community and family-based models – especially in poor and disadvantaged communities.

In South Africa and around the world, UNICEF believes that giving children the best start in life is one of the best investments a country can make.
Child-Friendly Schools

During 2009, the Safe and Caring Child-Friendly School initiative gained more ground, reaching 60 per cent of targeted schools. The programme is being piloted in the country’s 585 worst performing schools with additional schools being added as the programme progresses.

The Safe and Caring Child-Friendly School Framework, developed by the Department of Education with UNICEF support, helps to increase access, retention, completion and learning achievement for the most vulnerable children, particularly girls. The framework also promotes life skills for HIV prevention, psychosocial programmes, community participation in schools, and improved school environmental health and safety.

The framework is an organising construct. It helps to put into practice education-related policies and the Convention on the Rights of the Child so that all children in South Africa can benefit from a quality education. The framework links to the National Education Monitoring Information System through an accreditation mechanism and facilitates the monitoring of education-related indicators.

Anecdotal evidence indicates that after two years of the programme, a large majority of schools saw a significant improvement in students’ academic performance and a dramatic reduction in school violence. School management also improved and parents and community members began playing a more active role in the running of schools.

Harnessing the energy of young people

Adolescents are a powerful force in society – their energy needs to be channelled positively to avoid the trap of destructive behaviour that so easily ensnares marginalised and disempowered youth.

UNICEF’s strategy for adolescent development in South Africa is to involve young people in programmes that curb the spread of HIV and AIDS, reduce violence in schools and communities and protect girls from sexual abuse and teenage pregnancy.

Sport for Development, with its emphasis on promoting gender equality, healthy lifestyles and children’s right to play and sport, is one such intervention. UNICEF has teamed up with the Department of Education to bring Sport for Development to 850 impoverished schools. The plan is to build 63 multi-purpose sport halls and fields – one for every cluster of 14 schools. The approach is part of the Safe and Caring Child-Friendly School programme.

Another innovative avenue for youth development is the Girls and Boys Education Movement. More than 2,000 Girls and Boys Education Movement clubs have been set up in schools with thousands of teacher...
and peer educators trained to deal with school violence, substance abuse, gender-based violence and HIV and AIDS.

Launched in South Africa in 2003 with the help of UNICEF, the Girls and Boys Education Movement gives children and youths access to life skills and information, helps them to mobilise their communities to support the rights of girls and boys, and provides a space where adolescents can discuss issues that matter to them.

Thanks to UNICEF sponsorship and in collaboration with the Department of Basic Education, young South Africans were able to participate and have a say in a number of key international forums in 2009, including the J8 summit in Rome and the Copenhagen Climate Change Conference. These were no doubt empowering and eye-opening experiences for the youngsters, who will inspire their peers to take action against environmental degradation, poverty, crime, HIV and AIDS and other issues that affect their lives.

Safeguarding education during emergencies

Education is usually one of the first victims of a humanitarian emergency. Children who flee desperate situations are robbed of their right to education and protection. Children who are not in the relative safety of schools are more at risk of abuse and human trafficking.

As the humanitarian situation worsened in Zimbabwe, an increasing number of children started arriving in South Africa. Many came alone without their families. UNICEF responded by providing eight fully furnished mobile classrooms, which allowed 400 children, the majority of them boys, to start school.

To strengthen South Africa’s capacity to provide education in emergencies, UNICEF trained 40 national and provincial partners.

This led to the establishment of a national Education in Emergencies cluster and completion of an emergency and contingency plan. The cluster was quick to respond to xenophobic violence in the Western Cape and ensured that children’s right to education was not compromised.

Sharpening policies

UNICEF works with the government and other partners to improve the relevance, implementation and monitoring of key policies related to education. The year 2009 saw advances in a number of areas:

- School funding norms were evaluated to address bottlenecks and performance challenges in school financing in the country’s poorest schools.
- The strategy for the National Education Management Information System was revised to include gender-sensitive data and indicators on child-friendly schools and orphans and vulnerable children.
- The policy on learner attendance was drafted to reduce absenteeism and improve student retention.
- A policy on compulsory physical education and sports in schools is in development; its contribution to improving children’s physical health and reducing violence in schools will be critical.
- The preliminary findings of a study on teacher attendance showed that 11 per cent of teachers were frequently absent from work. The study will be used to develop regulations on teacher attendance with strict monitoring of time spent on teaching and teacher performance.
“I would like to change the abuse against women and children.”

Protection of Orphans and Vulnerable Children Programme

Protecting the vulnerable

UNICEF sees social protection as a basic human right. Governments have an obligation to support the most vulnerable members of society. Social protection is provided directly to families through, for example, childcare grants and social pensions, and through social and community services.

Many poor South African communities have opened their arms to orphans and vulnerable children living in very poor and HIV-affected families. Close to 240,000 orphans and vulnerable children are getting some help from community-based ‘childcare forums’. However, these community initiatives often do not reach all vulnerable children nor cover all of their needs.

The Department of Social Development has partnered with UNICEF to look at ways of improving childcare forums and increasing their coverage. One of the first steps is to assess existing programmes and identify gaps in service. This took place in 2009 with a national audit of childcare forums and the establishment of a team of master trainers to standardise and expand services.

An innovative information management system was successfully established and transferred to the Department of Social Development. It links vital data from the birth and death registers to identify ‘maternal orphans’ – children who have lost their mothers. This will help to better target services at the local level.

Cluster foster care is one of the innovative provisions of the new Children’s Act. It aims to provide alternative family care for the country’s growing numbers...
of orphans and children who are not living with their biological parents. The scheme groups up to six children per foster home; the caregiver is able to receive grants for all six children.

UNICEF is helping the government to come up with two viable models of cluster foster care that could be scaled up nationally. Research on existing programmes was done in 2009. Norms and standards were recommended and empirical data gathered to prepare funding bids for the National Treasury.

**Protection of children and women from violence and abuse**

Closing the gap between the rhetoric of human rights and the reality on the ground is one of South Africa’s major challenges when it comes to addressing violence and abuse of children and women.

UNICEF adopts a two-pronged approach to preventing and responding to violence, exploitation and abuse. On one hand, UNICEF supports the government and civil society to strengthen the child protection system – that is, support the laws, policies, regulations and services that protect children from violence and support its victims. On the other, UNICEF works with communities to challenge the social acceptance of violence and other practices that are harmful to children.

In 2009, UNICEF’s continued support of the National Prosecuting Authority and the Interdepartmental Management Team strengthened responses to gender-based violence and juvenile justice.

- A national audit of 76 health facilities and 56 regional courts assessed the needs and reach of sexual violence services, human resources, infrastructure and the extent of inter-sectoral collaboration. Twenty-nine health facilities were selected for upgrading to the Thuthuzela Care Centre model, a comprehensive rape support service for child and female victims.
- National guidelines for probation services for children in conflict with the law were developed. The guidelines provide direction on the continuum of care for children and emphasise early intervention and response. A core team of trainers on the guidelines was established in each of the nine provinces.
- More than 100,000 members of the public participated in community discussions in a campaign against gender-based violence called ‘Taxi Talks’ and ‘Rural Talks’.
- UNICEF seconded four technical experts to the Interdepartmental Management Team. Strategic planning sessions were organised and support given to awareness-raising in communities. The unit hosted a regional Gender Justice Summit involving 13 African countries, during which each country analysed its legislative, policy and interdepartmental frameworks for addressing gender-based violence, and developed action plans to scale up responses.

**KEY SOCIAL PROTECTION ACTIVITIES IN 2009**

- Training on succession planning was carried out in 27 districts to protect children’s inheritance rights once their parents died.
- A web-based catalogue of training material and other resources was developed and uploaded to the National Action Committee for the Children Affected by HIV and AIDS website.
- The work of municipal children’s desks in three districts in KwaZulu-Natal and the Eastern Cape was appraised, revealing that they played a key role in establishing and coordinating community-based structures for the care, support and protection of children.
- *Children’s Act Explained* booklets were published, providing youth-friendly information on the provisions of the new Children’s Act to adolescents and service providers.
- The situation review of children in all 375 registered children’s homes in South Africa took place in view of making sure that children are not needlessly institutionalised.
Emergency response

UNICEF’s response to the psychosocial needs of victims of 2008’s xenophobic attacks came to a conclusion in the first quarter of 2009. At the same time, the deterioration of the situation in Zimbabwe resulted in a sharp increase in the number of unaccompanied migrant children, and exposed women and children in the migrant community to violence and abuse.

As in all humanitarian emergencies, UNICEF sought to protect highly vulnerable women and children. More than 950 unaccompanied children received food, emergency shelter, toiletries, and counselling. Around 449 children were entered into the Identification, Documentation, Tracing and Reunification Database. This was as a result of a partnership with Save the Children UK and the National Association of Child and Youth Care Workers to provide emergency documents, tracing, reunification, care and protection services to Zimbabwean children in Musina and central Johannesburg.

Community reintegration of the most vulnerable foreign migrant women and children affected by the May 2008 attacks was completed by April 2009, thanks to joint work with the Centre for the Study of Violence and Reconciliation in Gauteng, and the Trauma Centre in Western Cape.

Innovative partnerships with People Opposed to Women’s Abuse and Sonke Gender Justice helped to prevent and respond to child and women abuse among migrant communities in Musina. Service providers in Musina were trained in preventing and responding to violence. Around 1,600 women from the migrant community were given information about their rights and services relating to gender-based violence. More than a hundred men and boys took up the challenge to mobilise 40,000 community members against xenophobia and violence against women and children.
UNICEF remains the go-to agency for comprehensive research and analysis on the status of children and women.

In April 2009, South Africa launched its second Situation Analysis of South African Children. The study, which was managed jointly by the Presidency's Office on the Rights of the Child and UNICEF, looks at the gains made in realising children’s rights and the remaining gaps that need urgent attention. The Situation Analysis is now being used to update the National Plan of Action for Children.

UNICEF supported South Africa’s other key reporting obligations such as the Third National Progress Report to the Committee on the Convention on the Rights of the Child that monitors the implementation of the convention.

UNICEF also collaborates closely with the government to track South Africa’s progress in reaching the 2015 MDGs. DevInfo, an advanced database management system to monitor the Goals, was introduced in South Africa in 2007. This year UNICEF worked to transfer the ownership of the system to national partners. Staff from Statistics South Africa and key line ministries was trained on the use and administration of DevInfo.

The government also started a participatory process to develop the country’s Second National Millennium Development Goal Report, which is expected to be presented to the UN General Assembly in the second half of 2010.

UNICEF’s expertise in monitoring and evaluation was lent to the Nkandla Integrated Early Childhood Development Project. Nkandla is among the poorest municipalities in KwaZulu-Natal, the province most affected by HIV and AIDS and poverty. An evaluation study of the project was completed in 2009 and stressed the need for improved tracking of the project’s reach.

Communication campaigns to address HIV and AIDS-related stigma in Namibia, Lesotho, South Africa and Swaziland were documented. The report summarised successes and challenges, and provided recommendations on the most effective strategies to reduce stigma and discrimination.

UNICEF provides technical support for the design of a Demographic and Health Survey. The survey will provide vital data down to district level on a wide range of Programme Planning, Monitoring and Evaluation Programme

“I would like to change my attitude.”
monitoring and impact evaluation indicators related to health, nutrition and the South African population. It will also provide great opportunity to target services for children and women.

It is anticipated that the survey will collect data at all levels, including district level, and provide greatly enhanced opportunities to target services and reach the most marginalised children and women.

Working for social change
For UNICEF programmes to make a meaningful impact on the ground, they need to be supported by communication that brings about positive social change. In 2009, a number of national campaigns were strengthened through UNICEF support.

More than 19 million people were reached with messages dispelling the denial and fear of people living with and affected by HIV and AIDS. A communication campaign to reduce HIV and AIDS-related stigma and discrimination in schools and local communities used radio, television, outdoor advertising and a road show in Gauteng and KwaZulu-Natal to achieve this remarkable coverage.

A UNICEF-supported and government-led media and communications strategy enhanced the effectiveness of the Child Health Week campaign. More than three million children were able to receive Vitamin A, catch-up immunisation, de-worming and growth monitoring.

Twenty-two community radio stations broadcast programmes on child and women abuse during the National Child Protection Week campaign. New communication channels such as Facebook were used to promote the campaign.

UNICEF also supported the training of 16 promoters to hold community discussions on gender-based violence across the country. This was part of the Taxi and Rural Talks initiative to put a stop to violence against women and children in communities.
UNICEF also added media pages on Facebook and Twitter to expand its information outreach.

External Relations and Strategic Partnerships Programme

Building partnerships for children
The UNICEF brand is synonymous with doing good for children. In many African countries, UNICEF is a household name. But in a competitive philanthropic environment such as South Africa, UNICEF needs to aggressively promote the brand and the good work it does to help realise children’s right to survival, development and protection.

It is through the External Relations and Strategic Partnerships programme that UNICEF builds alliances with corporate donors, UNICEF National Committees, civil society, celebrities, sports personalities and the media to fuel a giving environment in South Africa and contribute to achieving the MDGs for children.

Greater exposure for UNICEF
A desk review in 2009 showed that media and public knowledge of UNICEF and its work has increased three-fold since an initial market survey in 2006.

Major international newspapers and television and global sports channels, including The Newshour, Al-Jazeera, ESPN, The Huffington Post and The New York Times regularly solicit interviews and comments on UNICEF’s work and visit UNICEF-supported projects.

The UNICEF South African country office website grew from a total of 1,259 hits per day in 2008 to 1,591 in 2009. UNICEF also added media pages on Facebook and Twitter to expand its information outreach.

A steady stream of unsolicited proposals, information requests and solicitations for joint collaboration from civil society, academia and the general public also contributed opportunities for brand exposure.

Beyond outstanding placements in major global and national broadcast and print media, free advertorials to the value of R360,000 in national consumer and trade publications such as True Love, The League (the global on-line football publication) and those in the Theta Media Group continued to provide sustained exposure of key UNICEF programme priorities.

Free creative expertise negotiated two years ago with Saatchi and Saatchi, the global advertising agency, led to a second campaign on violence against children.
Saatchi and Saatchi provided creative guidance for the imaging of the UNICEF child-friendly spaces in the FIFA fan fests during the World Cup. In addition, Theta Media Group and True Love magazine gave UNICEF free advertorial space to promote a monthly topic of our choice.

Partnerships for development
During 2009, major partnerships were established, helping to raise funds and increase opportunities for child development and protection.

Both National Committees and private donors expressed strong interest in supporting sports initiatives relating to the 2010 FIFA World Cup. UNICEF played a key role in re-establishing cooperation with FIFA. This resulted in an agreement to establish a network of child-friendly spaces in four fan fests during the games. Fan parks will be set up for fans without tickets to enjoy the spirit of the games, by watching for free all the action on high definition big screen televisions, at secure venues.

The three-year US$ 1.2 million alliance with TOTAL added a new dimension for brand outreach and community development via its 550 service stations across the country. TOTAL also produced a documentary on its Sport for Development community festivals for use at Soccerex 2010 and other events.

The Nakata Foundation of Japan became a new corporate partner in the UNICEF/SuperSport Let’s Play a Million campaign, contributing US$ 100,000 towards 20,000 soccer balls for children from disadvantaged schools and communities. The aim is to reach one million children with balls by the end of 2010.

UNICEF South Africa’s strengthening of the global Cricket for Development partnership with the International Cricket Council supported global and local advocacy for a key pillar of the global AIDS campaign aimed at prevention of HIV among adolescents and young people;
and created a prime opportunity for collaboration with national partners working with young people and HIV and AIDS.

**Private sector fundraising matures**

Despite South Africa’s official entry into a recession in 2009, corporate and foundation donors remained well disposed to supporting children’s development. Private sector contributions have grown exponentially from modest beginnings with one corporate partner and an income of US$ 5,000 to a 2009 roster of 15 corporate donors and contributions of just over US$ 2 million, including leveraged funds.

By 30 November 2009, UNICEF South Africa had raised US$ 902,854 from local corporate and individual donors. Education, with its link to Sport for Development, retained the highest local donor interest, attracting 59 per cent of total funds raised. Three new domestic alliance agreements were also signed with Mango Airlines, Glamour Aid Foundation and Business Connexion, and talks are under way with twelve other companies.

Co-branding promotions through the Pampers One Pack=One Vaccine campaign with such retail partners as Clicks, Pick ‘n Pay and Spar Supermarkets helped enlarge the reach of UNICEF’s target audience. The campaign generated funds locally to purchase the equivalent of three million tetanus vaccines, for use in life-saving programmes in other countries where UNICEF works.

The international network of UNICEF National Committees continued to demonstrate strong support for programmes in South Africa. Eleven of the 29 visits supported this year were National Committee initiatives.

National Committees contributed approximately US$ 3.4 million in 2009 and an additional US$ 1.6 million for 2010, with a focus on child survival, child protection and Sport for Development programmes. With the strong support of the National Committees, another US$ 1.4 million was leveraged from IKEA and the Not On Our Watch Foundation.

UNICEF South Africa’s success in raising significant funds from corporate partnerships spurred an initiative to pursue individual pledge giving. The country office made a shift in its fundraising strategy to target South Africa’s potential universe of one million individual givers. UNICEF launched a tele-pledge campaign called ‘UNICEF Heroes’ in late 2009, which quickly signed more than 500 pledge donors and 475 once-off donors. Each donor pledged an average of R100.

This campaign is an evolution from a direct mail test campaign, which brought the UNICEF name into 60,000 homes around the country.
1. Visit by UNICEF’s Executive Director.
In January 2009 UNICEF’s Executive Director, Ann Veneman, travelled to Musina in Limpopo Province to observe the work being done in cooperation with the Department of Health and civil society partners to support women and children affected by the cholera outbreak on the border of Zimbabwe.

During a visit to South Africa, Japanese Parliamentary Vice-Minister for Foreign Affairs Mr. Nobuhide Minorikawa visited a paediatric HIV care and treatment clinic – Harriet Shezi – at Chris Hani Baragwanath Hospital in Soweto.

3. GEM/BEM clubs fit for a queen.
UNICEF’s Eminent Advocate for Children, Her Majesty Queen Rania al Abdullah of Jordan, spent time with members of the GEM/BEM club at the Phefeni Senior Secondary school in South Africa’s sprawling Soweto township.

4. SA’s brightest young minds head to J8 summit.
Yumnah Jackson, Refilwe Tsumane, Richmond Sajini and Aletta Dhlamini represented South Africa and the African continent at the 2009 J8 summit. This annual event brings together junior delegates from G8 and G5 countries to give their views on some of the key issues being discussed at the annual Group of 8 Summit. Richmond was selected by his peers to represent South Africa at the meeting with world leaders at L’Aquila.

5. Football star Hide Nakata takes to the field for Sport for Development.
Children at the East Observatory Primary School, joined by children from the Johannesburg Japanese School, shared a fun morning of football with renowned Japanese football star Hidetoshi Nakata, head of the Take Action Foundation, and former Japanese national football player Tsuyoshi Kitazawa. The Take Action Foundation handed over 240 footballs at the event. Mr. Nakata committed to providing funds to procure 20,000 footballs for South African children.

6. Irish rugby star stands up for children.
Rugby star Donncha O’Callaghan spent a day with the UNICEF South Africa Child Protection team to learn more about the work being done to protect the rights of children in the country. Mr. O’Callaghan was full of emotion after the day’s visit. “I am working with a great organisation – UNICEF... UNICEF does an incredible job throughout the world and you can become overwhelmed by what you see”.

7. South Africa observes World Literacy Day.
With South Africa struggling to eradicate illiteracy, September 8, World Literacy Day, has become a significant reminder of the need to overcome issues surrounding the basic tenets of reading and writing. UNICEF South Africa observed this day together with global corporate partner, Mont Blanc, who are committed to the fight against illiteracy. Adding their support were Kabelo Ngakane, radio DJ, television presenter and celebrity advocate, and UNICEF Goodwill Ambassador Yvonne Chaka Chaka.

8. Sri Lankan Cricketers show support for children living with HIV.
Famed Sri Lanka cricketers, including Kumar Sangakkara, Angelo Mathews, Chamara Kapugedera and Lasith Malinga, visited with young people affected by HIV at the Witsecho Adolescent Sprint Holiday Programme in Johannesburg. Following a fun fielding session at the start of the visit, the cricketers heard from the programme directors and youngsters about the important work that the clinic carries out to allow adolescents to develop important life skills.
9. **Dustin the Turkey focuses attention on early childhood development.** Popular Irish children’s character ‘Dustin the Turkey’ made a surprise visit to children in Ematimatolo, located in KwaZulu-Natal. Accompanied by a team from UNICEF Ireland, Dustin – a household name and a UNICEF Ambassador in Ireland – visited an early childhood development organisation, the Little Elephant Learning Centre for Early Education.

10. **Adventure bikers raise funds for South African mothers and babies.** In October UNICEF travelled to Port Elizabeth and Port Edward to send off two groups of British bikers from the adventure company Enduro and the UK Committee for UNICEF, who raised funds to support UNICEF’s work in the prevention of mother-to-child transmission in South Africa. The groups of more than 180 international riders from Enduro Africa rode through the Transkei, spreading goodwill for the causes they were riding for.

11. **South Africa commemorates 20th anniversary of the CRC.** On 20 November 2009, 193 signatory countries observed the 20th anniversary of the United Nation’s Convention on the Rights of the Child (CRC). The CRC is the most universally ratified human rights instrument in the world. A joint commemorative programme, hosted by UNICEF and the Department of Social Development, was held at which a panel of experts and well-known champions for children’s rights highlighted the progress made for children over the past 20 years and examined the challenges that remain.

12. **Angelique Kidjo joins efforts to kick AIDS out.** The singing star and UNICEF Goodwill Ambassador visited Khayelitsha Township near Cape Town to join in the fight against HIV and AIDS. The Kicking AIDS Out Community Sports Festival took place at the Mount View High School on December 5, 2009. Kicking AIDS Out creates HIV and AIDS awareness, with youth leaders engaging their peers in sport activities, and providing accurate health-related information.

13. **Eye See photography workshop.** In December 2009, 18 young people from three provinces took part in a photography workshop with renowned UNICEF photographer, Giacomo Pirozzi. The theme for this intensive five day training was climate change. The workshop, organised by UNICEF and sponsored by Sony Corporation, was the latest in a series of photography training sessions for youth, under the title of ‘Eye See’.
The UNICEF Pretoria Procurement Centre continued to expand and provide a wide range of goods for children’s programmes in other African countries. In 2009, the volume and value of commodities for programmes in South Africa and neighbouring countries grew, with Zimbabwe taking the lion’s share of supplies.

The centre purchased US$ 11.7 million worth of quality supplies from South African manufacturers for Zimbabwe and US$ 5.8 million for another 28 countries on the continent.

The main commodities in terms of value were water treatment chemicals and buckets, jerry cans, educational items and school furniture. Printing remained a strong demand due to South Africa’s significant paper production and high quality printing.

Procurement for the UNICEF South Africa programme increased from US$ 600,00 in 2008 to US$ 1.2 million in 2009. This included support for the Vitamin A campaign, school infrastructure development and school computers. An extensive market survey in 2008 led to a database of diverse pre-qualified suppliers, who are categorised by commodity and/or type of service provided. The system in now in full use and is helping UNICEF streamline its contracting services.
Most of UNICEF South Africa’s funding is contributed by donor governments (known as ‘bilateral donors’), the private sector and non-governmental organisations. The latter include UNICEF National Committees, of which there are 37 in the world. These committees raise funds, promote children’s rights and publicise the challenges faced by children worldwide.

The rest of UNICEF’s funding is provided by UNICEF head office, and is divided into two categories: ‘regular resources’, which are granted to fund the multi-year country programmes of cooperation, and ‘other resources’, which are granted, as necessary, to support the development of programmes, including those made necessary by humanitarian crises.

Thematic funds are resources pledged by a donor for a specific contribution towards a specific theme e.g. Girls Education, and donor pooled funds are those earmarked by a group of donors for a specific purpose.
Funding 2009 by type of donor/source

UNICEF Headquarters
US$ 4,062,222

National Committees
US$ 3,391,841

Bilateral Donor Funds
US$ 3,051,195

Thematic Funds
US$ 2,429,141

Private Sector Donors
US$ 902,845

Donor Pooled Funds
US$ 590,558
Funding 2007 to beyond 2009 by type of donor/source

2007
- US$ 1,658,048
- US$ 3,433,948
- US$ 887,423
- US$ 27,499

2008
- US$ 2,832,426
- US$ 3,678,425
- US$ 1,606,148
- US$ 308,050

2009
- US$ 4,062,222
- US$ 3,391,841
- US$ 2,429,141
- US$ 904,845

Beyond 2009
- US$ 1,164,600
- US$ 4,140,992
- US$ 2,524,594
- US$ 804,390

US$ 590,558
- US$ 1,224,022

Finances | 35
Private sector contributions

2009 Corporate income (US$)

<table>
<thead>
<tr>
<th>Company</th>
<th>Income (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Connexion</td>
<td>33,333</td>
</tr>
<tr>
<td>Cachet Consulting</td>
<td>2,780</td>
</tr>
<tr>
<td>Gucci</td>
<td>3,336</td>
</tr>
<tr>
<td>Informa</td>
<td>24,730</td>
</tr>
<tr>
<td>Mango</td>
<td>9,343</td>
</tr>
<tr>
<td>Mr Price</td>
<td>14,729</td>
</tr>
<tr>
<td>MTN</td>
<td>30,419</td>
</tr>
<tr>
<td>Other</td>
<td>1,766</td>
</tr>
<tr>
<td>Pampers</td>
<td>282,460</td>
</tr>
<tr>
<td>Sheraton</td>
<td>2,953</td>
</tr>
<tr>
<td>SPAR</td>
<td>3,695</td>
</tr>
<tr>
<td>Total</td>
<td>280,000</td>
</tr>
<tr>
<td>Woolworths</td>
<td>20,452</td>
</tr>
</tbody>
</table>

2009 Income from individuals

<table>
<thead>
<tr>
<th>Source</th>
<th>Income (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tele-pledge/Direct Channel</td>
<td>144,565</td>
</tr>
<tr>
<td>House</td>
<td>117,330</td>
</tr>
<tr>
<td>DM (Direct Mail 2008)</td>
<td>27,136</td>
</tr>
</tbody>
</table>

Private donors

- Bequest by Mrs. A.J.M. de Korte (in memoriam)
- Mr. and Mrs. Mansour (Nicole Fox)
- Mr. H. Singh

Text: Tamara Sutila

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