SAVING CHILDREN, ENHANCING LIVES

Update to Second Edition 2006

June 2007

The enclosed document provides a succinct overview of the burden and impact of HIV and AIDS in South African children and reviews the progress made in preventing HIV and mitigating its impacts on children and affected families. It lays out the bottlenecks for wide scale delivery of services and outlines UNICEF priority actions to support scaling up evidence-based high impact interventions that could help South Africa attain its Vision 2014 of turning the tide against HIV.

Much progress has been made on many fronts: 75,000 pregnant women receive services to prevent mother to child transmission of HIV, 25,600 HIV-infected children receive antiretroviral treatment, 84 percent of eligible children have access to child support grants and 50 percent of sexually active 15-19 year old females used condoms during their last intercourse. Despite this progress, statistics on child mortality, HIV prevalence rates and rape cases are worrisome and indicate that much more needs to be done.

In consultation with all stakeholders from government, civil society and partner institutions, the Government of South Africa has recently finalized the HIV and STI National Strategic Plan 2007-2011 aimed at accelerating the national response. The ambitious targets set in this document are a clear demonstration of the commitment of the Government and people of South Africa to turn the tide against HIV and AIDS.

UNICEF is especially proud to have been able to support the Government departments, organizations, universities, and individuals who devoted countless hours to the National Strategic Plan. The Plan includes an M&E framework that will enable real progress tracking. The achievement of the NSP targets will mean fewer children are infected with HIV and fewer children are orphaned and made vulnerable by AIDS, thus enabling South African children to enjoy a meaningful and dignified life.

UNICEF is more than ever committed to work with Government and organizations on the ground to support the implementation of the National Strategic plan to better the lives of children in South Africa. UNICEF stands ready to work with all South Africans to Unite for Children, Unite Against AIDS.
SAVING CHILDREN, ENHANCING LIVES
Combating HIV and AIDS in South Africa

CONTENTS

PART ONE
The Challenge 2
The Solutions 4

PART TWO
Pediatric Treatment 6
PMTCT-Plus and Nutrition 10
Primary Prevention of HIV Transmission 14
Protection, Care and Support 20
Partnerships 27
PART ONE

THE CHALLENGE

New Dawn, Painful Home Truths

South Africa is grappling with the legacy of its difficult past – three and a half centuries of colonialism and apartheid. The apartheid regime fell apart in 1990, and it has been 12 years since the first democratic election and the beginning of multiracial nation-building. There have been tremendous gains, especially in economic growth, in tackling poverty and social disparities, and in safeguarding civil and human rights. But the gaps, even setbacks in the gains, have been ponderous, particularly in the surge of HIV and AIDS, and in sexual violence against the most vulnerable – children and women. The recent statistics are sobering:

- Out of every 1,000 children born, 67 will die before reaching the age of five.
- AIDS is the main cause of death among children under five (40% of deaths), followed by diarrhoeal disease (10-15%), respiratory infections (7%), low birth weight (6%) and protein energy malnutrition (5%).
- Neonatal mortality accounts for more than one third of total infant mortality. There are marked regional differences: eg 4 per 1,000 live births in the Western Cape versus 25 per 1,000 live births in the Eastern Cape.
- Over 5.4 million, or 11.4%, of the 47 million South Africans are HIV-positive.¹
- Some 245,000 children under 14 years of age are living with HIV infection.²
- The HIV prevalence rate among pregnant women climbed from 10% a decade ago to 29.7% in 2004. Again, this masks significant regional differences; for instance, the prevalence rate is 40.7% in KwaZulu-Natal, compared to 15.4% in the Western Cape.³
- A landmark 2003 Government plan, including a comprehensive paediatric component, provides free treatment to people living with HIV and AIDS. By early 2006, 13,000 children were receiving ARVs, but 37,000 eligible children were not yet benefiting from this life-prolonging therapy.
- Of the 55,000 rapes reported annually in South Africa, about 40% are committed against children; many of these take place in the home or at school, with the perpetrators being either extended family members, neighbours and, in some cases, teachers.
- While enrolment rates in schools are above 90%, many girls regularly miss classes out of fear for their own safety.

1 Stats SA, 2005
2 The Medical Research Council of South Africa (MRC) in its mid-2004 demographic analysis, based on the ASSA 2002 demographic model.
3 Antenatal HIV survey 2004, Department of Health

LEADING CAUSES OF DEATH AMONG INFANTS UNDER 1 YEAR OF AGE, SOUTH AFRICA 2000

![Graph showing leading causes of death among infants under 1 year of age, South Africa 2000](image)
These difficult home truths have underscored the urgent need for the Government, the UN, civil society and the private sector to create a more child-friendly society and offer a better future for South African children. Again, these facts underpin UNICEF’s passionate engagement to improve the situation of children and women. UNICEF has, in the past 12 years, continually reviewed and readjusted its support to Government to meet the challenges of the day. A new country programme will begin in 2007, including the following components:

- **Social Transformation and Strategic Leveraging** – advocates for policies and budgetary allocations that improve children’s lives at national and local levels;
- **Child Survival and Development** – focuses on the prevention and treatment of HIV and AIDS and other diseases in infants, children and mothers, including the importance of sound nutrition;
- **Child Protection** – promotes social protection and safety nets for orphans and other vulnerable children, and seeks to prevent and respond to violence and abuse against children and women;
- **Education and Adolescent Development** – focuses on improving school safety, access and retention and providing adolescents with life skills, while involving the community, with a special focus on the girl child.

While there is no one program called ‘HIV and AIDS’, prevention, response, care and support interventions for HIV and AIDS are woven throughout each of the programme components. This document focuses on HIV and AIDS in the context of the Global Campaign for Children, launched by the UN Secretary General, Kofi Annan, in 2005. Other UNICEF publications focus on other issues that affect the quality of life of South Africa’s children.

UNICEF’s support programmes are designed to assist the Government to address the gaps
and weaknesses as part of the overall national response to the special needs of children and women.

South Africa has a good body of “children’s best interest” legislation and policies, often with adequate budgetary allocation. However, the problem of efficiency in service delivery, especially in the provinces and municipalities where the implementation must occur, is often the source of child misery. This is why UNICEF’s approach – adapted to the South African context – focuses on social policy, Government capacity-building, strengthening of municipal operational systems, and assisting with local level planning that places children at the centre of national development, monitoring and evaluation, partnerships, etc.

THE SOLUTIONS

Challenge for UNICEF and Partners

While UNICEF’s engagement in South Africa is multi-disciplined, the HIV and AIDS epidemic presents three fundamental challenges for UNICEF and partners. These are (1) to accelerate PMTCT and increase access to prevention services, (2) to save the lives of approximately 100,000 infants born each year to HIV+ mothers who will die without ART and (3) to minimize the risk of vulnerability to an estimated two million orphans in South Africa.

Recent dramatic results from the use of ARVs in the industrialised countries have proven that AIDS, like malaria and measles, can be managed just like any preventable disease. Effective PMTCT interventions can significantly lower infection rates from 50% up to 90%. Efficient ARV therapy can enhance quality of life for HIV+ children.

Today, South Africa’s Government-run ‘Comprehensive Care, Management and Treatment Plan’ through which antiretroviral drug therapy is provided is the largest in the world. There is a growing collaboration between Government institutions and international pharmaceutical corporations for the supply, production and promotion of the use of ARVs. Latest estimates put the number of HIV-positive clients in the ART programme at 130,000 — ahead of Brazil, with about 120,000. Still, the gap between the numbers of people eligible for treatment and those people actually accessing the service remains wide. Around 400,000 eligible people, including 50,000 children, are not receiving ART. Supporting the ongoing Government technical effort to bridge this gap is a key component of UNICEF’s programme activities.

UNICEF’s support in the fight against HIV and AIDS is programmed under four main sections, referred to as the Five P’s in the Global Campaign:
1. Paediatric Treatment

2. Prevention of Mother-to-Child Transmission (PMTCT+)

3. Primary Prevention of HIV Transmission

4. Protection, Care and Support

5. Partnerships

UNICEF has selected four main ways in which we can assist the Government to deliver services for its children.

First, we can help the Government to fully implement policies it has approved but not yet operationalized to their fullest potential for children.

Second, some programmes are not fully implemented because bottlenecks or obstacles stand in their way. The PCR programme described below is an example of unclogging a bottleneck to effective implementation. By improving the testing capacity and methods, more children can be tested earlier, and eventually more children can be referred for life-saving treatment.

Third, much of our support should focus on selecting successful models of assistance to children and then helping Government to scale up these models to achieve widespread coverage. In South Africa, the example of the ‘Child Friendly School Plus’ (CFS plus) model has been adopted by the Government as a means to provide safety and security to children, especially girls, who run a high risk of HIV transmission through gender and sex-based violence. Because it is a proven model, UNICEF is assisting the Provincial Departments of Education to roll out the CFS plus to all schools. Similar work is being done to assist the Government to scale up ART access for children through improved testing methodologies and health management system models.

Fourth, UNICEF can help South Africa live up to the First Call for Children by helping the Government to leverage resources for programmes that will have multiplier benefits to the most vulnerable children. Resources should be leveraged both externally from the Global Fund, private sector, bilateral donors, and other sources, as well as internally from South Africa’s own Treasury.
Early Diagnosis and Treatment of HIV-exposed Infants

Issue

About 260 children are born HIV-positive every day in South Africa and most die before their second birthday. This has made HIV and AIDS the biggest killer of children under five in the country.

The high mortality rate stems partly from the fact that, until lately, children’s HIV status was rarely diagnosed at an early age (ideally, six weeks), and subsequently, not treated – despite the increasing availability of life-prolonging ARVs that would have helped them survive and lead a relatively healthy life.

Current (2006) HIV testing capacity in South Africa, based on the polymerase chain reaction (PCR) method, is at 30,000 tests (10 per cent of the 300,000 HIV-exposed children born every year). Of these 300,000, about a third (100,000 infants) will acquire the virus. Without treatment 50,000 of these newborns will die before their second birthday.

Recent technical innovation has made testing of infants practical – and easier. The dried blood spot (DBS) polymerase chain reaction (PCR) method, instead of liquid blood PCR, allows specimens to be easily collected via a simple heel prick, and more importantly, to be done and stored in rural settings.

Progress in 2005-2006

In 2005, UNICEF focused on supporting both PCR testing and innovative methods of increasing the number of children receiving ARVs. PCR capacity has improved and 13,000 children are receiving ARVs but many more remain untreated. Primary funding partners in these initiatives were the Government of the Netherlands, the US Fund for UNICEF and UNICEF Thematic Funds.

UNICEF supported Witwatersrand University to purchase equipment and hire additional technical staff to increase the laboratory capacity to perform PCR tests. In less than a year, the capacity for PCR tests increased from 8,000 to 36,000 tests. However, when measured against the 300,000 children exposed to HIV annually, not to mention the fact that each child will need more than one test at different stages of its infancy, 36,000 tests is not nearly enough.

In addition to the laboratory testing, UNICEF also supported training for nurses and other health workers on PCR tests (see down-referral below). This will soon boost the capacity for
diagnosis and testing from 30,000 (2005) to 120,000 by the end of 2006. The next challenge will be to train clinical staff to take blood samples so that the new capacity is utilized and demand for the PCR test grows.

In order to increase the number of children receiving ARVs, UNICEF supported two approaches in 2005. One approach, operated by Witwatersrand University through the Chris Hani Baragwanath Hospital, dispatched paediatricians from the university hospital to outlying clinics to train doctors and nurses on how to administer ARVs to children. This method, known as down-referral, is more cost-effective and reaches more patients than systems that require all children be brought to university hospitals for diagnosis and treatment. Core achievements have included 2,085 children placed on ARVs (as of January 2006) and significant gains made in capacity-building and extending HIV testing from laboratory personnel and paediatricians to virologists and primary health care (PHC) personnel at key health facilities. UNICEF supported skills transfer for PHC teams at the Discoverer’s Clinic, Roodepoort, the Witkoppen Clinic, Fourways, the Zola and Lillian Ngoyi Clinics, Soweto, as well as at the Johannesburg and Coronation Hospitals and the Hillbrow Clinic. In addition, the diagnostic teams are being geared to do clinical outreach work.

UNICEF also supported the down-referral approach through partnering with the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) for an outreach programme to increase the number of children and adults on ART and to boost referrals from the Pietermaritzburg district hospital to primary health care facilities in the uMgungundlovu district in KwaZulu-Natal province. The project aimed to kick-start paediatric treatment through appropriate referrals with the expectation that further support would be secured from PEPFAR. The PEPFAR funding will soon begin, but UNICEF funds enabled several hundred children to receive treatment quickly. The specific targets for this initiative were to:

- achieve an increase in the rate of down and up-referral of 50% of children on ART to primary health care centres by end March 2006;
- increase the number of children on ART from 383 to 600; and
- increase the number of adults on ART from 1,000 to 1,400.

By the end of April 2006, 502 children began their ARV treatment, including 50 children aged 0-2 years and over 200 children between 4 and 8 years old. Data on adult cases is still being collected.

The second approach to increasing the number of children on ARVs used a district collaborative method set up by the Institute for Health Improvement (IHI) through the Centre for Rural Health Partnership. This partnership aims to have all HIV and AIDS-infected children and adults on treatment in KwaZulu-Natal’s Umkanyakude district by the end of 2007. The concept of district collaboratives is a means of routinely facilitating stakeholders to analyse problems and come up with solutions whereby clear indicators for accountability and performance are created and monitored by the stakeholders themselves. It provides a means for evidence-based and locally-conceived solutions using existing resources. The approach proved highly effective; in the five sub-districts supported by IHI, there were 4,000 patients on ART by May 2006, up from around 1000 in May 2005. This laudable performance was a result of factors such as:

- the mobilization of traditional authorities, religious leaders and other community leaders through a broad-based communication and social mobilization campaign;
- improved surveillance of hospital/healthcare workers for HIV and AIDS, allowing earlier low-performing clinics to increase their recruitment and ARV treatment initiation rates;
- provision of co-trimoxazole (bactrim) to every infant on the PMTCT programme at the sixth week immunization;
- support given to all sub-districts to develop routine systems for stamping a barcode on the “road to health” card presented at the first immunization visit.
Plans for 2006-2007

UNICEF aims to consolidate the work it began in 2005, while adding a limited number of new activities in 2006 and 2007. Both PCR testing and paediatric treatment will remain key aspects of the response. An umbrella activity that will provide a framework for both testing and treatment is a Business Plan for Children and AIDS that the national Department of Health has requested UNICEF to help it develop for South Africa. This Business Plan will address a wide range of issues from PMTCT+ to paediatric care to PCR testing. The development of the plan has been generously supported by the UNICEF National Committee of Ireland.

A second overall area of work is organizing social mobilization events targeting mothers and fathers, as well as parliamentarians, South African National AIDS Council (SANAC) members, faith-based leaders, district and provisional AIDS councils, traditional leaders and traditional healers to encourage increased testing and treatment of infants. Recent meetings with the Government communication initiative, Khomanani, provide an excellent platform from which to mobilize families to test their infants and address the stigma and discrimination aspects which make mothers unwilling to demand HIV tests for their infants.

Early Diagnosis

Presently in South Africa, only three laboratories provide PCR tests for children situated in the urban centres of Cape Town, Durban and Johannesburg. Ideally, all laboratories should be able to test both liquid blood and dry blood spots, however this is not always the case and may not be practical to achieve high quality results. The laboratory in Cape Town, Western Cape province, uses liquid blood, the laboratory in Durban, KwaZulu-Natal (KZN) province, uses dried blood spots (DBS), while the laboratory in Johannesburg, Gauteng Province, uses both, with a strong increase in DBS during the last six months. Recently, three more laboratories in Eastern Cape, Free State and Gauteng provinces were also doing PCR testing but using liquid blood. By mid 2006, the South African Government plans to extend laboratory services for HIV by establishing National Health Laboratory Services in all provinces in South Africa, but these laboratories will initially focus on viral load tests and CD4 counts, and not necessarily on DBS PCR. In addition, there is discussion on the issue of quality control for PCR in all laboratories, as this may be more easily achieved through centralizing DBS PCR in Johannesburg and Durban.

UNICEF aims to support two main activities in 2006 and 2007:

• Increase the number and capacity of laboratories to test large numbers of infants through high volume dry blood polymerase chain reaction methodology. Plans are already in place to support the KwaZulu-Natal (KZN) virology laboratory’s proposal to double capacity from 3,000 to 6,000 dried blood spot PCR tests in one year. By the end of 2006, it is estimated that national testing capacity will increase from 10% to 30% using the DBS tests.
• Initiate a Paediatric Diagnosis and Treatment Consultative Forum with the company that developed PCR tests (Roche), the Government’s National Health Laboratory System and Department of Health to lay the groundwork for continued expansion in testing capacity.

Early Treatment

Only 13,000 children are accessing ARV treatment in South Africa, but many more are eligible. UNICEF will focus its work on scaling up support for down-referral and district collaboratives in 2006 and 2007 from two to six provinces. In addition, major attention will be given to integrating testing and treatment into neonatal care and Integrated Management of Childhood Illnesses (IMCI). Specific activities will include the following:

• Expand down-referral and district-wide collaborative networks from which experts train and mentor health workers from different levels of care. Together with Witwatersrand University, UNICEF plans to work with Limpopo, Northwest and Mpumalanga provinces through Witwatersrand University-supported mobile teams and district collaboratives to build the capacity of district health systems. Support will be targeted in a way that will assist
districts to maintain paediatric treatment, monitoring, and reporting, even after the support of the University and UNICEF is no longer present. UNICEF is also approaching Eastern Cape Province to initiate district collaboratives and down-referral in that province.

- With a new focus on integrating HIV and AIDS with ante-natal and neonatal care, UNICEF will work with the Limpopo Initiative for Neonatal Care (LINC) in three key areas:
  - Improving health care systems, especially in the areas of referrals for problem cases and bookings for pregnant women.
  - Support skills development of health care workers in early diagnosis of problems for mothers and infants, including emergency preparedness and management of the at-risk neonate.
  - Support monitoring of quality care through the Perinatal Problem Identification Programme at health facility level.

While the antenatal and neonatal programme does not focus exclusively on HIV and AIDS, it performs the important task of integrating AIDS issues into standard neonatal treatment. The programme has proven to be highly effective in the past three years, reducing infant mortality by 15%. UNICEF will support LINC to help under-performers catch up with the better-performing health facilities and will also assist Mpumalanga Province to begin using LINC methodology. UNICEF will support the monitoring and supervision of health and community facilities to ensure compliance to related training and the newly adopted guidelines for improving health care capacity.

- The Department of Health and UNICEF commissioned research on the psycho-social care and support of babies and young children (0-5) who are HIV positive (on treatment and not on treatment) and who are exposed to HIV (born from a mother who are HIV positive). This research that will commence mid 2006 will provide essential information on the psychosocial well-being of babies and young children and their caregivers.
- UNICEF is also assisting the Department of Health to develop training and orientation materials for health care practitioners on the psychosocial care and support of babies and young children who are living with HIV, as well as their caregivers. The development of the materials will commence in July 2006.
- Operational research is planned to document the best practices of nutritional care for severely malnourished HIV-positive children and the impact of ARVs on the nutritional status of children in food-insecure settings.
- Support will be provided to conduct specialised training with community health workers (CHWs) to use growth monitoring as a proxy indicator for HIV and link the infant to paediatric ART services.

### Budget (2006-2007)

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<th>TASK</th>
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<td>Development of a business plan on children and HIV</td>
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<td>Social mobilization on early diagnosis, prevention, treatment and care</td>
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<td>Laboratory support to streamline test methodologies</td>
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<td>Down-referral and district collaboratives for early diagnosis and treatment</td>
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<td>Limpopo and Mpumalanga initiatives for maternal, antenatal and neonatal care</td>
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<td>Studies and training programmes on the psycho-social impact of ART on children</td>
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<td>Conduct operational research to assess growth outcomes and nutritional status of children on ART</td>
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PMTCT-PLUS AND NUTRITION

Helping HIV+ Mothers Prevent their Newborns from Contracting HIV

Issue

Of the 1.1 million babies born every year in South Africa, 300,000 are born to HIV-positive mothers. About 93,000 of these babies will be infected by HIV, with 72,000 being HIV-positive at birth and 21,000 becoming HIV-positive through breastfeeding from the infected mother. Some 50% of these two groups of babies will die before their second birthday if mother to child transmission of HIV is not prevented.

• About 80% of all antenatal clinics and maternity institutions in the country provide PMTCT services. However, difficulties persist regarding the lack of counsellors on adherence to safe infant feeding, inadequate provision of bactrim prophylaxis and too little referral of infants and mothers from the PMTCT programme onto long term ARV therapy, amongst other factors.
• In 2006 only about half of all pregnant women attending ante natal care receive an HIV test and only 13% of those who are HIV-positive receive antiretroviral prophylaxis (ART).
• Despite increased availability of ARV, only 7.5% of eligible children receive treatment in the PMTCT programme.
• Data management systems in clinics are not efficient, so there is little accurate information on how many children become infected, and there is insufficient follow-up on infants born to HIV-positive mothers. Most health facilities only test for HIV in exposed infants at 18 months – clearly too late for early treatment and management.

Progress in 2005-2006

The PMTCT Plus project aims to improve and accelerate services to prevent mother to child transmission of HIV, with particular focus on strengthening the capacity of the Department of Health to support mothers in their choice of either exclusive infant formula feeding or exclusive breastfeeding to reduce transmission of HIV and to improve the nutritional status of mothers. Key activities in the last 18 months, funded by the Government of Denmark and the US Fund for UNICEF, include:

• Efforts have been focused on improving the quality of counselling provided by health care providers and lay counsellors as it relates to infant feeding and HIV. Training on safe infant feeding practices and choices, mentoring and supervision on site was provided to more than 5000 health workers and lay counsellors.
• UNICEF supported the Department of Health to produce a much-needed Comprehensive Policy and Guidelines on Infant and Young Child Feeding, covering the appropriate dietary

HIV PREVALENCE (%) AMONG ANC ATTENDEES IN SOUTH AFRICA, 1990 TO 2004
management at home, health facilities and educational centres for children and learners living with HIV and AIDS. These Guidelines were completed in 2005 and are now being disseminated to all provinces nationwide.

- Prioritisation of appropriate child-centred and baby friendly practices at both public and private health facilities has been attained through a WHO/UNICEF joint initiative for ‘Baby Friendly Hospitals’. By 2005 there were 178 baby friendly health facilities (BFHI) in South Africa, up from 168 in the previous year. This means 37% of health facilities in the country are now designated baby friendly.

**Plans for 2006-2007**

UNICEF believes in a comprehensive PMTCT-plus approach that provides ARVs to pregnant HIV-positive women to prevent transmission to their babies, while contributing to longer, healthier lives for the mothers. As a result, the quality of life of their babies will be improved through enhanced maternal care and protection. Ultimately, there is a strong possibility that the number of paediatric HIV infections will decrease, which will in time lower both the infant mortality rate and the under-five mortality rate. By the end of 2010, UNICEF aims to contribute to increasing the coverage of PMTCT to 80%, and increasing the coverage of exclusive safe infant feeding from 7% to 20% for the first six months of life. The following activities will contribute to this result.

- A major evaluation of the entire PMTCT+ programme in South Africa. The national Department of Health has asked UNICEF to support the first phase of the evaluation, which is a literature review of all the studies and research that have been undertaken to date, especially in South Africa to understand the bottlenecks for optimal PMTCT+ delivery. The Department of Health will use the results of the evaluation to identify areas of the programme that need to be improved, those that are succeeding and should be scaled up, and issues that could benefit from new methodologies.
• A joint programme with UNDP to strengthen the PMTCT+ programme in KwaZulu-Natal, beginning with the districts of Ugu, Etkwini and Umgungundlovu. The programme is still in the negotiation stages, but once it begins, it will combine improved management approaches (led by UNDP) with technical advances in PMTCT health services (led by UNICEF). Such technical advances could include CD4 testing for all pregnant women who test HIV-positive, improved PMTCT counselling, and strengthened linkages between ante-natal care and/or family planning and PMTCT+.

• The Baby Friendly Hospital Initiative now includes issues related to HIV and AIDS. Within South Africa approximately 70% of the baby friendly hospitals are also sites for implementation of PMTCT. Therefore, efforts are in place to implement revised BFHI protocols which are appropriate in high HIV prevalence settings. In the second half of 2006, UNICEF will support training for 50 programme managers and 200 health care workers on new assessment tools that will ensure that hospitals that receive new BFHI accreditation meet certain standards regarding HIV and AIDS. The new assessment tools make certain that all health facilities are being assessed in the same way as it relates to safe feeding options and HIV and AIDS.

• UNICEF, in collaboration with the Department of Health, will support a series of studies to (1) identify successful approaches to VCT and testing mothers on CD4 counts, and (2) identify monitoring and evaluation referral systems that increase VCT and the number of pregnant women on ART.

• As part of efforts to integrate maternal and antenatal care with HIV and AIDS prevention, UNICEF will support the Department of Health to revise the existing nursing curriculum to include maternal nutrition and child care components in 50% of nursing colleges and the materials for tutor training.

• A monitoring framework for infant and young child feeding (IYCF) will be developed with the Department of Health, and disseminated with the new IYCF policy.

• The University of KwaZulu-Natal Nelson Mandela School of Medicine is participating in a multi-national collaborative study (Kesho Bora) coordinated by the World Health Organization, with the overall goal of optimizing the use of ARV’s during the ante-partum, intra-partum and postpartum period to prevent mother to child transmission of HIV and preserve the health of the mother in settings where the majority of HIV-positive mothers breastfeed. UNICEF will provide funds to increase the sample size of the study so it is representative of the population and allows more mothers and children to participate. Moreover, with a statistically representative sample size, the study can be finalized sooner and it would better reflect the real situation.

### Budget (2006-2007)

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<td>Support to the national PMTCT review</td>
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<td>Joint programme to improve PMTCT+ in KZN</td>
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<td>Training on new assessment methodology for BFHI</td>
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<td>Study to identify successful approaches to VCT and monitoring and evaluation referral systems</td>
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<td>Train 300 health staff in new HIV tools to create 30% more baby friendly hospitals accredited facilities</td>
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<td>Develop, advocate and disseminate new national infant and young child feeding policy (IYCF); training and monitoring of 2,000 tutors and midwives to empower 6000 mothers on safe infant feeding and create 450 new functional community based mother support groups</td>
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<td>Support international research project by the University of KwaZulu-Natal on infant feeding and HIV (Kesho Bora)</td>
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<td>Revise curriculum to include maternal nutrition and child health care components</td>
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A Spring in Their Step

Where Mothers Stop Giving HIV and AIDS to Their Babies

It wasn’t yet seven on a chilly southern-African winter morning, but the waiting room at the Paediatric Unit of the Coronation Hospital, Johannesburg, was already jam-packed. Some 30 women and their babies, swaddled in big colourful “BaSotho” blankets, huddled together on wooden benches. Some waited in the narrow corridor. Nurses and orderlies bustled around clamping steaming mugs of milky tea, sandwiches and buns into outstretched hands.

“Many left their homes before five or six in order to get here. This refreshment, free of charge, is a very welcome breakfast as you see,” one of the orderlies said with a big smile.

Some heavily pregnant, some nursing infants, some pregnant and nursing infants, the women had come to have their own, or baby’s blood tested, or to get the result of tests. The Coronation is implementing in Johannesburg a nationwide programme to have all pregnant women tested for their HIV status, and to be provided with HIV-stopping drugs like Nevirapine should they test positive.

Nurses ushered the women, one by one, into consulting rooms where a team of doctors, led by Dr Ashraf Coovadia, welcomed them and pored over computer printouts. Memory, 25, clutching 3-month old son, Spiwe, took her seat in front Dr Coovadia, her crestfallen face the epitome of dejection. The doctor riffled through his papers. Memory peered into his face.

“I have good news – ”

“Oh thank God!” the young mother shouted, cutting short the doctor and almost jumping from her seat. “Eish! I am so happy!” she gushed, as Dr Coovadia completed his sentence: “ – your son is negative”.

Memory’s happiness was qualified. She found out she was HIV-positive when eight months pregnant with Spiwe. She went on Nevirapine to help prevent her passing on the HIV to her unborn child at birth. Spiwe was tested for HIV when he was three months old and today’s result was good news indeed. Another test in a couple of months, if also negative, would put him in the clear.

“I see you’ve chosen not to breastfeed. It’s good. You may cuddle, kiss him, and so on; only don’t kiss him if you get a blister in your mouth,” Dr Coovadia reiterated the dos and don’ts for HIV-positive parents and their HIV negative babies.

“Thank you, doctor, thank you. All I want is to live long to see my son grow...” Memory said as she rushed out of the consulting room, a new spring in her step.

“Just keep taking all the ARV tablets”, Dr Coovadia shouted after her, “and eat well, have plenty of rest, and you will live to see him grow into a big man!”

Out of every 1,000 children born in South Africa each year, 98 will die before their fifth birthday. AIDS is the main cause of death, accounting for 40% of child mortality. Often the babies’ HIV condition is not diagnosed until too late. The work of the Coronation Hospital paediatric unit helps to get to know the pregnant woman’s HIV status, and if it is positive, for appropriate PMTCT treatment to start for the baby when it is born. It also provides counselling and helps the HIV-positive mother to get on ARV therapy to safeguard her life. This has been a crucial preoccupation of Government, UNICEF and NGO partners.
PRIMARY PREVENTION OF HIV TRANSMISSION

Halting the Spread of HIV Among Young People Through Life Skills and Response to Sexual Violence

Issue

HIV and AIDS in South Africa is devastating the lives of the most vulnerable – women, children, young girls and boys. Reducing infection among young people can cut down death rates in the population over the medium and long term. HIV infection in South Africa is compounded by uncommonly high rates of rape and other forms of sexual violence.

- A 2005 national survey commissioned by the Nelson Mandela Foundation and conducted by the South African Human Sciences Research Council (HSRC) highlighted a large disparity between the levels of infection among girls compared to boys. Young women are up to 4 times as likely to be infected with HIV as young men in their age group (16.9% versus 4.4% respectively). While the study found that females are more likely to live with HIV and this proportion is increasing, the highest increase in prevalence was among the youth aged 15-24 years.
- In 2004, some 245,000 children (2-14 years old), 736,000 adolescent and young female adults as well as 225,000 adolescent young male adults (15-24 years old) are living with HIV and AIDS.
- Gender-related violence, sexual violence and abuse put women and children more at risk and vulnerable to HIV and AIDS transmission. In 2004/2005, 40% (22,486) of the 55,114 reported rapes in South Africa were against children. More than 60 children under the age of 18 are sexually abused or raped every day.\(^5\)
- Working through civil society organizations and government, a gender-based approach must be used as a strategy to reduce violence. Men and boys can halt the spread of the disease in terms of reduction of gender and sexual violence which leave women and children vulnerable to direct transmission. They can also support women’s and girls’ decisions when negotiating sex, and use condoms consistently. Community and traditional leaders can play an important role in preventing sexual, domestic and gender-based violence, provide a supportive environment for survivors and advocate for legal reforms and remedial services for perpetrators of violence.
- The school environment has a dangerously high

\(^5\) The South African Police Services Annual Report, 2004/2005. Police suspect that as much as two-thirds of rapes are not reported due to several factors, including the survivor’s economic dependence on the perpetrator.
level of physical violence, especially against girl learners. Many girls report they are afraid of teachers and supervisors, or of being assaulted while using school toilets, or walking to and from school.
- Sensitive topics such as sex and sexuality, gender and womanhood and the required knowledge and skills to handle them are often taboo both at home and in school. HIV and AIDS education are not openly discussed.
- UNICEF’s support to the Government’s GEM and the Child-friendly Schools Plus initiative (CFS) hold great promise for making schools safe havens for learning, play and growth and, particularly, empowering places for girls to counteract the deep prejudices and heavy gender bias found in the broader society.

Progress in 2005-2006
UNICEF’s efforts to prevent primary transmission of HIV focus on life skills in schools, youth workshops to reach young people who are not in school, and activities to combat violence which can exacerbate the HIV pandemic.

Life Skills to Prevent Violence and HIV Infection
The Girls Education Movement (GEM), launched in South Africa in 2004, provides a good forum for life skills development in schools and communities. It has been instrumental in encouraging safe behaviour and contributing to the prevention of gender-based violence as well as new HIV infection.

UNICEF supported 1,464 Girls Education Movement (GEM) clubs in three provinces: Eastern Cape, 105 schools, KwaZulu-Natal, 1,275 schools, and Limpopo, 84 schools. In total some 30,000 children and adolescents are involved. Under GEM, thousands of young South Africans are campaigning against harmful practices such as transactional and inter-generational sex that promote the spread of HIV. The Eastern Cape province has committed to scale up GEM to all the schools in the province but progress has been slow. In Limpopo province, a study of the issues that learners and young people perceive to be threats to their safety provided valuable information, but the researchers were disturbed to observe that very few children perceived AIDS as a threat. The study has been praised for its successful efforts to transfer survey skills to the Universities of Limpopo and Venda, both previously disadvantaged universities.

The initiative to empower the youth reached an important landmark in 2006 under the Schools as Nodes of Care and Support strategy in KwaZulu-Natal. The GEM and Child-Friendly Schools Plus initiatives are set to reach 1,500 schools in Limpopo and an overall number of 550,000 children and young people by the end of 2006.

Youth Workshops
UNICEF supports youth leadership and strategy development workshops through which young people speak out and confront the challenges they face, including the threat of HIV and AIDS. The workshops act as catalysts for preparing youth action plans on HIV prevention, which are included in municipal development plans. Three youth leadership workshops brought together 110 young people drawn from Limpopo, KwaZulu-Natal and the Eastern Cape in 2005. Four youth strategy development workshops also brought together 140 young people from the Eastern Cape and Limpopo. The young people developed strategies to address HIV and other issues in their communities. The finalised Buffalo City strategy focuses on five strategic areas, namely: youth economic development, increased partnerships amongst the youth and municipalities, youth and HIV and AIDS, life skills promotion and moral regeneration. As catalysts for change amongst their peers, the HIV messages which the youth discussed and designed potentially reached some 5,000 young people.

Combating Violence Against Children and Women
UNICEF supports the Government of South Africa’s anti-rape strategy that aims to prevent gender-based violence against women and children, respond to sexual violence, and provide
care and support for survivors of sexual violence and abuse. Men are the major perpetrators of violence against women and children. However, men’s organizations like ‘Men as Partners’, ‘Men for Change, and ‘Fatherhood Project address notions of masculinity and responsible and positive male behaviour. Through this gender-based approach, men are able to work with other men to prevent and reduce violence in their homes and communities.

UNICEF remains a major partner in the work of the Thuthuzela Care Centres (TCC) located in public hospitals and clinics in communities where sexual offences, the incidence of rape and other abuses is particularly high. The Thuthuzela centres and the courts offer sexual assault survivors the integrated and humane services of specifically trained and committed police, prosecutors, social workers, investigating officers, magistrates and health professionals in matters of rape and gender violence. As a result, sexual offences courts average 85-99% convictions compared with 42% in other courts. The Thuthuzela Care Centre model has ensured that rape cases are finalized in an average of 5-6 months as opposed to 18-24 months. Over 10,000 service providers have been sensitized and equipped with protective, investigative, health, counselling, psychological, legal and education skills in support of integrated services to survivors.

The centres also offer HIV and AIDS counselling and testing, a critical service for HIV prevention. Thuthuzela staff also provide post-exposure prophylaxis (PEP) to HIV-negative rape survivors to prevent possible transmission of HIV. Furthermore, increased conviction rates of sexual offenders decrease the probability of HIV-positive rapists infecting other women through repeat assaults. To date, 12 centres have been set up, and the number is set to increase to 28 in 2006. The Danish Government has been the major partner in this initiative.

**Plans for 2006-2007**

Empowering information alone will not change young people's behaviour. Life skills are needed from an early age to help young women and men translate such information into practice and to help them negotiate their way through life, making appropriate choices regarding sex, drugs, alcohol use, peer pressure and other challenges of today.

In 2006 and 2007, UNICEF’s work in life skills and youth development will focus on learning lessons from the past and identifying strategic areas of intervention in the future. The Child Friendly Schools Plus initiative will also be improved. Major donors to these initiatives: include the UNICEF National Committee of Germany, the UNICEF National Committee of the United Kingdom, the US Fund for UNICEF, the Government of Denmark, and UNICEF Thematic Funds.

- An evaluation of the effectiveness and efficiency of life skills is planned for 2006. The evaluation will inform UNICEF’s life skills activities in the new country programme.
- UNICEF will expand on the various models of youth development in 2006-07 by bringing on board youth groups in an additional 13 municipalities to advocate for more HIV funds in municipal budgets. This will be combined with a parallel effort to extend Local Plans of Action to 13 municipalities from the original three municipalities where they were created in 2004 and 2005. Progress in this area has been delayed in the first half of 2006 but is now set to move forward, following successful negotiation of the role of UNICEF in these activities in provinces.
- The Child-Friendly Schools Plus initiative is ready to expand beyond the initial districts. The next steps are to ensure that: 1) a clear monitoring and evaluation framework exists, 2) CFS plus is well tailored to issues of South Africa such as ‘safety and security’ for children in schools and 3) it is linked to other national education programs and initiatives. These three areas will work to scale-up the CFS plus initiative to all schools in South Africa. CFS also provides social protection for OVCs, as mentioned in the following chapter.
- In promoting safety and security in schools, UNICEF will collaborate with the Government’s Khomanani campaign through the GEM clubs to develop a communication strategy which uses traditional communication techniques such as song, drama, dance and story telling for and by young people.
- UNICEF will continue the national advocacy campaign on *Universal Access–Support the
'No Fee Schools' initiative. This work advocates for exclusion of school fees for orphans and vulnerable children. Keeping more kids in school leads to young people with greater skills and knowledge for HIV prevention and greater ability to lead healthier and safer lives.

Major activities to combat the violence that exacerbates the HIV pandemic will include the following interventions, all of which fall under the Government’s 365 Day Campaign to End Violence Against Women and Children:

- **Our Own Stories in Our Own Voices** is an exciting and innovative South African co-production, between the South African Broadcasting Corporation, UNICEF and the interdepartmental management team that co-ordinates the country’s anti-rape strategy. This ambitious production is a direct response to the epidemic of gender violence in South Africa. The nine one-hour documentaries are told from the perspective of, and shot by, 40 adolescent girls from diverse cultural backgrounds from the nine provinces who received intensive life skills, story telling and TV production training. They are deeply personal stories which capture the reality of being a girl in contemporary South Africa. **Our Own Stories In Our Own Voices** will be broadcast on SABC 2 *Our Nation in Colour* in November 2006 to an expected viewership of over two million during the 16 Days of *No Violence Against Women and Children* campaign. The broadcast will be followed by mobile screenings in communities unable to access television.
- A new model of Community Protection is being tested in Eastern Cape province through a partnership between a local NGO (UCARC), the OR Tambo district government, and UNICEF. This model combines community education with baseline surveys to monitor the impact of activities. It will eventually also include Men as Partners components that stress the positive role that men must play in reducing violence and caring for families.
- Major efforts are under way to increase the number of Thuthuzela Centres from 18 expected by the end of 2006 to 80 by the end of 2010. In preparation for this scale-up, UNICEF and the National Prosecuting Authority (NPA) are evaluating the impact of training programmes as well as the quality of Thuthuzela services and setting up data collection and analysis systems that will enable the NPA to report on a set of agreed indicators throughout the scale-up period and beyond.

### Budget (2006-2007)

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<td>Scaling up child-friendly schools plus initiative</td>
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<td>Communication strategy for safety and security in schools through GEM clubs</td>
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Bringing a Smile to Her Face

The Thuthuzela Magic

The five women and little girl watching TV in the cosy lounge on an overcast wintry morning looked like members of a family. Only the calm, white-uniformed nursing sister hovering over them offering cups of tea or coffee and biscuits drew a different picture.

This scene was at the sprawling GF Jooste Hospital, Mannenberg, Cape Town. The place was “Thuthuzela” (Xhosa meaning comfort or security or a protected home), a one of a kind day and night care centre for survivors of one of society’s most horrendous crimes: rape.

It is under the Thuthuzela umbrella that the police, prosecutors, magistrates, doctors, health workers, social workers, community volunteers, UNICEF and donors have come together to create a dignified, humane and empowered response for the emotional, health and legal needs of survivors of sexual violence. Per capita, South Africa has the worst statistics in rape and other gender-based violence in the world. In 2004-05 there were 55,114 rapes, of which 40% (22,486) were against minors, according to police records.

Among the women at the Mannenberg centre that Monday in May was 20-year-old Lydia (not her real name). Slight in build, short-cropped hair framing a beautiful smiling face, as if she wanted to comfort the other women, each with a recent personal horror experience. Looking at Lydia calmly sipping tea, you wouldn’t imagine this young woman had been brutally raped, at knife point, by two unidentified hoodlums three days earlier.

“It was around eight, and I’d just got off at the bus stop on my way from work,” Lydia recounted her ordeal. “Home was less than 10 minutes walk away. Then, these men came out of nowhere …” her voice trailed off.

“You should have seen her when the police brought her in. She (Lydia) was a terrible wreck. Now, look at her smiling,” senior social worker Mandisa Ngonongono said.

The smile on Lydia’s face is a result of the ground-breaking Thuthuzela approach. In the past, after enduring the violence of rape and in shock, a survivor reporting the case would make a statement at a cold, impersonal police station. In court that statement was likely be torn to shreds by the lawyers of the rapist – that is if the perpetrator was apprehended at all. Today, the police have been trained to help the victim quickly get to a Thuthuzela centre. What follows there is a well-devised series of steps: reception, consultation, medical examination, taking of specimen, shower, change of clothes, a hot or cold beverage ... then, the police is called in take her statement.

“By this stage, in sympathetic surroundings, the woman feels reassured, has her self-dignity back. Her statement to the police has an excellent chance of standing up in court and the perpetrator can be nailed,” Dr Roy Chunga, the doctor in charge of the Mannenberg centre explained. “We have a team of dedicated doctors on call day and night and we have trained nurses to be able to do the medical exam and also defend the facts in court,” he added. As a result of the work of the 12 Thuthuzela centres in South Africa (to be expanded to 18 by December 2006), conviction rates at courts have increased, and the time for completing cases for the magistrate of judge has been cut from 3-5 years to less than six months.

The Thuthuzela initiative is the brainchild of the National Prosecution Authority (NPA). The NPA’s director of public prosecutions for Sexual Offences and Community Affairs, Thoko Majokweni, is a tireless defender of women’s rights. Her calm but determined effort to get perpetrators of sexual violence behind bars has put the fear of God into many a prospective rapist and abuser.

Now, Lydia smiles, because the result of the HIV test done at Thuthuzela came out negative, although results of a second, more conclusive test will be known in a couple of weeks. Lydia has finished Grade 7, lives with her mother and younger sister in the Gugulethu informal settlement and dreams of saving enough to go to college one day.
PROTECTION, CARE AND SUPPORT
Supporting Safety Nets to Care for Orphans and Vulnerable Children

**Issue**

The number of orphans in South Africa is increasing, largely due to the HIV and AIDS pandemic. There are more than two million orphans (estimate), more than half of whom have lost their mother, father or both parents to AIDS.

About 40,000 households headed by children receive home and community-based care, but thousands more remain unreached. Seven million children receive child support grants but many children do not have birth certificates and therefore cannot apply for social grants. Others are not aware that they are entitled to assistance. Systems to identify, register and track OVCs are not standardized and coordinated. Most orphans are taken care of by extended families, many of whom are struggling under the strain, especially those headed by elderly people and women who already live at the edge of poverty.

Orphans and vulnerable children tend to live in poorer households and their school enrolment rates tend to be lower than for other children. Often, OVCs are responsible for the care of their sick caregivers and are increasingly denied access to education, health or psycho-social support services because of fees, distance or lack of knowledge of the services that are available. In addition, OVCs are at higher risk than other children of being involved in harmful and exploitative child labour, as well as sexual exploitation.

Thousands of community-based initiatives have begun but they are poorly distributed in rural areas or poorly coordinated with available service providers. Information on OVCs does not feed into an effective monitoring and evaluation system to assist planning at local and provincial levels. Major gaps exist between policies and effective implementation.

The National Action Plan for OVCs addresses these gaps, and the Government has requested assistance from various partners including UNICEF for research, monitoring and evaluation to establish effective database systems and to bring in best practices.
Progress in 2005-2006

UNICEF has used a range of methods to support the Department of Social Development, which takes the Governmental lead in organizing support for OVCs. These methods focus on testing new models of care such as ECD Centres of Care and Support, creating guidelines and manuals, collaborating with Government in strengthening planning, data management and organizing Governmental coordination methods. Primary funding partners include the US Fund for UNICEF, UK Department for International Development, the UNICEF National Committee of Switzerland, and the Government of France. Examples include:

- A National Plan of Action for Orphans and Vulnerable children (OVC), 2006-08, was produced, and costed. It covers the strengthening of families’ capacity, mobilization and support of community-based responses, access to essential services and raising awareness to create a more supportive environment for child protection. In early 2006, a work plan was created to operationalise the Action Plan through the National Action Committee for Children Affected by AIDS (NACCA). UNICEF sits on the NACCA Steering Committee and chairs the sub-committee on capacity building.

- The content of training manuals was developed for village workers to create safety nets/child care forums for OVCs. The manuals will improve community workers’ ability to link OVCs with social services, affording them greater survival, protection and development. In 2006, the content is being translated into user-friendly manuals and ultimately, extensive training in the use of the manuals will be undertaken.

- A study tour was undertaken to QwaQwa in the Free State province to demonstrate to Government and NGO practitioners from Eastern Cape and Limpopo that Community Child Care Forums can effectively identify vulnerable children and link them to services. The QwaQwa site was chosen as a model because of its success in eliminating backlogs in social grant applications and birth registration.

- Child Friendly Schools Plus have become a key intervention to reach vulnerable children. The KwaZulu-Natal Department of Education has adopted the Child Friendly Schools Plus model, and plans to scale it up to 4,000 schools in the province. UNICEF has supported 28 of these schools and the model has proven successful, especially in Paulpietersberg. In addition, a planning forum was held to identify the key elements of this service. Based on the forum, UNICEF anticipates introducing the concept in Eastern Cape and Limpopo Provinces.

- UNICEF commissioned the University of Pretoria to analyse methods of responding flexibly to the challenges posed by HIV and AIDS in South African schools. The study is now being used as a major source for the national Department of Education’s strategy to provide safety nets to vulnerable children.

- ECD sites were piloted as nodes of care and support for OVC in the Nkandla municipality in KwaZulu-Natal province through the training of family facilitators and ECD practitioners. UNICEF has learned that the family facilitators play an essential role at a household level. The 20 trained family facilitators are responsible for 20 households each. They pay monthly visits to assist households to facilitate access for caregivers, young children and their older siblings to basic social services such as grants and birth certificates, and promoting health care. Approximately 1,200 children are benefiting from their services. However, UNICEF has also learned that two major challenges exist for children to receive grants during the pilot phase. First, there is a huge backlog of applications for birth registrations, which delays children to receive grants. Second, within the grants system many irregularities such as fraud exist. This led the Government to close down the system for a period of review. Fortunately, the system is being re-opened and grants will be dispensed again to eligible families.

Plans for 2006-2007

UNICEF’s new country programme aims to contribute to increasing coverage of community and home-based care, support and protection to 70% of OVCs, and to assist the Department of Social Development to better coordinate and monitor OVC services. The expected output is that four target local municipalities are able to track and register OVCs, thereby increasing the number of OVCs which can access available services. The key to achieving this result lies within the Government’s recently finalized Policy Framework and Action Plan.
for Orphans and Vulnerable Children. UNICEF is committed to providing technical support to the implementation of this plan, which was created through important contributions by representatives of all sections of Government and civil society. Initial focus will be on the situation of orphans and vulnerable children in the three most-affected provinces: KwaZulu-Natal, Eastern Cape and Limpopo. UNICEF is working closely with the Department of Social Development and civil society to carry out activities in the following four areas:

Research to Inform Policies for Vulnerable Children

- The Departments of Social Development and Home Affairs, the Medical Research Council, and UNICEF are collaborating to collate information on the numbers and locations of all maternal orphans in South Africa. This will be done by cross referencing birth and death registers within electoral zones. There will also be an audit of data management among service providers to improve the accuracy of information on orphans. This will enable the Government to target specific geographic areas which have large concentrations of vulnerable children. The collation of information is slightly delayed due to confidentiality issues but should still be finalized by the end of 2006.
- The Department of Education and UNICEF commissioned research on the effects of ARV Treatment and positive HIV status of babies and young children the foundation phase for education (Grade R to Grade 3). This research, which started in May 2006, will provide the Department of Education ECD Directorate with recommendations on how to ensure the integration of young children living with HIV into the foundation phase of education.
- In anticipation of a major conference on OVCs in South Africa in July 2006, UNICEF has been asked to support a review of the progress made against recommendations that emerged from the last such conference in 2002. UNICEF is also supporting three participative case studies of effective community child care forum models, to be presented at the conference.

Community Safety Networks for OVC

The community is best placed to care for its children, but the increasing burden of the AIDS epidemic means that it requires considerable outside help for it to cope.

Community safety networks meet a critical need for the interface between vulnerable children, caregivers and available social services. When children and families deal with extreme poverty, sick parents, orphans, many sick and dying neighbours, the suffering often bars them from being able to access state-provided services. Sometimes the access process is either too expensive, requires too much effort in the face of the daily grind of survival, or the weight of official red tape is too onerous.

Community Child Care Forums and similar models with trained workers or volunteers identify vulnerable children, take them to apply for social grants or get medical treatment, and in some cases even feed, bathe, and clothe them.

UNICEF supports the scale-up of Community Child Care Forums in several ways:

- Identifying more vulnerable children by geographical mapping to identify gaps in services and by capitalizing on the networks of existing community workers such as community health and development workers. Opportunities exist to work with HEARD, Valley Trust and the Centre for Rural Health in KwaZulu-Natal to add social protection issues to CHW training.
- Preparing and rolling out training on child care forums, including guidance on succession planning to help families to plan inheritance and guardianship. The manual for Community Child Care Forums will be created in the second half of 2006, followed by training of trainers throughout the country.
- Finalizing the pilot of ECD Centres of Care and Support in KwaZulu-Natal and expanding the concept to other provinces. UNICEF and the Inter-Departmental ECD Committee have already developed a draft concept for ECD Centres of Care and Support.
- Scaling up the Child Friendly School Plus programme from KwaZulu-Natal to other provinces in the country. Both Limpopo and Eastern Cape provinces have expressed interest, and
specific targets and monitoring mechanisms will be established in 2006 (see Primary Prevention chapter).

**Coordinating Services for OVC**

- The NACCA structure mentioned above needs to be replicated at provincial and district levels in order to ensure effective coordination of Community Child Care Services and accurate data collection on the number of children who are vulnerable and who are provided with assistance. UNICEF is committed to ensuring that provincial and district levels have coordination mechanisms in place that not only replicate but inform NACCA’s work.

**Advocacy and Strategic Resource Leveraging**

- In advocating and leveraging resources for vulnerable children, UNICEF plans to create a tool kit for municipalities to take quick actions for children through contracting a local South African company or NGO with expertise in local governance. A reference group will be convened to select the company or NGO to create the tool kit, to comment on and approve the content of the tool kit, and to monitor the progress of the project. Trainers will be capacitated to introduce the tool kit to municipalities, and the content will then be tested in municipalities. The tool kit will be revised based on the feedback from the test municipalities and a completed package will be in place for nationwide rollout in early 2007.

UNICEF believes that lobbying Parliament is a major untapped area through which we can influence legislation that changes the lives of millions of children over the long term. Initial meetings with Parliamentarians indicate that they thirst for updated statistics and information on children’s issues in the country. Through providing Parliament with critical data and analysis of the impact of new legislation on the best interests of vulnerable children, UNICEF can help ensure that Members of Parliament (MPs) are capacitated to pass legislation that ultimately will save children’s lives and transform the way in which Government takes care of the most vulnerable in South African society. UNICEF is advocating for children’s issues to be included in a revised Social Security Bill and for Section 76 of the Children’s Bill to be completed. Other activities include liaising with Parliamentary Portfolio Committees and analysing the national budget.

- Child Support Grants reach 7 million children in South Africa, a major achievement of the post-apartheid government. However, children aged between 14 and 18 years and child-headed households are not eligible for the grants; UNICEF is advocating for their inclusion in the grant scheme. Initial discussions with the newly created South African Social Security Agency (SASSA) have revealed a range of possible studies that UNICEF could commission in conjunction with SASSA and the Department of Social Development, which oversees policy issues related to social grants. Such issues include an analysis of how households expend the child support grant in order to understand whether the funds actually improve children’s
lives; and an analysis of the gap between children served and children who would qualify for the grant if their parents or caregivers applied or met certain criteria. This study will identify bottlenecks to 100% of eligible families receiving the grants.

• UNICEF has discussed with line ministries such as the Department of Education, as well as with the National Treasury, the possibility of assisting certain departments to prepare well-documented and costed proposals for the budget review that takes place in the second half of 2006, thereby ensuring that the department’s proposals have a better chance of being approved for the 2007-2008 budget year. Such assistance is not limited to national departments but would also be provided to provincial departments needing to access national-level funds or even provincial funds. For example, the Early Childhood Development team is currently planning to establish ECD Centres of Care and Support for OVCs. Currently, the ECD units of Education Departments at provincial level cannot access funds earmarked for HIV and AIDS. The Departments and UNICEF are therefore examining how the procedures could be changed to allow ECD units to apply for HIV and AIDS funds to support ECD Centres of Care and Support.

NUMBER AND PROPORTION OF CHILDREN 0–14 YRS RECEIVING THE CSG IN SA, JUNE 2005

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<th>CHILDREN RECEIVING CSG</th>
<th>UPTAKE RATE</th>
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<td>71</td>
<td>1,338,045</td>
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<td>Limpopo</td>
<td>1,890,829</td>
<td>1,353,834</td>
<td>72</td>
<td>990,194</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>999,662</td>
<td>681,769</td>
<td>68</td>
<td>489,663</td>
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<tr>
<td>Northern Cape</td>
<td>240,585</td>
<td>156,621</td>
<td>65</td>
<td>101,728</td>
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<tr>
<td>North West</td>
<td>1,131,625</td>
<td>804,585</td>
<td>71</td>
<td>465,242</td>
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<tr>
<td>Western Cape</td>
<td>1,227,683</td>
<td>605,248</td>
<td>49</td>
<td>365,655</td>
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<td>South Africa</td>
<td>13,465,243</td>
<td>8,792,8042</td>
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<td>5,913,719</td>
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</tbody>
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Stomping for Life

Stricken School Fights Hunger and AIDS

In the days of raging HIV and AIDS few communities in South Africa have been hit harder than Ndwendwe, a little town of 8,000 set along the winding east road to Ulundi, the provincial capital of KwaZulu-Natal.

There are 446 learners in Ndwendwe’s Ogunjini Primary school; 140 of them are orphans. They have lost one or both parents to HIV and AIDS, mostly. The swathe the grim reaper is cutting through the stricken community is catastrophic indeed; homes that used to be poor but were able to cope fairly well are now completely devastated. There are many children, between 10 and 15 years, who are now heads of their families, taking care of younger siblings because their parents are dead. Some children are caring for sick and dying parents. A lucky few have a grandparent at home taking care of them. Almost all dream of a square meal a day. Hunger and malnutrition gnaw at them, revealed by the distended stomachs and premature greying hair – signs of worsening kwashiorkor. The number of orphans in South Africa is increasing, because of HIV and AIDS. There are over two million orphans (estimate), half of whom have lost their mother, father or both parents to AIDS.

But for one afternoon in May 2006, the Ogunjini Primary decided to put its worldly cares aside and have some fun. The drumming, clashing of ceremonial spears and shields amidst shouts of “Bayete Nkosi”! (a royal chant) reverberated up and down the hills and valleys. A troupe of about thirty learners, boys and girls in full traditional Zulu costume, were putting on a stomping, rousing show that would have made Shaka’s impis of yore proud.

“We encourage extra-curricular activities of this kind to help uplift their spirits,” the school clerk, Mr C Govender, said. And today, the school was celebrating a big event – the day UNICEF and the Government food supplement aid for needy schools reached Ogunjini.

“Rand 3,000 (US$ 250) for three months to supplement the diet of 440 children is quite small indeed, but the school management is determined to find ways to supplement its meagre resources – through fund-raising activities”, Nozihpo Khumalo said. She was a counsellor from the Media in Education Trust (MIET), a coordinating agency based at the KZN University in Durban and funded by UNICEF to monitor and ensure that needy children, especially the orphans, access all available Government social grants, by following up on the required paper work.

In discussion with representatives of the Ndwendwe community the school had identified the poorest of the poor and most vulnerable, 50 among the 140 orphans, to be the first recipients of the parcels of food aid: some rice, mielie meal (traditional maize porridge), salt, sugar, beans and tinned fish.

“We also plan to start a soup kitchen in a month or so. It will have mielie meal and soya mince as the main fare”, Mr Govender said, adding that a Ndwendwe women’s group, mainly grandmothers, have formed an arts and crafts cooperative to make and sell traditional trinkets to supplement the school’s efforts.

The MIET also helps to monitor the health of the children and encourage HIV testing to find out which of the children is positive in order to facilitate their going on ART. About 40,000 households headed by children receive home and community-based care throughout South Africa, but thousands more remain un-reached. Many children do not have birth certificates and therefore are not eligible for social grants. Others are not aware that they are entitled to assistance. MIET follows up on these and other cases by developing communication strategies to inform families of how to access education, birth registration, social grants, health care, and adequate nutritious food.
## Budget (2006-2007)

<table>
<thead>
<tr>
<th>TASK</th>
<th>COST US$</th>
</tr>
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<tbody>
<tr>
<td>Technical assistance to strengthen Government and civil society capacity for coordinated policy implementation for OVC</td>
<td>184,000</td>
</tr>
<tr>
<td>Pilot of eight ECD sites as nodes of care and support for OVC</td>
<td>124,000</td>
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<tr>
<td>A system to recruit, train and monitor Child Care Forums in three provinces: development of manual, training of 548 trainers on manual and of 257 child and youth care trainers; child care forums established in 4 districts</td>
<td>530,000</td>
</tr>
<tr>
<td>Training, monitoring and evaluation of 133 organizations nationally in succession planning for OVC</td>
<td>100,000</td>
</tr>
<tr>
<td>Data collection towards a system to identify and locate orphans nationally and to track OVC locally</td>
<td>149,000</td>
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<tr>
<td>Pilot community health workers as referral/tracking system for OVC</td>
<td>115,000</td>
</tr>
<tr>
<td>Pilot project to use school health system as referral mechanism for OVC</td>
<td>40,000</td>
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<tr>
<td><strong>SUB TOTAL</strong></td>
<td><strong>1,242,000</strong></td>
</tr>
<tr>
<td>Creating municipal tool kits and supervision and follow-up support</td>
<td>200,000</td>
</tr>
<tr>
<td>Advocacy in parliament for children’s issues, including publication dissemination</td>
<td>250,000</td>
</tr>
<tr>
<td>Expanding social grants to child-headed households and OVCs, and monitoring children’s access</td>
<td>180,000</td>
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<tr>
<td>Leveraging more government resources for children for 2007 and 2008 budgets</td>
<td>250,000</td>
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<tr>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>880,000</strong></td>
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<td>Overall programme support</td>
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<td><strong>PROGRAMME SUB TOTAL</strong></td>
<td><strong>2,522,000</strong></td>
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<td>Indirect recovery cost (7%)</td>
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<tr>
<td><strong>PROGRAMME TOTAL</strong></td>
<td><strong>2,866,000</strong></td>
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</table>
PARTNERSHIPS

UNICEF’s success in South Africa has been built on a solid partnership with a number of Governmental and non-governmental entities.

The Office on the Rights of the Child in the Presidency has been UNICEF’s key Government partner for planning, coordinating and monitoring the Country Programme.

UNICEF was involved in several consultations with Treasury and the Department of Foreign Affairs to plan a national Common Country Assessment and new United Nations Development Assistance Framework for a new Country Programme that will commence in 2007.

Specific components of the programme are implemented with Government line departments including Health, Education, Home Affairs, Social Development, Justice and the Department for Provincial and Local Government. Partnership with provincial level government structures, particularly the provincial ORCs and district mayors, is the basis for implementing community-level activities.

UNICEF also continued its practice of working with key non-governmental organizations (NGOs) that do important work in programme implementation and service delivery. A number of NGOs, academic and parastatal institutions remain central to UNICEF’s success in South Africa.

Another important collaboration has been with bilateral partners and UNICEF’s own national committees. A good example is the Thuthuzela Centres programme and the related comprehensive work, carried out with the support of the Danish Government and implemented by the National Prosecution Authority. UNICEF national committees provide important start-up funds to develop models or initiatives like the funds to support massive birth registration provided by the US fund for UNICEF.

The media and the public broadcaster in particular are critical players for realizing UNICEF’s and our partners programmatic goals related to children and young people, not least because of its reach to millions of South Africans. In this regard UNICEF has formally signed an MOU with the South African Broadcasting Corporation that has already resulted in joint programming and collaborations that will benefit children, young people and all stakeholders in the short and long term.