Celebrity advocacy spread, pages 26 and 27. Left to right, first row: UNICEF, Rebecca Hearfield; second row: Karin Schermbrucker, Giacomo Pirozzi, Mandla Zulu; third row: Rebecca Hearfield, Karin Schermbrucker, Proctor and Gamble, Karin Schermbrucker; bottom row: Karin Schermbrucker, Kate Pawelczyk, Justin Bradfield, Rebecca Hearfield.
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As UNICEF Country Representative for South Africa I am confronted each day with the daunting challenges facing children in this country. Prior to accepting this important posting only a short time ago, I had learnt much about the situation of children here. What troubled me most was the complex nature of the multilayered challenges facing children in South Africa. Despite our best efforts and those of our partners, children are still faced with alarming levels of poverty, malnutrition, low access to quality education and unacceptable levels of violence, abuse and neglect.

Within the borders of the country, children of other nationalities, many separated from their parents or who have lost their parents, have also become vulnerable to these factors. And the spreading economic downturn across much of the globe adds a further troubling dimension, as this may mean fewer resources available to address children’s core development and protection needs.

But this is not the time to be cautious in defence of our work for children. I would much rather focus in this introduction to our work in 2008, on our achievements and our energetic and innovative plan for children going forward to the end of this country programme cycle in 2010.

In 2008 our dedicated team worked hard and achieved some breathtaking successes for children. Improved access by mothers to prevention of mother-to-child transmission of HIV services, assistance with the delivery of the first national vitamin A supplementation campaign and technical support for the cholera emergency by UNICEF means that simply put, through our programmes, more children’s lives were saved and protected in 2008.

Underscoring our action for children has been a culture of innovation by our programme and promotions and partnerships teams that I have been privileged to remark on time and again at UNICEF South Africa. In education, children have benefited from UNICEF’s tireless efforts to improve the quality of education offered in some of South Africa’s most vulnerable school communities and dramatically grow its adolescent development outreach through sport for development initiatives around the country. Likewise in social policy and child protection, our efforts have been directed at strengthening mechanisms already in place to protect children and serve their best interests. In this space, UNICEF continues to add tremendous value to the efforts of the government as a robust and strategic development partner.

Let us not forget UNICEF’s origins as an emergency organisation for children. In this context, 2008 was surprising in that it delivered several humanitarian situations previously thought to be alien to South Africa. Xenophobic violence, cholera, and the thousands of displaced children both on the border with Zimbabwe and in more limited number in central Johannesburg, were troubling developments to UNICEF. Our response to these situations, however, has been rapid and justly robust.

My team continues to monitor and react to the situation of children here, and our rich institutional memory of how to operate effectively within such crises should serve to remind the people of South Africa that UNICEF and the United Nations serve humanity, and children, whenever and wherever their need is greatest.

For 2009 therefore, despite the ever present challenges, developments and ongoing crises, UNICEF will remain firm and committed for children because failure is not, for us, an option.

I take this opportunity to thank you – our development partners, our National Committees and our private donors, the media and the public – for your continuing support to UNICEF and its work for the betterment of children in South Africa.

Aida Girma
Representative, UNICEF South Africa
South Africa has made extraordinary advances over the past 14 years, but there remain many challenges, all of them with consequences for children and women.

During this time, public expenditure on health, education and social grants have all increased dramatically. But despite this, the country faces challenges in delivering quality basic services.

While government social protection systems have resulted in a decrease in absolute poverty, there has been an increase in inequity between the highest and lowest income groups.

The burden of poverty and unemployment falls unevenly on women and children. As a recent government review demonstrates, income poverty has a predominantly female face. Its analysis shows that children in female-headed households are more likely to experience hunger. The proportion of children living in a household with at least one employed adult has decreased in recent years, thereby increasing the risk of child poverty.

**Changing the Picture**

A key achievement has been the establishment of a legislative framework with policies that protect children and guarantee their rights to social services. A new Children’s Act was signed into law in March 2008, and a Sexual Offences Bill and a Child Justice Bill have recently been passed by Parliament. Together these laws form a child protection framework on par with the best in the world.

Government will need to define a national strategy to ensure that quality services follow the new legislation. The task ahead is to ensure that childcare and protection services are strengthened, and UNICEF is contributing to this by supporting the establishment of strategies and standards for specialised systems and structures identified in the Children’s Act.

A rewarding development this year has been the greater integration of child health needs into wider government strategic plans. The Department of Health’s **Demographic and Household Survey**, which UNICEF is supporting, will for the first time contain questions relating specifically to post-natal care issues. National guidelines on paediatric access to antiretroviral therapy are being revised, and a focus is being placed on increasing access to prevention of mother-to-child transmission of HIV (PMTCT) programmes.

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1 Towards a Fifteen Year Review (Pretoria, Policy Co-ordination and Advisory Services, The Presidency, 2008)
KEY DEVELOPMENT INDICATORS: CHILDREN AND WOMEN IN SOUTH AFRICA

Child population (< 18 years) 19 million (2008)¹
Under-five mortality 59 per 1,000 live births (2007)²
Under five years of age underweight 12% (2003)³ (moderate & severe)
Maternal mortality rate 66 per 100,000 live births (2003)⁴
One-year-olds immunised against DPT3 97% (2007)⁸
One-year-olds immunised against measles 83% (2007)⁸
Use of improved drinking water sources 91% (2007)⁶
HIV prevalence among adults (15 to 49 years) 16% (2005)⁷
GNI per capita (US$) 5,760 (2007)²
Primary school enrolment ratio 98% (gross, 2008)⁵
Recipients of the child support grant (CSG) 8,189,975⁴
Government expenditure on CSG 19,345 million ZAR⁹
Expenditure on CSG as % of GDP 1.2%⁹

Sources:
2. SDWC (2009).
South Africa’s progress towards achieving the Millennium Development Goals is uneven. Substantial progress has been made towards the goals of universal access to primary education and of gender equality. However, despite newly introduced programmes, progress towards eradication of poverty and hunger is slow. South Africa is not likely to achieve the goals related to decreasing child and infant mortality and to reversing the spread of HIV and AIDS by 2015.

**POVERTY**

Figures from 2006 indicate that two-thirds of children in South Africa were living on ZAR7.75 a day – a level which is well below the one dollar a day international poverty line.

But there are some indications that the lives of many poor people have improved through better targeted programmes, access to services and social grants. In particular, the South African Social Security Agency has positively transformed institutional capacity to deliver pensions and social grants more efficiently to the poor. It has increased coverage and access to security assistance from 2.5 million beneficiaries in 1998 to more than 12.3 million in 2008. Female headed households, those comprising single women supporting children, and granny headed households receive a larger than average share of social grants.

The Child Support Grant (CSG) reached more than 8 million children each month in 2008, compared to 22,000 in 1998. More than 90% of adult beneficiaries of the CSG are women, and children’s nutritional status has been shown to improve when their caregiver receives the CSG. In October 2008, the Department of Social Development announced that the amount of the CSG will be automatically raised in the future to keep up with inflation, and as of January 2009, the age threshold will be extended from 14 to 17 years.²

**HEALTH**

There are no indications that the nutritional status of children has changed significantly over the past ten years. The National Food Consumption Survey, released in 2007, found that one child in ten was underweight. As important as a lack of food is the lack of micronutrients such as vitamin A and iodine.

Breastfeeding rates are high in South Africa, with over 80% of mothers reporting having breastfed their infants. The greatest challenge is that the practice of exclusive breastfeeding is not a cultural norm, with most mothers practicing mixed feeding. The recently published results of the 2003 Demographic and Health Survey suggest that in 2003 only 11.9% of babies under the age of four months were being exclusively breastfed. Among infants in the age range four to six months the proportion being exclusively breastfed was only 1.5%.

**EDUCATION**

South Africa is very close to achieving universal access to primary education. However, the increase in enrolment of children in school has not been matched by an improvement in the quality of education. Although the education sector receives a significant proportion of resources – 5.2% of GDP in 2007/8 – lack of capacity is preventing quality schooling from being widely delivered. Another concern is that a growing proportion of children is failing to

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² Towards a Fifteen Year Review (Pretoria, Policy Co-ordination and Advisory Services, The Presidency, 2008).
meet the standards necessary for completing primary school.

One area where there has been success is in improving access to education for girls. There is now near parity between girls and boys enrolled at school.

CHILD MORTALITY

In South Africa infant and child mortality has increased, primarily as a result of the country’s high prevalence of HIV and AIDS. Strategies to improve primary health care and care for pregnant women are fundamental to reversing this trend.

According to the 2009 State of the World’s Children report, the under-five mortality rate in South Africa was 59 per 1,000 live births in 2007, while the infant mortality rate was 49 per 1,000 live births. The main causes of under-five mortality are AIDS (representing 35% of all deaths of children under the age of five), neonatal causes (30%), diarrhoea (11%), pneumonia (6%), injuries (5%) and others (13%).

HIV AND AIDS

With an estimated 5.35 million people living with HIV in 2008, or 11% of the population, South Africa carries a huge burden of disease from HIV and AIDS. It is possible that the epidemic may have levelled out in terms of new infections.

In South Africa, approximately 1,100,000 babies are born every year. With an HIV prevalence among pregnant women of 28%, about 300,000 babies are born exposed to HIV every year. The 2005 Household Survey of HIV and AIDS Prevalence estimated that 3.3% of children aged two to 14 years were living with HIV. AIDS therefore has become one of the leading causes of death amongst mothers and children in South Africa, accounting for 20% of maternal deaths.

Government has responded by implementing a Nevirapine based PMTCT programme since 2000. This programme has been rolled out to all hospitals and over 90% of primary health care facilities by 2008. According to official statistics, 61% of HIV positive pregnant women and 47% of HIV exposed babies received Nevirapine in 2007 to reduce the risk of mother-to-child transmission of HIV.

South Africa has the largest antiretroviral programme in the world, but it is falling far short of reaching all the people in need of treatment. According to the country’s recent UN General Assembly Special Session report, the estimated number of people needing treatment in 2007 was 889,000, of which 55% enrolled and 42% started on the antiretroviral therapy programme. Among children under 15 years of age needing treatment, 49% received treatment in 2007.

With tuberculosis being the most widespread opportunistic infection among HIV positive people, its dramatic increase is a great concern in South Africa. The number of people who have died from tuberculosis has almost tripled over the past 16 years.

VIOLENCE AGAINST CHILDREN

A vital area of intervention is in protecting women and children from violence. Rates of sexual assault in South Africa are amongst the highest in the world and children are most at risk: some 40% of reported cases are committed against children. In some centres for survivors of rape and sexual abuse, up to 80% of those seen are children.

MORE CHALLENGES FOR WOMEN AND CHILDREN

South Africa continued to grapple with the political challenges it has faced since its transition to democracy in 1994. 2008 has been a year of political upheaval. The African National Congress (ANC), which has formed the government of the country since 1994, experienced deep division over the past year. A breakaway faction – The Congress of the People – plans to challenge the 14 year rule of the ANC and contest the elections next April.

South Africa faced widespread disruption earlier in the year when xenophobic attacks left thousands of foreign migrants – and their children – displaced and vulnerable; and the spreading cholera epidemic which came across the border from Zimbabwe, where water and sanitation systems have largely broken down, presented another challenge to health authorities and to UNICEF.

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Overview of the UNICEF South Africa Country Programme

The UNICEF South Africa country office is now implementing its third country programme in which it actively advocates for children, providing strategic institutional support to the country’s development priorities. Its overall goal is to support the full realisation of the rights of children.

The reduction of violence against children, the extension of quality gender-balanced education to all children and the response to HIV and AIDS have constituted important elements of the country programme. Components focus on supporting efforts by the government and civil society partners to reach underserved children and families through targeted programmes, scaling up proven initiatives for orphans and vulnerable children and supporting increased access to basic social services for children and families.

PROGRAMME ELEMENTS AND KEY RESULTS

Child Survival and Development: addresses interventions to improve maternal and child health and reduce the under-five mortality rate through improved health services especially, neonatal care and paediatric antiretroviral treatment, safe infant feeding and prevention of mother-to-child transmission of HIV.

Key results

- Over the last two years, South Africa has made significant progress in scaling up high impact interventions: 92% of pregnant women had at least one antenatal care visit and 73% had four visits, 91% of births were attended by doctors and nurses, 61% of HIV positive pregnant women received antiretroviral prophylaxis to prevent mother-to-child transmission, 97% of infants received DPT3 immunisation, 83% were immunised against measles and 50,342 eligible HIV infected children were receiving antiretroviral treatment (State of the World’s Children, 2009).
- Leveraging national commitment, policies and resources for scaling up high impact interventions: UNICEF provided upstream support for the development of the National Strategic Plan on HIV and AIDS 2007–2011, and the Strategic Plan for Maternal, Neonatal, Child and Women’s Health and Nutrition for South Africa 2008–2013. Both plans include universal coverage targets for high impact interventions and aim at reducing the risk of mother-to-child transmission to levels below 5%. Government has committed ZAR14 billion (USD1.6 billion) of its own resources for implementation of the HIV and AIDS National Strategic Plan.
- Scaling up high impact interventions through innovative approaches: UNICEF supported the government to review and implement the national
PMTCT policy guidelines to include routine offering of HIV testing to all pregnant women receiving antenatal care. This included providing dual prophylaxis, antiretroviral treatment for pregnant women and routine HIV testing of infants at the six-week immunisation visit. At scale, the revised guidelines could prevent an additional 25% of new HIV infections. The government allocated ZAR280 million (USD30 million) right after the revision to support its roll out. UNICEF also provided technical and financial support for the implementation of the first ever national vitamin A supplementation campaign, which reached 3.2 million (78%) children aged one to four years old.

- Communication for behaviour change: in an attempt to contribute towards the reduction of HIV-related stigma and change of community behaviour, UNICEF supported the PMTCT and infant feeding communication campaigns, using TV, radio and print media. UNICEF also supported the documenting of the experiences of young HIV infected mothers enrolled in PMTCT programmes in KwaZulu-Natal. This was the first time in the current programme cycle that real life experiences of women living with HIV have been captured in a documentary.

- Tracking progress towards national goals and targets: UNICEF played a key role in ensuring that children’s targets are clearly articulated in the National Strategic Plan and that there are mechanisms in place to track women’s and children’s access to services. UNICEF supported the Human Sciences Research Council to include the HIV testing of children under two years of age in an on-going population based survey. This will be the first population based survey in the world which includes children under two years of age to track the effectiveness of PMTCT.

Education and adolescent development: focuses on providing quality education through its Child Friendly Schools framework which helps schools offer a quality education in a safe environment, and encourages them to have strong partnerships with the surrounding community, to promote health and to ensure the rights of children.

Key results
- In partnership with the government, UNICEF support for the implementation of the child friendly schools framework in the 585 most-at-risk schools will continue for the next two years. The programme has progressed from 25 schools in 2005/6 to over 300 currently and will reach all 585 schools by the end of 2009.
- UNICEF’s continued early childhood development (ECD) research and evidence based advocacy to leverage increased resources for investment in ECD has helped to double the allocation of the ECD budget to children from ZAR4.50 per child per day to ZAR9 per child per day. ECD is national priority and budgets for ECD in both the departments of Education and Social Development were increased by over 300% in 2008.
- The Sports for Development programme continues to be an effective strategy to address violence in schools and HIV prevention through the infusion of life skills training. A pilot programme was introduced in 45 schools over six months and benefited over 80,000 girls and boys. Based on the good results of the pilot the Minister of Education has instructed that all schools must provide children with the opportunity for 45 minutes of structured play every day. The programme has now been expanded to target 27 school-cluster communities with a total of 270 schools and an estimated 200,000 girls and boys.
- High level advocacy initiatives have led to three key interventions: the establishment of a National Education Evaluation and Development Unit in September 2008, policy development and establishment of mechanisms for learner retention, and refocusing efforts on improved development of literacy and numeracy techniques in the foundation school phase.

Child Protection: addresses the startlingly high levels of violence against children in the country and provides technical support to interventions that offer protection, care and support to child victims of violence and abuse and strengthen social safety nets to protect orphans and other vulnerable children.

Key results
- UNICEF is providing technical support to the National Action Committee on Children and AIDS. The committee aims to strengthen national capacity to provide community and government support to a greater number of orphans and children made vulnerable by HIV and AIDS. A key priority has been to improve information management so, amongst other initiatives, a national mapping and assessment of all community based organisations providing services for
orphaned and vulnerable children is currently under way. Linked to this initiative is a national training of trainers programme, aimed at reaching most childcare forums in the country. Technical assistance is also provided to integrate best practices in psychosocial support and succession planning, and in developing community based models of home based care and support to vulnerable children in such places as Nkandla (KwaZulu-Natal) and Mthatha (Eastern Cape).

- To address violence against women and children, UNICEF is partnering with the interdepartmental management team charged with coordinating government’s strategy to address gender based violence, and is supporting the roll out of the Thuthuzela integrated care model. Up to 80% of those attending these centres are children.

- Within the legislative reform framework for implementation of the Children’s Act, UNICEF is supporting development of the alternative care strategy on scaling up early intervention and prevention activities. It is also supporting strategies for multisectoral management of child abuse and neglect and for services for children in conflict with the law.

Social Transformation and Strategic Leveraging: focuses on advocacy for better resource allocation, expenditure and monitoring of services for children, and for policies that improve children’s lives.

Key result
- UNICEF worked with the portfolio committees of Health, Social Development, Education and Justice by providing information to inform key processes of legislation, policy oversight and budget debates.
- Completed two studies which informed policy making on the extension of the child support grant coverage.

External Relations and Strategic Partnerships: focuses on building the UNICEF brand and on raising funds. The overall purpose of the programme is to establish a fully developed philanthropic base to support UNICEF South Africa’s programmes for children by raising funds and leveraging resources within the country. It also builds awareness of the UNICEF brand by strengthening partnerships across all sectors. Private sector fundraising efforts were launched in June 2007.
UNICEF worked hard to make a difference to the lives of women and children by contributing to key health interventions. A highlight was our support of the country’s first ever national vitamin A campaign, which reached more than three million children between the ages of one and four years. This meant that vitamin A coverage was increased from the low rate of 24% to 70% of children in this age group.

Globally, it is estimated that the provision of twice yearly vitamin A supplements to children can contribute to the reduction of child mortality by 23%. It was the first time that the Department of Health had conducted an intervention of this scale, in all provinces, with the primary aim of increasing vitamin A coverage rates.

A principal focus is making sure that pregnant women and children have access to HIV care and treatment. At present 61% of HIV infected pregnant women and less than half of HIV infected children needing antiretroviral treatment have access to it. One of the obstacles is the long distance to treatment centres, and the plan which UNICEF is supporting places antiretroviral services closer to communities.

UNICEF’s partnerships with government, other UN agencies, academic and research institutions and civil society led to ZAR14 billion being allocated to the National Strategic Plan on HIV and AIDS and ZAR280 million going to preventing mother-to-child HIV transmission.

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**SAFEGUARDING CHILDREN’S HEALTH**

Support from UNICEF also led to the first ever National Strategic Plan (2008–2011) on Maternal, Neonatal, Child and Women’s Health and Nutrition. Over the next five years, this plan will guide government in its efforts to scale up key health and nutrition programmes in a country where one in five children is chronically malnourished and many more are deficient in vitamins and minerals vital to their health.

This picture of under-nutrition is made more complex by the high rate of HIV in South Africa: AIDS is the leading cause of death among children under the age of five and malnutrition is the major underlying cause of 60% of all child deaths – particularly in those children who are HIV infected.

South Africa has the highest HIV and AIDS burden in the world, with 5.4 million people infected with HIV. More than 257,000 of those infected are children. Yet HIV infection in children can be prevented with proven interventions, and it is interventions that prevent mothers passing the HI virus on to their babies that UNICEF, through the Department of Health, is prioritising.

With HIV prevalence in antenatal clinics ranging from 39% in KwaZulu-Natal to 15% in the Western Cape, this is a key intervention. In the absence of services to prevent mother-to-child transmission of the virus, 68,000 South African children would be infected annually, and at least 34,000 would die before their second birthday.

South Africa has set the ambitious target of reducing mother-to-child transmission of HIV to below 5%, and UNICEF has provided support to developing plans to achieve this target. The national strategic plans for HIV and AIDS and for improving paediatric HIV treatment include phasing in a dual prophylaxis and antiretroviral treatment in the prevention of mother-to-child transmission programme, and introducing tests for early identification of HIV infection in infants.

**EIGHTEEN PRIORITY DISTRICTS TO RECEIVE MUCH-NEEDED ATTENTION**

In order to ensure that the most vulnerable women and children are reached, UNICEF’s work has focused on 18 priority districts.

These districts – identified by the Department of Health according to their levels of deprivation, lack of resources and weak health systems – are areas where women and children’s health need particularly intensive interventions.

UNICEF is also strengthening community based health and nutrition interventions for women and children, with a specific focus on the 18 priority districts.

These interventions include support of exclusive breastfeeding, vitamin A campaigns and management of acute malnutrition.
A highlight of the year came when South Africa launched its first ever national vitamin A campaign, which reached four million children over an intensive 12-day period during September.

It was the first time that the Department of Health had conducted an intervention of this scale, in all provinces, with the aim of increasing vitamin A coverage rates. In select provinces, the campaign included deworming and growth screening.

UNICEF supported every step of this first vitamin A campaign by bringing in a technical expert to guide the planning phase, and mobilising partners such as the Micronutrient Initiative and the Canadian International Development Agency. UNICEF will also help determine the sustainability of this new intervention.

“Globally, it is estimated that the provision of twice yearly vitamin A supplements to children can contribute to the reduction of child mortality by 23%,” said Joan Matji, Senior Nutrition Specialist at UNICEF South Africa. “UNICEF estimates that in order to maximise the impact of vitamin A supplementation on child mortality, at least 70% of children in South Africa need to be provided with vitamin A supplementation every six months.”

Because of the prevalence of micronutrient deficiencies in South Africa, especially amongst the most vulnerable children and women, UNICEF made this intervention a priority.

South Africa’s first national nutrition survey among children aged six to 71 months found that 33% of children are deficient in vitamin A. As the effect of one capsule of vitamin A administered to a child lasts only six months, health experts recommend that a supplement be provided twice yearly to children during the first five years of life.

In response to the low levels of vitamin A intake, routine supplementation to children aged six to 59 months and to post partum women has been carried out at South African health facilities since 2003.

“UNICEF looks forward in future to supporting the implementation of a more integrated vitamin A supplementation programme that is part of an overall child survival package in order to truly accelerate high impact interventions in the country,” Ms Matji said.
**PMTCT CAMPAIGN URGES PARENTS TO GIVE THE GIFT OF LIFE**

In an effort to dispel stigma and to encourage parents to be tested for HIV, UNICEF is supporting a communication campaign using TV, radio and print media to raise awareness and create demand for services. The campaign encourages parents to “Give Life” to their unborn babies by getting tested for HIV early in pregnancy. This will enable mothers to access interventions which are provided free in public health care facilities, and will reduce the risk of the virus being transmitted to the baby.

Fear and stigma prevent many people from finding out their HIV status and accessing treatment. Yet the high prevalence of HIV amongst pregnant women means that, in the absence of any intervention, 20 to 35% of infants could be infected during pregnancy, delivery and breastfeeding. If a mother gets tested early and knows her status, she can help reduce the risk of transmitting HIV to her unborn baby to less than ten per cent by taking advantage of free access to treatment interventions as well as information and counseling available at most health facilities.

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**INNOVATION IN INFANT TESTING**

Paediatric HIV and AIDS interventions, as well as PMTCT, continued to be driven through the UNICEF office as part of the UN joint-support team’s efforts on AIDS. During the year the quality improvement programme on PMTCT in the Ngaka Bodiri Malema district of North West province resulted in 100% of pregnant women choosing to go for counselling and HIV testing.

In the Ilembe District of KwaZulu-Natal province, a programme of psychosocial support of HIV positive mothers was introduced. To ensure delivery of early treatment services to children born to HIV infected mothers, UNICEF supported laboratories in KwaZulu-Natal in introducing a new test for early identification of HIV infection in infants – the dried blood spot PCR test. Over the 18 months during which UNICEF has been providing support to this programme the number of tests rose from 3,000 to 33,000 per year.

Discussions between UNICEF and the Department of Health are under way for the creation of the first ever HIV population based study which will measure HIV prevalence among children under the age of two. It will contribute to forecasting future paediatric HIV treatment needs, and will have far reaching global implications for conducting similar research.

**RENEWED VIGOUR FOR INFANT FEEDING REGULATION**

Safe infant feeding is an area which needs urgent assistance. In June 2008 the National Infant and Young Child Feeding Policy was promulgated, but accompanying regulations on the marketing of infant foods have yet to be passed. UNICEF will continue to advocate and provide technical support towards the promulgation of these regulations.
In a separate project, UNICEF supported the documentation of the experiences of young HIV infected mothers enrolled in the multi-country Kesho Bora study. This was the first time in the current programme cycle that real life experiences of women living with HIV and the daily challenges they face have been captured in a documentary.

UNICEF continues to support the South African component of this study, which determines the impact of highly active antiretroviral therapy on transmission of the HI virus from mother to child. Clinical results are expected to be released in the first quarter of 2009. The South African study site is the KwaDabeka Community Health Centre in KwaZulu-Natal where HIV infection among pregnant women ranges between 42% and 47% – the highest rates in South Africa.

Together with the Department of Health, UNICEF supported a study into the safety of infant formula. This followed an outbreak of microbiological contamination in infant formula in 18 hospitals across six provinces and contributed to an increase in infant deaths. The study found poor hygiene practices to be the cause and this finding has led to a plan to develop new standards for hospital feeding of newborns.

In South Africa over 90% of pregnant women have at least one antenatal care visit and deliver in the hands of skilled health professionals. Despite this, almost half of maternal and neonatal deaths occur around the time of delivery, during the short stay in the maternity and neonatal care units.

This highlights the need for programmes which improve the quality of care in the health system. Expert consultations were convened to improve the quality of services for maternal, neonatal and child health, and work began in the last quarter of 2008 to revise the hospital accreditation system.

The focus will be on ensuring that women and children are followed up within the continuum of care, and to ensure that antiretroviral treatment is made widely available to women and children at the primary health care level.
Deep in the hills of KwaDabeka in KwaZulu-Natal lies a community which is demonstrating a way forward for all HIV positive mothers in the country. The community has the highest antenatal HIV prevalence in the country, with rates ranging from 42% to 47%, yet HIV positive mothers here are spreading a message of hope.

The mothers are participating in a project, called Kesho Bora, which offers a solution through the personalised treatment on prevention of mother-to-child transmission (PMTCT) for HIV infected women.

The team at Kesho Bora works in close partnership with the antenatal clinics of KwaDabeka and surrounding areas, assisting in monitoring CD4 counts, providing information on PMTCT and living with HIV, and on infant feeding options for all infected women. This partnership has facilitated referral of women with a low CD4 count for treatment and has strengthened the existing service delivery infrastructure.

Through Kesho Bora the women have had their confidence restored and, equipped with knowledge and information, they can now advocate for change within their communities.

These are the stories of the HIV positive mothers who are in various stages of treatment for PMTCT.
“When we are at Kesho Bora clinic, it’s like we are home because we talk about everything and are given our medication. I would encourage a mother of a child who is sick to do the tests to find out exactly what is wrong with the child and if the child is positive, they should join Kesho Bora so that she will get help for her child and herself. I tell my community that being positive doesn’t mean that your child is going to be positive since there are ways of having a healthy baby. When you are HIV positive it doesn’t mean it is over with your life. If you want to get married, you still can. All one has to do is take care of oneself – there is still hope”.

On treatment and care, one mother explains, “You know where to go from there. You know how to protect yourself from there and it’s better to know. Knowing (my status) has given me a chance to fight it because I can’t fight what I don’t know. Knowing means I might live longer than not knowing. If you have HIV you have to get help. You have to go to your nearest clinic and get counselling and treatment and you are going to be fine. I got the right help and they explained to me about my status and what I must do and which medication I should take so the child would not get the virus.

“I feel so sad for those who don’t know and it is painful to see other children die while there is Kesho Bora because it helped my children so much. Now I see that antiretrovirals work and I have my child, who is negative, so I won’t stop using them”.

Another mother explains how difficult it was when she tested positive during a routine antenatal visit. “Having tested HIV positive I didn’t think I would be able to bring a negative child into this world. I just thought that I was going to bring a very sick baby into this world. The thing I was scared of is that I will die and will leave my child... and she is so young”.

Through the stories runs a thread of having a positive attitude. “I have to keep myself healthy and take care so that I will carry on with life,” says one mother. “I am looking after myself because I know life is worth living.”

The women tell of how they deal with stigma and denial in their communities. It is this fear of the unknown that is the greatest deterrent to early treatment, they say.

When one mother told her aunt, she became “different” towards her. “It was like I was going to give her something, I was going to make her HIV positive. But I tried to speak to her and I phoned my mother to speak to her to let her know there is nothing wrong with me. I am fine and so she must be fine with me too.”

Another mother explains, “It is fear that people are scared of. Once you have fear, you will never know what you have got until you go out there. Some people judge others saying ‘You’ve done things and that is the reason you must be positive’. It’s not about being bad or good, it’s just there. All you have to do is face it and fight it and deal with it.”
Children of all ages are being given a chance to reach their full potential with the support of UNICEF’s innovative education programmes. Through engaging at the highest technical and political level, the Education programme made considerable progress this year.

**ECD: CARE AND LEARNING FOR CHILDREN UNDER FIVE**

In South Africa about one in five children under the age of five has access to formal early childhood care and learning.

To help parents provide the best for their children UNICEF supported the Department of Social Development in training 210 trainers in the national parenting programme. This programme aims to train parents and other caregivers in providing physical, social, emotional and cognitive support to children within their families and communities. To ensure that the programme is accessible to all parents, a low literacy version was developed that includes special activities and games. The strength of the parenting programme lies in its link with the Department of Education’s early learning programme, as well as the Department of Health’s programme on educating families on managing childhood illnesses.

UNICEF supported the Department of Education in developing an early stimulation card that provides information about child development at six monthly intervals from birth to the age of four. It also provides age-appropriate activities that parents can do with their children. The card was developed with the minimum of words to reach parents with low levels of literacy.

Together with the Department of Social Development, UNICEF explored innovative approaches in early childhood development programmes and looked at how they could be used as a resource for supporting vulnerable young children and their families.
SPECIAL ATTENTION FOR CHILDREN AFFECTED BY HIV AND AIDS

Special attention is given to young children living with HIV or AIDS. Research has shown that HIV positive children show marked developmental and cognitive lags, even before they show clinical signs of HIV infection. Together with the Department of Education, UNICEF has developed a national educator’s guideline to provide teachers with the knowledge and skills to support children living with illnesses such as HIV and AIDS, tuberculosis, epilepsy and diabetes. It also provides teachers with guidance to care for orphaned and vulnerable children in the foundation school phase.

An important milestone was the development of a national early learning and development standards measure which was created by the Department of Education, with support from UNICEF. This measure is rooted in indigenous understanding of child development and can be widely used in training and in developing programmes.

UNICEF, together with the Department of Health, trained 36 healthcare personnel from all nine provinces on the psychosocial care of babies and young children living with HIV and AIDS. Under the guidance of the provincial departments of health, these trainers will roll out training in their provinces.

To share new research on early childhood development, UNICEF and the interdepartmental committee on early childhood development hosted a seminar in Durban. The research included ways of supporting vulnerable children, child minding practices, and an analysis of foetal alcohol spectrum disorder in South Africa.

EXTENDED REACH FOR CHILD FRIENDLY SCHOOLS

UNICEF continued to provide technical support to the Department of Education in the development and institutionalisation of the Child Friendly Schools (CFS) framework. The CFS framework is rooted in the Convention on the Rights of the Child and the South Africa Constitution and Children’s Act. It clearly articulates the vision of a quality primary education based on the following general principles: inclusion, healthy and safe schools, promotion and protection of the rights of the child, gender responsiveness, academic effectiveness and relevance to a child’s
life and encouraging the participation of parents, communities and other stakeholders.

UNICEF is working with the Department of Education to model the CFS framework in underprivileged schools. The programme progressed from 25 model CFS schools in 2005/6 to over 300 in 2008, reaching over 3,000 teachers and 50,000 children in Limpopo, KwaZulu-Natal and Eastern Cape provinces. The initiative, which is supported in partnership with the Nelson Mandela Foundation, will be expanded to 585 schools by the end of 2009 and 5,000 by 2010, reaching 3,750,000 school children in the poorest communities. Implementation guidelines for CFS have been finalised and are in the process of being laid out for printing. A national accreditation system will track the progress of schools towards fulfilling the criteria of a child friendly school.

The belief that all children have a right to quality education and that to serve children well schools should be welcoming and inclusive is central to the Child Friendly Schools programme. Schools benefit from a conducive learning environment characterised by quality instruction, no violence, fewer learner pregnancies, lower drop-out rates and better morale of teachers.

UNICEF has supported this initiative in 257 model schools, reaching over 3,000 teachers and 50,000 children in Limpopo, KwaZulu-Natal and Eastern Cape provinces. Lessons learned from the experience at these schools will inform the rollout of this strategy.

A partnership with the Nelson Mandela Foundation has seen a further 100 schools included in the Child Friendly Schools initiative in the Eastern Cape. Plans are under way to bring the initiative to 85 schools in the Northern Cape, reaching 1,000 teachers and over 60,000 children, and to 130 schools in the Western Cape, reaching a further 2,000 teachers and 90,000 children. The overall target is to reach the 585 schools identified as ‘most at risk’ by government by the end of 2009. A national accreditation system will track the progress of schools towards fulfilling the criteria of a child friendly school.

A FIRST: 90 CLASSROOMS REFURBISHED

Many schools in South Africa are still held back by a lack of resources and in 2008 UNICEF, for the first time, supported the refurbishment of classrooms in the Eastern Cape and KwaZulu-Natal. Almost 90 classrooms in 13 schools were refurbished, and ten computer laboratories were constructed.

A key problem in educational development is the high dropout rate, particularly among boys, during the transition from general education (grade 9) to further education and training (grades 10 to 12). UNICEF established a partnership with Jumpstart, with support from Deloitte, which provides an opportunity to create a broad-based programme to help learners through this transition phase.
ADOLESCENT DEVELOPMENT

Young people between the ages of 15 and 24 are under social pressures which make them particularly vulnerable to HIV and AIDS. Although current HIV prevention programmes have invested significantly in this age group, they have yet to make much impact, and expanding services which target this age group remains as critical as ever.

Around the world, young people represent the main focus for altering the course of the epidemic, as it is more possible to influence behaviour during this phase than in later life. In South Africa, HIV prevalence levels in this age group are extremely high. Prevalence in the age group 15 to 19 years is 16%, and in the 20 to 24 age group it is 30%.

EMPOWERING YOUTH WITH LIFE SKILLS

UNICEF is supporting a national strategy which targets adolescents who are most at risk to HIV infection. The strategy centres on Girls and Boys Education Movement clubs which now have a national outreach and are funded through government budgets. UNICEF is promoting the establishment of these clubs in over 10,000 schools as a venue for empowering adolescents by enhancing their life skills, and thereby reducing their chances of being infected with HIV.

MATHS, SCIENCE AND SPORT FOR DEVELOPMENT

The Techno Girls initiative, an offshoot of the clubs, which focuses on encouraging girls to participate in maths, science and technology subjects, evolved successfully during the year. To date over 1,500 girls participate in this programme in three provinces, a figure which far exceeds expectations.

With the immense excitement of the 2010 Soccer World Cup, the Adolescent Development programme has used the opportunity to introduce the concept of Sport for Development in South Africa and to link it to life skills and health promotion for young people.

Sport for Development has been an encouraging strategy in addressing violence in schools and preventing HIV through the infusion of life skills. This is another area that far exceeds expectations. A pilot programme reached 127 schools with over 80,000 girls and boys participating. The programme has now been expanded to target 27 school-cluster communities with a total of 270 schools and estimated 200,000 girls and boys.
DoE and UNICEF launch Safe and Caring Schools Initiative

Cape Town, 2 February... It was a cool Saturday morning in Hanover Park, a poor community with a history of drugs and gang-related violence, near Cape Town. But by 7am, hundreds of children in crisp school uniforms, representing the 14 primary and secondary schools in the area, had already arrived on the playing fields at Mountview High School.

This was no ordinary school day. Today, the school would play host to an important transformation in learning event – the launch of the Safe and Caring Schools (also known as Child Friendly Schools) initiative, of which an important component is sport for development.

According to Gugu Ndebele, Deputy Director General of Social Cohesion at the National Department of Education, the programme recognises the critical support and assistance needed by educators and learners and aims to improve school safety and security, infrastructure and other factors that can hamper the attainment of quality education for children in South African schools.

In 2007, the Minister of Education identified nine schools (one per province) facing huge challenges of safety and security. With the support of the Royal Netherlands Embassy and the Centre for Justice and Crime Prevention, safety infrastructure
and support programmes were provided to these schools.

All nine schools were equipped with perimeter fences, security lights and gates and security guards, some with hand-held metal detectors. In addition, school management teams and learners participated in training programmes aimed at assisting them in dealing with crime and violence, one of the biggest challenges to learning faced by the students and surrounding communities.

At Mountview High, the only school in the Western Cape selected for the programme, 26 educators and two administrators attend to the needs of the student population, which ranges from 800 to 950 learners. The school is surrounded by five primary ‘feeder’ schools in the area framed by the majestic beauty of the Cape’s most famous landmark, Table Mountain.

Yet this beautiful natural backdrop and the rows of neat, pastel painted suburban homes belie a darker picture of violence, high unemployment, single parent families, burnt-out buildings, graffiti, sexual abuse and gang violence that also plagues Hanover Park.

Still, the children go to school, and last year Mountview proudly achieved a 71.4 per cent matric pass rate, a situation its principal says is largely due to the introduction of the Child Friendly Schools programme and the full engagement of the students.

Lifeshills are our key to tomorrow

“Our kids have very low self esteem. Gang behaviour affects the security of the kids,” said Mujahid Salie, a teenage learner, making a plea to visiting officials for sustainable support for the school.

“The fences are up by day, but at night, gangs cut holes in them and break them down to enter our school. The only way to change this is to provide opportunities, including lifeskills for all of us, making it possible for the community to become a safe environment for kids to learn and play,” he added.

UNICEF sees the Safe and Caring Schools framework as key to achieving Mujahid’s dream and ensuring implementation of quality education for all in schools. In this context, sport for development is a particularly important component, exposing learners to key life skills that help them make the right choices today for a better life tomorrow.

Collective efforts of partners

Marcia Harker, Deputy Director General in the Western Cape Department of Education said, “Mountview is the epicentre of the partnership to create safe schools.”

And so the games began on the huge playing fields surrounding the Mountview High School. The air of festivity was palpable and the infamous Cape weather cooperated beautifully. Music, braais and children at play, parents and students from all 14 schools in the Hanover Park hub were everywhere.

UNICEF supplied a cadre of coaches and trainers from its community based partner network, including Active Education, SCORE, Little Champs and Play Soccer who planned a fabulous day of sport and recreation for the children. But the smiling faces of the children said it all.
Protection for Orphans and Other Vulnerable Children

There are more children orphaned or left vulnerable by AIDS in South Africa than anywhere else in the world. It is estimated that over half of the country’s 2.5 million orphans have lost a parent to AIDS. As parents and aunts and uncles die or fall ill, it falls on the wider community to take care of the orphans left behind. But the capacity of communities to care for these children has been stretched to its limit. Orphaned children, and those whose parents are too sick to take care of them, fall deeper into poverty. They face many obstacles in accessing social grants and basic services and, along with the emotional distress of losing their parents, they are exposed to neglect or abuse when they no longer have their parents to protect them.

Increasingly, extended families are applying to be formal foster parents of orphans in order to access social grants, and this has placed a heavy strain on the child protection system.

Creating a Safety Net

Many informal community initiatives, commonly known as childcare forums, provide support to orphans and vulnerable children and refer them for services. But the support that children receive from these forums is inconsistent, even for those who get it, and it does not reach the majority of children in need.

UNICEF is working to strengthen community and home based care for orphans, mainly through taking forward the initiative of these forums. There are over 300 organisations performing childcare forum functions and UNICEF has supported them through training and monitoring. The intention is to replicate this initiative throughout Southern Africa.
KEY LIFE CHANGING INITIATIVES FOR SCALE-UP

- **Home based support:** A particularly successful model of a childcare forum is the Isibindi Creating Circles of Support project, run by the National Association of Childcare Workers in five provinces. UNICEF has contributed to strengthening this project, which now reaches 33,000 children.

- **Finding alternative ways to identify and care for orphaned and vulnerable children:** In KwaZulu-Natal a project run by Training Resources for Early Education (TREE) worked with the Nkandla municipality to provide training to 40 facilitators to identify orphans and other vulnerable children in the area. The project reached over 5,000 households, helping them access services for children. Another initiative based on the same model is the Umtata Child Abuse Resource Centre. It is developing a project in two local municipalities in Umtata district in the Eastern Cape to train 174 volunteers to establish safety nets for vulnerable children.

- **Home and community based care:** Organisations providing such services are often made up of volunteers, who themselves are burdened with hardships. UNICEF provided financial support to two psychosocial support initiatives, Firemaker and Storywell, which introduced over 200 caregivers to the use of various arts and to storytelling as a way of caring for themselves and the children. These projects were given an opportunity during the year to present their creative techniques to government and key NGOs. Lessons learnt from this presentation will form the basis of government guidelines on the psychosocial support of orphans and other vulnerable children and their caregivers.

- **Inheritance rights:** A challenge faced by organisations supporting orphans is that of protecting their inheritance rights, which are often in conflict with customary law. UNICEF contracted the Street Law project to develop a manual for training on succession planning, which was used in training 190 professionals across the country.

- **Coordinating services for orphans and vulnerable children** has been hampered by the lack of data. In response to this, UNICEF is supporting efforts to improve data collection. EduAction was contracted to equip the KwaZulu-Natal Office of the Premier to collect information on children, their socio-demographic profiles and services available to them in one of the districts, with the intention of scaling up at provincial level. At a national level, a project to identify and register all maternal orphans in the Department of Social Development is under way.
PROTECTING WOMEN AND CHILDREN FROM VIOLENCE

A vital area of intervention for UNICEF is in protecting women and children from violence. Rates of sexual assault in South Africa are amongst the highest in the world and children are most at risk: some 40% of reported cases are committed against children. This amounts to more than 60 children raped a day. In some centres for survivors of rape and sexual abuse, up to 80% of those seen are children. Despite these figures, rape continues to be one of the most underreported – and therefore unpunished – crimes, according to the South African Police Service. And when rapes are reported, only 7% of these reported cases lead to a conviction.

SUPPORTING BEST PRACTICE MODELS

UNICEF’s efforts to strengthen the child protection system focus on assisting government structures to prevent and respond to abuse and sexual violence. It does this mainly through the National Prosecuting Authority, which leads the interdepartmental management team on the prevention of violence against women and children.

2008 saw the first year of the Danish-funded project, “Accelerating Child and Women’s Protection through Prevention and Response to Violence and HIV”. The project is centred on the model of the Thuthuzela Care Centre – a hospital based one-stop service for women and children who have been raped. Nurses and psychologists, a prosecutor and police officers staff each centre, offering physical and emotional support. It has been internationally recognised as a best practice model and has shown promising results in increasing prosecution rates, reducing the time of completing rape cases, and providing high standards of care for survivors.

ROLLING OUT THE THUTHUZELAS

The focus now is on replicating the model of the Thuthuzela Care Centre across the country, and beyond. To take this initiative further, UNICEF supported a national sexual offences consultation which developed governance mechanisms and plans to manage sexual offences in South Africa and to roll out the Thuthuzela Care Centre model.

A key achievement towards reducing violence against women and children was the production of a compendium of case studies on violence prevention programmes, and mapping and assessment of violence prevention models in South Africa. The findings of the reports were used as a basis for launching a public engagement campaign that addresses domestic violence and child abuse. The campaign is expected to reach 164,000 commuters at taxi ranks in the Eastern Cape, KwaZulu-Natal and Limpopo provinces, as well as rural communities in five municipalities in the Eastern Cape.

To assist countries to share knowledge about gender based violence, and to introduce the Thuthuzela Care Centre model to other developing countries, UNICEF facilitated a number of meetings during the year. The first was a high-level exchange between the governments of South Africa and Ethiopia.

Recognising the importance of treatment of sexual offenders as a prevention measure, UNICEF supported the tenth conference of the International Association for the Treatment of Sexual Offenders. UNICEF also supported a meeting of prosecutors from 23 African countries where they discussed their role in the matter. At the meeting, five countries were identified for introducing the Thuthuzela Care Centre model.

A key aspect of UNICEF’s future work in preventing the exploitation and abuse of children will be on supporting recent child protection legislation. In 2009 probation officers and childcare workers will be trained to meet the challenges of implementing the new Child Justice Bill, and the National Framework for the Prevention and Management of Child Abuse and Neglect will be reviewed to align it to the new Children’s Act.
During the year UNICEF made use of its unique position to assist government and civil society to improve the lives of children, particularly those most vulnerable. Through far-reaching research, which was concluded in 2008, UNICEF was able to give critical support to national efforts to extend social safety nets for children.

INVESTIGATING GRANTS

The child support grant is the key government intervention for improving the lives of children in need. UNICEF and key government departments conducted joint research reviewing how the child support grant is implemented. Government has started implementing some of the recommendations of the study by extending the age of eligibility from 14 to 17 years, and by gradually increasing the amount of the grant.

The research also looked at barriers to accessing the existing child support grant, and it evaluates the effect that the grant has on both the quality of life of the child and on the wider community.

The child support grant leads to a reduction in poverty in households that receive it, and there are many positive outcomes for children, such as improved health and nutrition and increased school attendance and performance. In some very poor households the grant money is used to support not only the targeted child but the entire household, which includes other children not eligible for the grant.

ENGAGING WITH PARLIAMENTARIANS

In 2007 UNICEF established an office in Cape Town with the primary responsibility of engaging with parliament on issues relating to children and women. Building on this link, UNICEF was able to take its work in this area further this year, spearheading key meetings and advocacy campaigns.

The parliamentary strategy focuses on the broad theme of deepening democracy and creating good governance. By providing training and information, it enables parliamentarians to make informed decisions which are in the best interests of children.

Making parliamentarians more aware of the rights of children was an important element of UNICEF’s advocacy, and through the National Council of Provinces, it convened a round table meeting where members of parliament reflected on how they could improve the quality of child-related legislation and policies.

To highlight the importance of a collective voice for the continent’s children, and the strategic role that parliamentarians play in making sure it is heard, UNICEF is also engaging with parliamentary groups across Africa. Through partnerships with the Pan African Parliament, the Association of the European Parliamentarians for Africa and the Inter-Parliamentary Union it is intensifying the efforts of regional parliamentarians on achieving key Millennium Development Goals relevant to children.

To ensure the voices of children are heard, UNICEF arranged a round table meeting between young people, parliamentarians and civil society to find ways of enhancing children’s understanding of and participation in parliament. This led to a plan to strengthen organisations working with children. The meeting looked at how children and members of parliament could come together to discuss children’s concerns. The 2008 round table programme also showcased best practice examples of children and youth participation in existing structures such as the Junior Mayoral Council, Representative Council of Learners, Office on the Rights of the Child, the Children’s Institute and Molo Songololo.
Celebrity Advocacy Calendar

JANUARY
• South Africa’s Aaron Mokoena, former captain of the national team, Bafana-Bafana, and other international football stars playing in the African Cup of Nations came together to help UNICEF raise money for children across Africa to receive a quality education.

FEBRUARY
UNICEF Celebrity Advocates Nicole Fox and KB Ngakane, both well-known television and radio personalities, and Tshedie Mholo, lead singer of Malaika, were the special guests of UNICEF at the Makgofe Secondary School in Limpopo, in a combined fun day to promote the Kids Changing the World campaign and Sports for Development programme in the school.

JULY
• Celebrity Advocates and football personalities Shaun Bartlett and Pitso Mosimane took time out to join UNICEF in hosting a delegation from Soccerex on a visit to a Finetown school community where UNICEF’s Sports for Development initiative is alive and kicking.

DECEMBER
• Global singing sensation and UNICEF Goodwill Ambassador Angélique Kidjo joined UNICEF South Africa on World Aids Day to speak about the importance of combating stigma and the role of education in empowering girls to make the right choices.
SEPTEMBER
Local celebrity, mom and businesswoman, Basetsana Kumalo, was selected by Pampers and UNICEF as the local spokesperson for their global One-Pack-One-Vaccine campaign which aimed to raise more than three million vaccines to save children’s lives.

MARCH
Nicole Fox, celebrity DJ and television presenter, and UNICEF Celebrity Advocate, took part in the Think Kidz Easter 2008 Road Safety campaign to teach local children and holidaying motorists about the potential dangers on the roads.

JUNE
Erich Kraml, Director of STIXX Marketing, with UNICEF Celebrity Advocates Nicole Fox and Tsheddi Mholo at the launch of the second year of the SuperSport and UNICEF Let’s Play campaign.

OCTOBER
Princes William and Harry joined Enduro adventure bikers who tackled the tough Wild Coast to raise funds to support UNICEF’s work in the prevention of mother-to-child transmission of HIV in South Africa.

South African rugby superstar, Bryan Habana, became UNICEF’s newest Champion for Children and shared his message about combating violence.

UNICEF Celebrity Advocates and Ambassadors lent their support to the Kids are Priceless teddy bear campaign launched in Mr Price Home stores. Proceeds aimed to benefit UNICEF and RedCap Foundation programmes which provide stimulation and learning to young children.
UNICEF’s efforts to establish a strong philanthropic base to support programmes for children made great strides forward this year. An indication of the success of these efforts came from a follow-up to the 2007 market survey which showed an encouraging improvement in the public’s knowledge and awareness of UNICEF and its work.

Partnerships

Strengthening partnerships with government, private sector, public personalities, communities and the media has been key to UNICEF’s ability to expand awareness of its brand, and to raise funds and leverage resources within the country.

EXTERNAL, MEDIA RELATIONS, ADVOCACY AND BRANDING

There was widespread national and international media coverage this year, and this played an important role in raising awareness of our programmes to uplift the lives of women and children. National Committees contributed to visibility and advocacy with a number of high profile field visits, including the Manchester United football team and the two British princes.

Global meetings and partnership initiatives such as the Inter-Parliamentary Union and Countdown, and alliances with the International Cricket Council (ICC), the Pampers One-Pack-One-Vaccine campaign, Mr Price, Woolworths and Soccerex also helped to draw attention to our work. So too did the AfricaCom Awards, Africa’s leading telecommunications event, where UNICEF Goodwill Ambassador Gavin Rajah was given the opportunity to present UNICEF’s work in South Africa to an audience from across the continent.

Major co-branding initiatives worth millions of rands were successfully concluded in partnership with a range of corporations, and several others are set for conclusion in 2009. Total joined our growing roster of corporate partners, providing a boost to the promotion of youth development through sports advocacy.

Three new celebrities espousing programme elements in education, sport, protection and humanitarian action were welcomed as champions for children. Pitso Mosimane, deputy coach of South Africa’s national football team, Basetsana Khumalo, a former Miss South Africa and television personality, and superstar rugby player Bryan Habana will add their voices to our fundraising and development initiatives.

PRIVATE SECTOR FUNDRAISING AND PARTNERSHIPS

In 2008 UNICEF South Africa raised ZAR2.9 million, and achieved 84% of its prescribed annual target. This is an increase of around 38% on funds raised the previous year. Negotiations continue with potential new partners, including Mango Airlines, UBS, Cachet Consulting and MTN.

A developing trend is the strong private sector interest in investing in education for development. Of the total funds raised from South African companies, donors have prescribed approximately ZAR1.78 million to support education and Sport for Development, an element of the Child Friendly Schools programme. This represents approximately 50% of the total amount donated.

Although there has been some success, one challenge still facing UNICEF in this area concerns developing sustainable partnerships with national sports federations. In the coming year, UNICEF will develop a strategy to guide it through this terrain.

UNICEF South Africa’s website, www.unicef.org/southafrica, which features news and events, has delivered major donors through its Sport for Development and celebrity pages. Adding to efforts to recruit individual donors, our first direct mail campaign was launched and appeals were sent to 65,000 households.

A legislative amendment by Parliament, aimed at allowing UNICEF and other diplomatic organisations engaged in public benefit activities to offer its donors tax deductibility on all donations, is another positive step towards creating an environment conducive to fundraising.

But the global economic slowdown is expected to bring a significant challenge to the ability to recruit and retain new donors. The effect of a slowdown in fundraising now would carry over into the future as return on investment from new corporate partners often takes between a year and eighteen months to generate significant income. Despite these challenges UNICEF will continue to strengthen existing partnerships and find innovative ways to recruit new individual donors in 2009 for the benefit of children.
SPORT FOR DEVELOPMENT

Support from the private sector was a major driver of the Sport for Development programme, and it brings to light the importance of institutional and community partnerships to our overall success. The signing of a three-year partnership agreement with Total for Sport for Development, covering coach training and mass participation in sport initiatives, was the high point of the year. It crystallised our intensive efforts to align UNICEF’s youth development programmes with corporate partners through advocacy, co-branding and fundraising initiatives.

Close to 30 sports tournaments took place across the country with well over 9,000 participants. These tournaments provided an opportunity for raising brand awareness, community development and wide participation in the schools where they took place, many of which are challenged by high levels of crime and violence. This lent vibrancy to the government’s Siyadlala mass participation in sport strategy and will leave a legacy for children beyond 2010.

“TOMORROW BELONGS TO US...”. WOOLWORTHS AND UNICEF HELP KIDS CHANGE THE WORLD

Launched in December 2007, UNICEF’s first South African private sector partnership, with the upscale retail giant Woolworths, aimed its support at UNICEF’s Child Friendly Schools initiative, which helps to provide quality education to children in some of the most under-resourced schools in the country. Through a campaign entitled Kids Changing the World, cool young customers could buy the colourful “buddy band” in their favourite Woolworth store for ZAR15, a portion of which went to the UNICEF programme. The red, yellow, blue and green bands, emblazoned with the slogan “Tomorrow Belongs to Us”, was specially designed to appeal to hip young people, while sensitising them to the virtue of helping other children less well off than themselves.

Trevor Perren, Head of Children’s-wear at Woolworths, articulated the rationale behind the partnership. “Kids Changing the World will provide opportunities for kids to learn, grow and develop. More than making a financial contribution, Kids Changing the World is about harnessing kid power to help build a better future."

“The UNICEF/Woolworths partnership was unique in that for the first time, children were encouraged to give to other children and could learn that in their small way, they too could become drivers of change in their own country, on issues that affect them – like a good education,” said Yvonne Duncan, Chief of External Relations and Strategic Partnerships at UNICEF South Africa. “That was a most satisfying and exciting element of the partnership for UNICEF,” she said.

The campaign was also notable for its high level of celebrity engagement with South African popular music stars and UNICEF celebrity advocates like Danny K and Tshedzi Mholo from pop group Malaika, who got involved, visited schools and made media appearances to encourage their loyal young fans to support quality education through the campaign.

High profile radio personalities Nicole Fox and KB demonstrated their support by visiting a school in Limpopo province as guests of both UNICEF and Woolworths to launch the Child Friendly Schools initiative there. The celebrities were also seen on youth oriented programmes on Yo-TV and Channel “O” wearing their bands and discussing the importance of a quality education.

To date over ZAR1.2 million was raised from the sale of the bands to benefit a variety of youth programmes supported by Woolworths. UNICEF received some ZAR400,000 towards its Child Friendly Schools and Sports for Development programmes in schools.

Reflecting on the achievements of the partnership, Justin Bradfield, UNICEF South Africa’s Private Sector Fundraising Specialist said, “The partnership was a milestone for us, taking our brand and fundraising into retail outlets across the country for the very first time, in support of our education programmes for children.”
SITUATION ANALYSIS OF SOUTH AFRICAN CHILDREN

Through an analysis which was finalised this year together with the Office on the Rights of the Child, UNICEF provided a wealth of information that will be used as a basis for making better decisions on policies and programmes for children.

An illuminating picture of the lives of children in South Africa emerged from the study, which includes the views of children gathered from all nine provinces.

TRACKING OUR PROGRESS

UNICEF’s advocacy and technical contribution to the ongoing national demographic and health survey ensured for the first time in South Africa inclusion of questions related to orphans, to neonatal care, and to birth registration.

Through tracking the progress of the country towards fulfilling the Millennium Development Goals, particularly those relating to women and children, the programme informed the overall planning and implementation activities of UNICEF in South Africa. Dissemination of information in order to improve services for children was made easier through the establishment of a database – South Africa Development Indicators – which was placed on the internet this year and is now available on the DevInfo global web site (www.devinfo.info/southafrica). Plans are being made for 2009 to promote the product within the UN system and beyond.

EXAMINING THE SITUATION OF MIGRANT CHILDREN

With the spotlight this year falling on the situation facing migrants in South Africa, UNICEF commissioned a study investigating how the rights of migrant children are upheld in the country. The report served as a background document for the Global Migration Forum in October, and also for designing a programme for South Africa. The analysis was produced by the Forced Migration Studies programme at the University of the Witwatersrand, and was based on a review of existing legislation and policies, and interviews with organisations providing support to migrant children. A number of gaps were identified, which UNICEF aims to address in its future work, particularly in its work on advocacy of migrants’ rights and child protection.

COMMUNICATING OUR MESSAGE

UNICEF South Africa has extended the reach of its communication campaign on breaking the stigma and denial on HIV and AIDS. The emphasis of the campaign is on improving community and family support for women, children and vulnerable groups through providing access to HIV information. By reducing levels of stigma, the campaign aims to increase the participation of these groups in treatment programmes. Through programme communication and advocacy, projects have been able to increase community engagement and commitment to HIV treatment, care and services.

The campaign is being implemented by a variety of partners who use creative methods to reach mass audiences at national level, as well as targeted audiences at the level of communities, schools and health facilities.

A series of commercials were conveyed through several radio stations. SABC Radio, which has a national outreach; YFM, a radio station with outreach in several provinces and an audience profile of 16 to 34 years; and KAYA FM, a station with a primarily adult audience, all provided advertising space for a 30 second radio advert. SABC TV, with outreach beyond the national borders, provided airtime for 30 second TV advertising spots across its three stations, and Media Connection provided airtime across 22 community radio stations.

AREPP: Theatre for Life gave specially scripted performances for school children of all grades throughout the nine provinces of the country. Community Health Media Trust sponsored some of the episodes for the Siyayinqoba Beat it! television series being broadcast on SABC 1.

Other partners providing compelling messaging support were Saatchi and Saatchi and Primedia Outdoor.
UNICEF responded to two devastating humanitarian emergencies in 2008 – the xenophobic violence in May and the cholera outbreak on the border of Zimbabwe in November.

XENOPHOBIC ATTACKS

On May 11 violence broke out in Alexandra Township outside Johannesburg when angry mobs attacked foreign nationals, killing three and injuring more than 40. The violence spread to other areas of South Africa, most notably in the Western Cape. In total 62 people were killed and about 40,000 foreigners fled their homes seeking refuge at police stations, churches and community shelters. Government, with strong support from the UN and other international agencies, established camp sites which accommodated over 10,000 people. The rest of the displaced population either left the country or returned to their communities.

UNICEF played an important role in the humanitarian response to the xenophobic attacks, particularly in protecting women and children from violence. It worked with service providers in the camp sites to ensure a safer environment for women and children, with a particular focus on reducing risks of gender based violence.

The psychological effect of trauma on children was addressed through establishing an enabling environment for play and creative activities. In these child friendly spaces mothers were guided in performing creative activities with children. There were educational resource packs for young children and lap desks for school-aged children.

UNICEF also gave support to hygiene promotion and to vaccination campaigns in the camp sites.

Towards the end of the emergency response UNICEF moved to the recovery phase, which consisted of education and protection interventions to promote the reintegration of families which were not eligible for repatriation or asylum as part of the UN High Commission for Refugees’s programme.

UNICEF implemented an exit cash transfer scheme for these families as they left the camp sites. The task of reintegrating displaced children within their communities and schools is ongoing.

HUMANITARIAN SITUATION IN MUSINA

UNICEF played a key role in responding to the complex emergency situation in Musina, in the northern part of the country, which was affected most severely by the cholera outbreak in November and by the increasing numbers of Zimbabweans, including children, crossing the border.

In December 2008 the government declared the Vhembe district (where Musina town is situated) a disaster area. UNICEF and its partners, including the World Health Organisation and other UN agencies and international and national non-governmental organisations, worked closely together to respond swiftly to the crisis.

A document was drafted stipulating UNICEF’s requirement of USD1.4 million to meet the immediate needs of children and women throughout the affected areas in the sectors of water, sanitation and hygiene, education (including early childhood development), and child protection.

UNICEF provided technical support to the development of district response plans on water, sanitation and hygiene through established social mobilisation and environmental health groups.

In partnership with Mvula Trust, a local NGO, UNICEF plans to intensify hygiene promotion and to
conducted social mobilisation through the province of Limpopo. Together with Save the Children, UNICEF is addressing the protection and education needs of children, in particular unaccompanied children, arriving from Zimbabwe.

Early childhood development kits and other materials were provided with the aim of establishing safe spaces where young children can engage in creative activities.

Through civil society networks, UNICEF will establish internal tracing procedures to respond to the needs of children “left behind” in Musina or with relatives elsewhere in South Africa.

Response to the situation in Musina is ongoing, and UNICEF is supporting local organisations to provide psychosocial care and facilitate access to social services. Child exploitation will be monitored, with a focus on children working on commercial farms and girls exposed to sexual exploitation. The risks of gender-based violence will be addressed through strengthening services to survivors of sexual violence. These include health, police, social and judicial services.

Gift’s Wish: Children Dream of a Nice Meal, a Safe Home and a Family in Musina

Gift Dube* is a bright, articulate and friendly boy. He loves playing football with his friends and going to school, where his favourite subjects are English and geography. But Gift’s is not the life of a typical youngster.

In 2002, his father left him and his mother at their home in Gweru, Zimbabwe. Shortly thereafter Gift’s mother died. He was just eleven years old then.

Gift found his way to Musina, the South African border town, where for six months, he has managed to eke out a bare existence, roaming the streets of the small town with a band of unaccompanied children; facing the challenge of surviving from one day to the next; looking for food and shelter.

His meager possessions are a well worn pair of takkies, the clothes on his back and a dog-eared exercise book filled with his precious drawings and writings. 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 said. “I also miss my mother.”

Situation of girls is even worse

UNICEF worked with a team of on-the-ground partners in the Musina area from late 2008 to provide support in assisting an estimated 1,000 to 2,000 children. Local people pointed out that the situation of girls in Musina was far worse than that of boys and that they tended to be invisible to the observer.

“Few girls could be seen at any given time in the streets of Musina,” explained Ruben Bayiha, UNICEF Emergency Coordinator, who worked extensively in the area. “They too left their homes due to political conflict, death of parents, HIV-related illness, or extreme poverty and arrived in South Africa alone and unprotected.”

It is a well-known fact that the journey to South Africa is fraught with dangers of illegal border crossing, and many children, especially girls, are often at the mercy of bus and truck drivers and traffickers who smuggle them into the country, say area residents.

UNICEF South Africa’s Chief of Child Protection, Stephen Blight, added, “UNICEF is particularly concerned about the protection of girls. Many are at high
risk of abuse, particularly those who are without family care, or whose lack of documentation makes them vulnerable to exploitation. The protection of girls and all the unaccompanied children in the Musina area is a key priority for UNICEF.”

UNICEF’s community based partners reported that over the past several years, children as young as five years old had been crossing at the Beit Bridge border into South Africa. They are usually in the company of teen-aged friends and/or family members, from whom they sometimes 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.

UNICEF’s partners also expressed concern that fearing deportation, children often avoided seeking help from authorities, choosing to huddle together in the bushes or to seek shelter under trees. Many gathered at the Musina Show Ground, a dusty space in the centre of town, where thousands of asylum seekers – men, women and small children – camped out in the open air, exposed to uncertain weather conditions and without water or sanitation facilities. Here they waited patiently for the formal recognition by South African authorities that would allow them to stay in the country.

UNICEF response
In response to the situation, in late 2008 UNICEF was involved in cholera prevention and treatment activities in Musina, as well as the provision of child friendly materials for unaccompanied children. A scale-up of interventions planned for 2009 included the stationing of a child protection specialist in Musina to help strengthen efforts to protect unaccompanied minors and to ensure that displaced mothers and children receive some form of social services. UNICEF also planned to continue working closely with Save the Children to ensure that the 13 drop-in centres established in and around Musina were child-friendly and equipped with caregivers and recreational and learning materials whilst providing at least one meal a day and basic necessities.

In addition, UNICEF supported the local municipality in its cholera prevention interventions to help provide clean, fresh water for area residents and reduce illness. To help meet the education needs of the children, UNICEF began planning to deal with the anticipated congestion in the classrooms at local schools which would have to accommodate high numbers of displaced children seeking an opportunity to continue with learning once the new school year began in 2009.

Families and communities offer food and shelter
Additionally, communities in and around Musina rendered heart-warming support to women and children, offering food, shelter at churches and community centres, and placings for infants.

As day draws to a close, children like Gift and his friends worry about their safety. They huddle together in the bushes at night for warmth and comfort. The children say they are afraid of the older boys and men who often commandeer the choicest sleeping spots under the eaves of nearby buildings or under trees.

* Name has been changed to protect identity.
2008 saw the Pretoria Procurement Centre grow into a major conduit for supplying goods to other countries in Africa.

UNICEF is a world leader in the procurement of supplies to children and it assists development partners to procure quality, well-priced supplies from reliable manufacturers. In South Africa, the Pretoria Procurement Centre provides services to UNICEF country offices across sub-Saharan Africa.

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>270,120.24</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>13,689.00</td>
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<tr>
<td>Burundi</td>
<td>2,685.80</td>
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<tr>
<td>Congo, Dem. Rep.</td>
<td>87,021.00</td>
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<td>Cote D’Ivoire</td>
<td>3,042.00</td>
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<td>Eritrea</td>
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<tr>
<td>Ethiopia</td>
<td>11,001.00</td>
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<tr>
<td>Guinea-Bissau</td>
<td>345,000.00</td>
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<td>Guyana</td>
<td>7,020.00</td>
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<td>Kenya</td>
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<td>Lesotho</td>
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<td>Madagascar</td>
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<td>Mozambique</td>
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<td>Namibia</td>
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<td>WCARO Regional</td>
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<td>Zambia</td>
<td>49,584.00</td>
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<tr>
<td>Zimbabwe</td>
<td>8,194,698.78</td>
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</table>
SERVICING THE CONTINENT

Zimbabwe continued to be the main customer in 2008. The centre procured supplies amounting to USD11.2 million for Zimbabwe and to USD4.6 million for the other 28 countries in Africa. The freight cost was over USD1 million.

Printing is the major commodity for the centre with purchase orders totalling USD600,000 in 2008. School furniture (USD470,000) and emergency relief (USD400,000) were other supplies procured. The procurement of vehicles for USD1.8 million was the item with the highest value. One thousand tons of Unimix, a corn soya blend for children, were purchased for Somalia and this showed that South African food mills have competitive prices and good quality.

In response to the humanitarian crisis caused by the xenophobic attacks in South Africa in May, the centre procured goods for over USD100,000. These ranged from clothes and blankets to hygiene kits and educational toys.

TAKING STOCK

Major changes in the pattern of requests for commodities over the last few years raised the need for a market survey throughout South Africa. Out of the survey, which was carried out by Price Waterhouse Coopers, emerged the need for a database of UNICEF suppliers, which would enable the centre to evaluate suppliers and contractors, and enable preselected suppliers to tender.

The database containing details for six hundred suppliers was launched.

In order to respond quickly to emergencies, contracts for long term arrangements are being made with suppliers of emergency items.
Finances

TOTAL NATIONAL COMMITTEE FUNDING OF COUNTRY PROGRAMME, 2007 TO 2008 (US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3,065,334</td>
</tr>
<tr>
<td>2008</td>
<td>3,955,418</td>
</tr>
<tr>
<td>Funds pledged for 2009 &amp; beyond</td>
<td>1,382,594</td>
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FUNDS AND PLEDGES RECEIVED FROM NATIONAL COMMITTEES, 2007 ONWARDS (US$)

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<tr>
<th>Country</th>
<th>Amount</th>
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<td>87,933</td>
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<td>United Kingdom</td>
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<td>United States</td>
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<tr>
<td>Germany</td>
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<td>Switzerland</td>
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<td>Sweden</td>
<td>46,731</td>
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<tr>
<td>Hong Kong</td>
<td>70,465</td>
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<tr>
<td>Czech Republic</td>
<td>426,000</td>
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<tr>
<td>Total</td>
<td>8,450,077</td>
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SOUTH AFRICAN PRIVATE SECTOR FUNDING, 2008 (ZAR)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>2.9 million</td>
</tr>
<tr>
<td>Funds pledged for 2009</td>
<td>3.3 million</td>
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36
### Programme Funding Trends, 2002 to 2009 (US$)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>National Committee</th>
<th>Private Sector</th>
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<tbody>
<tr>
<td>2002</td>
<td>478,563</td>
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</tr>
<tr>
<td>2003</td>
<td>744,315</td>
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<tr>
<td>2004</td>
<td>973,857</td>
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</tr>
<tr>
<td>2005</td>
<td>510,286</td>
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<tr>
<td>2006</td>
<td>2,001,730</td>
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<tr>
<td>2007</td>
<td>3,065,334</td>
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<td>2008</td>
<td>3,955,418</td>
<td>290,506</td>
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### Status of Funding, 2007 and 2008 (US$)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Regular Resources</th>
<th>Other Resources</th>
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<tbody>
<tr>
<td>2007</td>
<td>1,026,637</td>
<td>6,817,036</td>
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<tr>
<td>2008</td>
<td>957,638</td>
<td>10,592,943</td>
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