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NATIONAL STATISTICS FOR SOUTH AFRICA

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<th>Indicator</th>
<th>Value</th>
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<td>Department of Education (DoE), Education for All Country Status Report RSA, 2005</td>
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<td>Gender parity index (GPI)</td>
<td>1.01</td>
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<td>DoE, 2006 School Realities/EMIS, 2006</td>
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Photography: Unless otherwise indicated, ©UNICEF/Athol Rheeder
Design: Handmade Communications
EXECUTIVE SUMMARY

THE CONTEXT
South Africa has made immense progress since the birth of the new democracy. For the first time in several years, the country is in a position to deliver an accelerated response in many areas of development, resulting from the dramatic improvement in tax collection and ongoing political and social transformation initiatives.

In the past two years, more than 300,000 HIV positive adults have been able to access antiretroviral therapy (ART) but unfortunately prevention and treatment are being outpaced by the rate of infection and death. South Africa has an estimated two million orphaned children, many of whom have lost their parents or caregivers to HIV and AIDS. By 2015, there will be 5.7 million orphans. Although the social grant system is extensive and reaches about 7.2 million children, many others do not access social assistance. An estimated 14 million children live under the poverty line.

Access to public schooling for children is widely available and enrolment continues to increase but the quality of education in township and rural schools is a major concern. A large number of children remain out of school, and school-based violence and deteriorating infrastructure have emerged as challenges to the education system.

Primary healthcare is free for children and pregnant women yet many poor and vulnerable South Africans are not reached adequately by the health services. Child mortality rates have not shown much improvement and up to 40 per cent of deaths in children under the age of five are due to HIV and AIDS.

The country’s rising trend in child abuse and violence is reaching alarming proportions. Forty per cent of reported rapes in 2004/5 were committed against children. Gender inequality, a legal system that does not effectively protect the victims, and children’s rising vulnerability in the context of poverty and the AIDS pandemic are some of the reasons for the escalating abuse.

UNICEF, working with other UN agencies, has responded to the challenge and helped galvanize various partners through the 365 Days of Action to End Violence Against Women and Children initiative and the National Anti Rape Strategy.

PARTNERSHIP FOR INCREASED ADVOCACY FOR CHILDREN AND RESOURCE LEVERAGING
Many of the gains have produced positive results for children, including the impressive social security system and free treatment for people living with HIV and AIDS. UNICEF, as a development partner, has welcomed and embraced these opportunities while recognizing a host of continuing challenges. Service delivery remains the key stumbling block for improving child survival, protection and development, which UNICEF is committed to address by working closely with the Government and other stakeholders.

In 2006, UNICEF was particularly encouraged by the political space that emerged to respond to HIV and AIDS challenges. The reinvigorated role of the Deputy President in chairing the South African National AIDS Council, the launch of the Government’s new framework for a multi-sectoral National Strategic Plan to fight the AIDS epidemic and the collegial meetings between Government and civil society signalled improved collaboration and action for the future.

The Government of South Africa oversees a budget that annually exceeds revenue expectations although in many areas key to children’s survival, development and protection, these funds are not efficiently spent, leaving many children’s programmes under-resourced. This is where UNICEF has played an important role, by using its resources (human and material) strategically, to help the Government identify bottlenecks, allocate and expend resources and monitor and analyse situations and impact.
FORGING AHEAD
While South Africa is committed to the long-term challenge of transforming itself into a nation that provides for everyone, two thirds of the population lives on less than US$2 a day in the midst of concentrated wealth. The country has vast skills, knowledge and capacity at the most senior levels of Government, in academia and business, and the ability to finance enormous poverty reduction programmes without external donor funds. These resources need to be leveraged for child-focused interventions and used strategically to improve service delivery while assisting local government to spend funds in ways that produce tangible results for children and women.

As we venture into implementation of the new Country Programme for 2007–2010, UNICEF is committed to continuing advocacy for a conducive policy and regulatory framework; leveraging resources for the promotion of child rights; contributing to the development and implementation of major national plans and strategies; and facilitating engagements between civil society and the Government to work for and with children.

UNICEF will also continue to be proactive in mobilising more resources for children while increasing the profile of the Country Office by recruiting senior programme staff with expertise in health, child protection and management of high-level partnerships. These measures will help strengthen UNICEF’s capacity to leverage a greater national response for children affected by poverty, HIV and AIDS and poor service delivery. The main focus will be on scaling up and piloting innovative approaches and increasing access to basic social services for orphaned and vulnerable children.

MACHARIA KAMAU  
COUNTRY REPRESENTATIVE  
UNICEF SOUTH AFRICA

KEY RESULTS IN 2006
- Improved community safety networks for orphaned and vulnerable children through the scaling up of childcare forums to all nine provinces of the country.
- Improved performance in schools implementing the Child-Friendly Schools initiative. Of participating schools, performance increased from 40 per cent to 60 per cent in one year.
- Increased national capacity for early diagnosis of HIV infection in infants, with the goal of 300,000 paediatric tests.
- Improved breastfeeding practices through the expansion of the Baby-Friendly Hospital Initiative to 202 out of 545 health care facilities in all nine provinces.
- A unique one-stop integrated response to violence and abuse against children and woman – the Thuthuzela Care Centres – operational in 12 sites, with six additional sites planned for 2007.
- Greater awareness of Parliamentarians on children’s issues through UNICEF’s work on strengthening relationships with Parliamentary Committees and distribution of advocacy material.
- Strengthened partnerships for children though high-level briefings, ministerial courtesy calls, and more than 21 keynote speeches to international and local decision-makers in Government, the private sector and the international community.
- Increased public awareness of the impact of HIV and AIDS on children during World AIDS Day and the month of December, thanks to a partnership with the South African Broadcasting Cooperation (SABC) and the South Africa print media.

Left: Quincy Jones with Macharia Kamau, Judy Nwokedi, Managing Director, Southern Africa, Motorola, and Charles Lyons, President of the US Fund for UNICEF.

Centre: Launch of the Unite For Children, Unite Against AIDS campaign. Macharia Kamau pins the beaded red and blue ribbon, symbol of the campaign, on the lapel of the Minister of Social Development, Dr Zola Skweyiya.

Right: Macharia Kamau, UNICEF Goodwill Ambassador Sir Alex Ferguson and Premier Ebrahim Rasool of the Western Cape.
WHAT DID WE SPEND ON CHILD SURVIVAL IN 2006?

US$1,510,576 (TOTAL)
US$158,089 REGULAR RESOURCES
US$1,510,576 OTHER RESOURCES

Although South Africa has the resources and capabilities to ensure the wellbeing of its people, children and women’s health and survival continue to be at risk.

According to official data (Demographic Health Survey 2003), mortality rates for children under the age of five have hardly improved from the figure of 61 per 1,000 live births in 1998 to 58 per 1,000 live births in 2003. Of concern are projections for 2006 by the Medical Research Council that indicate a rise in the under-five mortality rate to 79 per 1,000 live births.

HIV-related illnesses account for 40 per cent of deaths of children under five years. Neonatal mortality is also a serious problem, with 87 per cent of neonatal deaths occurring within seven days of birth. Low breastfeeding rates and poor neonatal care skills are core contributors to this high mortality.

With one in five children chronically malnourished and many deficient in micronutrients, malnutrition continues to be a major underlying cause of childhood disease.

An estimated 76 per cent of children under the age of one have been fully immunised against life-threatening diseases such as measles, a coverage that is lower than expected.

In South Africa, the maternal mortality rate is 150/1,000,000 live births, with AIDS-related diseases and complications from high blood pressure being the major causes of maternal deaths. Although nine in ten South African pregnant women have received antenatal care at least once, training is needed to improve the quality of care offered, especially with relation to services for patients living with HIV and AIDS.

An estimated 30 per cent of pregnant women receiving antenatal care are diagnosed with HIV infection.
SAVING THE LIVES OF INFANTS AND YOUNG CHILDREN

A national review of Community Integrated Management of Childhood Illnesses (C-IMCI), a health strategy that aims to reduce under-five mortality from common childhood diseases, and action plan to accelerate C-IMCI did not take place as planned in 2006. However the Department of Health intensified efforts to save the lives of newborn babies through activities related to IMCI, neonatal care and infant feeding.

UNICEF supported the Department’s drive by helping scale up models of intervention that have been proved to save lives. The Limpopo Initiative for Neonatal Care (LINC), a partnership with the University of Limpopo, has been successful in reducing neonatal mortality by 15 per cent in hospitals throughout the province. In 2007, LINC will be taken to Mpumalanga province with UNICEF support.

UNICEF also worked with the Department of Health and the Medical Research Council to strengthen the Basic Improvement of Antenatal Care (BANC) package, which is being carried out in selected areas in all nine provinces under the mentorship of 55 master trainers. The programme’s goal is to improve the quality of antenatal care by training health workers. BANC, if scaled up, as planned, to more than 3,000 primary healthcare clinics from 2007 onwards, has the potential of significantly reducing maternal, newborn and infant deaths in South Africa.

FAST FACTS

18.8%
South Africans aged 15–49 infected with HIV

235,000
Children aged 14 or younger living with HIV and AIDS

43
Infant mortality (per 1,000 live births)

58
Under-five mortality rate (per 1,000 live births)

76%
Children aged 12–24 months who have been fully immunised

12%
Infants under 4 months who are exclusively breastfed

1 IN 2
Children who have an intake of less than half the recommended levels of Vitamin A, Vitamin C, riboflavin, niacin, Vitamin B6, folate, calcium, iron and zinc

Sources: Demographic Health Survey 2003, Food and Consumption Survey, 1999, Department of Health

Causes of death in children under the age of five

Source: Medical Research Council Brief No 3, December 2003

HIV & AIDS
Low birth weight
Diarrhoeal diseases
Lower respiratory infections
Protein-energy malnutrition
Neonatal infections
Birth asphyxia & trauma
Congential heart disease
Road traffic accidents
Bacterial meningitis
Other
In KwaZulu-Natal, UNICEF and Medical Care Development International (MCDI) helped the Department spearhead a C-IMCI project in the predominantly rural and under-served Ilembe district. The project includes birth companionship for HIV-positive mothers, infant feeding and prevention of mother-to-child transmission of HIV. MCDI has already proven the impact of C-IMCI activities in the Ndwede sub-district and with UNICEF support, plans a nation-wide roll out.

NEW DEVELOPMENTS IN INFANT FEEDING
A number of developments are impacting positively on safe infant feeding for HIV-positive mothers. As part of a global strategy on infant and young child feeding, South Africa finalised its national policy, guidelines and regulations on the code of marketing of breastmilk substitutes. These documents will serve as reference material for the promotion of breastfeeding, information on appropriate infant feeding and the regulation of the marketing of breastmilk substitutes.

The Baby Friendly Hospital Initiative (BHFI), a major neonatal care intervention in the country, promotes breastfeeding by providing counselling and skills development to new mothers on appropriate breastfeeding practices. UNICEF supports the Department of Health in this effort as it is now well established that initiation of breastfeeding within the first hour of birth can significantly save the lives of babies and prevent neonatal death.

By September 2006, BFHI was in place in 202 out of a total 545 healthcare facilities with maternity services in keepinG young children and mothers alive needs interventions on all fronts. In 2006, a strategic partnership between UNICEF and the government focused on preventing and treating childhood and maternal diseases, including HIV and AIDS, and improving children’s nutritional status.

Right: The load of care falls heavily on many grandparents in South Africa as a result of poverty and the impact of HIV and AIDS
all nine provinces. The Department of Health reported that 40,964 newborns were delivered in baby-friendly hospitals in 2005/2006, increasing their chances of survival when their mothers were counselled on safe infant feeding.

ADVANCES IN THE FIELD OF PAEDIATRIC AIDS
South Africa has made an impressive tenfold increase in national testing capacity and now has the ability to annually process 300,000 paediatric HIV tests, based on the polymerase chain reaction (PCR) method. UNICEF contributed to this increase by providing medical equipment and funding to national and provincial health laboratories for early testing and diagnosis of HIV infection in infants.

There are 235,000 children under the age of 13 living with HIV and AIDS in the country. Between 55,000 and 82,000 children need ARVs to stay alive but in 2005 only 13,000 were receiving treatment. However, in 2006, the country exceeded its target. Reports in October 2006 indicated that 21,000 children had initiated ARV treatment. UNICEF’s contribution to this achievement consisted of supporting three NGOs and universities to increase the number of children on treatment.

PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV
The review of the national policy on PMTCT did not take place in 2006 as anticipated because of the lack of consensus on the terms of reference. However, other PMTCT-related activities went ahead, such as the Kesho Bora Study, a multi-country research project that looks at how to improve PMTCT and provide appropriate care for HIV infected pregnant women. In South Africa, the national PMTCT programme only reaches 13 per cent of HIV-positive pregnant women. The University of KwaZulu-Natal, responsible for the South African component of the study, has funding for a rural research site. UNICEF’s contribution will secure the inclusion of an urban health facility.

REDUCING MICRONUTRIENT DEFICIENCIES
The Government has implemented a series of strategies to combat high levels of malnutrition in children, including the mandatory fortification of maize and wheat flour with two minerals and six vitamins. Maize meal and bread are two of the most commonly consumed foodstuffs in South Africa.

UNICEF’s support of the implementation of food fortification regulations, dating from 1999, resulted in the promulgation of mandatory regulations in 2003. In 2006, UNICEF prioritised assisting the Department of Health to carry out its food fortification communication strategy with GAIN support, which included a mass media campaign to raise public awareness of the benefits of food fortification and encourage rural communities to buy fortified foods. Elements of this campaign will continue in 2007, to raise awareness on the health benefits of food fortification.

Preliminary data from the Birth Defects Sentinel surveillance system in South Africa has indicated that since the mandatory food fortification programme was
launched in 2003 there has been a notable reversal of neural tube defects in children, some of which are caused by a deficiency of folic acid in the diet. Folic acid was one of the micronutrients added to fortified maize meal and wheat flour.

EXPANDING COMMUNITY GROWTH MONITORING

Due to the success and expansion of the growth monitoring initiative in the Eastern Cape, UNICEF was asked in 2006 to support eight training sessions in Mpumalanga and Limpopo provinces. Skills development of health and community workers is part of a larger programme to establish community-level skills to address the preventable causes of child malnutrition, especially in rural areas where access to healthcare is limited.

Two hundred registered dieticians, professional nurses, specialised auxiliary service officers and home-based carers benefited from the training.

In all three provinces it has been reported that community-based growth monitoring helps to identify the marginalised and the most malnourished children, who are the least likely to be brought to a health care centre. As this initiative is still in its early stages there is insufficient data to indicate the numbers of children weighed and referred at the community level.

FUTURE PLANS

In 2007, UNICEF will support, among other activities:
- The development of the national child survival strategy.
- The development of the national paediatric HIV care operational plan.
- Early infant diagnosis using infant dried blood spot PCR testing through district-driven cascade training of primary health care workers and expansion of laboratory capacity.
- The development of a community PMTCT model to improve uptake and access to a comprehensive package of follow-up care for women and children.
- The national food fortification campaign on SABC.
- The roll out of the revised IMCI training materials and guidelines.
TO DISCLOSE OR NOT

Three generations of women are brought together at the Paediatric High Care Unit in Edendale Hospital, Pietermaritzburg, KwaZulu-Natal. The youngest, Mandisa*, is only four months old and she lies in a white metal cot, her tiny hands bound so that she does not pull out the tubes that penetrate her body. An oxygen machine dangles behind her head. Mandisa is being treated for pneumonia, a common childhood complication resulting from HIV infection. Next to her, her 38-year-old granny, Julia, is looking out of the window, lost in thought. On her way to the hospital from school, is Lindiwe, Mandisa’s mother. She is 16 and was diagnosed with HIV infection at the hospital’s UNICEF and EGPAF-supported Family Clinic when she fell pregnant with Mandisa.

It is comforting to see the women rally around each other in such difficult moments. A positive HIV status does not always guarantee family support. Stories abound in South Africa of individuals who have been ostracised by their families and communities, even threatened with their life, when they disclosed their status or began showing signs of AIDS-related illness. Fear of stigma and discrimination often prevent people from testing and therefore getting life-saving medical treatment and counselling in time.

“The difficulty of disclosure to family is the biggest limiting step to getting on top of the problem of HIV in South Africa”, says paediatrician Dr Sanjay Patel, who is looking after Mandisa. “But we are putting pressure on mothers to disclose because in order to get antiretroviral treatment that will keep them alive, they need to have a ‘treatment buddy’ who will help them adhere to the medication.”

Disclosure can be a minefield. Who can you trust? Who exactly do you disclose to? Will they keep the information confidential? In Lindiwe’s family, the women have made a pact and kept their mouths sealed about Lindiwe’s and Mandisa’s status. The news has not been shared with other family members or neighbours. “If you tell people, maybe they will gossip. They interpret this virus as being for someone who is sleeping around,” says Julia, the effort of protecting her daughter from malicious neighbourhood talk evident in the frown lines that suddenly appear on her smooth forehead, she says, “I don’t like it because it upsets me and I feel like fighting.’

Little Mandisa is too young to understand the efforts that are being made to keep her from social alienation. She’s busy fighting her chest infection. What she will learn later is that the main reason she has a chance of staying alive is because her young mother had the courage to test herself and disclose to her female relatives that she was HIV-positive. This led to both mother and child being put on ARVs and receiving the kind of support at home needed to follow the treatment.

“I told my daughter, when we found out, that life must go on,” says Julia, “I’m taking care of the baby because I want to show my daughter that I care for her.” Julia politely signals the end of the interview by smiling and shifting her attention back to Mandisa, whose cries and small hands seem to be clamouring for food. She starts to gently spoon porridge into the baby’s open mouth. Granny and granddaughter become oblivious to outside distractions as they bond through their act of love. Indeed, life must go on.

*All names have been changed.
Providing quality education that is both relevant and culturally appropriate in a diverse society like South Africa presents an enormous challenge. Yet education is critical if the cycle of poverty and violence is to be broken. Resources have been poured into public schools to improve standards. However, schools continue to grapple with high attrition rates, low teacher morale, poor infrastructure and the devastating impact of HIV and AIDS, including the growing numbers of orphaned and vulnerable children.

Faced with school violence, poor mechanisms for inclusive education, particularly for children with disabilities, and a high reporting rate of sexual harassment of girls, it is not surprising that children are voting with their feet and dropping out of school. An estimated 687,000 children who should be in primary schools are missing from classrooms, and there is significant drop out rate between primary and secondary school. Around 18 per cent of 16 to 18 year-olds are not in school.

Poverty, violence and diseases, including HIV and AIDS, deny many families and communities the necessary resources and knowledge or skills to properly care for babies and the young. Provision of formal early childhood development (ECD), though crucial, is accessed by only sixteen per cent of children between birth and four years. In the context of poverty and high HIV prevalence, ECD in communities has become a critical survival intervention for young children.

**MAKING SCHOOLS CHILD-FRIENDLY**

In 2006, UNICEF worked closely with the provincial education departments of the Eastern Cape, Limpopo and KwaZulu-Natal to expand the child-friendly schools programme (CFS), a comprehensive and integrated school improvement initiative. In KwaZulu-Natal, a CFS pilot worked extensively with 52 schools, reaching approximately 26,500 children. Through a partnership with a local NGO, the Media in Education Trust, that is funded by Royal Netherlands Embassy, a further 702 schools adopted the CFS concept, benefiting 210,600 children and far exceeding the initial target of establishing 300 CFS schools in the region.

KwaZulu-Natal now has a business plan to expand CFS to all its 6,000 primary and secondary schools in the next four years. Research using children to construct ideals of safety and security within homes, schools and communities has resulted in the development of a similar plan to scale up CFS in Limpopo. The Eastern Cape will join the CFS process in 2007.
Transforming South Africa’s Education System and Achieving Equity Requires Vision, Resources and Flexibility. In 2006, UNICEF supported the Government to improve quality basic education and expand early childhood development.

Results in implementing CFS have been encouraging. Anecdotal information gathered during a study tour of KwaZulu-Natal in June 2006 points to improvements in safety and security within and around the Kambula Combined Primary School along with a 30 per cent increase in access rates. Pupil performance has also risen from a 40 per cent pass rate to 60 per cent. All of this impacts positively on retention.

Developing Young People
Life skills education and ensuring that orphaned and vulnerable children receive appropriate support in school are key components of the CFS programme. UNICEF focused on preparatory activities to formulate a new life skills programme for 2007. A Youth in Action workshop was held in October 2006, which helped 198 young people develop youth leadership skills, enabling them to act as agents of change within their respective constituencies.

UNICEF also commissioned a paper on flexible models of schooling for orphaned and vulnerable children, which was used extensively by the Department of Education in drafting their concept paper on Safety Nets for Orphaned and Vulnerable Children in Schools.

Promoting Girls’ Education
The Girls Education Movement (GEM) is a dynamic pan-African initiative that gives girls equal access to education, reduces gender-based violence and works with boys as strategic partners. In South Africa, it is integrated into the broader CFS programme.

Since its official launch in 2003, UNICEF has helped the National Department of Education to roll out GEM in all of the country’s nine provinces. An impact evaluation of GEM will be finalised in 2007 to help the Government and UNICEF assess the impact on girls’ school attendance and performance.

In 2006, GEM pushed on. A national GEM camp brought together a girl and a boy from each of the nine provinces to train as peer educators. The 18 participants drafted a plan of action for GEM, linked to the national action plan for 365 Days of Action to End Violence Against Women and Children, addressing issues of HIV and AIDS prevention and gender-based violence. Girls’ education was further bolstered during 2006 by Techno Girls, a programme that supports girls to make informed career and life choices. The initiative placed a total of 54 young interns in the Eastern Cape and Limpopo in mining, banking and IT companies. Twenty techno girls in the Eastern Cape qualified for scholarships to study mining at tertiary level. A target has been set...
to reach 300 girls in Limpopo, KwaZulu-Natal and the Eastern Cape provinces by September 2007.

PROVIDING THE BEST START IN LIFE
UNICEF’s role in early childhood development (ECD) has progressively moved towards assisting Government to strengthen the ECD system as a whole. This has entailed working closely with the Departments of Education, Social Development and Health to implement the National Integrated Plan (NIP) for Early Childhood Development (2005). UNICEF is also looking at ways of helping the Government make the Expanded Public Works Programme (EPWP) more efficient and child-focused. In addition, the Accelerated and Shared Growth Initiative for South Africa offers opportunities to scale up services to vulnerable groups such as young children and people living with HIV and AIDS.

In 2006, UNICEF’s technical and financial support to the NIP bore results in a number of areas. The Department of Social Development introduced the National Parenting and Primary Caregiver training programme to improve the skills and knowledge of the many grandparents and carers of babies and young children in informal ECD settings. Thirty-two master trainers were trained in preparation to the roll-out of the first phase of the programme in 2007, which will cascade the training to every province.

UNICEF used its advocacy role to successfully introduce the concept of ECD centres as nodes of care and support for orphaned and vulnerable children to the Departments of Social Development and Education. A pilot project, involving 18 ECD centres in Nkandla, a poor rural area in KwaZulu-Natal, saw a network of trained community family facilitators and practitioners reach approximately 1,308 children and their families with social assistance such as birth registration and grant application. This approach is one of four UNICEF-supported methods of creating community safety networks, or childcare forums, to ensure that orphaned and vulnerable children are able to access Government services.

FUTURE PLANS
In the new Country Programme, in 2007, UNICEF will support, among other activities:

- An in-service training programme for school principals on management and leadership competencies.
- ECD programmes as resources to provide care and support for poor and vulnerable children and their families in communities.
- Implementation strategies for scaling up integrated ECD programmes, including mobilising resources from Government, assistance with co-ordination and collaboration, knowledge-building and the development of an integrated monitoring and evaluation framework for ECD.
- A Sports for Development programme that will enhance life skills and youth empowerment in the build-up to the soccer World Cup in South Africa in 2010.
- The scale-up of CFS and GEM, targeting 1,500 schools in KwaZulu-Natal, 700 schools in Limpopo and the Eastern Cape and schools in two additional provinces, with a focus on improving the quality of learning.

Left and right: The dynamic GEM team at Vuyiswa-Mtolo Senior Secondary School.
In 2000, Vuyiswa-Mtolo Senior Secondary School in KwaMashu, an impoverished township in Durban, was shut down when it received a zero per cent pass rate for matric, the school-leaving exam. Today, it is one of KwaZulu-Natal’s best performers with a pass rate of almost 99 per cent. You only have to walk into the principal’s office to see the collection of trophies and awards perched on top of a filing cabinet to appreciate the extraordinary progress that has been achieved.

What was behind the school’s dramatic recovery?

After the temporary closure of the school, the principal, Mr E M Masonda, was determined to turn the school around. “Other educators told me that I wasn’t going to do any wonders,” explains Mr Masonda, “But I thought I’d do my level best to make the situation better.”

Mr Masonda made key changes to how the school operated. He got rid of under-performing educators who he felt were contributing to the low pass rate and decided to teach the matric class himself, using a blend of tough love and motivational guidance to bring the best out of his students. He also hired a dynamic deputy principal, Mrs Confidence Thokozile Makhathini, who was just as committed to saving this sinking ship.

Mrs Makhathini’s appointment coincided fortuitously with the official launch of the Girls Education Movement (GEM) in South Africa, a UNICEF-supported initiative that aims to make education more accessible to girls and promotes gender equality and safety in schools. Mrs Makhathini took on the task of introducing GEM to Vuyiswa-Mtolo.

The result is an extracurricular GEM club with 46 members, both girls and boys. The club has played a vital role in the school’s transformation by making Vuyiswa-Mtolo a safe place for learning. ‘Our school used to be a school of thugs. The school was vandalized. No windows, no doors, even the toilets were broken, “ says 15-year-old student, Nokuthula. “Big boys from the community used to collude with male students and come to the school to steal our cell phones, sandwiches and teachers’ jewellery at gunpoint.”

The GEM members invited the so-called gangsters, some of whom had brothers and sisters in the school, for talks. The purpose was to make the boys see why education was important and to foster a sense of connection. Soon the boys became the schools’ allies. “Now these boys act as our security guards,” says Nokuthula.

GEM has also enhanced the children’s academic performance. In addition to her managerial role, Mrs Makhathini is a mathematics teacher. Her mentoring at the club has encouraged students, especially girls, to study maths, a subject many would rather avoid. “I joined the GEM club because I had an academic problem. I didn’t like maths,” says 19-year-old Summer Rose who is in her final year, “The maths teacher made an effort to teach me. I failed my first exam but then I started doing better. In my second test, I got 55 per cent.” Nokuthula adds in support of her friend, “Yes, with GEM, you have a passion to come to school!”

Vuyiswa-Mtolo has much to be proud of. Teachers and students have come together to build their school, one step at a time. What is astounding is that with everything they have managed to do, the school is still without the basics. It does not have a library, there is no computer room, a school hall is desperately needed and the sports ground consists of an uneven grassy patch that turns to mud when it rains. It goes to show that when there is vision, passion and commitment, a lot can be done with very little.
WHAT DID WE SPEND ON CHILD PROTECTION IN 2006?

US$2,602,078 (TOTAL)

US$14,517 REGULAR RESOURCES

US$2,587,561 OTHER RESOURCES

A tragic manifestation of the triple threat of HIV and AIDS, poverty, violence and abuse has been the dramatic increase in orphaned and vulnerable children, as well as illness and death. Although statistics vary, most studies indicate that South Africa has more than two million orphans.

When children lose their parents or caregivers, they lose access to social services and protection from abuse and exploitation. Although the social grant system, which forms a major component of the safety net system for orphans and vulnerable children, reaches 7.2 million children, it is estimated that there are over 14 million children living below the poverty line.

Whilst there are no comprehensive figures on the extent of child protection violations in South Africa, violence against women and children has reached unacceptable levels. According to the South African Police Service, there were 54,924 cases of rape reported for 2005/2006. With the high number of reported cases, the criminal justice system is struggling to address all sexual offences. Between April 2004 and March 2005, children as victims accounted for 40 per cent of the 55,000 rapes and attempted rapes reported for that period. Of particular concern is the strong link between gender-based violence and exposure to HIV infection.
THE PROTECTION OF CHILDREN IS CENTRAL TO THE SURVIVAL AND DEVELOPMENT OF ALL SOUTH AFRICAN CHILDREN. IN 2006, UNICEF REINFORCED GOVERNMENT’S EFFORTS TO PREVENT VIOLENCE AGAINST CHILDREN AND WOMEN AND PROVIDE SOCIAL PROTECTION TO ORPHANED AND VULNERABLE CHILDREN.

sick and incapacitated parents and the death of loved ones, their suffering often bars them from accessing services.

UNICEF’s target has been to help NGOs and local authorities in four localities establish a system that recruits and trains volunteers to establish and monitor childcare forums in communities. Progress across the initiatives varies, but in all, community support has been assured, key working partners have been identified and community volunteers recruited. UNICEF also supported the development of a programme to train volunteers for childcare forums, which will be rolled out to all nine provinces in 2007.

In early 2006, the National Action Committee for Children Affected by HIV and AIDS (NACCA), the body responsible for putting the National Action Plan for Orphans and Vulnerable Children into action, developed annual work plans and working groups to take the implementation process forward. UNICEF provided technical support to the capacity-building working group to develop training programmes and materials for NGOs so that service delivery for orphans and vulnerable families could be improved.

An evaluation in September 2006 of NACCA’s Isibindi Model of Care for Children Affected by HIV and AIDS, an initiative that provides services such as health and palliative care to vulnerable children in six urban and rural sites, led to recommendations on how to scale up the project nationally.

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**FAST FACTS**

54,924
Reported rapes in South Africa in 2005/2006

40%
Percentage of total reported rapes that were committed against children in 2004/2005

2.5 MILLION
Estimated number of orphaned children

5 MILLION
Projected number of orphans by 2015

40,000
Child-headed households receiving home and community-based care

7.2 MILLION
Children under the age of 15 with access to the child grant

Sources: South African Police Service, South African Social Security Agency, Medical Research Council, Department of Social Development, Children on the Brink
More comprehensive services for orphans
To find out whether any improvements had been made in the coordination of services for orphans and vulnerable children since the 2002 national conference, ‘A Call for Coordinated Action for Children Affected by HIV and AIDS’, the Department of Social Development, in collaboration with the Nelson Mandela’s Children Fund, UNICEF, Save the Children-UK and other NACCA members, organized a follow-up conference in July 2006.

Among the main recommendations made during the 2006 conference was creating a national database of orphaned and vulnerable children.

This provided UNICEF with an opportunity to deliver concrete results. An audit on the sources of data on children at risk and a national count of maternal orphans (children who have lost mothers) using vital registers such as birth and death certificates was completed in 2006. With improved baseline data and mapping of children’s services, it will be possible to establish whether orphaned and vulnerable children are receiving the essential services they urgently need.

PROTECTING CHILDREN AGAINST VIOLENCE
Scaling up integrated services for victims of violence
South Africa’s much admired Thuthuzela Care Centres (TCC), well known as models of good practice in the fight against rape linked to HIV and AIDS, are a unique one-stop, integrated response to the burgeoning incidence of violent sexual acts against women and children and its intersection with HIV and AIDS.

UNICEF, with Danish government support, has been supporting the planning and implementation of a drive to scale up the TCC model. In May 2006, a national action plan to put a stop to gender-based violence and child abuse was drafted at the 365 Days of Action to End Violence Against Women and Children conference. Included was a strategy to expand the TCC model to 80 sites by 2010.

In 2006, there were 12 TCCs and UNICEF contributed to the assessment of six additional sites for 2007. The TCC model is gaining popularity across the continent. Participants from 22 African countries at the Gender Justice in Africa Colloquium in November 2006 pledged to adopt the TCC approach under the auspices of the African Union and other regional structures. The TCC model has also been featured in the United Nations Secretary General’s Study on Violence Against Children as an effective prevention, response and support strategy to gender-based violence.

Skills development
In 2006, UNICEF supported the training of 4,173 professionals working in the area of prevention and response to violence against women and children and HIV and AIDS. This was well above UNICEF’s target of 3,000 participants for 2006.

The training provided participants with a range of protective, investigative, psychosocial, educational and legal skills, which will help improve service delivery to victims and survivors.

In addition 85 prosecutors were trained in prosecuting child sex offenders and 210 police officers were trained in child development, communication skills, counselling, statement-taking and medical examination. An impact study of the multi-sector training has been postponed until 2007.

Telling the story of violence
A partnership between the South African Broadcasting Cooperation (SABC), the National Prosecuting Authority and UNICEF resulted in the
DIFFERENT APPROACHES TO CHILDCARE FORUMS

UNICEF partner, Training Resources in Early Childhood Development (TREE), runs the Kusaselihle Project in Nkandla municipality, KwaZulu-Natal. Community family facilitators are trained to provide care and support services to young children orphaned and made vulnerable by HIV and AIDS and their caregivers through 18 ECD centres.

The Sonke Gender Justice Project in Nkandla municipality and OR Tambo municipality in the Eastern Cape uses men as activists to stop violence against women and children and promote access to health services and care and support for orphaned children.

The Centre for Positive Care in the Malamulele area in Limpopo province works with local authorities and communities to map and plan services for vulnerable children and strengthen a community-based system to ensure that orphans and vulnerable children have access to basic social services.

The Umtata Child Abuse Resource Centre in the Eastern Cape manages a project in partnership with the Mhlontlo and King Sabata Dalindyebo municipalities to recruit and train village child protection workers, raise community awareness on child protection and violence prevention and identify hazardous locations in villages where children are most at risk of being abuse.

FUTURE PLANS

In 2007, the UNICEF Child Protection Programme will address the following areas, among others:

- Support national structures to coordinate partners and implement National Action Plans for Orphans and Vulnerable Children and Violence against Children and Women with specific focus on developing and piloting a system to identify and track orphans and vulnerable children; establishing childcare forums nationally and capacity development of caregivers; and making data on vulnerabilities and services publicly available.

- Scale-up of effective models of response, care and support to provide quality services to orphans and vulnerable children and victims of violence and documentation of lessons learned.

- Strengthen the monitoring and evaluation of the implementation of the National Action Plans on Violence against Children and Women and Orphans and Vulnerable Children.

- Develop a national communication strategy for prevention of violence and abuse of children and women.

- Strengthen provincial and municipal coordination, planning and implementation capacities to fulfil their responsibilities in the implementation of the National Action Plans on Violence against Children and Women and Orphans and Vulnerable Children.

production of ten half-hour documentaries (Our Own Stories in Our Own Voices) on gender-based violence told from the perspective of adolescent girls. A team of 42 young girls was trained in filmmaking and principles of child-participation. The first documentary was screened on SABC 2 on 30 November 2006 in prime time on the Our Nation in Colour slot to more than two million viewers. These diverse stories will be broadcast in the month of March 2007.
South Africa has made immense progress since the birth of the new democracy, particularly around tackling poverty and establishing sound policies, legal frameworks, civil and human rights. Many of these gains directly benefit children such as the recently promulgated Children’s Bill, an impressive social security system with ten million beneficiaries, most of them children, and free treatment for people living with HIV and AIDS, including HIV-positive children.

Yet enormous challenges remain, especially with regard to service delivery and providing an adequate standard of living to poor and disadvantaged people in the ‘second economy’. South Africa is in the enviable position of taking in more revenue than is planned for in annual budgets. In many areas key to children’s growth and development, even the planned funds are not efficiently spent.

The country’s 284 local authorities struggle with their constitutional responsibility to provide basic services such as water, sanitation, electricity and local roads. Years of service delivery backlog, inherited from apartheid discrimination and politics of degradation, continue to frustrate efforts. A government project to assist ailing municipalities has identified half of the authorities for ‘special care and attention’.

SUPPORTING SOCIAL POLICY

The adoption of the Children’s Act no 38 in December 2005 was a victory for children in that it created a new legislative foundation for the care and protection of children. Some of the innovations include the lowering of the age of majority from 21 to 18 and specifying the establishment, status and jurisdiction of children’s courts. The Act will lead to a new comprehensive Children’s Act once it has been amended to include the Section 76 Children’s Bill. UNICEF has been supporting this process and in 2006, provided technical expertise to the Department of Social Development during a workshop on the Children’s Amendment Bill. In addition, UNICEF helped the Department of Social Development draft a National Policy Framework for Children, to be finalised in 2007, which will shape the delivery of integrated services for children.
REDUCING CHILD POVERTY

South Africa’s Child Support Grant is aimed at providing basic income support for children whose parents or caregivers earn below a minimum wage of R1,200 (US$171) a month. The monthly grant stands today at R190 (US$70) and is lauded as one of the country’s major contributions to reducing poverty. Over seven million children benefit from the grant. Yet it is widely acknowledged that the grant could be administered more efficiently.

UNICEF is providing technical and financial assistance to the Department of Social Development to expand the reach of the grant. In 2007, UNICEF will formalise a long-term partnership with the Department’s Social Security Branch and the newly created South African Social Security Agency (SASSA), responsible for the management and payment of social grants.

As part of this partnership, UNICEF supported a literature review and established a database of all existing research on social security. This will be followed by a study to evaluate the impact of the social grant system to assess how households are spending the child support grant and a gap analysis on the child support grant related to eligible children who are not receiving assistance.

An analysis of budget allocation and expenditure patterns related to services to children in three municipal areas started in 2006 and will be completed in 2007. This is an important area of intervention in South Africa because of the large rand underexpenditure in many municipalities. UNICEF sees these unspent funds as possible finances for children’s issues. The information obtained will be used to raise awareness and plan for the roll-out to all municipalities in 2007. The aim is to get a provincial and district-by-district picture of budget allocation and expenditure on services for children.

IMPROVING MUNICIPAL SERVICE DELIVERY

Following a review of its Local Plan of Action (LPA) project in early 2006, UNICEF revamped the project to focus on action in areas in which municipalities have designated responsibilities.

DELIVERING QUALITY SERVICES TO CHILDREN REQUIRES STRONG PARTNERSHIPS AND SUSTAINED EFFORT. IN 2006, THE GOVERNMENT AND UNICEF WORKED TOGETHER TO BRING CHILDREN TO THE HEART OF SOCIAL POLICY AND LOCAL GOVERNANCE.

FAST FACTS

11.3%
South Africans who live in informal settlements

75%
Children living on less than US$2 a day

2 MILLION
Children living in backyard shacks in informal settlements, with poor sanitation, water and other services

4.5 MILLION
Children living in overcrowded homes, with risks for sexual abuse

43%
Children who deal with unsafe or distant water sources

Two municipalities, Nkandla and Mhlonthlo, made headway in addressing children’s issues. UNICEF agreed to pay the salary of an LPA coordinator for one year for each municipality, with the understanding that the municipalities will take over payment in following years. The Nkandla coordinator successfully advocated for an increase in the budget allocations to children’s issues, rising from around R75,000 (US$10,700) in 2005 to R465,000 (US$66,400) in 2006. In Mhlonthlo, where the coordinator was only appointed in July 2006, achievements focused on setting up structures and awareness-raising, but will shift to impact in 2007. Sub-committees were formed to address child protection, HIV and AIDS, education and health. Almost 1,000 people were reached through a dozen child protection meetings.

ADVOCACY FOR CHILDREN IN PARLIAMENT

South Africa’s political system provides a substantial role for Parliament in monitoring the work of departments, approving budgets and commenting on and passing legislation. During 2007, several key pieces of legislation for children will be deliberated by Parliament. They include the Sexual Offences Bill, the Child Justice Bill, the Children’s Amendment Bills and the Social Security Bill.

UNICEF believes that by lobbying parliament, legislation can be influenced to change the lives of millions of children. In 2006, UNICEF made substantial progress toward establishing senior-level relationships with key Parliamentary Committees such as the Parliamentary House Chairperson, Chairperson and Committee Members of the Joint Monitoring Committee (JMC) on the status of children, youth and disabled persons and with the Chairperson of the Social Development, Health and Education Committees. To clarify how UNICEF can support the oversight role of parliamentarians, an advocacy publication called *In a Child’s Best Interests... Parliamentarians, You Can Make a Difference* was developed and will be updated every year.

FUTURE PLANS

In 2007, UNICEF will prioritise the following activities:

- Analyse social security implementation and legislation to help SASSA and the Department of Social Development ensure that grants reach children in the most efficient and effective manner.
- Provide Parliamentarians with relevant information leading to the passing of key legislation on children’s issues, including the Child Justice Bill, the Sexual Offences Bill and the Amendment to the Children’s Bill.
- Analyse budget allocation and expenditure patterns regarding services to children and help departments to solicit additional funds based on data showing that interventions improve children’s wellbeing.
- Support initiatives to increase birth registration and assist with the impact study of on-line registration at certain hospitals.
- Train municipal officials to plan, budget, implement and monitor activities that improve children’s lives at municipal level.
WHAT DID WE SPEND ON EXTERNAL RELATIONS IN 2006?

US$706,748 (TOTAL)

US$290,426 REGULAR RESOURCES

US$416,322 OTHER RESOURCES

For over a decade the work of the United Nations in South Africa has largely focused on vital yet ‘behind-the-scenes’ support to Government. UNICEF must now meet the challenge of gaining greater public visibility for its programmes, highlighting the organisation’s contribution to making South Africa a better place for children.

An area that requires attention is strengthening the UNICEF Brand in South Africa as a recipient of donations. A large portion of UNICEF’s income is raised through a network of UNICEF National Committees based in industrialised countries, governments and various philanthropists. In South Africa, with its strong economic growth, UNICEF has the challenge of convincing its international donors to contribute towards programmes for children, while capitalising on the corporate social responsibility programmes of the local private sector and South Africans who have achieved world renown.

TARGETED ADVOCACY
Throughout the year, UNICEF seized several opportunities to strengthen alliances for children and create higher brand visibility. The face of UNICEF was evident in a series of high-level briefings, ministerial courtesy calls and some 21 keynote speeches to business leaders, international policy makers, key parliamentary portfolio committees, AWEPA and members of the House of Commons in London.

STRENGTHENED PARTNERSHIPS AND ALLIANCES
With Government: There was Cabinet level support for the launch of the 2006 State of the World’s Children during the opening of Parliament in Cape Town in February 2006 and the launch of the campaign on Unite for Children, Unite against AIDS in July 2006.

With the private sector: A firm partnership has been formed with Gavin
Rajah, the South African haute couture designer. Mr Rajah, a long-time champion for children’s rights, has committed to fundraising and advocacy activities in 2007, including a UNICEF benefit ball and contributions from his upcoming fashion shows in Paris, France, to support life skills development for South African children.

UNICEF has made progress in talks with the high-tech Shuttleworth Foundation to support Information and Communication Technology (ICT) in primary schools, particularly in relation to training school principals.

*With sport and entertainment:* The Government has welcomed the participation of multilaterals in implementing its *Siyadlala Mass Participation in Sport* strategy. This initiative aims to bring sports and recreation to disadvantaged communities and is linked to the United Nations Sport for Development and Peace programme. UNICEF is forging a partnership with the Cricket South Africa to promote the global campaign, *Unite for Children, Unite Against AIDS*, before and during the 2007 Cricket World Cup. A major team-based three-part advocacy and programme strategy with the South African Football Association, the South African Rugby Union and Cricket South Africa is also being developed.

### LEVERAGING ADDITIONAL RESOURCES

Creating alliances in the local private sector while deepening relationships with UNICEF National Committees continues to be an important facet of UNICEF’s work in South Africa. The goal is to expand our donor base and increase private sector and National Committee funding by 25 per cent for the new Country Programme, 2007–2011, from US$1.8 million to US$2.25 million per annum.

In 2006, UNICEF hosted eight National Committee delegations, including several major donors and high profile individuals such as Quincy Jones, Robbie Williams, Sir Alex Ferguson and the Manchester United Football team. These visits sparked a significant increase of 162 per cent in National Committee funding and pledges from 2005 to 2006. National Committee funding represents 31 per cent of total “Other Resources”.

*Left: Basketball Without Borders, a UNICEF-supported NBA programme that includes a clinic which offers peer education on HIV prevention.*

*Far right: MU Players Ryan Giggs and Kieran Richardson with Advocate Thoko Majokweni, Director in the National Prosecuting Authority.*

*Right: Kieran with a child at the Tygerbear Centre, Western Cape province.*
### TRENDS IN NATIONAL COMMITTEE FUNDING, 2002-2007 (US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>478,563</td>
<td>744,314</td>
<td>973,857</td>
<td>510,286</td>
<td>1,818,676</td>
<td>2,946,416</td>
</tr>
<tr>
<td>% increase</td>
<td>156%</td>
<td>131%</td>
<td>-52%</td>
<td>356%</td>
<td>162%</td>
<td>0%</td>
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</tbody>
</table>

### FOCUSED MEDIA RELATIONS

UNICEF heightened efforts in 2006 to showcase its comparative advantage and catalytic role in children’s development on international and national television and radio shows.

This resulted in a more visible media profile and news coverage in major national and international media print and televised media such as South Africa’s Business Day and Pretoria News, CNN, BBC, El Mundo, Deutsche Welle, The New York Times, Super Sport, Reuters and Britain’s The Telegraph.

### FUTURE PLANS

In the new Country Programme in 2007, UNICEF will prioritise the following actions:

- Conclude the market evaluation for public sector fundraising in South Africa, draft a fundraising strategy and build a team and infrastructure,
- Conceptualise, package and launch three quarterly donor public sector fundraising campaigns with built-in and strong advocacy components,
- Strengthen National Committee relations through five in-country visits and quarterly country updates to National Committee Chiefs by the UNICEF Representative,
- Integrate Sport for Development with private sector fundraising programmes,
- Strengthen advocacy, media and other partnership initiatives linked to programme goals by maximising opportunities provided by UNICEF.
### TOTAL FUNDS RECEIVED BY PROGRAMME AREA (2006) – US$

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child survival and development</td>
<td>2,241,248.80</td>
</tr>
<tr>
<td>Education</td>
<td>1,257,107.41</td>
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<tr>
<td>Child protection</td>
<td>3,467,364.16</td>
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<tr>
<td>Social policy and local governance</td>
<td>431,890.21</td>
</tr>
<tr>
<td>Communication and external relations</td>
<td>822,826.17</td>
</tr>
</tbody>
</table>
Results achieved in 2006 were made possible by increases in efficiency within the UNICEF South Africa Country Office. In 2006, UNICEF was particularly proud of its 100 per cent expenditure of expiring programme budget allocations (PBA), 97 per cent expenditure of committed funds, and an increase in expenditure from US$4 million to US$8 million.

Office governance structures were revised at the beginning of the year, resulting in improved coordination between the different functions in the office. Financial and programme monitoring is an area that requires improvement, and the office needs to build the capacity of project staff in financial management.

The office also engaged in an intensive and creative process of designing the new Country Programme for 2007–2010 in close partnership with governmental counterparts and the United Nations system in South Africa. The programme, budgeted at US$34 million for four years, was approved by the UNICEF Executive Board in September 2006.

The Country Office’s human resource management continued to operate within an environment of change and flexibility. New senior programme managers were appointed and recruitment is under way for 16 new positions for 2007. Staff training progressed with eight out of the 14 planned training activities successfully implemented during the course of the year. To enhance staff performance and staff morale, a three-day staff retreat was conducted in October 2006. UNICEF’s regional stress counsellor visited the UNICEF South Africa country office to help staff deal with stress related to the country’s high rate of crime and impact of HIV and AIDS on families and friends.

The office maintains ‘Minimum Standards Regarding HIV and AIDS in the Workplace’ and in March 2006 UNICEF participated in a session on HIV and AIDS in the workplace and ‘Caring For Us’ learning experiences.

The UNICEF Pretoria Procurement Centre continued to provide supplies from South African sources for UNICEF programmes, mainly in southern Africa but also to other countries in western Africa and even outside the continent. Commodities included educational material such as schoolbooks and furniture as well as printing services. South Africa continues to be the hub for high quality printing of advocacy and fundraising material for UNICEF programmes in other African countries. The value of procurement increased from US$3,295,000 in 2005 to US$5,153,500 in 2006, surpassing the US$5 million target set with the UNICEF Regional Office at the beginning of the year.