

# ANNUAL REPORT



# 2005

unicef  south africa



# CONTENT

EXECUTIVE SUMMARY	2
THE WHO, WHAT, WHERE AND WHY OF UNICEF SOUTH AFRICA	4
HEALTH AND NUTRITION	5
EDUCATION	7
CARE AND SUPPORT OF OVC	9
CHILD PROTECTION	11
SOCIAL POLICY AND LOCAL GOVERNANCE	13
COMMUNICATION	15
THE CHILDREN'S BILL	16
UNICEF'S ACTIVITIES IN SOUTH AFRICA	18
NATIONAL STATISTICS FOR SOUTH AFRICA 2005	20
ACRONYMS	21

Cover photograph © UNICEF/Giacomo Pirozzi

The photograph on the opposite page and those on pages 3 and 14 were taken in South Africa as part of the Barclays Miles Ahead project, which was conducted by Barclay's Bank to raise funds and awareness in support of the needs of children. Barclays donated a generous portion of these funds to UNICEF. A book documenting the Miles Ahead project will be produced in 2006.



## EXECUTIVE SUMMARY



MACHARIA KAMAU

©UNICEF/Athol Rheeder

The year 2005 brought significant change to the United Nations Children's Fund's (UNICEF) South African Country Office. Beginning with management, a new Representative and Senior Programme Officer came on board. This new team has brought with it a heightened determination for a more result-orientated, broad-based programming stance. With this has come a major realignment, whereby activities in individual municipalities and provinces were synchronized more effectively, with new strategies aimed at responding to President Mbeki's call and the nation's desire for better service delivery. These new strategies and resulting Programme activities are aimed at helping to unblock government resources, rapidly scaling up proven approaches, influencing government policies and driving for more rigorous monitoring and evaluation of activities.

During 2005 UNICEF remained concerned that despite significant economic growth, expansion of individual freedom and liberties and the continued consolidation of democracy in South Africa, the situation of children in South Africa, as determined by indicators and trends in infant and under-five mortality and abuse and violence against children, has actually worsened in the last five years. Furthermore, the HIV prevalence rate among pregnant women attending antenatal clinics climbed from 10% a decade ago to 29.7% in 2004. Maternal mortality remains high, with accompanying high rates of morbidity, mortality and orphaning of children. Research from the University of KwaZulu-Natal indicated that infant mortality is rising as much as threefold in districts heavily affected by

HIV and AIDS. Reports of violence against children, especially rape, remain shocking; of the 55,000 rapes reported annually in South Africa, approximately 40% are committed against children, many of these taking place in family homes or schools. Even though official enrolment rates in schools remain impressively high (above 90%), many girls report missing classes out of fear for their own safety.

These facts point to the urgent need for all concerned parties, including the Government, civil society and the private sector, to create a better and more child-friendly society for South African children. In the wake of the end of apartheid and the emergence of democracy in this country, key indicators of children's wellbeing should be improving, not deteriorating. UNICEF is passionately committed to engage in the battle to improve the situation of children and women in South Africa with whatever resources it is able to muster and with all partners.

### CHALLENGES OF 2005 AND PLANS FOR 2006

A number of achievements and challenges have been noted in the 2005 calendar year.

One of the most important achievements has been the re-invigoration of UNICEF's relationship with important government bodies, including the Office on the Rights of the Child in the Presidency, the National Treasury and the Ministry of Foreign Affairs. Work with key central ministries such as Health, Education and Social Development and others has also deepened. As a result important gains have been made in strengthening and improving structuring of programme interventions and supporting legislation and policies for children. UNICEF was involved in several consultations with Treasury and the Department of Foreign Affairs to plan a national Common Country Assessment and new United Nations Development Assistance Framework for a new Country Programme that will commence in 2007.

UNICEF also continued its practice of working with key non-governmental organizations (NGOs) that do important work in programme implementation and service delivery. A number of NGOs and academic and parastatal institutions remain central to UNICEF's success in South Africa. In 2005 for example, UNICEF, the University of the Witwatersrand, the National Health Laboratory Service and Wits Paediatric HIV Clinics in Johannesburg collaborated to scale up dry blood spot testing of infants for HIV, which has been a critical bottleneck in the provision of anti-retrovirals

to infants and children. The project has plans for significant expansion in 2006. And, through a forum of concerned paediatricians, UNICEF engaged centres of paediatric excellence nationwide in providing mobile outreach services to districts, which contributed to more than 3,000 children initiating anti-retroviral treatment between August and October.

Another success story for 2005 has been the important strides that were made in the implementation of the Thuthuzela Centres and the related comprehensive work to aggressively prosecute rapists while assisting victims to cope with and rebuild their lives. This programme has been carried out with the support of the Danish Government and implemented by the National Prosecution Authority. It has been an unqualified success and has not only been exemplary for South Africa, as plans are now afoot to expand the number of centres from 12 to 18 in 2006/7, but the model has been adopted by 13 African countries and governments as far afield as Mexico, Brazil and Thailand.

The Girls Education programme (GEM) and the Child-friendly Schools initiative (CFS) continued to make important strides in 2005. As stated earlier, while schools in South Africa remain for the most part difficult environments for learning and safety for the majority of children, for girls they are doubly so. UNICEF's support to the Government's GEM and CFS hold great promise for making schools safe havens for learning, play and growth and, particularly, empowering places for girls to counteract the deep prejudices and heavy gender biases found in the broader society.

In 2005 Government made impressive and important strides by increasing provision of social grants to over 6.5 million children while addressing the critical bottleneck of birth registration. Equally important, Parliament finally passed the Children's Bill, a piece of legislation that will be very important for children.

A great constraint that remained prevalent in 2005 was the dearth of updated baseline and progress statistics. There remains a crucial need to rigorously monitor and evaluate the impact of UNICEF's and the Government's work on children's lives. In the context of the Millennium Development Goals and the Government's own targets, the lack of proper baseline figures and established, measurable and time-bound targets for children remains a major concern. For example, there is no national target for children accessing anti-retroviral drugs, nor is there a baseline number of orphans and vulnerable children.



©Barclays Bank/Karin Colson

In 2006, UNICEF is committed to play its role in helping address these issues through a comprehensive, long-term, joint capacity-building strategy. A major challenge will involve the continued effort to enhance relationships with government structures to support the national and provincial planning process for children. To do this UNICEF will seek to build up its technical and operational capacity so that it is commensurate with the need for support. Second, UNICEF will engage government structures to design a programme for 2007–2011 that strives to fill the capacity gaps in programmes, while adding value to government and community efforts in policy, legislation and service delivery action for children.

As UNICEF embarks on the final year of its current Country Programme of Cooperation (2002–2006), expectations are high that 2006 will set the stage for even greater success in the new Programme cycle. Great and realizable opportunity exists to save the lives of hundreds of thousands of children in South Africa who die of preventable causes, to improve the quality of education that children receive, and to halt the abuse that kills, traumatizes and irreparably scars children. We aim to forge alliances with many partners who care about the future of South Africa's children. We challenge you to join us, the Government, civil society organizations, communities, and children themselves in this struggle for a South Africa that is truly fit for children.

**MACHARIA KAMAU**  
UNICEF SOUTH AFRICA  
COUNTRY REPRESENTATIVE



## THE WHO, WHAT, WHERE AND WHY OF UNICEF SA

We, at UNICEF South Africa, are often asked exactly what it is that we do. In answer, we usually find it necessary to use technical language, acronyms and UN-speak to explain our role. As this is a report targeted at all audiences I will explain, with minimal technical jargon, what our role is.

Our role in South Africa is to make a contribution, using our global and historic experience and expertise, in the service of the Government and the children of South Africa.

UNICEF is in South Africa at the invitation of the Government of South Africa, and at its request, operates primarily in Limpopo, Eastern Cape and KwaZulu-Natal, the most needy provinces.

UNICEF's mission is centred on the Convention on the Rights of the Child, a set of standards and obligations which have been enshrined in international law and acceded to by the South African Government. It spells out the basic human rights that children have: to survival, to develop to the fullest, to protection from harmful influences, abuse and exploitation and to participate fully in family, cultural and social life. It sets standards in health care, education and social services.

With the guidelines of the Convention firmly in mind, we aim to form a partnership with the Government of South Africa, as well as with NGOs, businesses, communities and donors (be they individuals, organizations, UNICEF National Committees, or governments of the advantaged countries of the world). UNICEF taps into its network of country offices worldwide, including our headquarters and our regional offices, and brings the experience and expertise resident there to bear on the problems of children in South Africa. UNICEF also works closely with sister United Nations agencies that support the work of children, as well as other international organizations.

Together, we and our partners work to analyse the situation of children in the country and come up with innovative solutions, including policies and programmes, to address whatever major problems we may find confronting children in the country.

To do the analysis we have to start with reliable statistics. These are not always available, and this is an area in which UNICEF can assist, either by helping conduct research or providing partners with assistance to do so themselves. This support can take the form of finance, expertise, or both. Typically, where finance is needed, we will approach our donors. Where expertise is needed, we may provide it through the assistance

of our own staff, or by the employment of a specialist consultant.

With reliable information at hand, we then plan a strategy to deal with the problem. We may propose strategies, or we may take on board an existing model that we determine has potential for wider application. For instance, we may be approached about a promising NGO or government department project or initiative that has strategies contained in it that we think may help address the problem at hand. We would present such a project to the Government, and having received Government buy-in on the benefits of applying it countrywide, we may plan to set it up in two or three different centres or simply take it to national scale, should that be doable. UNICEF would seek funds to support the initiative and, if necessary, provide expertise, either in training or technical advice. One thing UNICEF never does is run such projects itself. UNICEF always seeks to enable its partners to take the ball and run with it. This is why we always talk of 'support'.

Our aim is to help, not take over.

The ideal situation is that the projects we support have great positive impact on the lives of children and prove so useful that they are adopted nationally, hopefully receiving the necessary ongoing funding and support from government and society in general. In other words, they should be 'sustainable'.

Before agreeing with the Government that the project is sustainable, useful or effective, however, often UNICEF would need to play another of its key roles, that of monitoring and evaluation. This is done by constantly checking on the status of the project against a set of indices that have been agreed on at the planning stage, and by conducting a final evaluation at the end of the project.

But perhaps the most important role that UNICEF plays is that of raising awareness of the needs of South Africa's children and advocating for a response that is commensurate to that need.

For it is only by constantly bringing the message of need and neglect home to each of the citizens of the world that we will eventually, hopefully, work ourselves out of our jobs, by attaining our ultimate goal, which is expressed in the UNICEF mantra, 'a world fit for children'.

**JULIANNA LINDSEY**  
SENIOR PROGRAMME OFFICER

## HEALTH AND NUTRITION

### THE STATUS OF CHILDREN'S HEALTH & NUTRITION IN SOUTH AFRICA

The twin scourges of poverty and HIV have profound consequences for the physical well-being of South Africa's children. Approximately 75% of children were living below the poverty line of R490 (about \$80) per capita per month as calculated in 2002. Indications are that 40% of all under-5 deaths are HIV-related and that 66% of all under-5 deaths occurred within the first year of life. More than two thirds of the children who died were underweight for their age and just under half of these were severely malnourished. Indications are that early transmission rates are between 8 and 19%. Overall national immunization coverage has increased from 78% in 2004 to 83% in 2005. Vitamin A supplementation reached approximately 50% of children in 2005. Malnutrition remains the underlying cause of many childhood diseases and continues to be exacerbated by the AIDS epidemic.

### MAIN FOCUS OF UNICEF'S WORK

The Health and Nutrition Programme supports delivery of quality basic health services. 2005 objectives included supporting the implementation of Community-based Integrated Management of Childhood Illness (C-IMCI) in the Eastern Cape, Limpopo and KwaZulu-Natal. The Programme also enhanced its focus on the acceleration and intensification of paediatric HIV care and treatment and prevention of mother-to-child transmission (PMTCT).

### ACHIEVEMENTS AND ACTIVITIES IN 2005

- The Department of Health and UNICEF drafted the Comprehensive Policy and Guidelines on Infant and Young Child Feeding, to be used to strengthen the capacity of health and community workers with special emphasis on children infected with HIV.
- South Africa now has 178 baby-friendly health facilities (37% of the total health facilities in the country). 38 new facilities were declared baby-friendly in 2005.
- 1545 environment health practitioners have been trained to ensure food fortification compliance by millers, a communication strategy was developed on micronutrient deficiency and technical assistance was provided for drafting amendments to the South African food fortification regulations.
- A national baseline survey was conducted on nutrition, including biomarkers for the micronutrient status of children aged one to nine, and women.
- 224 health and community workers were trained to



©UNICEF/Giacomo Pirozzi

practise growth monitoring and promotion as well as identify and refer vulnerable cases. Health workers in all the 52 hospitals in KwaZulu-Natal were trained to treat severe malnutrition.

- UNICEF successfully promoted collaboration between different units of the Department of Health on common objectives such as child health, paediatric HIV and the Reach Every District (RED) strategy for the Expanded Programme on Immunization. IMCI is now a common strategy at national, provincial and district level, while C-IMCI has been implemented in 49 out of 53 health districts.
- UNICEF is working with the University of the Witwatersrand HIV Paediatric Unit and the National Health Laboratory Services to increase rates of early diagnosis of HIV in infants.
- Through a forum of concerned paediatricians, UNICEF engaged centres of paediatric excellence in providing mobile outreach services to districts. As a result of this and other initiatives by the Government and private health services, an additional 3,000 children received anti-retroviral therapy (ART) between August and October. Financial support was provided to engage a paediatrician at the national Department of Health to facilitate training of doctors on IMCI and HIV and paediatric ART. Training materials were adapted and IMCI was integrated into the curriculum for nurses and doctors.
- 80 health workers in the Eastern Cape are now able



to implement C-IMCI; 60 more doctors are able to manage cases and classify children according to IMCI guidelines. About 80 community health committees in Limpopo are implementing C-IMCI.

- Provincial and municipal health authorities in two locations in the Eastern Cape now have concrete information on the Key Family Practices in their areas as a result of completed baseline surveys.
- With assistance from UNICEF the Department of Social Development is currently developing a training package on caring for children 0–5 years which supports the C-IMCI Key Family Practices.

**MAJOR PLANS FOR 2006**

In 2006 the Programme will aim at strengthening the focus on two major causes of child mortality: HIV and neonatal mortality. The main activities envisaged for 2006 are:

- Double the number of children receiving anti-retroviral therapy from 8,500 to 17,000.
- Increase the proportion of women receiving anti-retroviral drugs through PMTCT+. Track children diagnosed through the PMTCT programme to ensure they receive adequate treatment, care and support. With the Department of Health, conduct a national PMTCT evaluation.
- Increase the number of infants tested for HIV from 30,000 to at least 120,000.
- Develop and pre-test new Baby-Friendly Hospital Initiative (BFHI) assessment criteria and a training manual in the context of HIV. Develop models for com-

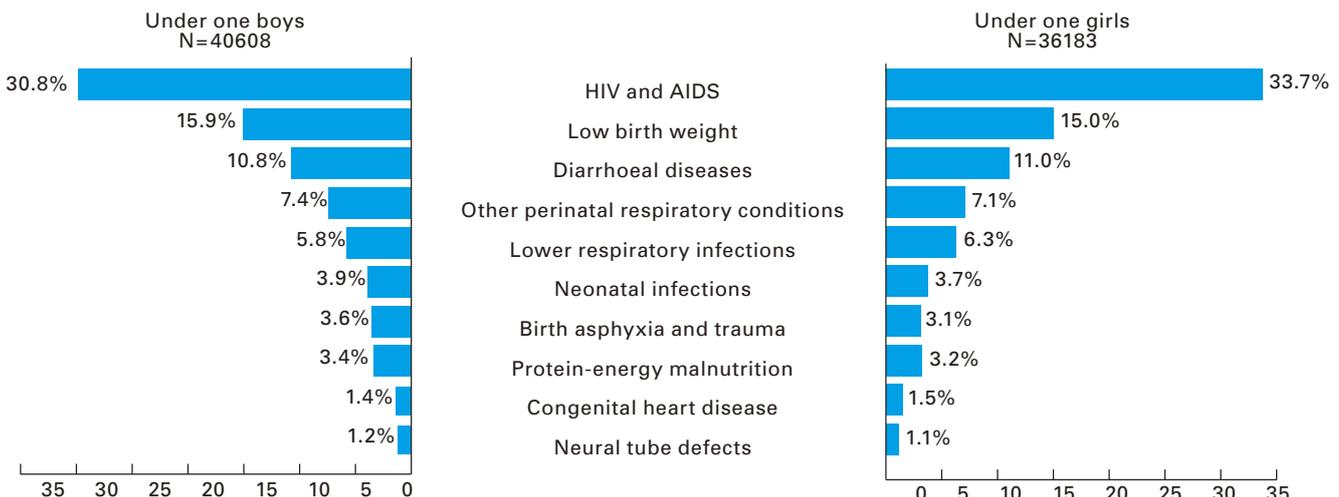
munity-based baby-friendly and safe infant feeding initiatives.

- Organize community-based communication campaigns to reduce mixed feeding. Develop training modules and a monitoring framework for the infant and young child feeding regulations.
- Facilitate community-based growth monitoring in two additional provinces.
- Conduct a school health assessment to identify vulnerability based on growth monitoring.
- Increase the percentage of small millers fortifying wheat and/or maize meal in compliance with regulations to 75%.

**FUNDING 2005 (US\$)**

DONOR	2005 TOTAL BUDGET
UNICEF Regular Resources	658,101.86
Danish Government	299,999.48
UK National Committee	76,291.19
US Fund for UNICEF	345,370.43
UNICEF Thematic Funds for HIV and AIDS	576,113.95
GAIN	900,346.42
USAID	133,501.00
UNFIP	6,999.26
South Africa	7,606.66
French Government	10,000.00
Netherlands Government	252,063.47
CDC	136,550.52
<b>TOTAL</b>	<b>3,402,944.24</b>

**Leading causes of death among infants under 1 year of age, South Africa 2000**



## EDUCATION

### THE STATUS OF CHILDREN'S EDUCATION IN SOUTH AFRICA

The primary net enrolment ratio for children aged 7 to 13 has increased from 88% in 1996 (Census, 1996) to 96% in 2004 and, as reported in 2001, the overall primary/secondary gender parity index was 1.0. Nevertheless, reports estimate that there are still over a million children out of school. In addition, the HIV and AIDS pandemic is having a progressively negative impact on retention and attendance rates of both teachers and learners. A great concern is the degree to which schools that are unsafe negatively affect the quality of learning. Despite the existence of policies in relation to rights of access, safety and gender equality, carrying them out remains a critical problem.

Children aged birth to 4 years represent 9.9% of the country's total population according to the latest census data (2001). The Government of South Africa developed a national Integrated Plan on Early Childhood Development (Tshwaragano ka Bana) in 2004 as part of its programme of action to ensure a collaborative and inter-sectoral response to the needs of young children. A nationwide audit on Early Childhood Development (ECD) sites in 2000 indicates that only about 16% of children from birth to 5 have access to formal ECD.

### MAIN FOCUS OF UNICEF'S WORK

In addition to ECD support being offered at community level, focus is applied to strengthening the policy environment and coordination mechanisms for ECD at national and provincial level. This includes creating a supportive and responsive environment that encourages the psychosocial development of babies and young children.

Support is given to older children to promote equitable access of girls to quality basic education, enhance partnerships for gender equity and gender equality, improve girls' attendance and performance and improve the learning environment. The aim is to reduce gender-based violence and promote a rights-based approach to education through the Child-friendly Schools initiative, that embraces gender equality, health in schools, nutrition, and quality education. Youth leadership development and HIV and AIDS prevention are given particular attention.

### ACHIEVEMENTS AND ACTIVITIES IN 2005

Specifically, achievements included:

- Following the development of the national Integrated Plan on ECD mentioned above, the Government, with

the support of UNICEF, developed an operational plan for implementing the policy. UNICEF also provided technical guidance towards the finalization of the national guidelines on ECD and supported a training manual on the guidelines.

- The Government pledged to create 15,300 ECD learnerships by 2010 through its Expanded Public Works Programme. UNICEF gave technical advice on the development of a paper prepared by the Employment and Economic Policy Research unit of the Human Sciences Research Council (HSRC) that contributes to the operationalisation of the Expanded Public Works Programme for ECD.
- UNICEF supported the Government of South Africa's national delegation to the 3rd African International Conference on ECD in Ghana. We also provided support in organising the 10th International Toy Library Conference. Our ECD officer presented a paper at the first National Inter-sectoral Conference on Early Childhood Development held in South Africa.
- The Child-friendly Schools model has been implemented in over 200 schools with direct UNICEF support. Girls Education Movement (GEM) clubs are being established in all schools that are implementing the model. The national Department of Education has embraced the GEM concept, and has already scaled it up to all nine provinces. In 2005, the Eastern Cape, with UNICEF support, began scaling up GEM clubs in every school in the province. With our assistance, 137 schools were trained on establishing and maintaining GEM clubs.
- Capacity development on youth leadership continued for youth, educators, school governing bodies, traditional leaders and community members. 138 young people were trained in Limpopo and Eastern Cape on leadership development, in preparation for developing youth development strategies for local municipalities. In the Eastern Cape, 166 delegates, comprising youth and other stakeholders from local municipalities in Buffalo City, Mhlonthlo and Umzimvubu, participated in youth development strategy workshops, resulting in three youth development strategies.
- The 'fatherhood' project was supported as an important step towards enhancing men's involvement in the care and protection of children and the reduction of gender-based violence.
- 80 educators in Eastern Cape and KwaZulu-Natal received training on creative facilitation and participation for lifeskills education. These educators will be master trainers, able to share the practices within their schools



and communities. 188 school governing body and community members also received training on lifeskills and HIV and AIDS prevention.

**MAJOR PLANS FOR 2006**

Key activities planned for 2006 are:

- The development and finalisation of a national primary caregiver training programme for babies and young children with a particular focus on orphaned and vulnerable children (OVC).
- The development of models of care for children under the age of five and their caregivers, within the context of the national Integrated Plan for Early Childhood Development. This will promote an integrated approach and response towards psychosocial support and care for these children and caregivers.
- Capacity development of ECD centres as nodes of care and support for OVC and their caregivers who are affected by poverty and HIV and AIDS.
- Scaling up of the private-public partnership for GEM. In Limpopo, 17 companies and tertiary academic institutions have pledged their support.
- Support scaling up of the Child-friendly Schools as Nodes of Care and Support model, especially in KwaZulu-Natal, Eastern Cape and Limpopo.
- Strengthening the implementation and evaluation of lifeskills programmes for adolescents, on a national and provincial level. Specific focus will be placed on providing technical support to improve the quality and impact of lifeskills education. Youth leadership development, through the inclusion of youth development strategies in local plans of action (LPAs) will remain crucial to prevent HIV and AIDS, and to ensure that young people participate meaningfully in community development.
- Conducting an impact assessment of the GEM programme.

**FUNDING 2005 (US\$)**

DONOR	2005 TOTAL BUDGET
UNICEF Regular Resources	9,207.15
Danish Government	437,362.63
UNFIP	218,553.83
UNICEF Thematic Funds for Girls' Education	881,821.00
German National Committee	218,495.56
US Fund for UNICEF	113,357.00
<b>TOTAL</b>	<b>1,878,797.17</b>

**'GEM AND BREAD' HELP NOURISH COMMUNITIES**

Ga Thoka in Limpopo Province is a grey and dusty village. Here there is no electricity, basic services such as water and sanitation are inaccessible and health facilities are nearly non-existent.

But the youth are determined to change this despite the privation and hardship they face. Through the Girls' Education Movement (GEM), girls and boys are working together to address the plight of orphaned and vulnerable children (OVC) and also deal with environment issues.

Bethuel Mothapo (15) is an example of this new generation. "Girls and boys need to find solutions together," he says at a workshop at Klass Mothapo High School. "It's through the GEM that we are able for the first time to listen properly to what girls think and feel about us."

Through the use of drama, music and sporting events, and in partnership with UNICEF and local radio stations, the group broadcasts messages about gender and HIV prevention. The youths are now confident to tackle issues like AIDS and sexual violence, previously considered taboo.

"We are always talking about rights this and rights that, but I would like to know how knowledge about my rights will help me when I am in a rape situation, when, as a girl, I do not have power," asks Refilwe Malatji (17) during a workshop at a local high school.

"We don't want you to be raped, so we must learn how to prevent rape," replies Millet Nkonyane, a veteran GEM facilitator, aged 17. "Remember that your rights are protected by law. Making you aware of your rights can help reduce violent crimes."

According to Albina Kekana, involving boys from the very beginning is a key strategy to help deal with the problem of teenage pregnancy and early marriage. Says Kekana: "When we first began, boys just would not talk." She is a member of The South African Girl Child Alliance, an NGO that works with the provincial Department of Education to monitor, train and support the development of the GEM.

"The young people have made remarkable progress among parent and community elders, even convincing headmasters and a local priest to publicly embrace the initiative," she adds.

## CARE & SUPPORT OF OVC

### STATUS OF SOUTH AFRICA'S ORPHANED AND VULNERABLE CHILDREN

A wide range of studies produce various conclusions regarding the number of orphans in South Africa, but the figures generally range from 2 to 3 million. In 2003, it was estimated that there were 1.1 million orphans due to AIDS, representing 48% of the total number of orphans in South Africa. In 2005 a national survey on HIV and AIDS, commissioned by the Nelson Mandela Foundation and implemented by the HSRC, found that among the surveyed children aged 2 to 14, 13.3% had lost one or both of their parents; while among children aged 12 to 18, 2.6% identified themselves as heads of households. Consequently, there are an estimated 2.5 million orphans in the country. Projections generally agree that by 2015 a total of approximately 5 million children may lose one or both of their parents. According to the Department of Social Development, about 40,000 child-headed households, including 85,000 children, are receiving home- and community-based care, but thousands more remain unidentified, without access to care.

### MAIN FOCUS OF UNICEF'S WORK

The Orphaned and Vulnerable Children Programme aims to ensure that orphans and other children made vulnerable by poverty and HIV and AIDS have access to care, protection and support and receive coordinated and integrated services. The OVC work plan actively contributes to the National Action Plan for Children Affected by HIV and AIDS.



©UNICEF/Giacomo Pirozzi

### ACHIEVEMENTS AND ACTIVITIES IN 2005

Positive steps were taken towards strengthening coordination and monitoring systems for OVC in the country. Training manuals developed for community workers will be the basis for scaling up community-level initiatives to increase access of OVC to basic social services. Specific achievements included the following:

- Support was provided to develop a National Plan of Action for OVC for 2006–2008.
- UNICEF was recognised as a valued member of

### Number and proportion of children aged 0–14 yrs receiving the Child Support Grant (CSG) in SA in June 2005

PROVINCE	CHILD POPULATION	CHILDREN ELIGIBLE FOR THE CSG	CHILDREN RECEIVING THE CSG	UPTAKE RATE
	NUMBER	NUMBER	%	NUMBER
Eastern Cape	2,205,694	1,616,774	73	1,078,442
Free State	725,750	511,654	71	361,318
Gauteng	2,137,682	1,006,848	47	723,432
KwaZulu-Natal	2,905,733	2,057,259	71	1,338,045
Limpopo	1,890,829	1,353,834	72	990,194
Mpumalanga	999,662	681,769	68	489,663
Northern Cape	240,585	156,621	65	101,728
North West	1,131,625	804,585	71	465,242
Western Cape	1,227,683	605,248	49	365,655
South Africa	13,465,243	8,792,8042	65	5,913,719

SOURCE: Department of Social Development (2005) SOCPEN database. Pretoria: Department of Social Development. Eligibility analysis by Debbie Budlender, Centre for Actuarial Research, UCT, published in *Children's Gauge 2005*, the Children's Institute, University of Cape Town.



the steering committee of the National Coordinating Committee for Children Affected by HIV and AIDS (NACCA).

- A plan was formulated with European Parliamentarians for Africa for the scaling up of parliamentary efforts to assist children affected by HIV and AIDS.
- Support was given for developing a database on OVC by initiating two research projects.
- Training manuals were developed for village workers to create safety nets and child care forums for OVC. Besides giving basic information concerning issues surrounding OVC, the manuals will improve community workers' ability to link OVC with social services.
- ECD sites were piloted as nodes of care and support for village workers supporting OVC in Nkandla. This involved training family facilitators and ECD practitioners.

**MAJOR PLANS FOR 2006**

Key activities for 2006 include:

- Continued support to NACCA in the implementation of the National Action Plan, by facilitating the translation of strategies into annual work plans at provincial and district levels.
- Complete the establishment of an OVC database through research on data sources and a mapping study.
- Complete a pilot study of ECD sites as nodes of care and support for OVC in Nkandla, with the view of scaling this up with Government and NGO partners.
- Contribute to scaling up child care forums and safety networks through assisting district Departments of Social Development to identify nodes of support (NGOs, clinics, schools, ECD sites, multi-purpose centres) from which volunteers can be trained, coordinated and guided to roll out the forums to all areas.
- Develop and finalize a national primary caregiver training programme to improve care for babies and young children, with a particular focus on OVC.

**FUNDING 2005 (US\$)**

DONOR	2005 TOTAL BUDGET
French Government	203,327.33
US Fund for UNICEF	319,042.19
French Committee	47,447.36
Danish Government	200,000.00
Swiss National Committee	146,511.38
UNICEF Regular Resources	4,345.00
UNICEF Thematic Funds for HIV and AIDS	161,359.52
<b>TOTAL</b>	<b>1,082,032.78</b>

**LOVE AND GOODWILL IN DIEPSLOOT**

Wendy Ndebele (9), lives in Diepsloot Extension 2 with her grandmother, Juliet Skhosana, who lost three of her daughters to AIDS, one of whom was Roselyn Retsang Ndebele. Roselyn died in 1999, leaving Wendy and three other children. Wendy, the youngest, was born with the virus.

Since she was diagnosed, Wendy was constantly sick, and at one point her condition deteriorated so badly that she stopped going to school. Because of the virus she contracted tuberculosis, but her life improved dramatically after she started to take anti-retroviral drugs (ARVs) in July last year.

"I am now feeling much stronger and am able to play with my friends. Before the ARVs, I used to get sick so easily. I could not do anything," says Wendy, smiling shyly. She looks good physically and has recovered her appetite, tucking in with gusto to her favourite foods, which include apples, bananas, yoghurt, chicken and rice. Community health workers are optimistic that if she continues to receive ARVs, she could live to her early twenties, or hopefully even longer.

But living in a shack in an impoverished environment exposes Wendy to opportunistic ailments such as pneumonia, especially during rainy or cold spells. Her grandmother used to work as a driver but had to stop due to a car accident. She does not receive a government grant, as she is not yet 60.

The love and spirit of goodwill she gets from both the family and her school is what sustains Wendy. "Last year her school bought her a Christmas dress and every now and then they make donations," says Granny Skhosana.

Wendy's medication comprises a cocktail of tablets and multivitamin syrup, which she takes three times a day at strictly prescribed times. Her grandmother supervises the intake and when she is not around, other members of the family help out.

Hope Worldwide South Africa helps Granny Skhosana to cope with the challenges of raising orphaned children alone. An OVC coordinator, Margaret Xaba, visits the family and provides counselling. UNICEF, through its partnership with community-based organizations like the National Association of Child Care Workers and their network of caregivers, also provides care and support to OVC like Wendy and the many other children in her situation.

## CHILD PROTECTION

### THE STATUS OF CHILD PROTECTION IN SOUTH AFRICA

Violence against children and sexual exploitation of children remain major dangers to young people in South Africa. According to the South African Police Services Annual Report, 40% (22,486) of reported rapes were against children during the 2004/2005 financial year. Indecent assault on children accounted for 47.7% (4,829) of all assaults. An estimated 31,607 children were victims of common assaults, and 21,189 were victims of assault to commit grievous bodily harm. In 2004 it was estimated that 38,000 children were involved in the sex industry.

### MAIN FOCUS OF UNICEF'S WORK

The main strategic goal of the Child Protection Programme is to contribute to the realization of children's rights through a protective environment framework. In 2005, UNICEF focused on integrating protection programmes into municipal Local Plans of Action (LPAs) and supporting the UN Secretary General's Study on Violence Against Children. Strong focus is placed on reducing the incidence of sexual violence against women and children and thereby reducing the rate of new HIV infections among youths.

### ACHIEVEMENTS AND ACTIVITIES IN 2005

Specifically, results achieved were:

- The integration of child protection programmes into the LPAs was successfully achieved in two local municipalities. This substantially raised awareness in the communities on child protection issues.
- New efforts were made to initiate projects for developing legislation on the trafficking of children, piloting a child protection model that integrates OVC and birth registration and developing a programme involving men in strategies to prevent violence against women and children.
- In July 2005, South Africa hosted the largest regional preparatory consultation on violence based on the UN Secretary General's Global Study on Violence against Children. Twenty-three eastern and southern African countries participated. They discussed critical issues affecting children, women and their families including poverty, violence, HIV and AIDS, trafficking, and meaningful participation of young people in issues that affect their lives.
- In 2005, two new Thuthuzela Care Centres were established in the province of KwaZulu-Natal. The aim of these centres is to provide sexually abused children and



©UNICEF/Mandla Zulu

UNICEF Goodwill Ambassador, Pau Gasol, gives help where it's needed most.

women with better, integrated and humane treatment, by reducing secondary victimization and improving rates of conviction. The centres seek to lessen the trauma of sexual violence. Counselling, testing and treatment are provided within six to 72 hours of exposure, and compliance with ART is monitored.

- 189 prosecutors have received specialized training on how to prosecute child sexual offenders. This brings the total of prosecutors trained in all nine provinces to 400, a figure that has been achieved within a period of two and a half years.
- 800 police officers have been trained to prevent secondary victimization of survivors of sexual violence.
- 60 traditional leaders were trained to develop and



implement strategies to prevent and respond to sexual abuse.

- 1,800 multi-disciplinary workers in KwaZulu-Natal have been trained in prevention, response and support. The participants included health workers, medical doctors, social workers, prosecutors, magistrates, police officials, teachers, and community volunteers.
- 75 social workers in Limpopo have been trained in local municipalities in Limpopo on trauma counselling, psychosocial support, medical examination and referral. In addition, 26 volunteers have received training to provide telephonic counselling services.

**MAJOR PLANS FOR 2006**

Activities in 2006 will focus on:

- Drafting a legal discussion paper on trafficking legislation and subsequent consultations in preparation for drafting a bill.
- Conducting a study on violence against children under the age of 12 years. Information from the study will be used for further policy and programme development.
- Conducting a situation analysis of children living in the streets, children deprived of their liberties, children in residential care and trafficking of children.
- Developing community-based systems for reporting and monitoring child protection abuses.
- Rolling out child protection models in three local municipalities, including a focus on 'Men as Partners' in reducing sexual violence.
- Training 3,000 health workers, social workers and police on prevention and management of child abuse, as well as on implementation of statutory protocols for management of abuse.
- Efforts will continue to scale up services through the Thuthuzela Care Centres. The Macro and Mini Thuthuzela Strategic framework will be further developed and implemented. Best practices will be documented and disseminated after a formal evaluation is carried out.

**FUNDING 2005 (US\$)**

DONOR	2005 TOTAL BUDGET
UNICEF Regular Resources	126,100.00
Danish Government	1,062,163.50
US Fund for UNICEF	1,508.00
UNICEF Thematic Funds for HIV and AIDS	13,214.93
<b>TOTAL</b>	<b>1,202,986.43</b>

**THUTHUZELA: CARE AND COMFORT AFTER SEXUAL VIOLENCE**

Jabu\* a pretty 15-year-old girl, walked into the Thuthuzela Care Centre at Prince Mshiyeni Hospital in Umlazi, just outside Durban in KwaZulu-Natal Province. Hers is a tale of trauma, despair and survival, a story shared by many young girls who have never experienced the innocent bliss of a normal childhood.

Jabu was abandoned in the veld by her parents when she was only three. She was rescued by community members and reunited with relatives, who pressured her into looking after their children. A social worker took her to a place of safety, but she did not stay there long; and she subsequently found herself being shunted between a foster home, a place of safety and the home of an alcoholic grandmother, where a neighbour repeatedly raped her.

A doctor who runs Thuthuzela Care Centre says seventy per cent of sexual abuse cases are incest-related. She says children either check in on their own, or neighbours and family members bring them in. The centre offers a haven of care and counselling in a non-threatening environment, a desperately necessary service for such children.

South Africa has given top priority to prevention, reaction and support for women and children who are victims of sexual violence as part of an anti-rape strategy. The new Sexual Offences Bill, expected to come into force in 2006, is set to strengthen current efforts and most of the provisions of the bill are already being implemented.

UNICEF works closely with the National Prosecuting Authority's Sexual Offences Unit and other players to turn rape victims into survivors. It also provides services to victims through training and information material to service providers, households and children on how to access services. Twelve Thuthuzela Care Centres are now in place around the country and there are plans to create another six by the end of 2006. The Royal Danish Government will provide funding.

Now aged 17, Jabu lives with foster parents in the township and attends dancing and singing classes. The trauma of the rape experience lingers, but she is determined to reclaim her rights by bringing her abuser to court. Thuthuzela will help her as she waits for the lengthy legal process to unfold.

\* not her real name

## SOCIAL POLICY AND LOCAL GOVERNANCE

### THE STATUS OF SERVICES FOR CHILDREN IN SOUTH AFRICA

Approximately 75% of children were living below the poverty line in 2002 (Institute for Democracy in SA).

According to the South African Child Gauge, 2005, 43% (7.7 million) of South African children have to deal with unsafe or distant water sources and just under half do not have access to adequate toilet facilities. In 2004, 24% of children lived in households that had no electricity. Almost 2 million children live in backyard dwellings or shacks in informal settlements and over 4.5 million live in overcrowded households. Children living in crowded households are at risk of sexual abuse, especially where boys and girls have to share beds, or children have to sleep with adults.

These are just some of the issues related to the responsibility of the Government to meet the needs of its children. The Government recognises the need but is struggling to deal with an enormous backlog in service delivery.

### MAIN FOCUS OF UNICEF'S WORK

The Social Policy and Local Governance (SPLG) for Child Rights Programme aims to contribute to the realisation of children's rights through effective legislation and policy frameworks, monitoring children's budgets and improving service delivery in municipalities.

### ACHIEVEMENTS AND ACTIVITIES IN 2005

Specific achievements are as follows:

- UNICEF provided technical support to finalizing the Children's Bill (see page 16 for details). Government has agreed to prepare a national policy framework for the Bill, which will include a database of existing policies and legislation for children, and those in development. This will help in monitoring implementation and in identifying gaps in legislation and existing policies.
- Technical support was provided to the Department of Social Development for finalizing the National Child Abuse Strategy.
- Provincial Plan of Action (PPA) steering committees made progress toward changing their role to one that effectively monitors service delivery to children.
- Support has been provided to two local municipalities for the development and implementation of LPAs. In both municipalities the LPA for children has led to child-focused Integrated Development Plans.
- Agreement has been reached with all three focus provinces to roll out the LPAs to ten additional municipalities by the end of 2006.

- Based on the on-line birth registration model, the Department of Home Affairs has automated 83 public health registration facilities, plus most of the 33 regional offices, 105 district offices, 81 permanent service points, and 10 mobile units.
- Baseline surveys on birth registration and children's rights to an identity and protection were conducted in KwaZulu-Natal.
- Birth registration was integrated into the LPA framework in Nkandla, and partnerships between the municipality and the Department of Home Affairs and other strategic stakeholders were strengthened.
- A conceptual framework was developed with Statistics SA for strengthening monitoring systems for birth registration by reviewing all birth registers.

### MAJOR PLANS FOR 2006

Key activity areas for 2006 include:

- Provide continued technical support to the Department of Social Development on its processes related to the Children's Bill.
- Advocate with the Government to extend the child support grant (CSG) to include children aged 15 to 18, as this would cater for many of the child-headed households. Discussions have been held with the newly created Social Security Agency about assisting with research studies aimed at streamlining the CSG.
- Complete the review process related to PPAs and LPAs, which will include the development of a monitoring and evaluation framework to determine whether and how PPAs and LPAs assist municipalities and other government structures to improve the delivery of services to children.
- UNICEF will support the documentation of birth registration models at all service delivery levels, and the evaluation of the status of birth registration monitoring systems.

### FUNDING 2005 (US\$)

DONOR	2005 TOTAL BUDGET
UNICEF Regular Resources	254,963.54
Danish Government	130,000.00
Netherlands Government	5,576.15
US Fund for UNICEF	299,758.06
French Government	4,230.73
GAIN	20,007.70
Swiss National Committee	51,709.90
<b>TOTAL</b>	<b>766,246.08</b>



**NKANDLA: CREATING A MUNICIPALITY FIT FOR CHILDREN**

UNICEF’s model for Local Plan of Action (LPA) development, Municipalities Fit for Children, has been applied successfully in the Nkandla municipality in northern KwaZulu-Natal. Working closely with managers and community leaders and involving children as partners, the project aimed to turn the situation around in Nkandla over a three-year period to serve the municipality’s children better. Using the Human Rights Based Approach to Programming, the community successfully developed and is now implementing an LPA that prioritizes the needs of children. Under the plan, a budget was established to support sustainable development of children in health, education and protection, and the LPA has been incorporated into the municipality’s overall Integrated Development Plan (IDP).

The child-focused IDP has made a difference in the lives of Nkandla’s people. Councillors say they are now motivated to think of building and improving infrastructure to protect children, like lighting dimly lit streets, trimming overgrown bushy pathways and installing standpipes closer to communities to reduce the long, often unsafe walk children make to school and other facilities. Both the Government and NGOs are taking a closer look at Nkandla’s LPA. Provincial and national programmes of action for children have requested UNICEF to replicate its model in the Eastern Cape and Limpopo.

“I am jumping. I am running,” chanted the two- and three-year-olds at the Phokathwayo Creche in Siqhamuka village as volunteer teacher Ms Ntsiki tried to make an English lesson fun for her class of very young Zulu-speaking children. With ECD and child protection as entry points for OVC development action in Nkandla, volunteers, guided by UNICEF partner Training Resources in Early Childhood Development (TREE) and the local community have built a schoolhouse for the 30 pre-schoolers, moving them out of a leaky wooden shack across the street. The Ekhukhanyeni Tribal Authority is also working with UNICEF and TREE to build and establish new ECD sites as nodes of care and support for OVC, while training more community and family practitioners for the area in 2006.

There is much work to be done to refine the model of Municipalities Fit for Children in 2006, but Nkandla’s experience shows the great potential of this approach.

**The number and proportion of children living in income poverty in SA in 2004**

PROVINCE	POOR HOUSEHOLD		NON-POOR HOUSEHOLD		TOTAL
	Number	%	Number	%	
Eastern Cape	2,533,770	79	682,077	21	3,215,847
Free State	721,868	68	341,974	32	1,063,842
Gauteng	1,170,640	44	1,471,096	56	2,641,736
KwaZulu-Natal	2,623,460	69	1,168,915	31	3,792,375
Limpopo	2,118,486	81	497,120	19	2,615,606
Mpumalanga	910,901	70	396,964	30	1,307,865
Northern Cape	212,735	63	124,457	37	337,192
North West	1,071,098	72	417,548	28	1,488,646
Western Cape	542,192	35	1,016,516	65	1,558,708
South Africa	11,905,150	66	6,116,667	34	18,021,817

Source: Statistics South Africa (2005) *General Household Survey 2004*, analysed by Debbie Budlender, Centre for Actuarial Research, UCT, published in *Children’s Gauge 2005*, the Children’s Institute, University of Cape Town.



## COMMUNICATION

The Communication Programme adopts a two-pronged strategy. External Relations and Advocacy focuses on increasing funding and visibility for the Country Programme and Programme Communication implements communication strategies to support the achievement of priorities for children, with a focus on increasing children's and community participation in claiming their rights.

### EXTERNAL RELATIONS AND ADVOCACY

In 2005, intense efforts were undertaken to build and strengthen partnerships at higher levels of government and forge new ones with members of civil society and the private sector. Activities included:

- A round of field visits with Government and key development partners, including children, to advocate for support for Municipalities Fit for Children.
- A partnership known as 'Techno-Girls' was forged between the Offices of the Premiers of Limpopo and Eastern Cape, UNICEF and top companies in the two provinces. The aim is to provide opportunities for girls for careers in science and technology. The companies provide apprenticeships and training for girls from the GEM clubs in the two provinces.
- New partnerships have been developed with the Ministry of Sport and Recreation and the SA Football Association with a view to strengthening advocacy for children around the 2010 Soccer World Cup.
- UNICEF hosted a steady stream of journalists and visitors, including 11 National Committees and donor-related groups and six UNICEF Goodwill Ambassadors to promote activities and enhance fund-raising.
- Other activities centred on children's participation during the Regional Preparatory Consultation on Violence against Children and the International Children's Day of Broadcasting and the launch and maintenance of the Country Office's website.

### PROGRAMME COMMUNICATION

- Working closely with the Nutrition Officer and the Nutrition Directorate of the Department of Health, the national food fortification communication strategy was finalized and implemented, which included working with partners and the community to develop indicators and monitoring mechanisms.
- A Memorandum of Understanding between the South African Broadcasting Corporation (SABC) and UNICEF was signed to strengthen the partnership and create and implement joint programming for children. R2.5



UNICEF Goodwill Ambassador Jan Ulrich visiting vulnerable children in the Western Cape.

million was raised by the SABC for a series of documentaries to be produced by girls on surviving violence and abuse. The programmes are expected to reach an audience of over two million in 2006.

- Two communication strategies were developed, one on the girl child and the other on UNICEF's response to HIV and AIDS. A concept paper was produced on adapting the 'Unite for Children, Unite against AIDS' campaign, from a South African perspective.
- Recommendations of the national working group on media for young children (ECD) were implemented, resulting in the publication of books for children dealing with sickness and death in the family and two videos on the importance of fathers in the lives of babies.

### MAJOR PLANS FOR 2006

In 2006, the Programme will conduct the following activities:

- Carry out the new comprehensive external relations strategy that incorporates fund-raising linked to enhanced advocacy and partnership building and relations with National Committees.
- Efforts will continue to establish partnerships with strategic individual and corporate allies and media with respect to quality reporting for and about children.
- Greater exposure will be given to the Eastern Cape and Limpopo provinces, which are largely rural.
- Develop an integrated communication strategy with Government partners that reflects the goals of the Country Programme, which will include the launch of the 'Unite for Children, Unite against AIDS' campaign.

### FUNDING 2005 (US\$)

DONOR	2005 TOTAL BUDGET
UNICEF Regular Resources	163,296.09
Danish Government	80,000.00
<b>TOTAL</b>	<b>243,296.09</b>



## THE CHILDREN'S BILL

The adoption of the Section 75 Children's Bill in the National Assembly on 14 December 2005 is a significant milestone. The process of developing this Bill started in 1996 when it was acknowledged that existing legislation was not in keeping with the rights of children contained in the constitution. Existing legislation also hampered the ability of the Government of South Africa to respond adequately to the challenging social realities facing children, families and communities in the new democratic South Africa.

The Children's Bill (it will become an act once it has been signed by the President and thus promulgated) determines principles and guidelines for the care and protection of all children. It consolidates the laws relating to their welfare and protection, and defines parental responsibilities and rights. It also seeks to promote the preservation and strengthening of families, specifies standards for the best interests of children, and recognises the needs of children with disabilities.

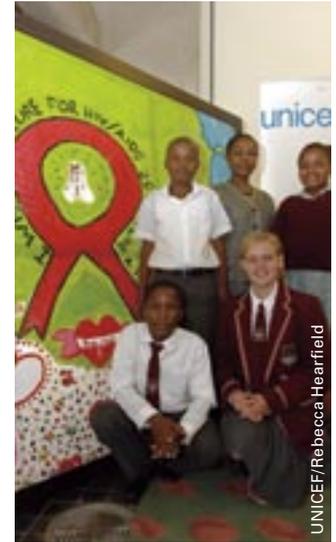
The Children's Bill creates a new legislative foundation for the care and protection of children. It also gives effect to South Africa's obligations concerning the well-being of children in terms of international conventions that have been signed and in most cases ratified by the Government.

The following are some of the innovative changes that the new Children's Bill will introduce:

- Lowering of the age of majority from 21 to 18.
- The acquisition and loss of parental responsibilities and rights is addressed and provision made for parental rights agreements and parenting plans.
- The establishment, status and jurisdiction of children's courts are specified and provision is made for lay-forum hearings and family group conferences to act in the best interest of a child.
- In addition to a child protection register, the bill enables the removal of an alleged offender from the home or place where the child resides.
- Issues of consent to medical treatment and access to contraceptives are addressed and certain social, cultural and religious practices are prohibited.
- Inter-country adoptions are regulated to safeguard the best interests of the child and provisions are included to prevent the abduction, the sale of, or trafficking in children.



©UNICEF/Desmond Ingham-Brown



UNICEF/Rebecca Hearfield



©UNICEF/Essa Alexander

### UNICEF's 2005 – MOSTLY WORK, BUT ROOM FOR PLAY

*This page, clockwise from top left: Boys vie for the ball at a football session hosted by UNICEF Goodwill Ambassador Pau Gasol • A contribution by children to the One Thousand Wishes Campaign at the Constitutional Court • From left to right: Mvuso Mbele, SABC, Cheryl Gillwald, Deputy Minister of Correctional Services, Pumeza Mafani, NPA, and Macharia Kamau, UNICEF, at the signing of the MoU between UNICEF and the SABC.*

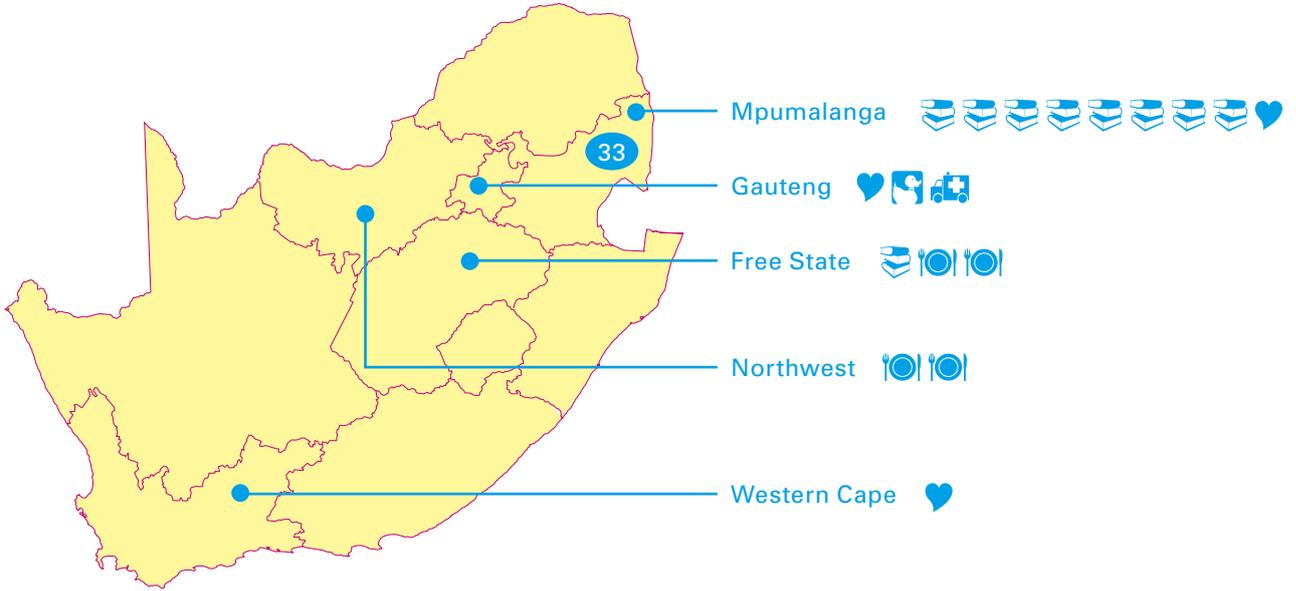
*Opposite page, clockwise: Never too old to learn. Goodwill Ambassador, Quintin Fortune, loses the ball to a soccer star in the making • The team at UNICEF SA give a warm welcome to Executive Director, Ann Veneman (in black, standing to the right of the front row) • US comedian, Chris Rock, visited in December • Former Indian cricket star and cricket commentator, Ravi Shastri, engages a young fan.*





# UNICEF'S ACTIVITIES IN SOUTH AFRICA

SOUTH AFRICA



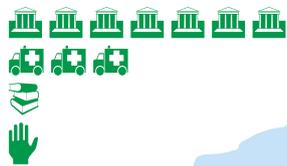
**LEGEND**

The text in blue shows activities undertaken at local municipal level, the text in pink represents district municipal level and green, provincial. The number of symbols represents the number of projects being carried out.

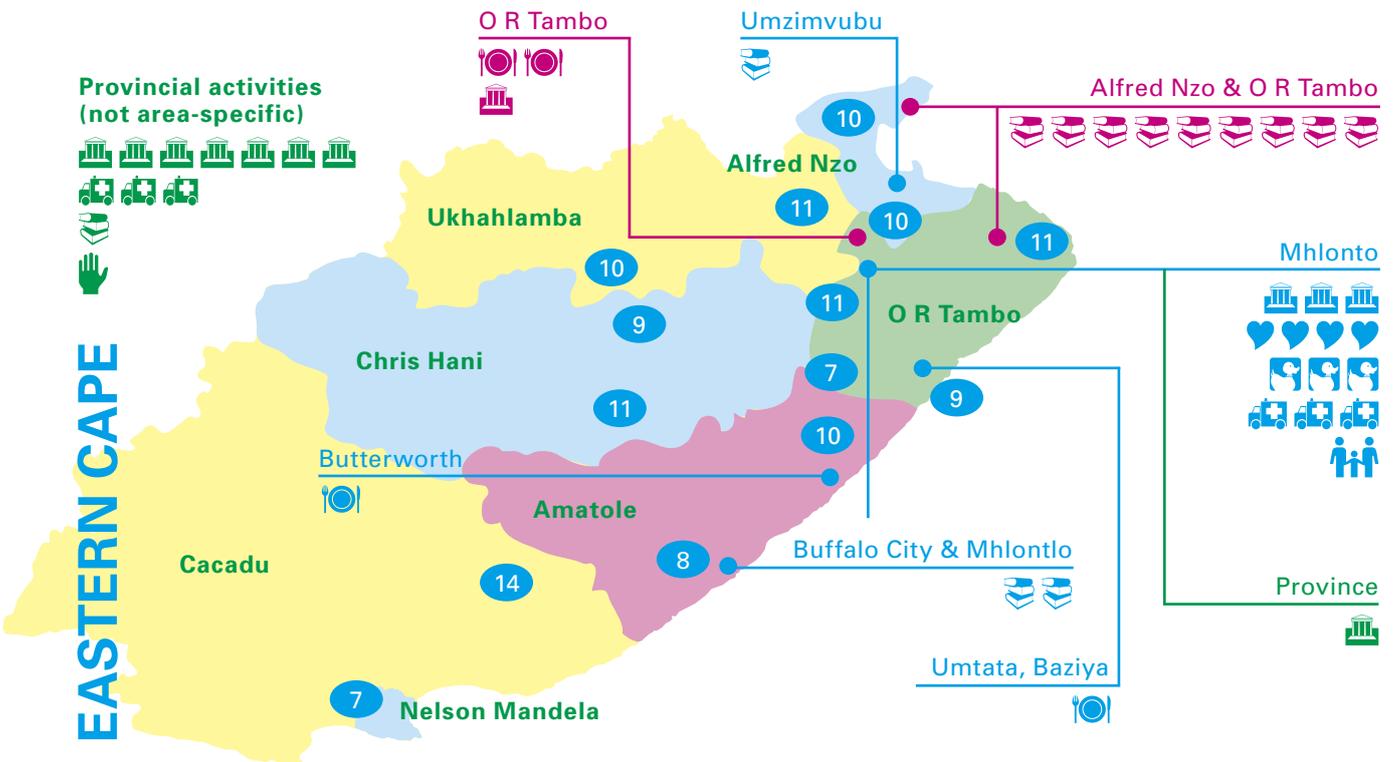
**10** Represents the number of UNICEF-supported school clusters in the area.

- Child Protection
- Health
- Nutrition
- SPLG
- Orphans and Vulnerable Children
- Early Childhood Development
- Violence Against Women and Children
- Education

**Provincial activities (not area-specific)**



EASTERN CAPE





## NATIONAL STATISTICS FOR SOUTH AFRICA 2005

INDICATORS	DEFINITION	VALUE	YEAR	
Total population		44,819,778	2001	●
Child population	Number of persons aged 0–19	19,347,010	2001	●
Under-five mortality rate (total)	Probability of dying between birth and 5 years, per 1,000 live births	61	1998	■
Infant mortality rate (total)	Probability of dying between birth and one year, per 1,000 live births	45	1998	■
Maternal mortality ratio	Number of deaths of women from pregnancy related causes, per 100,000 live births	150	1992–98	□
Underweight prevalence (moderate and severe)	Proportion of under-fives who fall below minus 2 (moderate and severe) standard deviations from median weight for age	11.5	1999	◆
Stunting (moderate and severe)	Proportion of under-fives who fall below minus 2 (moderate and severe) standard deviations from median height for age	24.9	1999	◆
Low birth weight	Proportion of live births that weigh below 2,500 grams	15.1	1998	□
Iodized salt consumption	Proportion of households consuming adequately iodized salt	62.4	1998	❖
Exclusive breast-feeding rate (<4 months)	Proportion of infants less than 4 months (120 days) of age who are exclusively breast-fed	10.4	1998	□
Number of facilities designated baby-friendly	Number of hospitals and maternity facilities which are designated as baby-friendly according to global BFHI criteria	178	2005	●
Use of oral rehydration salts	Proportion of children 0–59 months of age who had diarrhoea in the last two weeks who were treated with oral rehydration salts or an appropriate household solution	81	1998	□
U5s with acute respiratory infections	Proportion of children 0–59 months of age who had acute respiratory infections in the last two weeks	19.3	1998	□
Immunization coverage for measles	Percentage of children <1 receiving first dose of measles vaccine	81	2004	○
HIV prevalence	Percentage of pregnant women attending selected public sector antenatal clinics who are HIV positive	29.5	2004	★
Population infected by HIV	Number of HIV-infected individuals 15–49 years	6.29–6.57 m	2004	★
Babies infected by HIV	Number of children <1 infected by HIV	104,963–110,134	2004	★
Children receiving ART	Number of HIV-infected children with CD4 count <200 receiving ART	5,000	2005	✕
Net primary school enrolment ratio (total)	Percentage of children enrolled in primary school who belong in the relevant age group, as a percentage of the total number in that age group	96	2004	💧
Net primary school attendance rate (total)	Number of children attending primary school who belong in the relevant age group, as a percentage of the total number in that age group	84.9	1998	■
Child-headed households	Number of child-headed households receiving HCBC	40,983	2003	💧
Orphans	Total number of orphans	1.76 million	2005	💧
Children abused	Total number of children physically abused during one year	83,111	2005	♥
Sexual abuse of children	Number of children sexually abused	27,315	2005	♥
Physical abuse of children	Number of children physically abused (excluding sexual)	55,796	2005	♥

### LEGEND

- Population Census 2001
- Demographic Health Survey
- Demographic Health Survey Final Report
- ◆ National Food Consumption Survey
- ✕ Review of the Status of the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (Department of Health)
- Report from Department of Health on BFHI
- ❖ National Survey of the Iodine Concentration of Household Salt in South Africa
- Department of Health Report for 2004
- 💧 Department of Social Development
- ★ National HIV and Syphilis Antenatal Sero-Prevalence Survey of 2004, Department of Health
- ♥ South African Police Services Annual Report (released on 21st September 2005)

## ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral treatment
ARV	Anti-retroviral drugs
BFHI	Baby-Friendly Hospital Initiative
C-IMCI	Community-Integrated Management of Childhood Illness
CFS	Child-friendly School
ECD	Early Childhood Development
GEM	Girls' Education Movement
HIV	Human immunodeficiency virus
IDP	Integrated Development Plan
IMCI	Integrated Management of Childhood Illness
LPA	Local Plan of Action for children
NACCA	National Coordinating Committee for Children Infected and Affected by AIDS
NGO	Non-governmental organization
OVC	Orphans and Vulnerable Children
PPA	Provincial Plan of Action for children
RED	Reach Every District strategy
PMTCT	Prevention of mother-to-child transmission (of HIV)
SPLG	Social policy and local governance

## CONTACT US

DEPARTMENT	NAME	TITLE	E-MAIL	TEL
	Macharia Kamau	Country Representative	mkamau@unicef.org	012 354 8236
	Carmel von Schaeffer	Principal Secretary	cvonschaeffer@unicef.org	012 354 8235
Programme	Julianna Lindsey	Senior Programme Officer	jlindsey@unicef.org	012 354 8238
	Goran Mateljak	Monitoring and Evaluation Officer	gmateljak@unicef.org	012 354 8245
Health, Nutrition and Early Childhood Development	Marinus Gotink	Project Officer: Health	mgotink@unicef.org	012 354 8232
	Joan Matji	Project Officer: Nutrition	jmatji@unicef.org	012 354 8255
	Carol Mohamed	Project Officer: IMCI	cmohamed@unicef.org	012 354 8268
	Penny Campbell	Project Officer: Nutrition	pcampbell@unicef.org	012 354 8255
	André Viviers	Project Officer: ECD	aviviers@unicef.org	012 354 8224
Education	Gerrit Maritz	Project Officer: Youth Development	gmaritz@unicef.org	012 354 8269
OVC	Heidi Loening-Voysey	Project Officer: OVC	hloening@unicef.org	012 354 8256
Child Protection, Violence Against Children	Buyi Mbambo	Project Officer: Child Protection	zmbambo@unicef.org	012 354 8253
	Micaela Marques	Project Officer: HIV and AIDS	mmarques@unicef.org	012 354 8230
SPLG	Ashley Theron	Project Officer: SPLG	atheron@unicef.org	012 354 8247
Communications	Yvonne Duncan	Project Officer	yduncan@unicef.org	012 354 8251
	Neville Josie	Project Officer	njosie@unicef.org	012 354 8249
Operations	Carla Barbosa	Operations Officer	cbarbosa@unicef.org	012 354 8242

UNICEF SOUTH AFRICA  
351 Schoeman Street  
6th Floor Metro Park Building  
P O Box 4884  
0001 Pretoria  
Tel +27 12 354 8200  
Fax +27 12 354 8293  
[www.unicef.org/southafrica](http://www.unicef.org/southafrica)

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY

