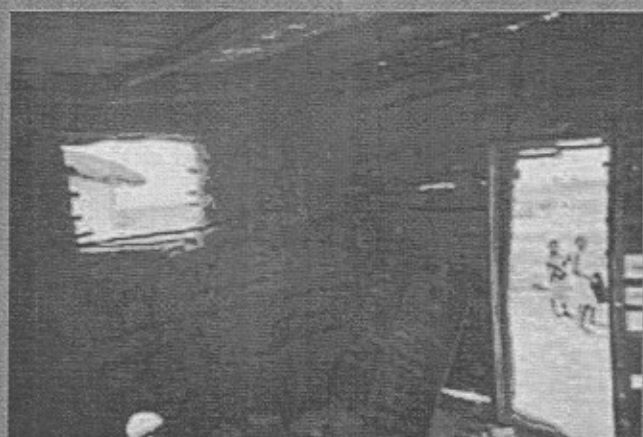


**IN A CHILD'S BEST
INTERESTS...**

**PARLIAMENTARIANS,
YOU CAN MAKE A
DIFFERENCE**

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

unicef 

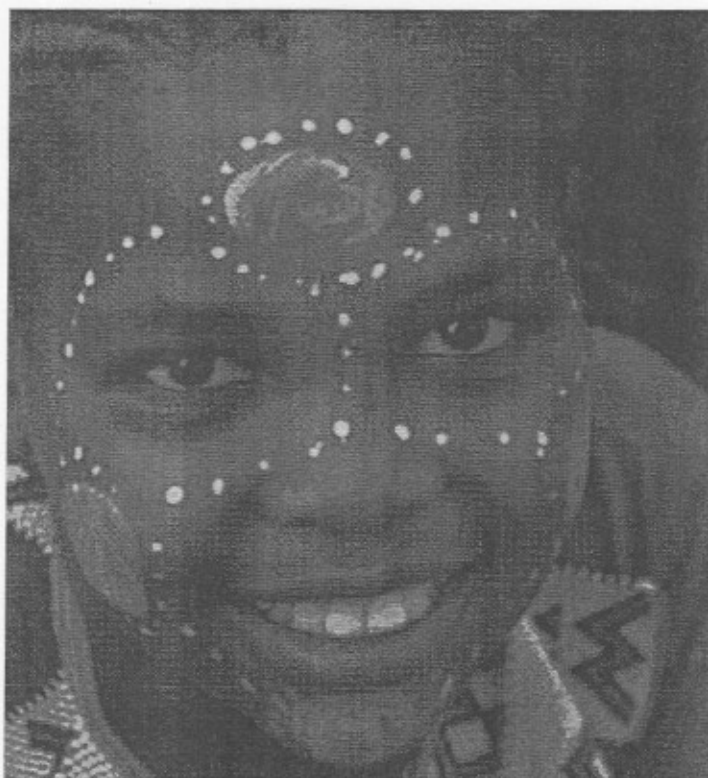


IDENTIFYING PRIORITY ISSUES THAT PARLIAMENTARY PORTFOLIO AND SELECT COMMITTEES SHOULD ADDRESS DURING THE FISCAL YEAR 2006-07

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FORWORD



When the Government of South Africa signed and ratified the Convention on the Rights of the Child on 16 June 1995, it committed itself to placing children at the very heart of its development agenda. South Africa's groundbreaking Constitution, and Section 28 of its Bill of Rights, further entrenched the paramount importance of the best interests of the child.

Twelve years down the promising but challenging road to democracy, children are at the centre of some of South Africa's most significant policies and legislation, including the Social Assistance Act of 2004 and most recently the Children's Bill. We can all be proud.

EXECUTIVE SUMMARY

South African parliamentarians are by the public in the expectation that they will take care of the interests of the people who have voted for them. However, children, who are most vulnerable in our society, and least able to take care of themselves, have no electoral voice. Therefore, it is morally incumbent on those of us who are better placed and have leadership roles to pay special attention to the wellbeing and welfare of children. By taking concrete action and showing political commitment, parliamentarians can play a decisive role in advocating on behalf of children in general and vulnerable children in particular. Parliamentarians have the mandate, the trust of their constituencies and the influence to effect positive change.

In South Africa, we have already seen how political leadership can work in the interests of children and the vulnerable through the efforts of leaders like Nelson (Madiba) Mandela and Archbishop Desmond Tutu. Madiba took South Africa on a long, patient, unselfish, generous walk to freedom. But he, in his special love for children, would perhaps agree that the walk will not be over until there is no South African child who is not lovingly and adequately cared for.

We, in UNICEF and the United Nations system as a whole, are committed to working in partnership with the Government of South Africa to sustain the significant gains made over the last 12 years, and to assist in the efforts of parliamentarians to meet as many of the Millennium Development Goals (MDGs) as possible by 2015.

This advocacy pocket book is a modest attempt to bring to your attention some of the critical gaps and obstacles affecting service delivery for children.

We are faced with the challenges of building a new democracy whilst grappling with the tensions of transformation and the legacy of a difficult past. However, in partnership, we can influence change and make a difference in the lives of children.

EXECUTIVE SUMMARY

There are many problems and difficulties to be overcome in this special country, South Africa. These difficulties, and attendant responsibilities, can be viewed, pessimistically, as being a burden, or optimistically, as being a challenge.

South Africans rely on their elected representatives to uphold the Constitution by ensuring sound governance and effective service delivery by Cabinet Ministers and their Departments, especially with regard to children.

In South Africa, there have been tremendous gains, especially in economic growth, in tackling poverty and social disparities, in establishing sound policies and legal frameworks and in safeguarding civil and human rights. Some of these gains include:

- Good policy and legal framework related to children, including the recently promulgated Children's Bill.
- A landmark 2003 Government plan, which provides free treatment to people living with HIV and AIDS, including a comprehensive paediatric component.
- Programmes to deal with orphans and vulnerable children, including child-headed households.
- An excellent social security system with more than 10 million beneficiaries, most of them children.

However, the gaps, even setbacks, have been great, particularly in the face of HIV and AIDS, and in sexual violence against the most vulnerable – children and women.

The recent statistics are sobering:

- For every 1,000 children born, 58 will die before reaching the age of five.
- AIDS is estimated to be the main cause of death of children under the age of five (40%), followed by diarrhoeal disease (10-15%), respiratory infections (7%) and low birth weight (6%).
- Neonatal mortality accounts for 45% of total infant deaths. There are marked regional differences: e.g. 4 per 1,000 live births in the Western Cape and 25 per

- 1,000 live births in the Eastern Cape.
- Over 5.4 million, or 11.4%, of the 47 million South Africans are HIV-positive.¹
 - Some 245,000 children under 14 years of age are living with HIV infection.²
 - By early 2006, only 13,000 of an estimated 50,000 eligible children were receiving the planned free treatment to people living with HIV and AIDS.
 - 77% of public health facilities are providing PMTCT.
 - Of the 55,000 rapes reported annually in South Africa, about 40% are committed against children.
 - 64.5% of children entering the first grade of primary school eventually reach grade five.

These difficult home truths have underscored the role of parliamentarians in ensuring the creation of a more child-friendly society and offering a better future for South African children.

THE 2006/2007 BUDGET

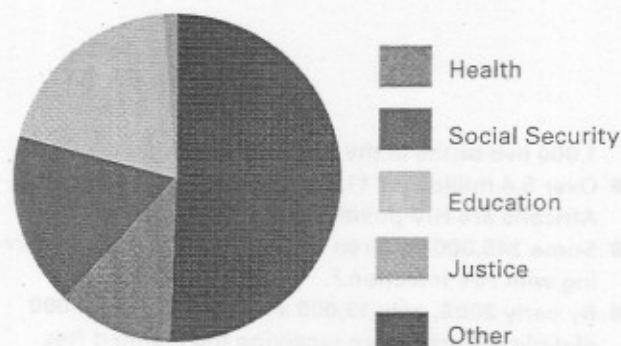
South Africa's economy is growing at a healthy rate of around 4%. The Revenue Service has been transformed into a highly efficient machine that regularly collects more than expected. There is a sincere attempt to ensure that this revenue reaches the poor, and that it benefits their lives in terms of education, health and social services, in particular. The allocations towards these sectors are healthy, and grow year on year. The chart overleaf demonstrates that the allocations to these sectors, collectively, make up close to half of the entire budget.

However, the challenge is to ensure that the allocations are efficiently and effectively spent. In his budget speech, the Minister of Finance mentioned that both improved public administration and citizen activism were needed in order to get things done. There is a

¹ Stats SA, 2005

² The Medical Research Council of South Africa (MRC) in its mid-2004 demographic analysis, based on the ASSA 2002 demographic model

BUDGET ALLOCATIONS BY DEPARTMENT



need for high levels of public accountability, which can only be achieved by monitoring spending plans, and ensuring that audited spending reports are in line with initial budget allocations.

The chart on the right shows that although national government continues to be responsible for the lion's share of expenditure, a large proportion of responsibility rests on the shoulders of departments at provincial level. This highlights the need for fiscal vigilance at all levels.

ALLOCATIONS IN A NUTSHELL (R BILLIONS)

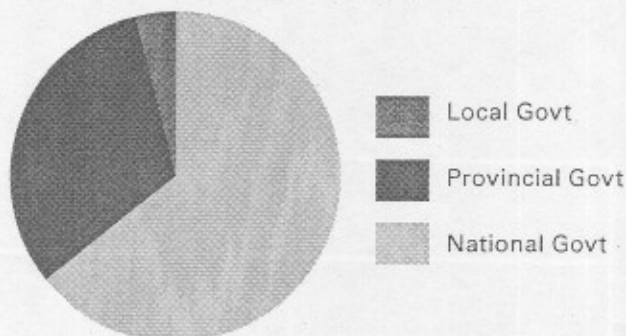
Total allocation	472.7
National.....	303.9
Provincial	150.7
Local Government	18.0
Health	54.5
Social Security	80.6
Education	92.1
Justice	6.27
Other.....	239.23

Source: Minister of Finance's 2006 budget speech

UNICEF'S ROLE

In line with South Africa's Vision 2014, UNICEF's central strategy is to support the Government of South Africa and Members of Parliament to fulfil their obligations to

BUDGET ALLOCATIONS BY SECTOR



the children of South Africa, in particular orphans and vulnerable children.

We will focus on:

- Advocacy for the First Call for Children in national, provincial and municipal allocation and utilization of human and financial resources. This we will do by engaging in strategic partnerships with civil society and research institutions to communicate to and mobilize decision-makers, opinion-leaders and others at all levels.
- Strategic use of UNICEF resources to leverage substantial national resources to support scaling up service delivery and related monitoring systems.
- Identification of multiplier interventions that, even with a proportionally small input, will result in large-scale access to basic social services.
- Identification of blockages in implementing child-related policies and legislation and capacity gaps of duty bearers that hamper service delivery, and assist Government to find mechanisms deal with these issues.

By the above support, we hope to help Members of Parliament actively respond to the question: **What can you do to make a difference in the lives of children?**

The following matrix outlines some of oversight responsibilities of parliamentarians as well as examples of how UNICEF can support them.

OVERSIGHT RESPONSIBILITY	EXAMPLES OF THE KIND OF SUPPORT UNICEF CAN OFFER
<p>1. LEGISLATION</p> <p>Introduce and prepare legislation for approval that will ultimately save children's lives and transform the way in which Government takes care of them e.g. the Sexual Offences Bill</p>	<p>Briefing documents on, for example, violence against women and children in SA</p> <p>Research, desktop studies, literature review, sharing examples from other countries</p>
<p>2. PARLIAMENTARY BRIEFINGS</p> <p>Requesting departments for a briefing on existing and new policy and legislative documents e.g. the Draft Policy on Learner Pregnancy</p>	<p>Briefing documents on examples and processes in other countries</p> <p>Research, desktop studies, literature review, sharing examples from other countries</p>
<p>3. BUDGETS</p> <p>Targeting allocations for proposed solutions e.g. Impact Study on Child Support Grant</p>	<p>Study the impact of budgetary allocations on services to children and related expenditure trends</p> <p>Identify bottlenecks and propose solutions by using the marginal budgeting for bottlenecks (MBB) method</p>
<p>4. MONITORING</p> <p>Action follow through</p>	<p>Develop monitoring and evaluation framework for individual Portfolio Committees</p> <p>Research to verify impact</p>
<p>5. CONSTITUENCY WORK</p> <p>Field work in different geographic areas to verify the implementation of proposed strategies, plans</p>	<p>Arranging and accompanying Members of Parliament on field visits</p> <p>Verifying situations in specific constituencies</p>

HEALTH: IMPROVED CHILD SURVIVAL, DEVELOPMENT, CARE AND SUPPORT

VITAL STATISTICS

58	Probability of dying between birth and five years of age, per 1,000 live births
43	Probability of dying between birth and one year of age, per 1,000 live births
175.....	Maternal mortality ratio, per 100,000 live births
110,134.....	Number of children under the age of one infected by HIV
77	Percentage of public health facilities providing PMTCT
93	Percentage of one-year-olds immunized against DPT3
78	Percentage of one-year-olds immunized against measles

POLICY AND LEGAL FRAMEWORK

The Department of Health's mandate is derived through several pieces of legislation and policies, including:

- The Constitution of South Africa (1996).
- The National Health Act No 61 (2003).
- The Mental Health Care Act, No 17 (2002).
- The Comprehensive HIV and AIDS Care, Management and Treatment Plan.
- Strategic Priorities for the National Health System, a five-year plan, developed in 2004. Priority health programmes include: Healthy Lifestyles, TB Crisis Plan and Accelerated HIV Prevention, IMCI, Integrated Nutrition Programme.
- A National Human Resources Plan for Health, finalized in 2006.
- Managing the Impact of HIV and Aids in SADC, (2000).
- HIV and AIDS/STD Strategic Plan for South Africa, 2000-05 (2000).

KEY POLICIES THAT REQUIRE ATTENTION

- The Draft Code on Marketing of Breastmilk Substitutes needs to be finalized and it is suggested that it be published for public comment. The Code aims to encourage breastfeeding and regulates artificial feeding product marketing practices.
- In the review of the Comprehensive Plan on Prevention, Treatment and Care, special focus should be placed on the needs of children.
- South African Guidelines on nutrition for persons living with HIV and AIDS, TB and other chronic, debilitating diseases.
- Health Child Abuse Policy and guidelines need to be approved.
- Infant and young child feeding policy and implementation guidelines should be finalized and published as an official document.

BUDGET ANALYSIS

Health receives the third largest budget allocation, 10.5% of the overall budget.

This area enjoys strong commitment from Government. The budget has appropriately prioritized the following by means of specific allocations for provincial level implementation:

- Comprehensive HIV grant: R1.6 billion.
- The Integrated Nutrition Programme, previously administered by the National Department of Health, has been phased into the provincial equitable share. The grant is no longer available as a ring-fenced transfer and therefore requires provincial health departments to engage actively with their treasuries to ensure that resources are made available
- National School Nutrition Programme grant: R1 billion (2006-07, increasing progressively to R1.2 million by 2008-09).
- R40 million earmarked for the Comprehensive HIV and AIDS Care, Management and Treatment Plan during 2006-07; and expansion of the operational

plan for this programme to local municipality level, with the aim of extending the provision of services to all areas of the country.

POSSIBLE AREAS WHICH PORTFOLIO COMMITTEES COULD OVERSEE

- **Staff shortages.** There is a serious shortage of healthcare workers in the public sector, as many leave to work in either the private sector or abroad. The shortage of staff at maternity facilities results in negligence and lack of quality care to mothers and infants. A National Human Resources Plan for Health was finalized in 2006 to address recruitment and retention problems. The Portfolio Committee will need to oversee the implementation of this plan.
- **Child survival.** Together with the Social Development Portfolio Committee, oversee provincial allocations and spending of the Integrated Nutrition and Community and Home Based Care Services (CHBCS) grants, which have been phased into the provincial equitable share. UNICEF can assist provinces to prioritise health and nutrition outcomes for children, in particular through working with provinces on strategic planning processes.
- **HIV and AIDS.** Of great concern is the difficulty of children who are HIV-positive in accessing comprehensive anti-retroviral treatment.
- **Reversibility of disability grants.** Bilateral discussions with the Social Development Portfolio Committee are needed on the anomaly that occurs when the health status of those who are HIV-positive improves, which could result in the termination of their grants. As these grants are often the only income patients and their families receive, they are faced with an impossible decision: do they deny themselves life-prolonging treatment, or do they reject it in favour of the grant?

EDUCATION: CHILD FRIENDLY AND SAFE SCHOOLS

VITAL STATISTICS

- 96% Proportion of seven year-old children attending school (compared to 99.1% in 2002)
- 64.5 Proportion of children entering the first grade of primary school who eventually reach grade five
- 84.9 Number of children attending primary school who belong in the relevant age group, as a percentage of the total number in that age group
- 85 Total adult literacy rate
- 0.96 Index indicating whether there are more boys than girls at school (gender parity index)

EXISTING POLICIES AND LEGAL FRAMEWORK

The Department of Education's mandate is defined through several pieces of legislation and policies, which include:

- The Constitution of South Africa (1996).
- The South African Schools Act (1996).
- The National Education Policy Act (1996).
- White Paper No 6, which focuses on children with special needs, including orphans and vulnerable children and other vulnerable groups.
- White Paper No 5 on Early Childhood Development.
- The 2005 Education Amendment Bill which became law in January 2006 but which will only take legal effect, with regard to no-fee schools, in 2007.

KEY POLICIES AND LEGISLATION THAT SHOULD BE PASSED OR REVIEWED

The Draft Policy on Learner Pregnancy. Learner pregnancy is a serious deterrent to children enjoying their right and access to education and schooling, particularly as it affects girls. South Africa's Constitution enshrines the right of children to education, but in practise, many pregnant learners are discouraged from

continuing their schooling. These issues are addressed in the draft policy, which should be finalized as soon as possible.

BUDGET ANALYSIS

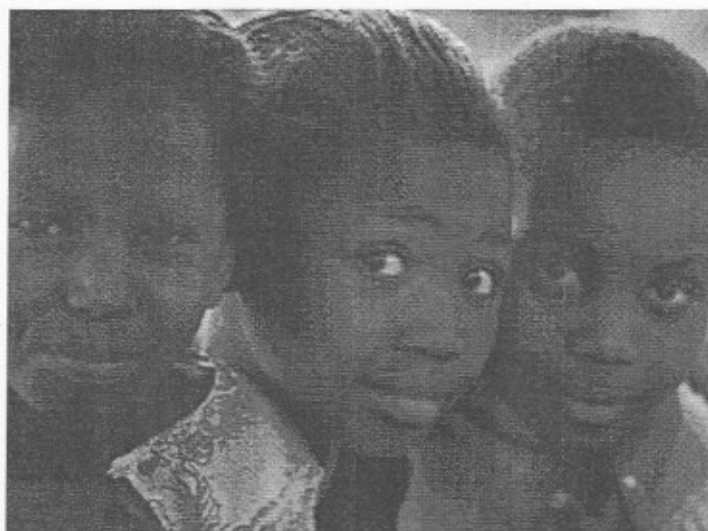
The education sector continues to receive the lion's share of public resources, namely 17.8%, with a focus on primary and secondary education. The largest share of the education budget is allocated to the provinces, a large portion of which is spent on salaries. The national Government allocation is spent primarily on oversight, national policy formulation and coordination. The quality of education outcomes stills lags, both in terms of standardised tests and, it seems, in terms of producing skills (for instance, mathematics, science, technology and entrepreneurship) corresponding to the labour needs of high-growth economic sectors.

Allocations in the education budget include:

	2006/7	2007/8	2008/9
Further Education Training Colleges Recapitalisation Grant	R470 m	R595 m	R795 m
National School Nutrition Programme Grant	R1 b	R1.1 b	R1.2 b
General Education (Life Skills)	R144.4 m	R151.6 m	R161.9 m

Life skills

The budget stresses the importance of life skills or life-orientation education, which provides information on reproductive health and HIV and AIDS, sexuality, career guidance etc. The school curriculum and quality of teaching needs strengthening, given high infection rates among young people, the increase in learner pregnancies and the recent findings in the HSRC/NMF study, which indicate that young people derive their main source of information on HIV and Aids in the school environment.



Integration, ECD and school nutrition

Minister Manuel's 2006 budget speech emphasizes the importance of integration, referring to how improvement in child nutrition, linked with the child support grant, positively contributes to cognitive ability and school outcomes. Indeed, good nutrition, care and stimulation in the early years contribute significantly to positive figures in school enrolment, retention and academic and economic outcomes later in life. We would like to see a rollout of the school nutrition programme, so that meals, now only provided to primary school children during the school term, are also provided during vacations.

POSSIBLE AREAS WHICH PORTFOLIO COMMITTEES COULD OVERSEE

- **Fee-free schools.** Poor parents are legally entitled not to pay school fees, but this policy is not implemented consistently. Parents need to be informed of their rights to enable them to challenge violations. The Portfolio Committee should oversee the implementation of the policy, which will take effect in 2007.
- **Education infrastructure.** 64,467 classrooms have been built in the last 10 years. The National Department of Education is currently attempting to address the shortage of reliable data on education

infrastructure. Such data will lead to the supply of essential services like water and sanitation, as well as other basic requirements. Overseeing the process of building child-friendly schools, within a specific timeframe, is key at constituency level.

- **Achieving Education for All in the context of HIV and AIDS.** The AIDS epidemic and the impoverishment that follows in its wake add enormous urgency to the task of achieving the education goals. It is thus doubly important that parliamentarians ensure that resources for education are being used effectively and equitably.
- **Increase investment in teacher education.** A study by the Human Sciences Research Council (HSRC) in 2005 found the average HIV and Aids prevalence rate of teachers to be 12.7% (rising to 21.4% in the 25-34 age group). More educators must be trained to replace those lost to AIDS, and those who are HIV-positive must be supported. HIV-negative educators also need support, by improving teacher training, motivation and morale.
- **Expand universal education beyond primary level.** There is a need for particular focus to be placed on increasing opportunities for girls and women.
- **Support the implementation of the National Integrated Plan for Early Childhood Development** under the lead of the Department of Education together with Social Development and Health Portfolio Committees. The ECD sector will benefit from the Expanded Public Works Programme (EPWP), which will provide training in ECD for unemployed parents and caregivers. The implementation of the programme will need overseeing.
- **Invite the three departments responsible for ECD** to present progress made with the Integrated Plan for Early Childhood Development on the care, protection, education and development of young children and identify areas where parliamentarians can support its implementation.

SOCIAL DEVELOPMENT: IMPROVED SERVICES AND ACCESS TO CHILDREN'S GRANTS

VITAL STATISTICS

40,983 Number of child-headed households receiving HCBC

1,1 million... Number of orphans who have lost one or both parents to AIDS

9,2 million .. Number of persons in receipt of a social grant, 2005

7,2 million... Number of children receiving child support grants

PRESENT POLICY AND LEGAL FRAMEWORK

The Department of Social Development finds its mandate through several pieces of legislation and policies, including:

- The Constitution of South Africa (1996).
- White Paper for Social Welfare (1997).
- Child Care Act (1983).
- Social Assistance Act (2004).
- Probation Services Act (1991).
- National Guidelines for Early Childhood Development Services



- Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS (2005).
- Policy Framework for Community Based Care and Support Programme (1999).

KEY LEGISLATION AND LEGISLATION THAT SHOULD BE REVIEWED, AMENDED AND OR FINALISED

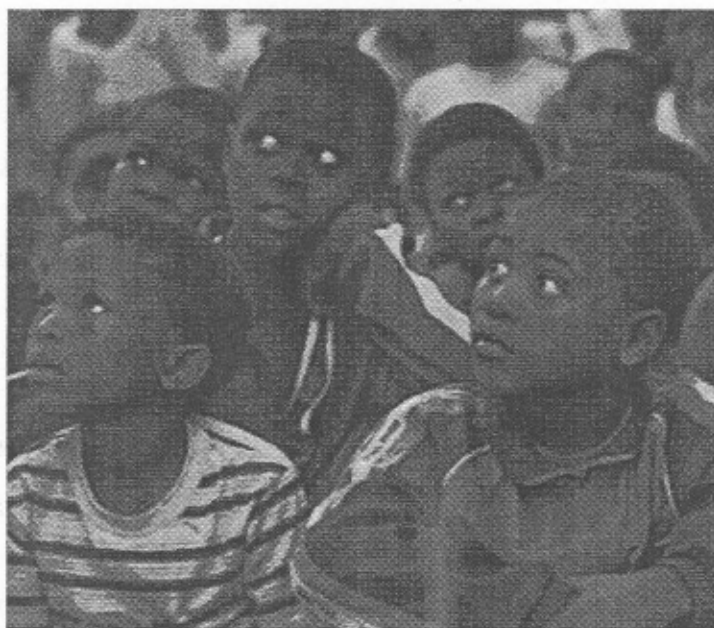
- **Social Service Professions Act.** Many social workers are disgruntled, due to low pay and impossibly high caseloads. They are either leaving the profession or the country. The Portfolio Committee should oversee the development, and more importantly, the implementation of the retention strategy addressed in this Act.
- **Social Assistance Act, 2004.** The earlier draft of the Children's Bill had a chapter on the social security scheme for children and included sections on a children's grant, foster and court-ordered kinship care grants, informal kinship care grants and adoption grants and subsidies for assistive devices. These were removed with the view to incorporating them into the then Social Assistance Bill. It is suggested that this process be revisited and where applicable the Act be amended.
- **The Prevention and Treatment of Substance Abuse Act, 1992.** There are a growing number of child and adolescent drug addicts. The present legislation does not adequately cater for their rehabilitation. The Department of Social Development (DoSD) has indicated the need for a complete overhaul of the present system of preventing and treating substance abuse and by implication, the policy and legislative framework related to this field.
- Support processes related to the finalisation of the Children's Amendment Bill (incorporating the Section 76 Bill), which deal with provincial competencies and services.
- Support processes related to the introduction of the Social Relief Fund Bill, in order to consolidate all the relief funds administered by the department.

- The National Policy on the Management of Child Abuse, Neglect and Exploitation, although finalized, has not been budgeted and has therefore not been approved. UNICEF is supporting the costing process, which is set to begin in the second half of 2006.
- National Policy Framework for Children, which would have compelled the DoSD to develop a child sensitive and comprehensive rights-based policy framework, was taken out of the Bill with an instruction to the DoSD to develop it in conjunction with the other departments/sectors. The DoSD plans to develop it, with UNICEF support, during the second half of 2006
- Social Assistance policy for each of the sectors – families, children and disabled persons.

BUDGET ANALYSIS

Social Development receives the second largest allocation, which amounts to 13.1% of the overall budget. Budgetary investments in social grants and social infrastructure will definitely result, in time, in positive child survival, development and protection outcomes.

- **Social grants.** The 2006 budget included the following increases in social assistance grants for children: Child Support grant, R190 (R10 increase); Disability grant, R820 (R40 increase); Foster Care grant, R590 (R30 increase). The increase of other grants like the old age pension also indirectly benefits young children, as many young children (and their older siblings) live with grandparents and these grants benefit a family as a whole.
- **Reversibility of disability grants.** Bilateral discussions with the Health Portfolio Committee are needed on the anomaly that occurs when the health status of HIV-positive improves, which could result in the termination of their grants. (See page 10 for more detail).
- **The Child Support grant.** The most salient budget-related policy gap is that only children under the age of 14 are eligible for the child support grant. The



Child Care Act defines the age of majority to be 18 years, so it makes no sense that the child support grant should be denied to those who are deemed by Law to be children i.e. those who have not attained their 18th birthday.

- **Community and Home Based Care Services (CHBCS) grant.** The CHBCS grant was phased into the provincial equitable share from 1 April 2006. The grant is no longer available as a ring-fenced transfer and thus requires provincial social development departments to engage actively with their provincial treasuries to ensure that resources are made available
- **Early childhood development (ECD)** is addressed in Minister Manuel's budget by the allocation of R4 billion for the social sector component of the Expanded Public Works Programme (EPWP). The aim of the ECD programme is to skill a number of practitioners over a period of five years, thereby increasing their capacity to generate an income and at the same time improve the care and learning environment of our children. The target workers are the unemployed, and/or under-employed parents and caregivers in all ECD programmes.

POSSIBLE AREAS WHICH PORTFOLIO COMMITTEES COULD OVERSEE

- Advocate for or strengthen processes related to extending the Child Support grant to children aged 14-18 years.
- Invite the three departments responsible for ECD to present progress made with the Integrated Plan for Early Childhood Development on the care, protection, education and development of babies and young children and identify areas where parliamentarians can support its implementation.
- Advocate for changes in the funding of ECD centres and programmes from per capita funding to programme funding.
- Support the development of ECD centres as resources for the care and support of young orphans and vulnerable children and their families.
- Liaise with the Justice Portfolio Committee to fast-track the finalization of the Child Justice Bill and Sexual Offences Bill.
- Implementation of the Children's Act. This Act provides the framework for the transformation of the welfare and justice sectors in relation to the care of children. Section 76 has yet to be tabled in Parliament. Costing of both Sections 75 and 76 need to be overseen, as well as training provincial officials on the implementation of Section 75, specifically on child protection.
- Oversee provincial allocations and spending. Jointly with the Health Portfolio Committee, the Social Development Portfolio Committee should oversee the provincial allocations and spending of the Home Based Care Services (HBCS) grant, which has been phased into the provincial equitable share.
- Advocate for a national system of identifying and tracking orphans and vulnerable children at local, district and provincial levels.
- Advocate for the increased access of children, particularly three and four year-olds, to formal ECD by targeting, for example, the EPWP resources.