

CHILDREN'S INSTITUTE ANNUAL REPORT

2001 - 2002



and buy him dappala and he always takes me dip when something
got hot in the house and I don't like I don't like and no body
Else can take any thing in the house must be safe and when he
bought my mother I always tell him to stop it and he always stop
my mother teach me manners to stop getting in their
praise they can take their own problems and I
me like that and I ran away from him and I was
skared that my mother would die, at any moment so I told



At first when my mother got sick I don't actually remember the date and all the years that she was sick still but what I remember was that she got this stiffness at the year of 1988 and she had all these pains and when I asked her what was wrong with her she didn't want me to feel all the pain and suffer because I was always worried about her and sometimes she didn't even go to work and when I asked her why she didn't go to work she told me to stop worrying and go to school and when I got so worried that I called my grand-grandmother and told her that something was wrong with my mother and my grand-mother asked me but what is wrong with your mother I said I don't know because my mother didn't want to tell me and I was so fed up because my father always had a fight with my mother and he said he doesn't want her anymore in his house but that was my mother's house and he was always beating my mother and she always come to my grand-mother crying that my father had beaten her and she would always call the policemen and the police men would arrest my father and he would cry and say he will never ever do that again to my mother and my mother would feel ashamed for him and bail him out and my father would do it again and again sending my mother out and I was very scared of my father because he always send me at night at about 10:00 clock and tell me to go and buy him opposite and he always tells me when something got lost in the house and tell me that I took it and no body else can take anything in the house except except me and when he beat my mother I always tell him to stop it and he always told my mother that she must teach me manners so stop getting in their problems because they can solve their own problems and I mustn't make talk to him like that and I ran away from him and I was scared that my mother would die at any moment so I told

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A MESSAGE FROM THE CHAIR OF THE BOARD

Despite the scale of problems faced by children throughout the world, today we are in a better position to safeguard the lives and well-being of children than we have ever been. Almost all countries in the world have ratified the Convention on the Rights of the Child, which aims at ensuring protection of the social, economic, political and cultural rights of children. In so doing, governments have affirmed their belief in the value of children for their own sake, and have taken an important step in their efforts to improve children's lives. In April of this past year, Heads of State made a further commitment to children at the United Nations Special Session on Children, at which representatives of governments, non-governmental organisations and children assembled to review progress with actions for children.



Mrs Graça Simbine Machel

The Special Session was the highlight in a period of renewed international interest in children, channelled through a global movement for children which recognises that all of us – not only governments – have obligations to children, and calls on citizens of every nation, families, communities and civil society organisations to help mobilise a crusade to protect the rights and meet the needs of all children. The cornerstone of the movement is a set of ten priority actions which are seen as crucial in creating a world in which children everywhere can enjoy their rights to well-being, peace and dignity. These actions include abolition of all forms of discrimination against children; giving them priority in the actions of both government and civil society; ensuring them the best possible start in life; protecting them in the fight against HIV/AIDS; ending violence and abuse against children, and ending their sexual and economic exploitation; respecting their right to have their opinions heard, especially in decisions affecting them; protecting them from the horrors of armed conflict; protecting the earth for children; and fighting poverty by investing in services that benefit the poorest children and their families.

To date, more than 94 million people – most of them children and young people – have promised to support these key actions, and the numbers heeding this call are growing. But the key challenge will be to turn the call into actions that will make a real difference to improving the lives of children. Analysis and documentation of those factors and conditions which threaten the realisation of children's rights, and which stand in the way of supporting them to attain their full potential, are essential ingredients in the plans for giving effect to the call. The academic institution has a vital role to play in this regard. The application of academic rigour to the process of providing an evidence base to guide action is critical to ensure effective and sustainable interventions. But to make any difference, such endeavours have to be based on an assessment of the needs of children, and must be clearly connected to those systems, structures and people who make policies, decisions and implement programmes. Furthermore, to honour the commitment to children's rights, it is of vital importance that such academic work is informed by the voices of those who are the potential beneficiaries of these efforts – the children, their families and their communities.

The mission of the Children's Institute is closely aligned to spirit of the global efforts, but also firmly grounded in the realities of children in South Africa, and the Board of Advisors is proud to support the efforts towards realising this mission.

A handwritten signature in black ink, appearing to read 'G. Machel'.

ABOUT THE CHILDREN'S INSTITUTE

Mission

The Children's Institute contributes to policies which promote equity and well being and which fulfil the rights of all children in South Africa, by combining academic excellence and social responsibility.

Our History

In South Africa, children have been identified as a priority for attention in national policy and programming, and action on a number of fronts is needed to address the current situation. The academic institution can make an important contribution by bringing evidence to bear on promotion of the rights and well-being of children.

The University of Cape Town has a long history in this regard, with its commitment to child rights and actions on behalf of children through research, teaching and extension activities in a range of disciplines over several decades. In the 1980s, on the basis of work undertaken at the University and other evidence on the situation of children which emerged from the second Carnegie Enquiry into Poverty in South Africa, there was a call for the establishment of a Children's Institute. It was envisioned that such an Institute could focus attention on policies and processes detrimental to the well-being of children, stimulate research towards addressing these issues, and encourage actions to promote their well-being¹.

In the spirit of this proposal, a Child Health Policy Institute (CHPI) was established in the Faculty of Health Sciences in 1995. CHPI played an important role in support for child health policy reform in South Africa. It also made a significant contribution to review and evaluation of existing policies and initiation of new policies in support of child rights.

The experience of CHPI over five years led to considerations for establishing a child-oriented policy research institute with a much broader focus, involving a wide range of academic disciplines. Against this background, and with generous support of donors, the Children's Institute was established at the University of Cape Town in 2001.

Our Agenda

OUR OBJECTIVES

The Institute will:

- Characterise the major challenges confronting children in South Africa
- Conduct policy research, analysis and commentary
- Provide evidence based information and technical assistance to all relevant parties in the policy making process
- Undertake training and teaching
- Promote and impact on policy making decisions that affect children's well-being
- Monitor and evaluate the impact of policy on child well-being
- Disseminate information and research findings to all interested, involved and affected parties

¹ Wilson F, Ramphel M in "Children on the Frontline", UNICEF Report (1987)

OUR FUNCTIONS

Our functions are:

Research:

- Defining research questions in specific child policy areas
- Conducting high quality policy research
- Stimulating interdisciplinary research
- Collating and analysing secondary research and data sets

Teaching:

- Delivery of policy research training for graduate students from a range of disciplines
- Contributing child policy modules to existing programmes
- Delivering short courses or other appropriate training programmes to child practitioners and policy-makers

Technical Assistance and Support:

- Providing technical assistance to policy-makers and practitioners
- Supporting a range of players in the child policy arena with information, training and practice guidelines

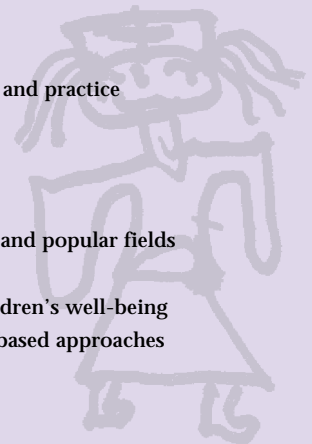
Advocacy:

- Communication with decision makers
- Producing relevant publications directed at the policy, service provider, academic and popular fields
- Information dissemination
- Participating in and supporting social movements that prioritise and promote children's well-being
- Increasing the cadre of practitioners, scholars and researchers versed in evidence-based approaches to child-focused policies and practices

PRINCIPLES GUIDING OUR WORK

The Institute will:

- Pay special attention to children rendered vulnerable by inequity
- Be guided by the priority needs of children
- Promote the participation of children in the work of the Institute
- Focus on policies that have the potential for national impact
- Focus on all phases of policy and its implementation
- Promote locally appropriate models of policy and intervention
- Apply an evidence-based approach
- Apply advocacy strategies that promote informed policy decision making
- Respect diversity
- Promote inter-disciplinarity
- Promote collaboration with all relevant parties in the policy making process
- Create a stimulating and supportive work environment
- Optimise the existing skills within the Institute



MANAGEMENT, GOVERNANCE AND FUNDING

The day-to-day work of the Institute is directed by a team led by the Director who accounts to a University-wide Management Committee chaired by Professor Francis Wilson.

The Management Committee is responsible for approving the Institute's strategic plan and budget; reviewing its finances; ensuring that the Institute complies with University's academic and administrative requirements; and monitoring progress and quality. The Chair of the Management Committee reports to the University Executive through the Dean of the Faculty of Health Sciences.

Under the leadership of Mrs Graça Machel as Chair, an international Board of Advisors advises Director and the University on strategy, and guides the Institute's overall direction. It also assists with the mobilisation of resources for sustainability.

The Institute is supported by the University, with the aid of a large core grant from Atlantic Philanthropies. Supplementary project grants have also been raised from other organisations such as Government departments, foundations and development agencies. These are listed in the section on grants and finances.



THE BOARD OF THE CHILDREN'S INSTITUTE

Mrs Graça Simbine Machel, *Chairperson*



Mrs Graça Machel did her first BA degree in German Philology, University of Lisbon, Portugal. She is currently serving as a Board member of the following organizations: United Nations Foundation, South Centre, United Nations University, and UNRISD. Dr Machel and her husband, former President Nelson Mandela, are serving as International Ambassadors for children. She also serves as the President of the Organisation of Mozambican Children, Foundation for Community Development in Mozambique. Dr Machel has received many honorary degrees and awards. She was awarded the KORA Lifetime Achievement Award for 2001. She is currently the Chancellor of the University of Cape Town.

Dr. J. Lawrence Aber is a nationally recognized expert in child development and social policy. Dr. Aber received his Ph.D in Clinical and Developmental Psychology at Yale University in 1982. His



basic research interests focus on the social, emotional, behavioral, and cognitive development of children and youth at risk due to family and neighborhood poverty, exposure to violence, abuse and neglect, and parental psychopathology. He is currently the Director of the National Center for Children in Poverty in the Mailman School of Public Health at the University of Columbia in New York.



Ms Nazeema Ahmed is the Research Manager of the South African Parliamentary Research Unit. She has an academic and research background in social science and public health. Before joining Parliament, she was involved in several research projects. She has been actively engaged in efforts to promote children's rights and child advocacy. She has a particular focus on research, especially on children and families, social safety nets and poverty alleviation, reproductive health rights and gender justice.



Dr John R Pinkerton is Head of the School of Social Work, Queen's University Belfast, Northern Ireland. He was previously Senior Research Fellow in the Centre for Child Care Research. He has a special interest in the application of research to policy and has worked with Government in both parts of Ireland on developing Children's Strategies.



Professor Harold Richman is the Hermon Dunlap Smith Professor Emeritus and the founding director of the Chapin Hall Center for Children at the University of Chicago. He is the former Dean of the School of Social Service Administration at the University of Chicago and was the founding director of the University's graduate program in Public Policy Studies.



Dr Jon E Rohde is a Senior Health Advisor for the EQUITY Project. He came to South Africa from twelve years in India where he served as the country representative of UNICEF and the global advisor to Mr James Grant. For the past thirty-four years he has lived and worked in developing countries conducting research on diarrhoeal disease and nutrition, representing the Rockefeller Foundation in Indonesia, and directing the Rural Health Delivery System for Haiti. A paediatrician, he has published widely in the area of infectious disease and nutrition and various aspects of public health.

THE YEAR IN REVIEW

The Children's Institute was established in July 2001 with the full commitment of the University and through the support of a generous grant. In October, the Board of the Faculty of Health Sciences formally approved the Institute through a resolution which was subsequently adopted by the University Senate.

The founding proposal cited the mission, objectives, functions and proposed activities for the first five-year period of the Institute, and this formed the basis for planning the operations.

Our Priorities

Using the evidence derived from research, literature reviews and the collective experience of the founding staff, the priorities for the work of the Institute in child health policy were identified as follows:

Social services (with an initial emphasis on child health services); HIV/AIDS; social security; trauma and violence; and child rights.

In addition, a strong cross-cutting set of communication and advocacy activities were identified as being essential for ensuring effective linkages between the research and policy environments.

The Situation of Children

During the year, the situation of children in South Africa remained of concern to both government and civil society alike. Concerns regarding protection and promotion of children's rights were highlighted in legal cases presented to the courts of law. The work of the child rights programme in monitoring the progress of rights-based policies for children is widely disseminated and this, along with detailed commentary on laws affecting children – such as the Child Care Act – was well-received by researchers and policy-makers alike.

There can be no doubt that HIV/AIDS is the biggest obstacle to child survival and development in South Africa today, and projects in the HIV/AIDS programme area are directed at both promoting equitable quality of care for those infected with the virus, as well as those affected by the epidemic, such as orphans. But research into this problem has highlighted other issues of child rights – such as the challenges associated with ensuring real child participation in projects aimed at benefiting them. This challenge is being addressed by the Institute through targeted efforts undertaken by staff who are aiming to equip themselves with the requisite information, tools and skills.

Yet another challenge to the realisation of child well-being is the scourge of violence and trauma which continues to pervade South African society, and while the Institute contributed to several national and regional efforts to develop new approaches to containing this problem, work was also undertaken at household level – to identify and document those fundamental underlying issues which have to be addressed towards sustainable interventions. One project was undertaken through an interesting partnership between the public and private sectors – in which the Institute played its role as a broker of quality evidence – and this model is worthy of further exploration.



THE YEAR IN REVIEW

Despite the huge strides made by government in development of plans and policies to promote child rights and child well-being, there are several areas in which policies have yet to be formulated. A key role played by the Institute is identification of these areas, wide consultation with interested, involved and affected parties, collation of evidence and drafting of new policies for consideration by the responsible authorities.

But a big gap exists between policy and its actual implementation, and the Institute endeavours to help bridge that gap through support for the implementation and evaluation of policies. This continuum – from identification of need to support for implementation – is best demonstrated in the Institute's work in school health policies, described in section on health services projects.

Alleviation of the impact of poverty is one area which remains of great concern in South Africa. Debates on poverty reduction strategies were prominent in both policy and civil society settings, and in particular, highlighting of issues in relation to child poverty, and advocacy in support of the realisation of children's social and economic rights was spearheaded by civil society alliances. Both policy-makers and advocacy groups are becoming increasingly reliant on a sound evidence base to guide their decision-making, and the social security, child rights and advocacy activities in the Institute resulted in substantial and significant contributions to inform both policy and practice guidelines.

Staffing and Governance

The Institute team is well-established. During the period under review, the team worked hard to develop a shared modus operandi, to maintain momentum in areas of priority and to deal with the challenges faced by the fledgling Institute. Starting with an initial staff of six members, during the year the Institute expanded to a complement of twenty four staff, thirteen of whom were employed on short-term project contracts. At the end of the first year, two staff left the Institute – Professor Andy Dawes (Deputy Director), to take up a position in the Human Sciences Research Council's Child and Family Development Research Programme, and Ms Eva Abrahams (researcher in health services), to an appointment in the undergraduate health sciences programme. These are significant losses which will be hard to replace as their contributions to the Institute's development and work were highly valued.

The Board of Advisors and the Chair of the management committee played an important role in supporting the Institute at its inception and in the ensuing months, Board members visited the Institute, providing both strategic and operational advice, and also assisted in identifying new opportunities for mobilising resources and for other forms of support for the Institute's work.

Collaboration and Networking

As an Institute which operates at the interface of the academic institution with both government and civil society, our work can not be effective without active collaboration and partnership with a wide range of individuals, institutions and networks at local, national and international levels. Through the foundation established by its predecessor, the Child Health Policy Institute, the base of collaborators and networks was strong, and during the year, this was further strengthened through the different projects and activities. Of particular significance was the nature and content of our relationship with civil society alliances such as ACCESS (Access of Children to Economic and Social Security) and

CHAIN (Child AIDS Network), on the one hand, and with government on the other. The activities within these partnerships included collaborative research and training, commissioned primary and secondary research, production of appropriate publications and media, and organisational support of various kinds. Finding the balance between sufficient distance to retain objectivity, and sufficient closeness to retain credibility and relevance, remains a challenge in our work.

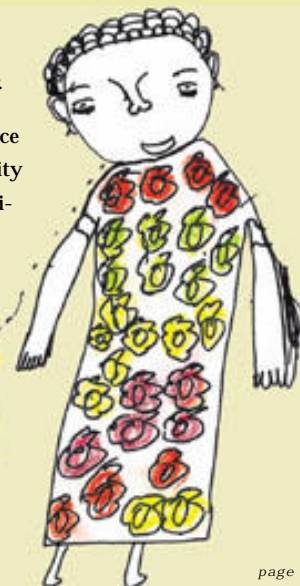
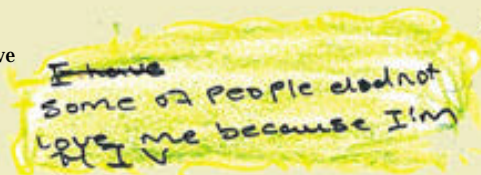
A new level of networking was established with our international counterparts in the Americas, the United Kingdom, Ireland, Europe and the Middle East. A meeting convened in San Sebastian, Spain brought together representatives of children's research centres in other parts of the world, and provided an excellent opportunity to discuss operational issues of concern to us all. This has been a valuable learning experience for the Institute as the youngest participant in this network, and the support provided through other forms of communication has been highly appreciated, especially in this early period of our development.

Financing and Administration

A strong financial, human and organisational resource base has ensured our viability in the past year, and stands us in good stead for sustainability in the medium- to long-term. A substantial core grant, complemented by the University's support and supplemented by several large project grants have made it possible to sustain the activities as planned for the year, and also to expand these into more areas. The staff – most of whom are employed on a project basis – are extremely committed to a “first call” for children, and this passion, combined with dedicated, hard work and innovation, has resulted in quality work which is in great demand. This demand places tremendous pressure on the existing staff, and some of the issues to be addressed include financing the expansion of our human resource base, building a large enough critical mass of experienced researchers, ensuring a strong thread of capacity development of existing and new staff, and strengthening administrative capacity which is crucial to the effective functioning of the organisation. In a climate of change in administrative practices, the organisational infrastructure has been consolidated, and the Faculty of Health Sciences – as our administrative home – has been supportive in this regard. The physical infra-structure remains a challenge – as demands for space follow expansion of the work – and this is one area which will have to be resolved in the forthcoming year.

The work undertaken in the past year has highlighted the need for a strong evidence base to policy-making and programming, and the demand for information of quality to guide interventions. It has also emphasised the importance of the social responsibility mandate of the University, and the practical implications of exercising this mandate effectively and appropriately.

The first year of the Children's Institute has been exciting and we enter the next phase of our development with enthusiasm and renewed commitment to children in South Africa.



While the programmes of the Institute are based on the agreed priorities, the multifaceted character of these priorities and the multidisciplinary nature of the work demand a great deal of collaboration between the programmes, as well as within the various projects.

In this report, projects are presented within the programme categories. This is arbitrary, and does not accurately reflect the extent of collaboration and cross-programme contributions. The brief reports on the projects cover the areas of research, technical assistance and support, and advocacy. The Institute's education and training activities are reported in a separate section.

Further detail on each of the projects described is available from the communications service of the Institute.

Child Health Services

Health services for children were identified as one of the priority areas in the transformation of the country's health system. In response, a number of policies and programmes such as free health care for children under 6, a primary school nutrition programme, a Vitamin A supplementation programme and guidelines for the integrated management of childhood illness, were developed to improve access to quality child health services. These policies provided a sound basis for improving health care for children and new policies governing important areas such as school health services and services for children with chronic health conditions are currently in development.

Despite the significant strides made in policy and programme development, child health services still do not adequately address the needs of children. This is especially true for children living in socio-economically disadvantaged situations.

Some of the challenges currently faced by child health include inequitable service delivery, with poor access to care for children living in rural areas and socio-economically marginalised urban communities. There is sub-optimal delivery of some essential services such as immunisation (which has coverage of less than 50% in some areas), Vitamin A supplementation programmes, and in several primary level care facilities basic treatment for HIV-infected children is not available. In most parts of the country, important services - such as school health services - have collapsed and in general, children are not given priority attention in health facilities. Here children often have to share waiting rooms with adults, with the adverse consequences of exposure to secondary violence, by witnessing severe adult trauma cases.

It is clear that despite significant progress in policy and programme development, much work is still needed to ensure effective implementation. Health service managers and health workers will thus need significant support in terms of providing clear guidelines for implementation. This will include the development of practice tools to equip staff within health facilities.

The *goal* of the Child Health Services programme is to contribute to the development of policies and programmes that will support the delivery of good quality health services for all children. While policy initiation and development in new areas remains relevant, a key challenge is support for the implementation of policies, and evaluating their impact.



PROJECTS

Several of the programme activities reported for the year are a continuation of the work initiated by the Child Health Policy Institute.

1. The National School Health Policy

Before 1994, school health services were fragmented, inequitable and inaccessible to the majority of school-going children in South Africa. One of the concerns of the transformed health system was therefore delivery of health care to scholars, and the development of an appropriate school health policy.

The predecessor of the Children's Institute, the Child Health Policy Institute, was involved with the process of developing a national school health policy since 1997 and in 2000, two researchers from the health services programme were commissioned to develop a school health policy for the national Department of Health. The project was conducted through an extensive national participatory process.

The policy, together with a set of broad implementation guidelines, was completed in May 2002 and has been approved for implementation by the national Department of Health.

The Department of Health has now approached the Institute to develop a detailed set of implementation guidelines, as well as to undertake a national costing exercise for the implementation of the policy.

This project was co-funded by USAID and UNICEF.

2. A national policy for chronic diseases

In 1999, a group of clinicians identified the absence of a coherent national policy for children with chronic conditions as an important obstacle to comprehensive service delivery. The Child Health Policy Institute initiated a national round table discussion on policies and programmes of care for children with chronic conditions which resulted in constitution of a group to develop a national policy in this important area.

The policy is aimed at addressing health services for children with chronic health conditions, and providing a generic framework for delivery and management of services for chronic childhood conditions in the context of the system of child health services.

The Directorate responsible for chronic conditions within the National Department of Health is the lead agent in the team responsible for developing this policy. The manager of the health services programme serves on the team that is assisting the director in this task.

The policy is currently in its final draft and has been widely circulated for comment. The Children's Institute will continue to serve on the reference team until the completion of the policy.

The chronic diseases policy intersects with several other policy initiatives, including those concerned with child disability and other forms of chronic ill health. The current issue in the management of child disability is the provision of social and financial support through a special grant in aid. The health services programme manager is a member of the reference team for the Social Security

programme project that is exploring the development of a nationally applicable tool to assess the eligibility of children with chronic health conditions for a Care Dependency Grant.

This work is supported by the Department of Health.

3. Evaluating the developmental screening programme in the Western Cape

Neuro-developmental disability has been a neglected area in the care of children in South Africa. In the current health system, the management of child neuro-developmental disability has come under review, and the Children's Institute and its predecessor, the Child Health Policy Institute, have played a big part in support of this process.

In 1995, the Child Health Policy Institute hosted a national roundtable discussion on developmental screening. Among the important issues to emerge from the workshop was the need to develop an appropriate standardised developmental screening programme for children. This challenge was taken up in the Western Cape Province which adopted a new developmental screening programme in 1999. This programme was implemented in the province in 2000 - 2001. At the end of the first year of its operation, the Children's Institute was requested to undertake a formal evaluation of the programme. The evaluation aims to provide information that would assist with the further planning and implementation of the developmental screening programme in the Western Cape Province; define a framework for national developmental screening programmes; and provide a baseline for future monitoring and evaluation of the programme.

The current evaluation is being done in collaboration with services and projects in the Developmental Disability division in the Child Health Unit at the University of Cape Town. While focussed at provincial level, the evaluation has significant implications for influencing national developmental screening policy.

This project, which is funded by the Health Systems Trust, is currently in progress and is due for completion in December 2002.

4. The National Health Bill

The National Health Bill provides the legislative framework for the entire South African health care delivery system. In its early drafts, the Bill had huge gaps in relation to the rights and health care of children. In February 2002, in collaboration with the child rights programme, substantial commentary on the 2001 draft of this Bill was submitted to the Department of Health.

Public commentary will be invited after the Bill has been tabled in the next session of Parliament, and the success of the Institute's submission on behalf of children will be evidenced in the next draft.



Child Rights

In 1995, South Africa ratified the UN Convention on the Rights of the Child. This action symbolised a clear recognition by South Africa's leaders that extra attention needs to be paid to children's well-being. In 1996, the South African Constitution, containing a Bill of Rights, was adopted. In addition to recognising everyone's fundamental human rights, the Bill of Rights contains a separate children's clause that echoes these same rights for children. Section 28 of the Constitution implies that each child is entitled to a basic package of services which includes basic health care services, basic nutrition, shelter and social services. It also suggests that the government should prioritise the provision and delivery of these services to all children.

However, with pressing priorities facing government and a lack of understanding of translating the concept of "children first" into practice, this intention has not been realised. Many children's basic needs have not been adequately met and, as a consequence, they are unable to enjoy their other constitutional rights, such as the right to equality, dignity, and education.

The *goal* of the Child Rights Programme is therefore to focus on provision of a basic set of socio-economic services for children in the context of the legal obligations imposed by the international and domestic rights framework.

The Programme has both an internal and an external focus.

Internally, the Programme aims to inform staff on current child rights developments and supports them in ensuring that their projects emphasise the legal obligations imposed by the rights framework. Further support extends to translating these obligations into policy and service delivery.

Externally, the Programme provides information and advice on the country's legal obligations, to role players who are in a position to influence child well-being. These include executive government decision makers, parliamentarians and research staff, child service providers, civil society organizations and academics.

PROJECTS

While the primary focus of projects reported for this programme is child rights, the intersection with all the other programmes is important in giving effect to the Institute's adoption of a rights-based approach to all its work. This is reflected in the content of some of the activities reported.

1. Policy and Legislation monitoring and research

Policy and legislation monitoring and research is undertaken in order to inform interested parties in the children's sector regarding progress and new developments in policies and laws directed at promoting child well-being. Products of this project include policy and law reform updates, summaries, comments and "alerts".

Policy and legislation update

The project's mission is to promote child sector participation in the policy and law making processes to ensure informed decision making and an end result that benefits children.



PROGRAMMES *Child Rights*

Its product - The "Update" - is the most comprehensive document in the country on policy and law developments affecting children. It provides information on policy, law and programmatic developments - from all government departments - that affect children or have the potential to affect children.

The Update is produced approximately three times a year and distributed electronically and in hard copy to approximately 700 individuals and organisations which include a range of NGOs, CBOs, the media, the President's office, parliament, academics, government departments, service providers, and funding organisations. It is also posted on the Parliamentary Monitoring Group's website (www.pmg.org.za).

The success of the product is largely attributable to the partnership between the Children's Institute (which co-ordinates and edits the publication), the Contact Trust and Parliamentary Monitoring Group (which provide information on the departments and issues in which they specialise).

During the reporting period three editions of Update were produced and distributed.

Policy summaries

The Child Rights Programme produces policy summaries for audiences that do not have the time or capacity to read through lengthy policy documents in order to assess how the policy will impact on the children of their concern. In this way, the participation of the children's sector in the policy and law reform processes is enhanced.

During the reporting period, an important activity was the production of a colloquial summary of the **Report of the Committee of Inquiry into a Comprehensive Social Security System for South Africa** and the main recommendations relevant to children's social security needs.

Comments and submissions to government

One major activity of the programme is co-ordinating commentary and submissions on child-related law reform.

A number of comments and submission on policy and law reform were submitted to government. Furthermore, these issues were also discussed in several articles produced for child sector journals and newsletters (see PUBLICATIONS).

'FIRSTAlerts'

"Alerts" are notices informing the children's sector about opportunities for participation in the policy- and law-making processes.

In the ChildrenFIRST magazine, a column entitled "FIRSTAlerts" provides updates on policy and law reform developments. The magazine is published by a children's rights organisation situated in KwaZulu Natal, and is distributed to a national audience of child sector organisations, service providers and decision makers.

2. Promoting and supporting constitutional litigation and other legal proceedings that advance children's rights to nutrition, shelter, health care services and social services.

One of the important roles of the programme is the provision of legal expertise and support to civil society alliances engaged in proceedings that will set legal precedents for enforcement of children's rights in South Africa.

During the period under review, assistance was provided to ACCESS in their efforts to advocate for children's rights of access to social security provisions and services. This assistance took the form of consultative meetings, roundtable discussions, interpreting law and summarising regulations which pertain to this issue.

3. Facilitating debates on child rights issues

A key role for a policy research institute is the convening of policy roundtable for discussion and debate on options for policy choices. To this end, the programme convened several roundtable discussions. In support of the efforts of ACCESS to promote access to children's social and economic rights, two workshops were arranged on the following topics: The Basic Income Grant (BIG) as a policy choice for social security reform; and Social Security Policy Reform developments and strategies for participation in the policy reform process.

Following the attendance of staff of the Institute at the UN Special Session on Children in May 2002, a meeting was convened to provide feedback by the representatives of non-governmental organisations which attended the meeting. This was also a forum for initiating discussion on the process for harnessing broad participation in the next complementary report on the country's progress with implementation of the Convention on the Rights of the Child.

These projects are all supported by the Open Society Foundation.

4. Promoting the implementation of constitutional obligations in policy and law making, executive decision-making and service delivery through provision of practical and usable information and practice tools, and participation in child rights movements

Significant progress has been made in establishing a legal framework for promotion and protection of child rights. However, there is much work to be done in the translation of these good intentions into the daily practice of those who care for children and make decisions about their lives.

Some experience has been gained in this field and a proposal for this project is in progress. In the first phase, extensive research and academic enquiry in regard to the legal obligations of the Constitution will be undertaken. This will then inform the development of information and tools to guide practice, which will be undertaken in the second phase. The pilot phase of the project will be incorporated into the core activities of the Institute and will be followed by efforts to secure funding for the substantive project.

Social Security

Poverty, unemployment and inequality in South Africa continue to worsen with many families and children living in difficult circumstances, requiring assistance from the state and society in order to survive and develop. Various studies have found childhood poverty rates to be as high as 60-70%, with 20% of children suffering from stunting due to malnutrition, and 30% residing in households with food insecurity. Children with special needs due to disabilities or chronic illnesses also require assistance to meet their needs and to attain their full potential. There are children in need of alternative care due to their families' inability to care for them, for several reasons. The increasing numbers of AIDS orphans, children living on the streets and child-headed households are all groups of vulnerable children in dire need of social assistance.

Not only is there a dire need for social security provisioning, there are also the State's obligations, as defined within the national and international legislative frameworks to which South Africa subscribes, which call for efforts to ensure the basic rights and standards of living for children, as well as basic social security benefits for the family and child.

An important development in 2002 has been the release of the Report of the Committee of Inquiry into a Comprehensive Social Security System for South Africa. The Committee proposed a range of interventions to provide a comprehensive package of social protection that included some radical recommendations, such as a universal Basic Income Grant (BIG), which also have implications for children.

In this context, the *goal* of the Social Security programme of the Children's Institute is reduce the impact of poverty on children by contributing to the development of a comprehensive social security system for children in South Africa

PROJECTS

1. Monitoring of the Current Social Security System

A major activity in support for implementation of policy is monitoring. Though much work remains to be done in developing an appropriate set of indicators by which to track implementation of policy and its impact on the well-being of children, one feasible and attainable approach is monitoring of the administrative components of the system.

A process of monitoring of the existing system was established in the social security programme under the auspices of the Child Health Policy Institute, and that has been continued in the Children's Institute. The process examines the administration, up-take rates and budget allocation related to the benefits for children and their families.

Reports have been produced regularly for use by government, other academic departments and civil society alliances and organisations. This project is one component of a core activity envisioned for the Institute in exercising our policy monitoring and evaluation function .



2. A database of indicators of child well-being

Attempts to monitor the impact of poverty on children highlighted a lack of specific indicators in the routine information system.

Following extensive discussion with a wide range of interested parties, the social security programme undertook to continue with the collection and collation of statistics and data regarding the well-being of children in South Africa, in order to establish a baseline data-set against which to track the impact of social security interventions on children. This is crucial at this important stage when the system is undergoing review and transformation.

A software package and training provided by UNICEF are being used for this purpose, and assistance of students will be enlisted for the data-capturing phase.

This project is the forerunner for mainstreaming the development of indicators to guide impact assessment for all child-oriented policies and programmes.

3. Developing New Assessment Procedures for Eligibility to Social Assistance for Children with Chronic Health Conditions

No comprehensive policy or guidelines exist to promote access to social assistance for children with chronic health conditions. One target for addressing challenges faced in the day-to-day experience of practitioners is a review of procedures for assessing eligibility for social assistance. In order to improve practice in this field, a phased developmental approach has been adopted.

In the first phase of the process, the programme undertook a review of existing international assessment tools, as well as an exploratory analysis of the applicability of the British and Australian tools to the South African situation. This has provided invaluable information to guide the second phase which will involve design of a new practice tool for use in South Africa.

In response to a request for proposals, a funding proposal has been submitted to the national Department of Social Development.

4. Measuring the Impact of Social Security Interventions on the Well-being of Children in South Africa

National and international evidence on the impact of cash transfers was collected and reviewed for the National Department of Social Security, in order to inform their budgetary decisions and priorities. However, a great deal more information needs to be systematically collected.

Planning is under way for close collaboration with the National Department of Social Security in their efforts to establish a national survey to measure the impact of the grants on children. A small-scale independent survey of quality could add value to this process, and a proposal to this end is in development. In addition, we plan to collaborate with leading economists in the analysis of the impact of the proposed basic income grant (BIG) on children.

A further project in this area - on "Social Security for the Poor and Marginalised" - is being

undertaken through collaboration with the Rand Afrikaans University. This is supported by South Africa Netherlands Research Programme on Alternatives in Development (SANPAD).

5. Contribution to a new policy framework for social security change

The social security programme made several submissions to the Committee of Inquiry into a Comprehensive Social Security System for South Africa and undertook specific research upon their request, regarding aspects affecting children and persons with disability. Our analyses and recommendations fed directly into the Committee's deliberations, and most of our recommendations were included in their final Report. Upon the release of the Report, we made substantive submissions to the Department on the Report, as it related to children and persons with disabilities.

6. Support for civil society

The programme continues to undertake research and provide information for civil society alliances, such as ACCESS, to ensure that the best available evidence informs decision-making. These alliances are then in a stronger, better informed position to advocate for effective and appropriate action by government.

This role, on the interface between between civil society and the government, is vital in ensuring that both parties have the best evidence available. While the advocacy alliances can transmit the programme's research and work to civil society organisations, it is also important that the same information is relayed to the key decision-makers to facilitate convergence.



HIV/AIDS

Over the last 15 years, there has been a steady increase in adult mortality in South Africa. This increase in mortality of relatively young adults has largely been attributed to AIDS, with 40% of adult deaths (15 to 49 years) in 2000 believed to be AIDS related. Without treatment, experts predict that between 5 and 7 million people in South Africa will die of AIDS by 2010.

In South Africa, mortality rates in women between the ages of 25 and 29 years were 3.5 times higher in 2000 than in 1985 and the 1999 confidential enquiry into maternal deaths found AIDS to be the most common cause of maternal death in South Africa.

“*When a mother dies, children suffer*”. These are the words of a 9 year old boy in South Africa who has been orphaned by AIDS. South Africa currently has an estimated 600 000 children under the age of 15 years who have lost a mother to AIDS. This figure is expected to peak at between 2 and 3 million children by 2015. If the definition of ‘orphan’ is broadened to include all children (under the age of 18 years) who have lost one or both parents, the figure is expected to be substantially greater, at 5.7 million.

With high rates of adult mortality, the number of children in South Africa living alone and under the subsistence level, is expected to increase from approximately 46 000 in 1996 to close on 900 000 in 2011.

While HIV prevalence among adults in South Africa is relatively well documented, little is known about the extent of HIV-infection in children under the age of 15 years.

The National HIV and Syphilis Sero-prevalence survey of women attending public antenatal clinics in South Africa (2000), estimates that between 97 000 and 114 000 babies acquired HIV through mother to child transmission during the year 2000. The cumulative number of HIV-infections in young children is not known.

Partly as a result of childhood HIV infection, increases in maternal morbidity and mortality and the socio-economic consequences of HIV on households, overall morbidity and mortality in African children is increasing. This is reflected in both the under 5 and infant mortality rates (IMR) in South Africa.

In this setting, the *goal* of the HIV/AIDS programme is to address and mitigate the impact of HIV/AIDS on children in South Africa through research and advocacy that informs appropriate legislative, policy and programme development and implementation.

The HIV/AIDS programme works closely with a number of government departments, providing input into their strategic planning around children and HIV/AIDS. In particular, the programme has been involved with the Department of Justice (provision of materials for training programmes for magistrates, on child-related issues); the Department of Education (contributions to strategy to address the needs of orphans and vulnerable children); the Department of Social Development (developing a co-ordinated response to the needs of HIV affected children). Furthermore, the recommendations coming out of the current research on orphans will inform a number of departmental strategies (including Departments of Health, Social Development and Education) for addressing the needs of orphans and other vulnerable children. The programme has also provided input into a number of submissions to national government departments and parliamentary committees.

PROJECTS

1. Researching and developing systems to facilitate the identification, monitoring and support of vulnerable children

The Institute was commissioned by Save the Children Fund (UK) to develop systems and tools to facilitate the identification, monitoring and support of vulnerable children. The research involved interviews and activities with children, caregivers, service providers and programme planners.

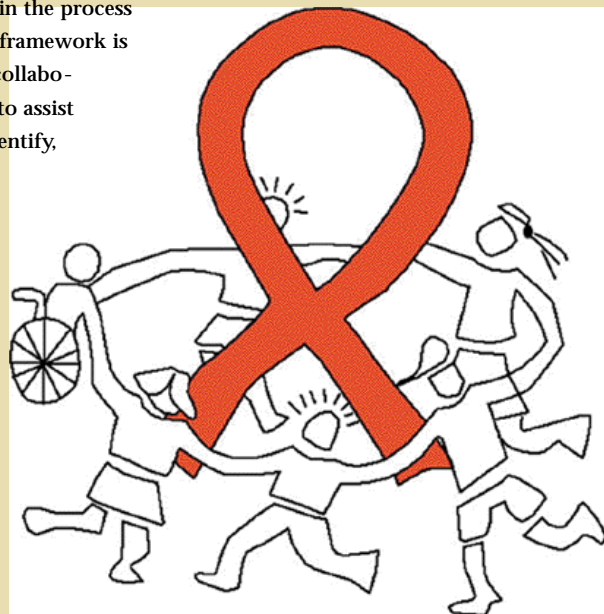
The research findings highlight many instances of missed opportunities for the identification and support of vulnerable children by service providers, many of whom come into contact with children and their caregivers without using this opportunity to identify or support especially vulnerable children. Using the gaps identified through the research as well as the concepts that underpin successful initiatives, the researchers are developing a conceptual framework for understanding the roles that different agencies and individuals can play in the process of identifying, monitoring and supporting children. The framework is accompanied by guidelines for facilitating inter-sectoral collaboration as well as a series of practical fact sheets designed to assist individuals and agencies to develop their own tools to identify, monitor and support children who may be vulnerable.

This project was commissioned by Save the Children Fund (UK) which received funding from the Ford Foundation for this purpose.

2. Developing National Policy Guidelines on the Care of Orphans

A commission was received from the Department of Health to research and develop national policy guidelines on health and social services for children who have been orphaned or who are at risk of being orphaned. The research involved 6 months of field work in six sites around the country. Participants included children, their caregivers, health service providers, staff at NGOs and CBOs, social workers, teachers and principals, traditional healers, traditional leaders and a range of other key informants.

On completion of the data analysis, the project team will produce a discussion paper which will ultimately inform recommendations to relevant government departments and other role players, on an appropriate policy and service response to the needs of children who have been orphaned or who are at risk of being orphaned.



Children can make a change-
hear our voices

This is a major project of the Institute and preliminary analysis of the data suggests that there is much more work to be done to inform effective approaches to this huge national crisis.

This project is supported by grants from the Department of Health and the Rockefeller Brothers Fund.

3. Rapid appraisal of primary level health care services for HIV positive children at public sector clinics in South Africa

South Africa has a large and growing number of HIV-infected children. At the present time, there is no policy or plan for provision of anti-retroviral therapy to these children. However, there are several other effective health and social interventions which have been shown to improve life expectancy and quality of life in HIV-infected children.

In collaboration with the Child Health Unit, the Institute conducted a rapid appraisal to ascertain the extent to which some of these interventions are currently available to children attending public sector clinics in all 9 provinces of South Africa.

The study identified several deficiencies in the services. It also highlighted the need for monitoring and evaluation of the implementation of existing policies and guidelines, and for training of primary health care staff on the appropriate management of HIV in children. The research report is being made available to health managers at national, provincial and district level.

This project was supported by the Health Systems Trust.

4. National Children's Forum on HIV/AIDS

In August 2001, the Institute facilitated a National Children's Forum on HIV/AIDS, in collaboration with Soul City, the Children's Resource Centre, the Department of Health and the Parliamentary Joint Monitoring Committee on Children, Youth and Persons with Disability. Ninety HIV-affected children (between the ages of 7 and 18 years) participated in the event, together with 18 of their caregivers and a number of representatives from national government and parliament. The aim of the forum was to provide these children with the opportunity to have their voices heard and for their experiences and recommendations to inform the drafting and implementation of relevant policies and legislation.

Information collected at the forum has been included in several other documents developed by the Institute, including commentary on the Draft Child Care Act, the Draft National Health Bill and the Social Assistance Act. The information has also been used to identify further research needed in this area.

Feedback on the National Children's Forum has been presented at several national and international conferences, including the AIDS2002 Conference in Barcelona. The Forum event has attracted extensive media coverage.

Some of the children who attended the forum addressed participants at a national HIV and education conference held in June 2002. The audience included the Deputy President, and the Ministers of Health, Education and Social Development. The children delivered powerful and moving testimonies that highlighted the gaps in the Department of Education's response to HIV/AIDS.

The report on the forum captures the experiences of children affected by HIV/AIDS through the stories and artwork of the children who participated in the forum. Each chapter in the report explores one of the ten key themes to emerge from the children's shared experiences.

This project was supported by the national Department of Health and the Bernard van Leer Foundation.

5. National Directory of Services for children and youth infected and affected by HIV/AIDS

Early in 2001, the Child Health Policy Institute was commissioned by Save the Children (UK) to develop a database of services in South Africa for children affected by HIV/AIDS. The project included the development of a website and the training of staff at the Department of Social Development on the maintenance of the site (www.childaidsservices.org).

The Directory was launched in the name of the Institute in August 2001.



Child is crying because her mother died.

Trauma and Violence

Children are the most vulnerable targets of a society racked by violence, and their current situation is reflected in the large number of violence-related crimes against children, and the serious manifestations of this phenomenon. Children are also seriously affected by trauma caused by both accidental and non-accidental injury.

The effects of trauma and violence involve a complex web of causality which has to be matched by a comprehensive system of policy and programming, as well as behaviour change.

The University has accomplished a large body of work in researching this issue, and the Children's Institute will contribute to policies, laws, programmes and practices to reduce this phenomenon

The trauma and violence programme was initiated in July 2001. During the first year of operation, several research projects were launched. These are outlined below.

1. Collaboration with other departments at the University of Cape Town

One of the charges to the Children's Institute is to facilitate research collaboration on matters affecting children and child policy among colleagues within the University. The two initiatives outlined below fall within this aspect of the Institute's mandate.

CAPFSA

The Child Accident Prevention Foundation of South Africa (CAPFSA) is based at the Red Cross Children's Hospital. Over a period of more than 10 years, it has accumulated an extensive child trauma database which records all patients presenting to the Trauma Unit of the hospital. The database is invaluable for tracking child trauma trends in the Red Cross catchment area over time.

Following consultation with CAPFSA, it was evident that the database required extensive cleaning and restructuring to facilitate the extraction of trends data. The Institute enlisted the assistance of colleagues in the Department of Statistical Sciences at UCT, who have attended to the problems in the database, and made it more user friendly for CAPFSA and those who can benefit from analysis of this data.

Violence and Mental Health seminar

The Institute collaborated with the Department of Psychiatry and Mental Health to establish this seminar which is convened each month at Valkenberg Psychiatric Hospital. The aim of the seminar is to provide an opportunity for colleagues working on issues related to violence to discuss their research and develop collaborative research relationships.

Currently, in addition to the two Departments noted above, colleagues from the following university sectors attend the seminar: Social Development, Occupational Therapy, and Psychology. The topic for the first six months has been "Measures". The group is reviewing the measurement of children's exposure to violence, as well as the assessment of the impact of violence on children's psychosocial functioning. A review article will be produced from these deliberations.



As a variety of measures are currently used in South Africa, the intention of this work is to provide guidelines for standard measures for use in South African studies. This will enable comparability of research findings.

2. The neighbourhood and familial ecology of child abuse and other crimes against children in the Cape Town Metropolitan Council area

This project aims to explore the links between community demographics and the incidence of reported crimes to children, and research was undertaken by Bridgette Carlstein, an Honours student in Psychology.

Pilot work on this project commenced in July 2001 through studying four high risk areas of Cape Town using police reported crime data and census data. The study forms the starting point for a city wide study should funding become available.

Applications for funding have been directed at a few international funding agencies.

3. Child sexual abuse in Atlantis

Child sexual abuse is a significant problem in Atlantis, an economically depressed area some 60 kms. from Cape Town.

Non-governmental organisations working in the field requested assistance with addressing the problem, resulting in three projects being conducted by the Institute in collaboration with the Child Guidance Clinic in the Department of Psychology at the university. Two graduate students (in Psychology and Environmental and Geographical Science) are involved in the project.

The first project aims to improve the integration of data on the incidence and prevalence of child sexual abuse by developing a systematic data collection protocol for those agencies that deal with the problem. This will enable consistent information to be collected so that more accurate data is available to inform service provision. The data will also permit risk profiles of the community to be developed with a view to improve child protection strategies.

The second project, "The journey of the child" aims to track successes and failures in service delivery for child sexual abuse (CSA) survivors. The study is based on interviews with service providers (both statutory and non-statutory), and on case records. The results should highlight problems in service delivery (legal as well as therapeutic), and could be used by community stakeholders to lobby for improvements.

The third project involves the geographical mapping of child sexual abuse incidents (using geographic information systems), and using census data to develop social correlates of abuse. Permission has been granted by the police for access to their crime intelligence data for study purposes. This study is a pilot for the wider study anticipated for Cape Town.

4. Crime Victim Survey (Child Section) for the Western Cape Government.

The Institute was approached by Price Waterhouse Coopers to assist with the design of the women and child section of a provincial level crime victim survey of 4 500 households stratified by the 4 police districts in the province. The survey has been completed and the results have been presented to the Western Cape government. Opportunities exist for the Institute to generate publications from the database produced during the course of the survey.

The project was conducted on a contract fee basis.

5. Appraisal of South African violence prevention initiatives.

With the support of a grant from the University of Pennsylvania, a survey of South African violence prevention and peace education programmes commenced recently. The project will investigate the extent to which programmes are informed by contemporary theory and evidence, and the extent to which sound evaluations are undertaken. The results will be written up and also used to inform the production of a violence prevention handbook for South African programmes

Other research-related activities

A significant focus of the first year entailed the establishment of a literature database on pathways to violence among youth, and violence prevention. In addition, literature pertaining to the assessment of children affected by violence, as well as measures of child exposure to violence were collected.



ADVOCACY AND COMMUNICATION

A major challenge facing research institutes is ensuring that research findings and recommendations for policy and law reform reach the decision- and policy-makers, as well as those affected by the policies. Such information should be presented in a way that is accessible and usable.

Advocacy Activities

The main *goal* of the advocacy programme is promote such understanding. This is effected through helping researchers to identify and understand the relevant policy and law reform processes on which their work impacts; providing legal support in the translation of research recommendations into policy and law mechanisms; and assisting researchers to identify partners for networking and collaboration in order to enhance capacity for effective engagement with the policy and law reform processes.

Advocacy support and advice is provided to programmes in the Institute and to other UCT structures concerned with aspects of child well-being. This involves assisting with advocacy strategies, communicating with relevant decision makers, political situational analysis, campaign advocacy, media liaison and translating recommendations into policy and law mechanisms.

One example of the support work undertaken is the assistance given to the UCT School of Child and Adolescent Health. In their call for country-wide implementation of programmes for the prevention of mother to child transmission of HIV, help was provided with the drafting, targeting and dissemination of a media release.

During the reporting period, advocacy programme staff collaborated with others in the Institute on several tasks. These included the initiation, establishment and support for the Alliance for Children's Entitlement to Social Security ; and planning, organisation, media liaison, and report-writing on the National Children's Forum on HIV/AIDS.

Interaction with parliamentarians

Members of parliament are invited to Institute workshops and the Institute also facilitates the extension of such invitations from other organizations.

During the year, parliamentarians participated in the National Children's Forum on HIV/AIDs and its follow-up meeting, and in the ACCESS Child Participation Project Meeting with decision makers.

Supporting Parliamentary Committees

Members of parliament are not always in a position to access the wealth of information generated by academic institutions and civil society organisations. In addition, civil society organisations often need assistance and support when interacting with Parliament and its processes.

Advocacy activities include support for parliament as well as promoting the relevance and usefulness of Parliament for child sector organisations. This is done by regularly communicating evidence-based information on children to key parliamentary committees and the research staff serving them.

called GAMAJA -
NORTHERN PROVINCE

my school is 5km away
from home - I walk daily
my sister Nonko that is in
Grade R - travels about
1km to her school.



When my mom was
alive she used to do
everything for us (me and
my younger sister.)



There is no
so little
no time
to play
peers
fri

Now, Everything
has changed.
ooh my?
EVERYTHING!



Now I AM A
BREAD-WINNER -
I MUST LOOK AFTER
MY FAMILY AND
MYSELF.

MY DAY STARTS
AT 6:30 EVERYDAY.

I WASH MYSELF,
MY LITTLE SISTER, & THEN PREPARE
BREAKFAST FOR OURS. SEE EVERYTHING IS
LEAD FOR SCHOOL.



I AM
3
13 YEARS OLD



I MUST MAKE SURE THERE IS FOOD
FOR MY LITTLE SISTER TO EAT
AND THEN I CAN ALSO
EAT IF THERE IS LEFT OVER.

Then I travel
about 500m
to a local/village
water pump - with my
mother's willbarrow to fetch water.
I use two 25 litres containers
which I push in the
willbarrow.

We stop our willbarrow
in a big drainage
I travel four times (ie.
Ex three return) to fill
the drums.

It is not easy to get even
two of the 25 litres since the
village people also use this
pump to get water.

This is our only water pump
for everyone.

...But before preparing
food, - there must be
firewood - ready.

After school I travel
to the outskirts of the
village to fetch some wood.

Although I am now used
to it, it is still a challenge.
I still find there are some
village people who still laugh
at boys who do this.
I always find that such as
getting a clean water
pump is a challenge
considered jobs for girl/young women.



My sister
can be
since she can

It is also a challenge since
I have to go to the pump - she can't always depend on me.

Also it can be dangerous in the woods
from the chopping, which such as snakes
and other animals. We have to be careful
to avoid them.

Supporting engagement with Parliamentary processes

For civil society organisations, assistance is provided on how to access parliamentarians and parliamentary research staff through providing updated contact details of parliamentarians dealing with children's issues. Information and training on how parliament conducts its legislative and oversight function is also available, and advice is provided on how organisations and researchers can participate in these processes. Activities during the year included a briefing on Child Protection Units, development of a Directory of contact details of parliamentarians and a report on a child participation project conducted under the auspices of ACCESS.

Communication Service

The communications service establishes and maintains communications systems for the Institute and provides assistance and advice to the staff and projects. Externally, we also provide some support for organisations and service providers in the children's sector.

This is a significant service in an Institute which relies on an effective communication and dissemination system for linking the academy to the policy milieu.

1. Design, establishment and maintenance of essential communications systems, tools and procedures for the Institute.

The Website

An updated and accessible website is an essential tool in order to ensure our research findings are communicated to a broad audience. The Website design is complete and the new website will go live at the launch of the Institute.

The Website will contain all the Institute's publications and products in both hard copy and electronic formats. The Website will also hold updated information on current child policy and law reform processes to facilitate public participation.

Product Dissemination Procedures

With increase in the volume of publications, an efficient and targeted system of dissemination is necessary.

A system and guidelines for procedures to be followed by researchers when distributing a product is being established. This is complemented by efforts to systematise both the products of the Institute, and our target audience.

Publication and Product Lists and Library

The Communications Service has embarked on an inventory of all products and publications. These number approximately 500. These will be held in the product and publication electronic and hard copy libraries, and holdings will be organised into a user-friendly thesaurus.

Although this initial phase is labour intensive, the resultant resource will make our research and other work accessible to a much wider audience.

Subscriber Database

To provide an effective channel for the outputs of the Institute, creation of a subscriber database is in progress. This is stratified by both type of subscriber and interest area, and may also be used as a resource for identifying appropriate participants to engage with the Institute in policy roundtable discussions.

Communication with parliament

The Institute and its predecessor have a track record in policy products relevant to Parliament's work to Members of the national Parliament and their research staff. This system, along with the regular presentations made to Parliamentary Committees has enhanced the Institute's presence in Parliament and has resulted in its identification as a reliable source of information on children.

Internal newsletter

As the staff complement of the Institute grows, the need for good communication becomes paramount to allow for good communication and exchange of ideas between programmes and researchers. One of the mechanisms being piloted to help address this need is an Institute newsletter which will provide Institute-wide updates on projects and activities.

Writing and production procedures

The development of procedures and resources for researchers to use when writing, editing, designing and printing products is in progress.

These will be included in a communications and advocacy manual which will contain detailed information on communication systems and procedures, as well as advice and resources on strategies and techniques. The manual will be completed by the end of 2002.

2. Support for alliances

The service provides limited support for alliances with which it interacts.

Recent support activities related to the production and distribution of the ACCESS member recruitment pamphlet (with the support of Soul City) and establishing an electronic e-mail list for this alliance.

Though some components of the communication services are currently funded, large-scale support is required to sustain quality, effectiveness and access.



EDUCATION AND TRAINING

Education and training are core mandates of the Children's Institute.

Though this area of the work has been the slowest to develop, there is a strong foundation of undergraduate and postgraduate activities, as well as less formal training, on which to base future progress.

Undergraduate teaching

A few departments in the University have invited our contributions to the teaching of undergraduate students in different disciplines.

The Institute staff are involved in six seminars to medical students in their fifth year of study. In a module entitled "The child in context", staff engage the students in a discussion on child rights, social security and HIV/AIDS.

The social security programme also contributes lectures to undergraduate students in occupational therapy, physiotherapy and social work at UCT. Plans are afoot to extend this teaching to students in the Law Faculty, as well as those at other universities..

Postgraduate teaching

Masters programme in maternal and child health

For the past four years the child health service programme manager has developed and facilitated a ten-week module that forms part of a distance learning masters degree in maternal and child health delivered by the Child Health Unit at the University of Cape Town. This module focuses on the organisation and management of child health services and is targeted mainly at programme and health service managers in practice throughout Southern Africa. This is an ongoing activity that involves updating of the module every two years and facilitating the ten-week module once in every two year cycle of the programme.

The child rights programme has contributed three units to two of the modules in the current revision of the programme, viz. "human rights and children's special rights", "making children's rights real" and "policies and laws relevant to child health and how to participate in their formulation".

Masters degree in occupational therapy

The social security programme contributed a seminar on social security for children with disabilities to the taught masters programme in occupational therapy in the Faculty of Health Sciences.

Postgraduate Certificate and Diploma in Social Security

(currently being developed with RAU.)

The Department of Law at the Rand Afrikaans University has embarked on a postgraduate programme in social security.

The social security programme was invited to contribute to this teaching. The family component of the "Training Manual in Social Security Law and Benefits" has been developed. These contributions support the teaching of this course which targets practitioners nationally, and is delivered by a team.

The outputs are the foundation for development of a child social security module

This, and other postgraduate teaching activities in the Institute, have the potential to be included in a range of other postgraduate programmes at UCT and elsewhere. This is in planning.

Continuing education

All staff make presentations to various civil society forums, parliamentary meetings and other conferences.

The Institute has developed a short course in child health policy which has been delivered to practitioners in service and management positions in the health sector. Plans are under way to expand this into a child policy course which can be delivered to practitioners in all sectors of the children's field. There are also plans to include this course as a module in other University-accredited postgraduate programmes.

A four-day training course was developed and run with the researchers working on the project to develop national policy guidelines on the care of orphans. The course was designed by the HIV programme team in consultation with a child participatory research expert. This course will be reviewed for delivery to a wider audience.

In particular, the Institute delivers workshops, training seminars and courses on *advocacy* and distributes training materials on advocacy aimed at equipping NGOs, CBOs and service providers to participate in the policy and law making processes.

In-house training and staff development

In addition, the Institute has embarked on a process towards a programme of in-house training and staff development

In the field of advocacy, this has been effected through workshops, informal communication and mentoring on the job. The Policy and Legislation Update and the Parliamentary Committee Project provide suitable vehicles for this purpose.

Defining the role of the Institute in civil society alliances, and developing a communication and marketing strategy were two workshops of interest.

A recent innovation in in-house training is a Seminar Series initiated by one of our staff members. Seminars on a variety of topics are convened monthly and though the staff are the primary target, interested parties from outside of the Institute are invited to participate. These seminars provide an opportunity for discussion, critique, information sharing and networking.

A recent seminar focused on the challenges embedded in the research-policy nexus, and raised interesting strategies that can be used, as well as further research questions that need to be answered, to improve this important connection.

More details on activities in the year under review are provided in the section on publications.

NETWORKING AND COLLABORATION

Networking and collaboration the core strategies for engagement of the Children's Institute with the range of individuals, institutions and alliances which inform our work, and give effect to our outputs.

Links with Academic Institutions

Within the University, interactions and collaborations have been developed with a range of departments and units across the disciplinary spectrum, in the Faculties of Humanities, Health, Law, Economics and Management Sciences, and more recently, with the Graduate School of Business. There is a growing interest in linking child-focused academic work nationally, and a few of the Institute's projects enjoy partnerships with our counterparts at other national universities and research institutes.

Links with Advocacy Networks

The Institute has an important role to play in providing an evidence base for both policy-makers and institutions of civil society.

Relationships with these groups have been described the advocacy section of the report. Of note is the special link to advocacy alliances, some activities about which are dispersed throughout the report.

ACCESS

The Alliance for Children's Entitlement to Social Security (ACCESS) is a national social movement concerned with children's access to basic social and economic rights. It consists of 150 organisations in the children's sector of civil society.

ACCESS was initiated at a national workshop in which the Children's Institute was the lead convening agency. Since its establishment in March of last year, the Institute has supported the both the content of the alliance through policy and legislation research and advocacy. The Institute has also supported the organisational development and maintenance of the alliance.

The Children's HIV/AIDS Network

The Children's Institute is a co-facilitator of the Children's HIV/AIDS Network (CHAiN), a network of organizations and individuals involved in the care and support of children affected by HIV/AIDS. CHAiN facilitates quarterly meetings aimed at improving networking and collaboration, providing training according to identified needs, sharing information on programmes and creating a forum for advocacy around relevant issues. The network has a membership of over 150 organisations in the Western Cape, and is linked to other networks doing similar work in different parts of the country.

Support for advocacy campaigns

All the programmes have provided some support for national advocacy campaigns. These include the campaigns for promoting children's access to economic and social security, for a basic income grant (BIG) to be extended to all South Africans, for establishing a national child justice system and for roll out of programmes to prevent the transmission of HIV from mother to child.

Links with International Institutions

A few research projects in the Institute were based on collaborations with academic institutions in the international arena, and this area of collaborative work has the potential to grow.

Another form of linkage resides in the developing international network of children's research institutes, convened under the leadership of Chapin Hall Center for Children at the University of Chicago. This informal network provides an opportunity for exchange of experiences related to institutional development, methodologies and strategies underpinning work and also collaborations on specific areas. One of these is the concern by all regarding bridging of the gaps between research, policy and practice. An international work group concerned with dissemination and impact of child policy research has been established to support the documentation of the process and strategies deployed, and to share the lessons learnt with a wider audience of individuals and organisations engaged in policy research.

The Children's Institute has now embarked on a process of writing a series of *research to policy case studies* through which the experience gained in the Institute and the Child Health Policy Institute can be recorded.



STAFF PROFILES



Marian Jacobs, Director

Professor Marian Jacobs is the Director of the Children's Institute and Professor of Child Health in the School of Child and Adolescent Health at the University of Cape Town. She is a public health paediatrician with a special interest in child health policy and child rights. She holds a number of appointments in global health bodies concerned with the issues of health research and development. Professor Jacobs also directs the Child Health Unit in the Faculty of Health Sciences.



Maylene Shung King, Deputy Director

Dr Maylene Shung King is a medical doctor with postgraduate training in Public Health. She has 5 years experience in working in the field of child health policy development, gained through her experience as co-ordinator of the Child Health Policy Institute. Her special interest area is health services for children, specifically with regard to ensuring good quality equitable health services for all children.

Paula Proudlock is the Manager of the Child Rights Programme and Co-ordinator of the Communication and Advocacy Service. She holds a BA LLB degree (University of Stellenbosch). Her work experience includes work as a legislation researcher at the Human Rights Committee, as well as serving as the Human Rights Committee representative on the Parliamentary Monitoring Group Management Committee from 1997 - 2000. She has five years of experience in writing submissions and co-ordinating advocacy strategies on various draft laws, with particular relevance to drafting of laws to ensure compliance with constitutional rights and their enforcement. Her interests include children's socio-economic rights and promoting the participation of the children's sector in the policy and law making processes to ensure informed decision-making.



Sonja Giese is the Manager of the HIV/AIDS Programme. She has a Bachelor of Science and an Honours degree in Social Science (Psychology and Zoology) from the University of Cape Town. Her experience includes 3 years of work in the non-governmental sector where she managing a residential care facility for severely abused and neglected babies and toddlers. Since joining the Child Health Policy Institute in 1999 as a researcher in advocacy, her work has been expanded to include a specific focus on HIV/AIDS. Her interests are HIV/AIDS and its impact on children.



Teresa Guthrie is the Manager of the Social Security Programme of the Institute. She has a Bachelor of Science Honours Degree in Social Work and Certificates in Social Security, Child Care Qualification and Nursing. She is currently undertaking her Masters in Science in Social Policy and Management. Her work experience of 16 years in South Africa, Zimbabwe and Ethiopia incorporated a wide range of health- and policy related activities, disability, developmental, leprosy rehabilitation, geriatric nursing and health care. Her current interests are in the fields of social security, equity and reduction of the impact of poverty on children and families.



Helen Meintjes is a social anthropologist and Senior Researcher in the HIV/AIDS Programme. She has a Masters degree in Social Anthropology from the University of Cape Town. Her work experience includes other research institutes including the Centre for Policy Studies in Johannesburg, the Social Science Research Unit at the University of London and the Centre for Southern African Studies at University of Western Cape. Her research work has focused on the ways in which people make understand and manage their experiences of poverty, and on appropriate policy and service responses. In the Institute, this interest is currently applied to the AIDS pandemic and children vulnerability associated with HIV and orphanhood.



Lizette Berry is a qualified Social Worker and Researcher in the Social Security Programme. She has a Bachelor of Social Science Honours in Social Policy and Management and currently undertaking a Masters degree in the same field. Her experience includes working with vulnerable groups of children such as children living on the streets and children living in farming communities. Her range of interests include parent support and education, community development and child development within the family setting. Before joining the Children's Institute, Lizette worked as a co-ordinator of an information and resource centre for children with special needs in the Child Health Unit at the University of Cape Town.



Motshedisi Mostiesa joined the Institute in 2002 and is working as a Researcher in the HIV/AIDS Programme. She has an Honours Degree in Social Anthropology from the University of Cape Town.

Zareena Parker is a qualified clinical psychologist and a Senior Researcher in the Trauma & Violence Programme. She has a B Soc Science Psychology Honours degree, a Masters Degree in Research Psychology (UCT) and a Masters Degree in Clinical Psychology from the University of Western Cape. She has worked work in various clinical and research settings including working as an intern clinical psychologist at Tygerberg and Stikland Hospitals. Her research work focuses on the study of incidence and causes of children's exposure to forms of violence and conditions that promote risk for exposure at the societal/cultural, community, neighbourhood and familial levels. She has general research interests in disability, 'mental handicap', children affected by trauma and violence, and violence prevention.



Zama Mvulane is a Senior Researcher in the Child Rights, and Communications and Advocacy Programmes. He has a Bachelor of Social Science Honours and Masters Degrees in Public Management from the University of Cape Town. His experience includes working as a Senior Tutor in the Department of Political Studies in the University of Cape Town, teaching public policy, public management, local government and research methods. Zama is also the co-founder and current non-executive Director of the Student Research Institute in the University of Cape Town. His interests are public policy, legislative procedures, institutional policies, child rights, local government, communication, advocacy strategies and graphics design.



Denise Brown is secretary to the Director as well manager of human resources for the both the Children's Institute and the Child Health Unit. She has worked in Child Health Unit for 14 years and has served as Professor Marian Jacob's secretary for last 8 years.

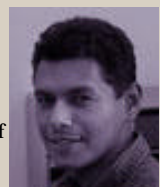


Isabel Cooper is the Financial Administrator for The Children's Institute and Child Health Unit. She worked for the University of Cape Town since 1994 and joined the Institute in 2001. She is currently doing a post graduate two year part-time Advanced Certificate Course in Adult Education at UCT, also involved in a Quaker initiative called Alternatives to Violence Project (AVP), as a volunteer facilitator.



Lizette Phillips is the Administrator, and Communications and Advocacy Assistant of the Children's Institute. She has diplomas in Computer Technology, Fashion Design and Basic Web Development. Before joining the Children's Institute, she worked as a Training Co-ordinator for a large multi-national corporation in Cape Town.

Kevin Ernstzen has a BA in History and Psychology, PG HDE (SEC), PG DipLis. He also has a range of certificates on network administrator, web design, desktop publishing, multimedia development, database development. Kevin serves as the Institute's Webmater, layout of publication designer. He is also responsible for developing all the Institute's multimedia tools like CD Roms and database support.



GRANTS AND FINANCES

At the inception of the Institute, Atlantic Philanthropies made the award of a grant of 2,3 million Euros for the establishment and operations of the Children's Institute over a five year period (2001 – 2005). During the year under review, an amount of R4,883,052,40 was received as part payment against this award.

In addition the following grants were received for specific projects:

PROJECT	FUNDER	GRANT PERIOD	AMOUNT
Development of guidelines for health & social development services for children orphaned by AIDS	Department of Health	1 Sept 2001-31 Aug 2002	652,480.40
Rockefeller Brother Fund	Rockefeller Brothers Fund	14 May 2002 - 31 May 2003	224,790.00
Child Participation on HIV-AIDS-Education Sector - 31 May-1 June 2002	Aurora Associates	21 April-7June 2002	32,010.00
Rapid Appraisal	Health Systems Trust	1 July 2001-31 August 2001	41,296.20
National Children's Forum	Bernard van Leer	1 June - 31 August 2001	225,000.00
National Children's Forum	Department of Health		343,658.70
National Directory of Services for Children	Save the Children (UK)	20 Dec 2000 - 30 May 2001	97,040.85
Identifying Children at Risk	Save the Children UK	27 Mar 2002-Sept 2002	110,330.00
National School Health Policy Guidelines	UNICEF	Aug 2001-Dec 2002	54,890.00
National School Health Policy Guidelines	USAID - Management Sciences for Health		109,085.40
Developmental Screening	Health Systems Trust	1 Mar 2002 - 31 Dec 2002	108,190.00
Health Services	Kaiser Family Foundation		317,919.00
* Health Services	Child Health Policy Institute		582,166.34
Review of Violence prevention Programmes	Penn State/NIDA		58,939.49
Advocacy and child rights	Open Society Foundation	1 Jan 2001 - 31 Dec 2001	365,000.00
ACCESS	Joseph Rowntree Charitable trust	1 May 2002 - 30 June 2003	R 667,810.00

The total income from project grants was R3,990,606,38.

RECOGNITION OF OUR SUPPORTERS

The Children's Institute gratefully acknowledges the support of the following:

Our funders, without whose generosity our work would not have been possible;

The Executive of the University of Cape Town;

The Faculty of Health Sciences and its administrative and support staff;

and the Child Health Unit in the School of Child and Adolescent Health for providing accommodation.

Our international **Board of Advisors** and the founding members of our **Management Committee** have guided our faltering first steps and have advised on our progress and mobilising external support for our work. Their unwavering commitment to the Institute is invaluable.

The Institute would not have been viable without the **collaborative relationships** we share with our many networking partners in the policy field, in government, and in civil society organisations and alliances. In particular, we acknowledge the **children** whose voices and circumstances have informed our work, and who give us the inspiration to continue.

We also thank **our own children, our families and our partners** for their unstinting understanding and support for us and for the work that we do.



PUBLICATIONS AND OUTPUTS

PEER-REVIEWED PUBLICATIONS

Dawes, A & Finchilescu, G. (2002). What's changed? South African adolescents' racial attitudes between 1992 and 1996. *Childhood: A Global Journal of Child Research*, 9(2).

Molteno, G., Molteno, C., Finchilescu, G. & Dawes, A. (2001). Behavioural and emotional problems in children with intellectual disability attending special schools in Cape Town, South Africa. *Journal of Intellectual Disability Research*, 45(6), 515-520.

Christie, D. & Dawes, A. (2001). Tolerance and solidarity. *Peace and Conflict: Journal of Peace Psychology*, 7(2), 131-142

Mathambo V, Shung King M. *Primary level after-hours health services for children-a look at the Western Cape Metropolitan region*. S Afr Med J June 2001;91:486-489.

Schlösser I, G Reay, J Huskisson, K Charlton, R Saitowitz, M Hendricks, M Shungking, J Irlam, G Hussey, K Ernstzen. *Vitamin A Brochure Improves the Knowledge of Primary Health Care (PHC) Workers in South Africa*. In Annals of Nutrition and Metabolism: Official Journal of the Federation of European Nutrition Societies; 17th International Congress of Nutrition August 27 - 31, 2001, Vienna, Austria; Eds. I Elmadafa, J Konig, ISSN 0250 - 6807 45 (Suppl 1) 1 - 636 (2001).

POPULAR JOURNAL ARTICLES

Abrahams E., Shung King M: "*This Little Light of Mine... Caregivers of children affected by HIV speak out at the National Children's Forum*", Children's Institute, UCT, MCH News NO. 17, December 2001.

Giese S. "Blamed, beaten and abused", ChildrenFIRST, Oct/Nov 2001

Giese S. "The National Children's Forum on HIV/AIDS". Child & Youth Care Journal, September 2001

Guthrie T. "Release of the Report of the Committee of Inquiry into a Comprehensive Social Security System in South Africa". MCH News, May 2002

Mvulane Z. "US leads the anti-rights bullying". In ChildrenFirst magazine, June/July 2002 Edition.

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Cassiem S, Proudlock P and Streak J. "Treasury still treasures those who have..." In ChildrenFirst magazine, April/May 2002 Edition.

Cassiem S, Proudlock P and Streak J. "The Child Support Grant and Budget 2002: The implications for child poverty relief." Budget Brief 95, March 2002.

Proudlock P. "Children can't wait: ACCESS now". FirstALERTS in ChildrenFirst Magazine, June/July 2001 Edition.

Proudlock P. "UIF must include domestic workers". FirstALERTS in ChildrenFirst Magazine, August/September 2001 Edition

Proudlock P and Giese S. "Help guide policy on HIV/AIDS and children". In ChildrenFirst magazine, December 2001/January 2002 Edition.

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Shung King M: *A new kid on the block: The Children's Institute at the University of Cape Town*. MCH News, No. 17, December 2001

CHAPTERS IN BOOKS

Africa, A. Dawes, A. & Swartz, L.S. An analysis of child custody reports in a Family Advocate's office. In S. Burman (Ed.). *Legal decision-making on behalf of South African children*. Cape Town: Juta.

Dawes, A. (2001). Psychologies for Liberation: Views from elsewhere. In D. Christie, R. Wagner & D. Winter (Eds.), *Peace conflict and violence. Peace psychology for the 21st century*. Engelwood Cliffs N.J.: Prentice Hall.

Finchilescu, G. & Dawes, A. (2001). Adolescent's perceptions of the future of South Africa: a 40 year perspective. In C. Stones (Ed.), *Socio-political and psychological perspectives on South Africa*. New York: Nova Science Publishers.

Giese S. "Understanding the impact of HIV/AIDS on children in South Africa" Chapter in book entitled *The long term socio-economic impact of HIV/AIDS on children and the policy response in South Africa*. Natal University Press. In print.

Giese S. "Orphans, Vulnerable Children and AIDS". Chapter in book entitled *HIV/AIDS - Everybody's Business*. Metropolitan Life. In print.

Guthrie T. "Family Benefits" in Social Security Text Book. RAU. 2002. Butterworths. (in press)

FACT SHEETS

Guthrie T. Children's Environmental Health in South Africa. FACT SHEET. Feb 2002. CI

Guthrie T. Traffic Safety for Children in South Africa. FACT SHEET. Feb 2002. CI.

Guthrie T. Children are Citizens Too! Hearing and Honouring Children. FACT SHEET. Feb 2002. CI.

Shung King M, Proudlock P. "Facts about child deaths: An overview of child deaths for decision-makers and service providers in South Africa". May 2002.

Shung King M, Giese S, Hussey G. "A quick guide to the clinical care of children infected with HIV". April 2002.

RESEARCH REPORTS

Sonja Giese, with input from Helen Meintjes, Zodwa Radebe, S bongile Maimane, Zweni Sibiyi, Rhian Croke, Ross Chamberlain, Robert Mongwe, Busi Mzamo, Nomonde Ntshona and Petro Brink.: Progress reports on the research to develop national policy guidelines on the care of orphans, were presented to the Departments of Health and Social Development on the 26th March 2002 and the 19th August 2002

Giese S, Meintjes H, Proudlock P. "Workshop report on the National Children's Forum on HIV/AIDS". Children's Institute, Cape Town, July 2002.

Giese S, Hussey G. "Rapid appraisal of primary level health care services for HIV-positive children at public sector clinics in South Africa". Health Systems Trust, Durban. 2002.

Babcock-Walters P, Booysen F, Desmond C, Dorrington R, Ewing D, Giese S, Gow J, Johnson L, McKerrow N, Motala S, Smart R & Streak J. "The long term socio-economic impact of HIV/AIDS on children and the policy response in South Africa". South African contribution to the UNICEF Global Study on the impact of HIV/AIDS on children. January 2002.

Giese S. "Preliminary report on the National Children's Forum on HIV/AIDS". September 2001.

Guthrie T. Children's Environmental Health Hazards in South Africa. Contribution to the SA's WSSD Health Sector Report. April 2002.

Guthrie T et al. "Children First: ACCESS Demands". Submission made to the People's Budget Campaign. Jan 2002.

OTHER REPORTS

Abrahams E, Shung King M: Report On The Nine Provincial School Health Policy Workshops. June 2001.

Abraham, E, Shung King M : Report On The National School Health Policy Guidelines Workshop. September 2001

POLICY COMMENTARIES

Berry L. The Application of Two International Instruments in Capturing the Social Assistance Needs of Children with Chronic Health Conditions. (in print). July 2002. CI Working Document.

Berry L. Social Security Assessment Tools for Children with Chronic Health Conditions: a literature review. July 2002. CI working documents.

Guthrie T. Assessing the Impact of the Child Support Grant on the Well-being of Children in South Africa: a summary of available evidence. CI. Working document, July 2002

Guthrie T. Family Social Security Benefits in South Africa - Training Module. CI. 2002.

Guthrie T. A Comprehensive Social Security System for children in South Africa. CI working document. June 2002.

Guthrie T. Childhood Poverty in South Africa. CI. Working Document. Feb 2002.

Guthrie T, et al. Comprehensive Social Security for Children. Comment made to the Department on the Report of the Committee of Inquiry into a Comprehensive Social Security System for South Africa. CI. June 2002.

Guthrie T. Summary of the Main Issues and Recommendations regarding Children and Disability in the Report of the Committee of Inquiry into a Comprehensive Social Security System for South Africa. CI. May 2002.

Guthrie T. Analysis of Government's Expenditure and Uptake Rates of Grants for Children. (SOCPEN April to Dec 2001). CI. Working Document. Feb 2002.

Guthrie T. Social Assistance for Children in South Africa - Update. FACT SHEET. Feb 2002. CI.

Proudlock P, Booth L, Jenkins F. "Policy and Legislation Update Edition 2 of 2001". 5 July 2001.

Proudlock P. "Policy and Legislation Update Special Edition: Focus on Children". 5 July 2001.

Proudlock P, Mvulane Z, Booth L, Jenkins F, Michaels P. "Policy and Legislation Update Edition 1 of 2002" April 2002

Shung King M: Update on the national service policy process for children with chronic health conditions. Children's Institute, Policy and Legislative update

POLICY SUBMISSIONS AND GUIDELINES

Abrahams E, Shung King M: National school health policy and implementation guidelines: Children's Institute, on behalf of the National Department of Health. June 2002.

Abrahams E, Shung King M : National School Health Policy Guidelines: Drafts 1 and 2. November 2001.

Dawes, A. Sexual Offences against Children in South Africa. Considerations for primary prevention. Submission to the Special Parliamentary Hearings on Child Sexual Abuse, March, 2002.

Linders P, Guthrie T, Gcaza S. Recommendations relating to Persons with Disabilities - Submission on the Committee of Inquiry Report. June 2002. SAFCD & CI.

Proudlock P, Giese S, Guthrie T, Berger J, Hardy C. "Submission on the Child Care Act Discussion Paper". April 2002.

Proudlock P: Submission to the Department of Social Development and the Portfolio Committee on Social Development. June 2002

Proudlock P (on behalf of the ACESS Alliance of child sector organisations). "Comment on the proposed amendments to the Social Assistance Act (59 of 1992) regulations", Department of Social Development and the Portfolio Committee on Social Development. May 2001

Proudlock P, Shung King M. "Submission on the draft National Health Bill.", Department of Health and the Portfolio Committee on Health. February 2002

Proudlock P, Giese S, Guthrie T, Berger J, Hardy C. "Submission on the Child Care Act Discussion Paper", Joint Submission by the Children's Institute, ACESS and the AIDS Law Project (University of Witwatersrand) to the South African Law Commission and the Portfolio Committee on Social Development. April 2002

Proudlock P (on behalf of the ACESS Alliance of child sector organisations).

"Submission on the Report of the Committee of Inquiry into a Comprehensive Social Security System".

CONFERENCE PRESENTATIONS

International

Carolissen, R., Jacobs, E., van der Riet, J., Dawes, A. & Tredoux, C. (2001). A school-based violence prevention intervention: the COPES project. Paper presented at the 7th International Symposium on the Contributions of Psychology to Peace, Ateneo de Manila University, Manila, Philippines, July 2001.

Giese S. "The South African National Children's Forum on HIV/AIDS", presented at the AIDS2002 Conference in Barcelona, 7-12 July 2002.

Guthrie T. "Research to Policy Dynamic: Examples from South Africa". Paper presented to International Conference: Environmental Threats to the Health of Children. WHO. Bangkok. March 2002.

Guthrie T. "Children's Environmental Health Hazards in SA". Paper presented to International Conference: Environmental Threats to the Health of Children. WHO. Bangkok. March 2002.

Guthrie T. "Road Traffic Safety in South Africa". Paper presented to International Conference: Environmental Threats to the Health of Children. WHO. Bangkok. March 2002.

Guthrie T. "Children and Tobacco in Southern Africa". Paper presented to International Conference: Environmental Threats to the Health of Children. WHO. Bangkok. March 2002

National

Dawes, A. Violence to children in cultural and historical context. Invited address to the 9th Interdisciplinary Symposium of the Colleges of Medicine of South Africa, May 2002.

Dawes, A. Developmental pathways to violence. Presented at the First Research forum of the Centre for the Study of Violence and Mental Health, Department of Psychiatry, University of Cape Town, March, 2002.

Giese S. "A summary of the education-related issues raised at the National Children's Forum on HIV/AIDS" – Paper prepared for the conference entitled: "An Education Coalition against HIV/AIDS" 30 May to 1 June 2002.

Giese S. "A summary of the issues raised at the National Children's Forum on HIV/AIDS" – Paper prepared for a NMCF conference entitled: "A Call to co-ordinated action for children affected by HIV/AIDS" 2 June to 5 June 2002.

Shung King M. "Child Health and poverty: A glimpse into the lives of children, their health and the impact of poverty". Presented at Conference on "Poverty eradication should start with children. Hosted by Child and Family Unit, University of the Western Cape, 30 October 2001.

Shung King M. "Vitamins and Ventilators: The dilemmas of resource allocation" presented to the annual Critical Care refresher course hosted by the University

of Cape Town Department of Paediatrics and Child health. 5 December 2001.

Shung King M. "Child rights in health" Presented to the Health and Human Rights workshop, University of Stellenbosch, Cape Town, *2001.

OTHER ORAL PRESENTATIONS

Dawes A: A public health approach to violence prevention, Centre for Conflict Resolution Cape Town: (November 2001).

Giese S. "Children's experiences of HIV/AIDS" - presented at the Nelson Mandela Children's Fund Conference entitled "A call to co-ordinated action for children affected by HIV/AIDS", 2 -5 June 2002.

Giese S, Wilson T. "Identifying, monitoring and supporting vulnerable children" preliminary research findings presented at the Nelson Mandela Children's Fund Conference entitled "A call to co-ordinated action for children affected by HIV/AIDS", 2-5 June 2002.

Giese S, Meintjes H. "An education coalition against HIV/AIDS – addressing the needs of vulnerable children", presented at the National HIV and Education Conference entitled "An education coalition against HIV/AIDS", 30 May to 1 June 2002.

Giese S. "Children's voices in the PMTCT campaign", presentation at a TAC rally at St George's Cathedral, Cape Town, 2 May 2002.

Giese S. "Developing a conceptual framework for identifying and monitoring children who have been orphaned or who are at risk of being orphaned", presentation at Save the Children (UK) workshop, 13 March 2002.

"The impact of HIV/AIDS on children in South Africa", presentation to members of parliament and child rights activists, Children's Institute, 7 November 2001

Giese S. "Rapid appraisal of services for HIV+ children at primary health care clinics in SA" 30 October 2001. Paper presented at SCAH research day.

Giese S: "The implementation of a comprehensive MTCT prevention programme". Presentation to UCT students in collaboration with the Treatment Action Campaign, 15 October 2001.

Giese S: "Reasons for implementing a comprehensive programme to prevent MTCT of HIV", presentation to interest group on health policy and implementation – 28 July 2001.

Meintjes H. "HIV/AIDS at the UNGASS on children" – presented at a CI workshop, 26 June 2002.

Proudlock P: Briefed the Children and Violence Forum on the parliamentary public hearings on child sexual abuse and Parliament's plan for the way forward. May 2002

Proudlock P: Presentation of a summary of the issues about poverty, survival and social security raised by the children involved in the ACESS Child Participation Project to an audience of government decision makers. February 2002

Proudlock P: Presentation of summary of the problems with current social security grants for children and the choices for policy reform to the Select Committee on Social Services in Parliament (National Council of Provinces). June 2002

WORKSHOPS CONVENED

National workshop on guidelines for School Health policy in South Africa

Children's HIV/AIDS Network meetings: HIV/AIDS and the education sector – 27 June 2002; Models of care and collaboration - 25 April 2002.; AGM - 5 December 2001;

Addressing human rights violations related to HIV/AIDS – 31 July 2001

"Translating words into action" - The role of Members of Parliament in addressing the impact of HIV/AIDS on children in South Africa - 7 November 2001.

SEMINAR AND WORKSHOP PARTICIPATION

Shung King M: Salzburg Seminar: "Towards the ideal health system". Salzburg, 6-13 March 2002.

"Elimination of corporal punishment": Andy Dawes attended a consultation with the South African Law Commission (SALC) in February 2002. The meeting was hosted by the South African Human Rights Commission and Save the children Sweden. The purpose was to discuss possible revisions to the Child Care Act as they pertain to the elimination of corporal punishment.

Western Cape Children and Violence Forum: Zareena Parker and Andy Dawes attended meetings of the Forum. This structure is a network of service and research organisations working in the field of children and violence

CONTRIBUTIONS TO POLICY REFERENCE TEAMS

National

National school health policy task team.

National chronic disease policy reference group.

Development of a tool to assess children's eligibility for the Care Dependency Grant project.

POSTER PRESENTATIONS

A poster on the National Children's Forum on HIV/AIDS was presented / displayed at

School of Child and Adolescent Health Research day, October 2001; United Nations Special Session on Children, New York, May 2002; AIDS 2002 Conference, Barcelona, July 2002

Poster on the national directory of services for children – Child HIV/AIDS Service Directory, displayed at the School of Child and Adolescent Health research day, October 2001

MEDIA PRODUCTS

"The Psychosocial impact of war on children" Andy Dawes gave an SABC radio interview based on Ms Machel's monograph: "Children and war".

"Child rape". Various press interviews given.

HIV/AIDS programme staff conducted interviews with many radio stations and journalists over the course of the last 12 months.

Statement on children and HIV, Children's Institute and School of Child and Adolescent Health, University of Cape Town, World Aids Day, 2001.

RADIO INTERVIEWS: NATIONAL CHILDREN'S FORUM

Proudlock P. Interview: The National Children's Forum on HIV/AIDS. Highveld Stereo, 23 August 2001.

Proudlock P. Interview: The National Children's Forum on HIV/AIDS. Radio Jacaranda, 23 August 2001.

Proudlock P. Interview: The National Children's Forum on HIV/AIDS. KFM, 23 August 2001.

Proudlock P. Interview: The National Children's Forum on HIV/AIDS. P4 Radio, 23 August 2001.

PUBLICATIONS UNDER REVIEW

O-Brein, C. & Dawes, A. Children's Human Figure Drawings: South African studies.

PAPERS IN PREPARATION FOR PUBLICATION

Swartz, L.S., Dawes, A., Africa, A. & de Bruin, G.P.. A survey of mental health practitioners' reports of child custody decision making practices.

Brandt, R., Dawes, A. & Swartz, L.S. A critical review of the psychological literature informing child custody decision-making.

Brandt, R., Africa, A., Dawes, A. & Swartz, L.S. A thematic content analysis of psychologists' custody reports.

COLLABORATORS AND NETWORKS

The Institute is in the process of developing a range of collaborations around its functions and activities in pursuit of addressing all its priorities.

Some of the institutions and organisations with which we have networked in the past year includes:

ACADEMIC AND RESEARCH INSTITUTIONS

University of Cape Town

AIDS and Society Research Unit; Applied Fiscal Research Centre; Centre for Actuarial Research; Centre for Socio-Legal Research; Centre for Social Science Research; Child Accident Prevention Foundation of SA, Department of Economics; Department of Labour Law; Department of Law; Department of Mathematics; Department of Paediatric Surgery; Department of Psychiatry; Department of Social Development; Development Policy Research Unit; Economic Policy Research Unit; Institute of Ageing; Department of Sociology; Occupational and Environmental Health Research Unit; School of Child and Adolescent Health; School of Public Health and Primary Health Care; School of Health and Rehabilitation Sciences; South African Labour Development Research Unit

Rand Afrikaans University

Centre for International and Comparative Labour and Social Law; Faculty of Law

University of Durban Westville

School of Psychology

University of the Free State

School of Public Health

University of Natal

Health Economics and HIV/AIDS Research Division; Centre for HIV/AIDS Networking; Centre for Social and Development Studies; School of Development Studies; Department of Paediatrics and Child Health

University of Potchefstroom

Department of Physiotherapy

University of Pretoria

Centre for the Study of AIDS and Education; School of Health Systems and Public Health; Childhood Disability Research Unit

Rhodes University

Centre for Applied Social Research and Action; Institute for Socio-Economic Research;

University of Stellenbosch

Datadesk; School of Development Studies

University of the Western Cape

Community Law Centre; Institute of Child and Family Welfare; Institute for Social Development; School of Public Health

University of the Witwatersrand

AIDS Law Project and Education Rights Project; Centre for Applied Legal Studies; Education Policy Research Unit; Institute for Social and Economic Research; Institute for Urban Primary Health Care

Penn State University

Consortium on Violence Prevention

OTHER RESEARCH BODIES

ABT Associates (South Africa); Centre for AIDS Development, Research and Evaluation; Human Sciences Research Council; Health Systems Trust; Joint Centre for Political and Economic Studies; Medical Research Council; National Institute for Economic Policy; Economic Policy Research Institute

OTHER INSTITUTIONS

Children's Rights Centre, KwazuluNatal; "Soul City"; Legal Resources Centre, Human Rights Commission; IDASA Children's Budget Project; National Association of Democratic Lawyers; Black Sash; Contact Trust; Treatment Action Campaign; Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN); Child Welfare Society; Participants of the National Children's Forum on HIV/AIDS (report available); partner organisations in the research to develop national policy guidelines on the care of orphans (list available); Bernard van Leer Foundation; Children First; Children's Resource Centre; COSATU; Clacherty and Associates; Development Resource Centre; Disabled Children's Action Group; Disability Action Research Team; Early Learning Resource Unit (ELRU); Gender Advocacy Project; GLOBE; Health-e news; "Heartbeat"; Hope Worldwide; MAD about Art; "Molo Songololo"; Nelson Mandela Children's Fund; New Women's Movement; Office on the Status of Children; Office on the Status of Disabled Persons; One to One Trust; Radda Barnen; Red Cross Children's Hospital; Save the Children (UK); South African Federal Council on Disability; South African Human Rights Commission; South African Law Commission; South African National AIDS Council (SANAC); "Starfish"; Statistics SA; Thandanani Association; The Homestead Projects for Street Children; Tygerberg Hospital; UNAIDS; UNICEF; USAID; WHO (Children's Environmental Health Unit); Open Society Foundation of South Africa

PARTICIPATION IN NATIONAL NETWORKS AND ALLIANCES

Alliance for Children's Entitlement to Social Security (ACESS); Child Justice Alliance; Western Cape Children & Violence Forum; AIDS Legal Network; BIG (Basic Income Grant) Coalition; Members of the Children's HIV/AIDS Network and the management team; National AIDS and Children Task Team; South African Society for the Prevention of Child Abuse and Neglect (SASPCAN); Children's HIV/AIDS Network (CHAIN); Children in Distress; International Network on Children's Health, Environment and Safety; KidzPositive; National AIDS Council of SA; National Association of People Living with AIDS; National Association of Child Care Workers; National Programme of Action; Treatment Action Campaign; People's Budget

GOVERNMENT DEPARTMENTS AND PARLIAMENTARY COMMITTEES INCLUDING THE FOLLOWING

National and provincial AIDS directorates; Department of Health; Parliamentary Portfolio Committee on Health; Department of Social Development; Parliamentary Portfolio Committee on Social Development; Select Committee on Social Services; Department of Justice and Constitutional Development; Parliamentary Portfolio Committee on Justice and Constitutional Development; Department of Education; Parliamentary Portfolio Committee on Education; Joint Monitoring Committees on Children, Youth Persons with Disabilities; Joint Monitoring Committee on Women

INTERNATIONAL NETWORKS

Informal network of child research institutes involving the following centres:

Centre for Child Care Research, School of Social Work, Queens University Belfast; Centre for Children and Youth, JDC-Brookdale Institute, Israel; Center for Research on Childhood, University of Santa Ursula, Brasil; Chapin Hall Center for Children at the University of Chicago; Child Protection and Social Intervention Research and Training Unit, University of Basque Country, Spain; Child and Youth Welfare Research Group, NOVA-Norwegian Social Research, Norway; The Children's Research Centre, Trinity College, Ireland; Dartington Social Research Unit; The Policy Research Bureau, London, England

Basic Income European Network

International Network on Children's Health, Environment and Safety

