

**UNIVERSAL PERIODIC REVIEW- HUMAN RIGHTS COUNCIL
UNICEF INPUTS – SOUTH AFRICA**

I. Contextual Framework

1. The legacy of apartheid continues to have a profound impact on the lives of children and women in South Africa. The Government is committed to the long-term challenge of transforming the country into a non-racial, non-sexist, democratic nation. This includes safeguarding human rights, addressing disparities (primarily along rural/urban and racial lines), aggressively growing the economy and efficiently implementing programmes that address inequitable services. Despite extensive social expenditures and interventions, children continue to live in poverty. Improving the destiny of children in South Africa through social transformation requires building strong partnerships with the Government and civil society in addressing critical issues for orphans and vulnerable children (OVCs).
2. The population of South Africa is estimated at 46.9 million, approximately 18 million of whom are children. Two thirds of the nation's children live in households with an income of less than \$200 per month (Stats South Africa 2005). The national unemployment rate is estimated at 40 per cent - 8.4 million people.
3. South Africa's economy has grown at around 5 per cent annually, with decreased inflation, lower fiscal deficits and a greater proportion of expenditure to poorer households. The middle class is increasing and infrastructure such as electricity and water now cover much of the population. Regrettably, socio-economic disparities exist and certain indicators for children and families have dropped since 1994. The under-five mortality rate worsened from 60 to 67 per 1,000 live births and life expectancy stands at 47 years, down from 62 in 1990.
4. Equitable social development aimed at transforming South Africa is a major long-term challenge. A 2004 review of the achievements of 10 years of democracy highlighted the vast disparities that exist between rich and poor and between different provinces, and led to a National Plan of Action to achieve specific goals laid out in Vision 2014. South Africa is committed to democratic governance, with a child-friendly Constitution, progressive legislation and significant budgetary allocations for education, social development and health. The government-led Accelerated and Shared Growth Initiative for South Africa (ASGI-SA) supports better-focused policies and public administration. To ensure facilitation, coordination and oversight of children's rights' activities within all spheres of government, the **Office on the Rights of the Child** was established in 2004 in the Presidency and offices of Premiers in the provinces. A similar mandate with municipalities is underway. World-class research institutions are examining children's issues, providing a platform for collaboration.
5. The Government remains resolute in the fight against poverty. Poverty relief programmes are designed to foster self-reliance and poverty eradication. However, gaps in operational capabilities make it difficult to transform this commitment into results for the poor, especially children. For instance, in 2005 the provincial Departments of Health cumulatively under spent about 570 million rand while the provincial Departments of Education underspent about 1.3 billion rand. Although **solid national legislative and policy frameworks** exist, not all of the policies are fully operationalized in part because of a shortage of skilled labour at the level of provincial and local governments to plan and monitor service delivery.

II Trends

6. South Africa is not on track to meet MDG Goal 4 regarding reducing child mortality. Official figures indicate that under five mortality has hardly improved from the figure of 61 per 1000 live births (DHS 1998) to 58 per 1000 live births (DHS 2003). However other projections by the Medical Research Council (MRC) indicate that under five mortality in 2006 has reached 79 per 1000 live births. Between 30 and 40% of U5MR is due to HIV and AIDS, while in provinces such as KwaZulu Natal, which has an antenatal prevalence rate of 39%, 60% of U5MR is attributed to HIV and AIDS. While 40% of under-five deaths are caused by AIDS, thirty percent of under-five deaths result from neo-natal problems. Indications are that post-neonatal mortality is increasing, especially up to 6 months of age. Malnutrition remains the underlying cause of many childhood diseases. Immunization rates are on average lower than expected. Coverage of children < 1 fully immunized for 2006 is estimated only at 76%. For specific antigens the coverage rates are 77% for measles, 84% for DPT 3 and 93% for OPV. Similarly, the country is not on track to meet MDG Goal 5 regarding maternal health. The maternal mortality ratio is 150 per 100,000 live births. Keeping mothers alive is critical to ensuring child survival and development.
7. South Africa is the hardest hit country in the world by HIV/AIDS. Regarding MDG Goal 6, currently 5.54¹ million people in the country are estimated to be HIV-infected, representing around 11 per cent of the total population. Women are hit stronger than men, in particular those in child-bearing ages. The HIV prevalence rate in South Africa has stagnated, hovering around 30% prevalence among attendees at ANC clinics countrywide, with significant regional disparities. It is hoped that South Africa will begin to reverse this trend by 2015. The Department of Health's annual HIV and syphilis prevalence survey in 2005 showed that HIV prevalence rates may have begun to plateau, moving from 29.5% in 2004 to 29.1% in 2006. The provincial estimates remain similar to the 2004 trends and the age estimates show that participants in the 20 to early 30 year age groups continue to have the highest infection rates. The rate of HIV prevalence amongst teenagers has begun to drop, moving from 15.9% in 2005 to 13.7% in 2006. There is an estimated 235,000 children who are 14 years and younger living with HIV.
8. South Africa is on track to achieve universal primary education by 2015, though achieving a quality education for all children will be a challenge. Gender parity has already been achieved. A major challenge is the relatively large number of children that remain out of school. Similarly, increasing incidents of violence and substance abuse within the most deprived schools, as well as a deteriorating school infrastructure, is a rising concern. As a result of the safety and quality concerns, many children are voting with their feet and moving from dilapidated schools or those with poor teaching to those with better teachers but also higher school fees. Children also vote with their feet by leaving school, making drop-outs a major concern.
9. Including disadvantaged children in school and ensuring a high-quality learning environment challenge the education system. Despite an 89-per-cent net enrolment rate in primary school for both girls and boys, approximately 687,000 children remain out of school. The Gender Parity Index for primary and secondary schools is equal to 0.96 and 1.10, respectively. Barriers to schooling include the long and hazardous journey between home and school; domestic and agricultural chores; hunger; school uniforms and fees; ill health; HIV and

¹ Department of Health: National HIV and Syphilis Survey in South Africa, 2006

AIDS; violence in schools; disability; sexual harassment; and teen pregnancy. The Department of Education describes gender-based violence as the greatest threat to girls' education. Quality is affected by poor sanitation facilities, inadequate buildings and lack of safety in schools. The increasing number of South African children on ARV therapy necessitates adequate research to ensure that HIV-positive children develop appropriately.

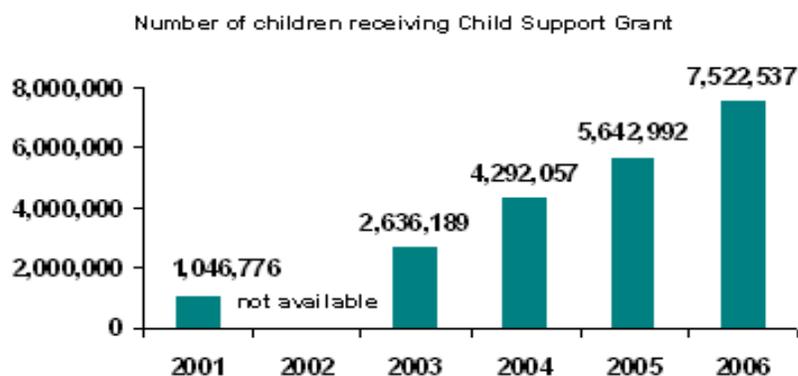
10. The Government developed policies and **legislative frameworks to increase access to education**, improve quality and efficiencies and foster an African identity. It has streamlined the Department of Education; overhauled the curriculum; implemented a school nutrition programme; worked towards greater equity in spending; increased the budget for life skills; and decreased the number of under-qualified teachers from 36 per cent in 1994 to 8 per cent in 2004.
11. The Government has a functioning health system with increasing per-capita expenditure on primary health care. The Free Health Care Policy (1994) increased access for children and pregnant women to hospitals and clinics. The challenge is to ensure that services reach the most vulnerable. While 40 per cent of deaths of children under age five years are caused by AIDS, only 30,000 children are currently receiving antiretrovirals (ARVs) due to inadequate testing procedures and treatment services being concentrated in hospitals instead of decentralized to primary health units. Although 80 per cent of births take place in an institution, little home-based follow-up care is provided. The mean duration of exclusive breastfeeding is less than one month. While there are over 3788 sites providing prevention of mother-to-child transmission of HIV (PMTCT) services, only 79,000 of approximately 300,000 HIV-exposed babies received nevirapine in 2006, up from 54,000 in 2005.
12. South Africa has set up child protection units and 62 specialized **courts for sexual offences**. The rule of law is respected, the time between reporting and finalizing a case is decreasing and conviction rates are improving. Tested initiatives to provide integrated care to survivors of sexual violence (Thuthuzela Care Centres) operate only in 10 sites, and the number needs to be scaled up to 80. Key legislation on sexual offences has not been passed. The Deputy President initiated a 365-day campaign against violence.
13. Data on **violence against children** are startling. Forty per cent of reported rapes (22,500 out of 55,000 total) were against children during the 2004-2005. A 2005 study showed that the mean age of the survivor is younger (now 10 years); the average age of the sexual offenders who use brutal force is decreasing; and most offenders (90 per cent) are known to the abused. In 33 per cent of cases of rape of children under 15 years, educators were responsible (Demographic and Health Surveys, 1998). The 2005 study shows that more than 360,000 women and children were murdered, raped, assaulted, sexually molested and abused. The report states that most rapes still go unreported. South African Police Services reported that 31,607 children were victims of common assault.
14. The social grant system is a key part of the safety net system for OVCs. 8 million children currently receive R200 (approximately USD 30) every month through the Child Support Grant. Within the grant system, children without birth certificates, those aged 15-18 years and child-headed households are not eligible for the grant. Effective models of community- or school-based care for vulnerable children exist, but need to be scaled up. Systems to identify, register and track OVCs need standardization and coordination for district, provincial and national data. There are approximately 2.5 million orphans in South Africa, and the number is rising annually.

15. In 2000, the **Committee on the Rights of the Child** recommended prioritizing budgetary allocations and distributions to ensure implementation of the economic, social and cultural rights of children; adequate support for child-headed families; and reinforcement of training programmes for youth on HIV and AIDS, based on gaining knowledge, acquisition of competencies and life skills. South Africa has not yet submitted its second report to the Committee, which was due in 2003.
16. In South Africa, there have been tremendous gains in tackling poverty and social disparities by establishing sound policies and legal frameworks and safeguarding civil and human rights. However, these gains have been due to cash transfers and welfare programmes, as opposed to more sustainable interventions such as massive job creation or very high levels of economic growth. Employment has increased and growth rates hover around 4% but the dramatic increases needed to transform society have not yet been seen.

Nonetheless, the policies and welfare programmes are real and include:

- Adequate policy and legal framework related to children, including the recently promulgated **Children’s Act**.
- A landmark National Strategic Plan, which includes clear targets for ARV provision, care for vulnerable children, and improving PMTCT, was approved by Cabinet in 2007. This follows a 2003 Government plan, which provides free treatment to people living with HIV and AIDS, including a comprehensive paediatric component.
- Programmes to deal with orphans and vulnerable children, including child-headed households.
- An excellent **social security system** with more than 10 million beneficiaries, most of them children.

The following graph shows the progress made in expanding access to the child support grant comparing figures from 2001 to 2006:



III Capacity Building efforts

17. Important gains have been made in strengthening legislation and policies for children, including the Policy Framework and National Action Plan for OVCs; the early childhood development (ECD) guidelines; the micronutrient fortification policy; the National Child Abuse Strategy; and the Children’s Bill. “Children’s desks” are being established at

municipal level. Initiatives such as Project Consolidate have been introduced to improve service delivery. UNICEF has funded studies and research, many of which were the foundation for these policies.

18. UNICEF and the Joint United Nations Programme on HIV/AIDS (UNAIDS) supported the implementation of a comprehensive plan for treatment of tuberculosis, HIV and AIDS, including placing over 30,000 children on ARVs by 2007. Advocacy and technical support resulted in an integrated ECD approach for young children at household level that embraced issues of protection and health. The Community Integrated Management of Childhood Illness (C-IMCI) strategy has the strong commitment of the Government and is implemented in 49 of 53 districts. Flour and other basic commodities are fortified and salt iodization has improved markedly. Baby-friendly certification has been given to 178 hospitals.
19. A UN partnership has contributed to the social security programme which supports 10 million children through child support grants, foster care grants and care dependency grants. UNICEF contributed to the grant system by introducing new technology for birth registration and is currently supporting evaluations of the programme. UNICEF is also a major partner for the Thuthuzela Care Centres, in collaboration with the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Office on Drugs and Crime. Gender parity has been achieved, even in secondary school. The National Department of Education has adopted the UNICEF-promoted Girls' Education Movement.
20. In order to reach the most marginalized populations, the UN has ensured that the new UNDAF does not limit our work to only 3 provinces in South Africa. The previous UNDAF focused our work in KwaZulu Natal, Limpopo, and Eastern Cape which were the poorest provinces five years ago. However HIV prevalence rates have shifted, necessitating work in other provinces. In addition, UNICEF has negotiated with the Department of Social Development and the newly created SA Social Security Agency to examine possibilities of expanding the Child Support Grant to children ages 15 – 17 and child headed households which will ensure that children's rights are respected.