



Child Survival Roundtable Report

Hosted by the Children's Institute, University of Cape Town

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Report compiled by Kashifa Abrahams



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Abbreviations

ACCESS	Alliance for Children's Access to Social Security
ARV	Anti-retrovirals
ASSA	Actuarial Society of South Africa
CI	Children's Institute
COSATU	Congress of South African Trade Unions
ECD	Early Childhood Development
DG	Director General
DHS	Demographic and Health Survey
DPLG	Department of Local Government
HSRC	Human Sciences Research Council
IMR	Infant Mortality Rate
IDP	Integrated Development Plan
JMC	Joint Monitoring Committee (on Improvement of Quality of Life and Status of Children, Youth and Disabled Persons)
LHR	Lawyers for Human Rights
LG	Local Government
MCWH	Maternal, Child and Women's Health
MDG	Millennium Development Goal
NEPAD	New Partnership for Africa's Development
NYC	National Youth Commission
ORC	Office on the Rights of the Child
OVC	Orphans and Vulnerable Children
PB	People's Budget
PI	Parliamentary Inquiry
PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
SA	South Africa
SACC	South African Council of Churches
SAHRC	South African Human Rights Commission
SANBD	South Africa National Burden of Disease
SANGOCO	South African National Non-Governmental Organisation Coalition
SASPCAN	South African Society for the Prevention of Child Abuse and Neglect
StatsSA	Statistics South Africa
TAC	Treatment Action Campaign
TBVC	Transkei, Boputhatswana, Venda, Ciskei
UNDP	United Nations Development Programme
U5PIP	Under-five Problem Identification Programme
WHO	World Health Organisation

1. Introduction and background

1.1 Purpose of workshop

Leading experts from a range of disciplines and sectors met to discuss the country's regressive performance relating to child survival. The delegates reviewed existing research and defined the key interventions required to ensure that South Africa meets its commitments on the survival and development of every child. One of the key interventions that the Children's Institute suggested was an annual parliamentary inquiry into child survival, as well as the introduction of mechanisms to improve the effectiveness of government programmes that impact on child survival.

1.2 Workshop process

The roundtable was arranged with the aim of facilitating discussion and debate. The presentations by different specialists were interspersed with commentary from a panel of experts from different sectors and followed by a plenary discussion. The discussant closed each session by summarising the key issues that emerged during the discussions.

This report includes all the presentations from the two-day event, a synthesis of the report back from group discussions and a detailed advocacy plan looking at the way forward. The appendices contain a table listing key laws, policies and programmes relevant to child survival; a press release; the roundtable programme and a list of the roundtable participants.

2. Workshop proceedings: Day 1

The first day was divided into four sessions. The first session covered the welcome and a broadly informative introduction, followed by an overview of child survival in context and located within a rights framework. The second session focused on the causes and extent of child deaths. The third session focused on information systems and the challenges presented by data collection and analysis, while the last session was aimed at adopting resolutions.

2.1 Session 1: Welcome and introduction

2.1.1 Presentation 1:

Child Survival Roundtable Discussion

By Dr Maylene Shung-King & Kashifa Abrahams

(Acting Director and Senior Researcher, Children's Institute, University of Cape Town)

Please refer to linked document on CD-ROM.

2.2. Session 2: Putting child survival in context

2.2.1. Presentation 2:

Setting the Scene: International, Regional, National

By Marinus H. Gotink

(Project Officer for Health, UNICEF South Africa)

Please refer to linked document on CD-ROM.

2.2.2. Presentation 3: Mira Dutschke

A Rights Analysis for Child Survival

By Mira Dutschke

(Researcher, Children's Institute, University of Cape Town)

Please refer to linked document on CD-ROM.

2.2.3. Panel response

The discussant for this session was Paula Proudlock from the Children's Institute. Reverend Ziegmond Thomas, the General Secretary of the Council of African Instituted Churches and a board member of the Advisory Council to the Office on the Rights of the Child, was called upon as a panel expert and he provided the following key commentary:

- Based on the presentation by UNICEF, it was alarming to note that South Africa has not been able to reduce the under-five mortality rate.
- South Africa must seriously re-look at ways of reducing mortality rates.
- South Africa's progress regarding the Millennium Development Goals requires greater clarification.
- MDG 4 aims to reduce the under-five mortality rate by two-thirds by 2015: We need to establish how we can contribute to a sound report on SA's progress of the MDGs.
- Awareness of children's rights appears to be low among people within South African communities.
- Communities should be made aware of their roles as duty-bearers.
- Raising awareness is important; however, do we have enough resources?

- Children's rights issues are the responsibility of several agencies, not simply the government.
- The myth that child rights undermine parents/guardians needs to be debunked.
- Educating religious leaders on children's rights was suggested, as they are in a position to dispel the fears and prejudices surrounding the issue of children's rights. Given the importance of their role, religious leaders should find a niche in policy development, implementation and monitoring.
- An outreach programme designed to inform religious leaders on children's rights issues was suggested.
- Consideration of cultural norms and values is crucial.
- Bathopele principles need to be adhered to in an effort to advance the child-survival agenda.
- We should ensure that parents/guardians understand rights.
- Poverty kills. Although a provocative statement, the fact remains that the majority of children who die from preventable causes live within impoverished environments.

2.2.4. Plenary discussion

The following is a summary of issues that emerged from the plenary discussion:

- The disaggregation of data by gender, region and socio-economic status is important, since this will help the development of a holistic account of child deaths and thus the formulation of an effective agenda for action.
- Mr Gotink was asked why unnatural causes of deaths were excluded from the presentation.
- Mr Gotink responded by saying that the presentation focused on under-five deaths and that unnatural causes, which were not a leading cause of death, fell under a category referred to as 'other'.
- However, the sentiment remained that the issue of unnatural causes of deaths should be addressed because these are dominant in older groups of children and for the fact that they are preventable.
- Much of the debate centred on how realistic the Millennium Development Goals were for South Africa. Ms Dutschke's response was that at the time of the Millennium Summit, several countries were involved in devising the goals and choosing to commit to them. South Africa was one of those countries.
- Mr Gotink's PowerPoint™ slide showing South Africa's regressive performance compared to seven other Africa countries was a cause of great concern. It was reiterated that with a number of low-cost interventions a major impact on reducing child-mortality rates was possible. If that was the focus, much could be achieved by 2010. Accessing appropriate resources therefore assumes paramount importance.
- A question posed to Ms Dutschke was how to get the Department of Education to respond to the call for child survival. Her response was that educators may not be informed of the issues and do not realise their roles as duty-bearers in this regard and that maybe we should educate the educators. For example, the Department of Education could provide information on fire prevention within the home.
- Chapter 9 institutions, as stipulated in the Constitution, had a vital role to play and should also be included as one of the duty-bearers.

2.2.5. Concluding points

- South Africa has a problem – child survival warrants urgent attention.
- As a collective, we need to generate country-wide energy and enthusiasm around issues of child survival, such as that sweeping the nation over the keenly anticipated 2010 Soccer World Cup.

2.3. Session 3: Causes and extent of child deaths

2.3.1 Presentation 4: David Bourne and Linnea Brody

What is the Infant Mortality Rate in South Africa? Levels of Uncertainty Revisited

By David Bourne (Chief Research Officer, Department of Public Health, University of Cape Town) and Linnea Brody (MPhil Student, Department of Public Health, University of Cape Town)

This presentation is not available. The reader is recommended to contact David Bourne at david.bourne@mrc.ac.za or Nadine Nannan at nadine.nannan@mrc.ac.za for more information as the work is still in progress; the findings of which will be published in the peer-reviewed Journal of Bioscience in the near future.

2.3.2 Presentation 5: Nadine Nannan

The Burden of Disease for Children Under-Five in South Africa

By Nadine Nannan

(Senior Scientist, Burden of Disease Research Unit, South African Medical Research Council)

This presentation is not available. The reader is recommended to contact Nadine Nannan at nadine.nannan@mrc.ac.za for more information as the work is in progress; the findings of which will be published in the peer-reviewed Journal of Bioscience in the near future.

2.3.3 Presentation 6: Richard Matzopoulos

The Epidemiology of Child Injuries in South Africa

By Richard Matzopoulos

(Specialist Scientist/Injury Epidemiologist, Crime, Violence and Injury Lead Programme, South African Medical Research Council and University of South Africa)

Please refer to linked document on CD-ROM.

2.3.4 Panel response

The discussant for this session was Dr Maylene Shung-King from the Children's Institute. The panel of experts included Dr Joy Lawn, a key contributor to the neonatal survival series of articles appearing in the academic journal, *The Lancet*, and Dr Gerald Boon, an Eastern Cape-based paediatrician working in the public health sector.

Dr Joy Lawn:

- Data can be used for several purposes; for example, there is data for science and data for programmes.
- Data for science has a place; however, we need to collapse some of our multiple causes-of-deaths data if solutions are to be found.
- When reflecting on the presentations, with the view of understanding data for the development of programmes, the focus on neonatal deaths is almost lost and can not easily be located amidst all the existing causes of deaths.
- Specifying terminology and how they are applied is important (for example, how the term 'Low Birth Rate' is used). Considering what the data *means* is a crucial concern.

- Distinctions between verifiable dichotomies and false dichotomies need to be made; for example, the dichotomy that exists between poverty and health is demonstrably true.
- Solutions:
 - Politicians can not be let off the hook as far as their responsibilities towards child survival are concerned.
 - The MDGs are do-able.
 - The various levels of government should be held accountable.

Dr Gerald Boon:

- His comments were related to his experiences in the Eastern Cape.
- Establishing the causes of deaths among older children remains problematic.
- It is important to change the function of communities: problems first arise at community level, not at the hospitals.
- Regarding risk factors: focusing on environmental and social factors is particularly important.

2.3.5 Plenary discussion

The following key points cover general comments noted in the plenary discussion:

- Presenters agreed that there are a large number of fatal outcomes for older children and that one of the challenges was to find a suitable indicator to describe this phenomenon.
- Much of the discussion centred on data coverage, credibility and reliability.
- It was noted that although child survival related specifically to the achievement of MDG 4, achieving other MDGs was similarly important. The MDGs are interrelated.
- Key to the discussion was the HIV/AIDS debate. In terms of unsafe sex as a risk factor, it was noted that sex as a risk factor does not relate to sexual abuse but to unsafe adult sex. Child sexual abuse does not have a great impact on child mortality; instead, it has long-term psychological and other effects.
- In terms of mother-to-child transmission of the virus and the risks involved in breastfeeding, the presenters argued that, based on the data currently available, no conclusions could be made that there is no causal relation between the cause of death data presented and effectiveness of preventing mother-to-child transmission or breastfeeding.
- An important question posed to the experts was: How much do the statistics reflect the national picture? The response noted the limitations of statistically generated data but also conceded that the data can be used to present both rural and urban populations. However, as data becomes increasingly specific the possibility of mathematical error also increases.

More specific issues, raised by key participants who were called on to provide input before having to leave the discussions, included commentary from the following individuals:

Dr Sebastian Van As:

- Dr Van As is the Head of the Trauma Unit at the Red Cross Children's Hospital and Director of the Child Accident Prevention Foundation of Southern Africa.
- As an expert and surgeon in the field of paediatric trauma, he reiterated the importance of recognising trauma as a cause of death.
- The psychological suffering of traumatised children merits the same level of attention paid to trauma as a cause of death.

Dr Ivan Toms:

- As the Director of Health for the Cape Town Unicity, and speaking from a local government perspective, Dr Toms encouraged the notion that discussions on child survival should be extended to include the family.
- The importance of men's health to this issue is well known; however, there needs to be a focus on programmes for men's health and the provision of appropriate intervention strategies.
- It was noted that the mother-to-child transmission rate had dropped by 5% in Khayelitsha (Cape Town).
- The difficulty of introducing child survival into municipalities' Integrated Development Plans was addressed, as well as the problem this creates for attending to the issue at a national, as opposed to local level.

Petronella Linders:

- Ms Linder is the Deputy Chairperson of the National Youth Commission within the Presidency. She noted that understanding the meaning of indicators is crucial if they are to be utilised effectively and appropriately.
- There is a need to look at the role of the Department of Education in contributing to road and traffic safety.
- There should not only be a focus on the reduction of death rates but rather the interventions that aid the reduction of child mortality.

2.3.6 Concluding points

- The discussions on the causes and extent of deaths have proven to be very helpful.
- Participants were urged to continue the conversations in the afternoon session, as the intention was to reach consensus in the form of resolutions.

2.4. Session 4: Information systems

2.4.1 Presentation 7: Gareth Forshaw

Using Geographical Information Systems (GIS) to gain a Spatial Understanding of Childhood Diarrhoea Outbreaks in Cape Town, South Africa: A case study of Summer 2005.

By Gareth W. Forshaw

(Masters Student at the Department of Environmental and Geographical Science, University of Cape Town)

Please refer to linked document on CD-ROM.

2.4.2 Presentation 8: David Bourne

Norms & Standards, Definition of terms, Difficulty with Categorising

By David Bourne

(Chief Research Officer, Department of Public Health, Faculty of Health Sciences, University of Cape Town)

David Bourne provided a brief background on information systems and structures housing information on child deaths. In addition, the challenges facing the availability, credibility and reliability of data were considered. This set the tone for the discussion that followed.

2.4.3 Panel response

The discussant for this session was Hassan Mahomed, a member of the Child Survival Reference Group and an expert in epidemiology and information systems. Mr Mahomed is based at the South African Tuberculosis Vaccine Initiative at the Institute of Infectious Disease and Molecular Medicine in the School of Child and Adolescent Health, University of Cape Town.

The panel of experts included Dr Anupam Garrib from the Africa Centre Health and Population Studies, University of KwaZulu-Natal; Tracey Daniels, Information Officer from StatsSA, Western Cape branch; and Dr Haroon Saloojee, Head of the Division of Community Paediatrics at the Department of Paediatrics and Child Health within the Memorial Institute for Child Health (TMI), University of the Witwatersrand.

Dr Anupam Garrib:

- Dr Garrib provided a brief explanation of verbal autopsy. By asking the family members about the death of one of their own, this technique offers an alternative means of accessing and/or revealing information on a person's (including a child's) death.
- The importance of recognising that one rural site could not be representative of all rural sites was also noted. However, it would still be possible to use a site to derive trends and levels of interventions.

Tracey Daniels:

- She stipulated that StatsSA shared the frustration regarding poor child death registration.
- However, the fact that StatsSA's output is based on the nature of the information it receives from doctors was also raised.
- It was reiterated that StatsSA's remit was to inform, not make, policy.

Dr Haroon Saloojee:

- Dr Saloojee offered a brief overview of a HSRC project on child well-being currently underway. The report's investigation of various indicators of children's well-being incorporates the crucial issue of child health, including child death.
- He concurred with Dr Garrib that verbal autopsy was a useful means of establishing the cause(s) of deaths in the community.

2.4.4 Plenary discussion

- Qualitative data, such as listening to oral testimonies, was as important in understanding the issue of child survival and ensuring that all individuals received due recognition.
- Children's participation in research was another issue that was raised. The possibility that this participation may lead to a more coherent understanding of child survival, as well as enhancing the prospects for survival and development, was noted.
- Parental well-being, and more particularly the mother's well-being, was a key child-survival strategy that needed to be factored into an integrated plan.
- It is imperative that the country's monitoring systems are improved. However, it is crucial that all monitoring and evaluation systems are developed in accordance with child-sensitive indicators.

2.4.5 Concluding points

- A more qualitatively based means of data collection should be investigated.
- Representing data geographically was an alternative method of displaying information.

2.5. Session 5: Adopting resolutions

2.5.1 Setting the scene: Kashifa Abrahams

The final session was facilitated by Kashifa Abrahams from the Children's Institute, UCT.

The purpose of this session on adopting resolutions was to:

- 1) reach consensus about key issues;
- 2) identify key messages; and
- 3) take the group through a process whereby resolutions were adopted.

The process was as follows:

Ms Abrahams provided an outline of the proceedings for the last session. Participants were then divided into groups. Each group was assigned a facilitator and given the following questions for discussion:

- 1) Can we agree that child survival warrants urgent attention because the outcomes are poor?
- 2) What have we reached consensus on in terms of (a) the extent of children's deaths, (b) the cause of children's deaths, and (c) information systems/structures?
- 3) Identify the key messages that have emerged from today's sessions.
- 4) What were the points of contention?
- 5) What were the gaps?
- 6) Which of the areas require further investigation? (e.g., data, research)
- 7) What are some of the ways forward that have been identified? How can these resolutions be taken forward as an agenda for action?

The groups had 45 minutes to talk through the above questions. Each group appointed a scribe to note down outcomes and a speaker to report back to the larger group. During the speakers' report back, Ms Abrahams recorded any questions requiring further clarification. All resolutions were put forward for adoption before the session drew to a close. All suggestions made would be incorporated with those identified on Day 2 of the roundtable.

2.5.2 Report back from group discussion

Participants agreed that:

- Child survival was important even though there may be some disparities at a local level regarding the extent and causes of child deaths.
- There was sufficient data to move into action.
- It was important to present data differently to policy-makers.
- Improving the quality of data collection was of critical importance.
- Data should be provided timeously so that it can be effectively used.

Key messages:

- South Africa has sufficient quantity of scientific data (or "data for science"), but it needs to be re-packaged when given to policy-makers and when issuing policy statements.
- Positive energy within Government needs to attain a level of intensity similar to that surrounding the eagerly anticipated Soccer World Cup of 2010.
- An effective system of programme analysis is needed.

Way forward:

- Package data differently.

- Package resolutions for people to use in advocacy activities.
- The SA environmental policy is currently under review and should be looked at.
- We need to acknowledge that we are child survival advocates. This is especially so given the contradiction that exists between political pronouncements on the issue of child health/well-being and the results of relevant research (that is, the government claims that mortality rates are decreasing when in fact data shows that they are increasing).

Monitor interventions:

- Process indicators do exist but there is a need to establish outcome measures.
- Data should be made available for public scrutiny.
- There is a need to focus on the qualitative aspects of children's perspectives to see whether these corroborate with the quantitative data.

Key areas for consideration:

- HIV/AIDS, perinatal mortality, maternal well-being are key issues that impact on child survival.
- It was agreed that child survival warrants attention.
- Children's rights should be a priority in municipalities' IDPs.
- Child survival is a multi-sectoral issue and not just a health issue.
- Therefore, the group should not just focus on issues of health only.
- Developing the role of men and boys should be considered.
- Approach the ORC as a co-ordinator to put child survival back on the agenda.
- A suggestion to calling the group 'a united front for child survival'.
- There can be many more constituents over and above the existing group.

2.5.3 Resolutions adopted

a) Key messages

- Child survival warrants attention because the outcomes are poor.
- There is sufficient data for scientific purposes or "data for science".
- There is a need for child-impact assessments at the policy level.
- Rights are inter-related.
- Child survival is a multi-sectoral issue and not just a health issue.
- A united front aimed at enhancing child survival needs to be built among all duty-bearers.
- Children's rights should be a priority of the Integrated Development Plans.
- We need to acknowledge that we are child survival advocates.
- There is a need to look at developing the role of men and boys.
- There is a need to have the same 'fever' at governmental level as exists for the Soccer World Cup of 2010.

b) Extent of the problem

- There is sufficient data to spur action.
- This data needs to be present differently to policy-makers.
- Role players should strive to improve the quality of data collection.
- Data should be provided timeously so that it can be used effectively.

c) Causes of deaths

- It may be necessary to raise awareness of the causes of deaths differently, for instance, through packaging information for policy-makers in more easily accessible formats.

- HIV/AIDS, perinatal mortality, maternal well-being are key issues which impact on child survival.

d) Information systems and structures

- These need to be strengthened by including health-information systems and responses from the community.
- Interventions aimed at improving child survival prospects need to be monitored.
- Process indicators exist but there is a need to establish outcome measures.
- Data should be made available for public scrutiny.
- Monitoring interventions at a district level is important.
- Information systems need improving – not only records of births and deaths.
- Improve quality of death data at local and national level.
- Data should be made available more timeously e.g., release of information census and Demographic and Health Surveys.
- More focused, co-ordinated systems and structures are required; it is not just a case of looking at outcomes.

e) Gaps

- Evaluate programmes directed at children.
- Interventions aimed at improving child survival outcomes should be evaluated.

f) Further investigation

- The qualitative aspect of stories (oral testimonies) is invaluable – illustrate within rights framework/political statements (quality of service).
- There should be a focus on the qualitative nature of children's perspectives to see whether these corroborate with the quantitative data available.
- There is sufficient data for science but this needs re-packaging for policy and policy-makers.
- There is a need for an effective analysis of programmes aimed at improving prospects for child survival.

How to take this forward?

For Day 2: The adopted resolutions to be handed out to all participants, with the aim of taking them forward via their own institutions.

Post-workshop:

- Work towards the inclusion of child survival in municipalities' IDPs.
- Meet with the ORC first and then the government's social cluster. Hence approach the ORC as a co-ordinator to put child survival back on the agenda.
- A multi-level strategy aimed at enhancing child survival is required.
- Package data differently to impact better on government decision-makers.
- Package roundtable resolutions for people to use in advocacy activities.
- Lobbying many more constituents, over and above the existing group, to take up the issue of child survival.

3. Workshop proceedings: Day 2

3.1 Recap and summary of previous day: Kashifa Abrahams

Day 2 commenced with a summary of Day 1 by Kashifa Abrahams from the Children's Institute, UCT.

This was followed by a brief overview of the causes and extent of child deaths by Dr Debbie Bradshaw, the Director of the Burden of Disease Unit at the South African Medical Research Council. (The following brief has been reworked and fine-tuned by the Child Survival Reference Group and can be used for advocacy purposes.)

The day proceeded with two more presentations, followed by smaller group and then plenary discussions.

3.1.1 Overview of child mortality in South Africa by Debbie Bradshaw

Purpose of brief

The following advocacy brief was compiled by leading experts in the field of child mortality in South Africa as an outcome of the Child Survival Roundtable (23rd & 24th May 2006) that was hosted by the Children's Institute, University of Cape Town. Participants at the roundtable discussion agreed fully with the notion of 'talking from the same page' on the status of child survival in the country. Hence, this brief was devised.

Summary of key issues

1. Information on child mortality for the past eight years is conflicting, which creates a high level of uncertainty. Data sources have limitations.
2. The most recent, reliable estimates of child mortality appeared in the 1998 Demographic and Health Survey (DHS). The 1996 census and 1998 DHS showed that the downward trend in child deaths was reversed.
3. Empirical evidence (mostly surveillance data) indicates a rising trend (particularly in post-neonatal deaths). Data sources – StatsSA-specified causes of death are supported by Argin-Court and Hlabisa Demographic and Health Survey sites, in turn supported by national modelled projections. In addition, the Medical Research Council's Under-Five Problem Identification Programme (U5PIP) supports the trend in terms of increase in HIV/AIDS-related deaths for children under five years of age.
4. Post-1998 estimates (e.g., ASSA2003, United Nations Development Programme, World Health Organisation, Medical Research Council's National Burden of Disease Study, StatsSA) are models that are based on varied assumptions.
5. Lack of information means that we cannot address the countrywide inequality that exists.
6. Child mortality is largely preventable.
7. Key interventions:
 - Prevention of Mother-to-Child Transmission;
 - ARV treatment for children;
 - perinatal and post-natal care;
 - access to basic services and good nutrition.

Why these key issues?

Reversal in trends

- During the early 1990s, South Africa experienced a reversal of the previous downward trend in child mortality. In about 1992, child mortality rates started to increase.

Quality of data

- There is uncertainty regarding the current level of child mortality, since the data systems do not yet produce timely, reliable statistics for child deaths. However, there are indications that child mortality rates have continued to increase.
- The South African National Burden of Disease Study (NBD) of the Medical Research Council provides a robust estimate of the cause of death profile for the country in 2000 by making use of a range of data sets. The results of this study indicate that many of the child deaths occurring in South Africa are preventable.
- The national picture provided by the NBD study does not reflect the inequalities in health care and outcomes that exist in different parts of the country; inequalities that are invariably linked to socio-economic status.
- The DHS of 1998 related to periods prior to 1998 after the change of political dispensation; hence it was representative of the entire country (that is, it included the former TBVC homelands which include the Transkei, Boputhatswana, Venda and Ciskei).
- The statistics on child mortality are based on empirical data (e.g., administrative systems, DHS and census data, and so on) and/or on model estimates (e.g., NBD).
- The 1998 DHS was the last survey that provided reliable national statistics on child mortality. Since then, the 2001 Census and the new DHS of 2003 have not yielded good-quality point estimates (statistics on child deaths, e.g., IMR).

Vital interventions

- There are four broad areas that will require differing approaches for intervention:
 - The prevention of mother-to-child transmission of HIV.
 - Deaths in the neonatal period are amenable to several cost-effective interventions.
 - Classic infectious diseases such as diarrhoea, respiratory infections and malnutrition are still important causes of mortality. Environmental and developmental initiatives (access to sufficient quantities of safe water; proper sanitation; reduced exposure to indoor smoke; improved personal and domestic hygiene) as well as comprehensive primary health care will go a long way to preventing these diseases. Poverty reduction initiatives are also important in this regard as well as efforts to reduce malnutrition.
 - Road traffic accidents and violence, which include homicide and suicide, represent another group of high-mortality conditions affecting children 1-18 years old that will require dedicated interventions.

How do we know that child mortality is rising?

- State of the HIV/AIDS pandemic makes it consistent – the pandemic explains the increase in and by itself.
- Reports from demographic surveillance sites from around the country (e.g., Argin-Court, Hlabisa) are consistent with the emerging national trends – they show an increase in the U5MR.

- Post-neonatal deaths are increasing, according to the latest data from StatsSA. The early and post-neonatal death rate is driving the IMR, which in turn is driving the U5MR. The overall driver of these increasing death rates is HIV/AIDS.
- StatsSA experienced an increase in the number of reported deaths, with the pattern of natural versus non-natural (injuries) causes of death changing. The level of non-natural causes of death decreased from 17.0% of all deaths in 1997 to 11.1% in 2001.
- Note of caution: International agencies such as the WHO and UNDP produce statistics on child mortality that are derived via modelling techniques (they use projections) but these are not sensitive to countrywide variations.

Message to the government

Child survival warrants urgent attention. The issues concerning the need for better quality data has to be taken seriously if the commitment to attaining MDG 4 is to be met. The 2008 DHS has to be performed properly if quality data is to be generated. In this regard, there is a need to ensure adequate oversight and results should be released timeously.

3.2 Session 1: Interventions

3.2.1 Presentation 9: Dr Maylene Shung-King

Child Survival in South Africa: All for One and One for All

By Dr Maylene Shung-King

(Acting Director, Children's Institute, University of Cape Town)

Please refer to linked document on CD-ROM.

3.2.2 Questions for clarification and comments

The discussant for the first session was Jawayya Shea, the Acting Head of the Child Health Unit at the University of Cape Town. As there was no specific panel appointed for this session, the floor was opened to general questions for clarification and comment. The responses were as follows:

- Despite the country's economic advances, 70% of the population still lives in poverty. Hence, addressing child survival is a matter that deserves urgent attention.
- Particular questions concerning the inquiry (e.g., is the parliamentary inquiry a new concept and how would it help this group's agenda?) were directed to Ms Abrahams.
- Ms Abrahams responded to these inquiry-related questions by saying that these are not a new phenomenon in South Africa (for example, there has been a previous inquiry into Foetal Alcohol Syndrome).
- The general sentiment of the group was that such an inquiry would provide an opportunity for engaging with other departments in a constructive manner. Furthermore, it is important that the issues impacting on child survival are exposed to various elements of Parliament, specifically, to the Department of Finance.
- Petronella Linders from the National Youth Commission stressed that it was important to note that the group needs to be specific in explaining what the government needs to budget for in its strategic planning. Policy decisions need to make all departments responsible for child survival.
- Reverend Keith Vermeulen concurred, while also making the point that the fiscal expenditure of the government plays a key role. Furthermore, it is fundamentally important to approach and pitch to all sectors of government. How can a sense of

urgency be introduced onto the government's agenda? From a faith perspective: the sector needs to become aware of child rights and of the available interventions that are necessary and desirable.

Specific questions on the Office on the Rights of the Child, so far as it relates to the proposed model presented by Dr Shung-King, were managed by Shirley Mabusela (Managing Member, Bafelile Consultancy) and Reverend Ziegmund Thomas (General Secretary, Council of African Instituted Churches):

- There is already participation from the Department of Health as it is represented on the ORC's advisory council.
- The ORC's Advisory Council does in fact integrate all the departments. The ORC is well placed to ensure that issues of child survival ascend to presidency level.
- It was important to strengthen links with the ORC.

The participants were then divided into smaller groups. Each group was assigned a facilitator with the request to interrogate the proposed model, to consider how best to implement it, and to provide suggestions for alternative models.

3.2.3 Group feedback

Each group nominated a person to feedback to the plenary. The key messages from each group were noted as follows:

Group 1: Namhla Mniki, Africa Monitor/Children's Institute, University of Cape Town

- There is sufficient data for evidence-based policy-making.
- Child survival is a multi-sectoral issue and not just the responsibility of the Department of Health.
- Co-ordination of programmes at inter-departmental level is necessary, e.g., by the ORC.
- We need child survival advocates.
- Development of a detailed action plan towards improving child survival is imperative.
- It is important to identify who the evidence-based pressure group is.
- What needs to be identified? The suggestion was to select 2-3 'action points' that are achievable (e.g., PMTCT, separate HIV-related issues) and to adopt the idea of clustering causes of deaths by age groups to look at related interventions.

Group 2: Menaka Jayakody, Children's HIV/Aids Network (CHAiN), Networking Aids Community of SA (NACOSA), Western Cape branch

- In order to advocate for child survival, it is crucial to study the State's accountability hierarchy.
- There is a need to identify ways of strengthening existing social clusters.
- There is a need to strategically analyse the nature of the relationship with the directorate of the ORC.
- Representatives from this group should meet with the different ministers from each cluster.
- Consider a 10-year review to monitor the progress of child survival.
- The group should become proactive in terms of identifying its and the government's deliverables regarding child survival.

Group 3: Nelmarie Du Toit, Child Accident Prevention Foundation of South Africa

- This group looked at practical suggestions. Hence, rather than a parliamentary inquiry, the group suggested as a start to get the child survival agenda onto the government's social cluster meeting.
- Try to get invited to parliamentary portfolio meetings to discuss issues of child survival.
- Conducting an annual roundtable for feedback on progress.
- The National Youth Commission has committed to put child survival onto the agenda.
- The media should be targeted to get the key messages on child survival into the public sphere.
- South African churches are committed to taking child-survival issues forward.
- Identify key role players, not just the CI, to advance the issue.

3.2.4 Concluding points

Mrs Shea drew the session to a close by highlighting the following points:

- the importance of getting child survival on the agenda of several government departments;
- being clear about what is expected from each department;
- building on existing initiatives; and
- linking with key stakeholders who were not present at the two-day roundtable discussions.

Furthermore, it was noted that the suggestions from the sub-groups were particularly helpful and could be carried over to the afternoon session, which was dedicated to devising an advocacy plan.

3.3 Session 2: Talking advocacy

3.3.1 Presentation 10: Lucy Jamieson

Child Survival Advocacy

By Lucy Jamieson

(Senior advocacy Officer, Children's Institute, University of Cape Town)

Please refer to linked document on CD-ROM.

3.3.2 Report back from group discussion

Each group reported back and the information was captured and noted under key intervention opportunities.

3.3.3 Consolidating an Advocacy Plan

The Advocacy Plan highlighted key intervention opportunities – captured in the matrix on the next pages (Table 1).

4. Concluding remarks

The roundtable was heralded a success. Participants valued the discussions and the networking opportunities the event afforded. From the main themes discussed and debated, many interesting and potentially useful 'offshoots' have developed. The press briefing brought to light the importance of packaging information correctly for specific audiences, which may necessitate a departure from evidence-based formats.

Table 1: Child Survival Advocacy Plan

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
(1) Brief for child survival advocates	<ul style="list-style-type: none"> • The document should outline what the purpose of advocating for child survival in SA is and provide a brief overview of the roundtable group's agreed philosophy. • It should contain easily digestible facts and figures, but at the same time ensure that the factual data remains accurate and unbiased. • The brief can help to form the basis of strategic presentations. • The brief could be Debbie Bradshaw's document but that needs to be scrutinised by the attending participants. • Community participation is essential. • HIV/AIDS is not the only cause of child deaths and should not be presented as such. 	CI in consultation with child survival reference group (e.g., Nadine Nannan, Richard Matzopoulos, Hassan Mohamed, David Bourne, Debbie Bradshaw)	<ul style="list-style-type: none"> • Various documents to be send out as needed • First one: two weeks, which can be updated and amended as the campaign progresses
(2) Specific information on policies and programmes needs to be collated	<p><i>Why?</i> It is vital that those participants in the campaign all have the necessary information (see Table 2) to engage with each government department and to take on the actions listed below.</p> <p><i>What is the process?</i></p> <ul style="list-style-type: none"> • Audit/matrix needed of all relevant policies, laws and programmes related to child survival (CI's 10-year review of child deaths in SA will be helpful for this). • Identify the main gaps and problems at all levels of government (be very specific regarding which department and what level of government). • Collate existing recommendations for addressing gaps and problems. • Develop action plans (together with the government) for giving effect to recommendations. • CI has most of the information relating to socio-economic rights but lacks data on home affairs, transport and crime prevention. • Mark Bletcher (Director of Finance for Department of Health, Treasury/Government): Noted that the group should be really specific, i.e., information should be streamlined; the group should push hard and continuously for getting child survival on the agenda. Treasury has contacts with all the departments and will 	<p>Prioritise these steps for key areas and form task teams per issue:</p> <ul style="list-style-type: none"> • Haroon Saloojee and Tammy Myers and others worked on health care workers structures, trying to improve the delivery of PMTCT. They are concerned about application of PMTCT and they want to give new impetus to the issue. • Diarrhoea, malnutrition and Acute Respiratory Infection (Tony Westwood, Haroon Saloojee). • Richard Matzopoulos: transport-related deaths and homicides (guns especially) • UNICEF: can only send the names of people who work on birth registration and violence, e.g., the national prosecuting authority. • Mark Bletcher (Director of Finance for Department of Health, Treasury/Government) 	<ul style="list-style-type: none"> • Two months

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<p>be happy to facilitate this process.</p> <ul style="list-style-type: none"> • Each problem area is linked to preventable causes so this needs to be put on the relevant department's agenda and that of other relevant stakeholders. • There are already existing structures in government and the group has to capitalise on these. Clusters include the social and economic clusters. All departments doing anything about the social well-being of people are on that cluster. The economic cluster deals with issues on labour but the Department of Labour also sits on the social cluster. The social cluster has a range of departments on it already, but some fall outside the social cluster, e.g., Dept. of Water Affairs. Step one is to engage with the social cluster. It might have to be an one-on-one engagement initially, but this will help clarify exactly what is needed to further the groups aims. • Transport-related deaths – action required: Collect information on the problems of transport-related deaths. Identify which actions need to take place – these should be packaged in a format that everyone can understand. Note: This information already exists in various documents and studies, but it needs to be collated in order to be useful and accessible. 		
(3) MDG monitoring mechanism	<p><i>What information is required?</i></p> <ul style="list-style-type: none"> • Need to find out who in the government is co-coordinating this process and to engage with them. • Also need to find out what international body is co-coordinating and engaging with these government officials (e.g., UNDP; UNICEF?) • Need to find out if there is a national SA social movement relating to MDGs? 	<ul style="list-style-type: none"> • StatsSA: Tracey Daniels • Africa Monitor: Namhla Mniki • UNICEF: Joan Matji 	Ongoing
(4) Government departments' (national and provincial) strategic planning processes	<ul style="list-style-type: none"> • Link with social and economic clusters. • Accessing information on their timeframes and opportunities for input is important. • Engage with the next cycle of strategic plans to ensure that child survival priorities are put on the agenda. • The Parliamentary Inquiry (PI) could be seen as a beacon that the departments can work towards. The PI could be seen as a 	<ul style="list-style-type: none"> • CI will co-ordinate and facilitate • UNICEF to assist 	<ul style="list-style-type: none"> • Budget bids June and July, towards September finalisation • Strategic plan drafting busy May onwards

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<p>possible process that departments report to once they have completed their work.</p> <ul style="list-style-type: none"> • Budgets are being finalised in September each year, so by June/July the budget allocations for the next year come to Parliament. The strategic plan must be tabled before Parliament and/or provincial legislatures and completed before the draft budget is finalised. • In most departments there is someone responsible for children. Important to work with the children's representative in all the departments. For those departments without a specific children's representative, this issue may form part of another individual or team's remit. • Can also do this via writing to all the relevant Ministers/MECs, stating the specific concerns that the group wishes to be addressed in the budget period. Advisable, because the minister has the most influence. • Must copy any correspondence to all the other potentially influential people to sure the initiation of productive communication at all levels. • Must engage with departments' plans in May-June, so need to obtain information as quickly as possible. <p><i>How?</i></p> <ul style="list-style-type: none"> • Through 'children-focused' person in each department, e.g., MCWH. • Write to Minister/MEC (copy DG/focal person on children). <p><i>Why write the letter?</i></p> <ul style="list-style-type: none"> • A letter is the instrument that starts the conversation. • Important to think strategically, depending on the issue and the department concerned. • Consider that it will be strategic for ORC to also write letter. • The letter needs to be followed up by a delegation/by further conversations and meetings. • The entire group must endorse the letter but a decision still needs to be made about who the most powerful group is that can sign the 		

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<p>letter.</p> <ul style="list-style-type: none"> The group should work in harmony with the ORC and see where assistance to that office can be provided. There is not a single organisation represented at the roundtable that objects to the endorsement of communication to push for placing child survival on the government's agenda. The idea is enforced and supported by the majority of people. At no point should the group be working in opposition to each other. Strategically, the group needs to talk to various ministers and departments; the CI may not be the best organisation to do this. It has done so previously and can do so again; however, for strategic action of this nature the group needs to consider utilising whatever structures/organisations/people are available and, importantly, effective. Suggestion that maybe the letter is accompanied by endorsements from other organisations. 		
(5) National and provincial budgeting process	<ul style="list-style-type: none"> Note: there are both annual and three-year cycles Engage with the process: All departments at all three levels of government are preparing their bids between June and September each year. 29th May 2006: People's Budget meeting to formulate its plan and recommendations for 2007 budget. Vital that child survival issues get on that agenda as this existing structure has the attention of the Minister of Finance. Reverend Keith Vermeulen prepared to raise the issue from a faith perspective. He said that he would also promote at that meeting the idea for CI representation at budget meetings to ensure that child survival needs are incorporated in budget forecasts. This was not just about the budget but also about furthering the campaign on child survival. CI could also be represented through Sangoco in the PB campaign. Mid-July – SACC meeting: link to PB campaign. The key is to be specific, very specific. Campaigns that are presented too broadly in nature or intent often fail to progress. A request such as, 'You must budget for children' is unlikely to be listened to or acted upon. Departmental heads have to contend with many complex issues during their budget preparations; so a vague, 	<ul style="list-style-type: none"> People's Budget (PB): Reverend Keith Vermeulen plus child survival advocates to attend meeting on 29th May. Idasa (Child Budget Unit): CI to link Treasury welcomes a committee on child survival issues to advise Treasury (e.g., CI, Idasa, PB, Director, Child Health in MCWH) 	<ul style="list-style-type: none"> 29th May: People's Budget meeting June to September – Departments prepare their budget bids

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<p>unsubstantiated request is not helpful. What are you going to do with that money? What do you need it for? Who will benefit? How will they benefit? (That's what happened with the gender budget.).</p> <ul style="list-style-type: none"> • Issues can be augmented through the budget but then suggestions must be specific; i.e., the measles campaign roll-out. • The budget is linked to the strategic planning process. Strategic planning is not possible without the budget, e.g., if planning for hospitals, there is a need to look at who the end users of the hospital will be. Hence, it needs to be made clear to departments that when they plan, their planning impacts on the women and children. This is an opportunity for to say, for example, that a programme for nutrition must include the prerequisite that children are not allowed to die, and that based on this reasoning, suggestions are made. • Need to be specific about what has to be achieved. The issue of budgeting cannot be divorced from the fiscal commission process – the issues should be interlinked. • Recognise that the process will take time. It will be impossible to achieve the entire agenda in two months; rather, opportunities must be grasped as they arise and the campaign moved forward step by step. Prioritising how the campaign is initiated and how to sustain its momentum is crucial. <p><i>How?</i></p> <ul style="list-style-type: none"> • When engaging directly with budget processes, be extremely specific when making recommendations (what budget? which programme?) • Important to engage first with departments' strategic planning processes. These feed into budgets and they may be better at specifying budget requirements. • There is also a need to engage at local government level. 		
(6) ORC National Plan of Action/Children's Rights Advisory Council	<ul style="list-style-type: none"> • Important to link/harmonise strategies with the existing structures. Letters were suggested, as well as meetings with the ORC. • Request ORC to speak to the various departments. Participants nominated Shirley Mabusela as part of the delegation to link with the ORC after the roundtable. 	Shirley Mabusela will follow up with ORC. Kashifa Abrahams from CI to take the lead in terms of letter writing.	Next three months

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<p><i>Letters and meetings with:</i></p> <ul style="list-style-type: none"> • DG – Rev. Chikane (President’s Policy Co-ordination Unit) • Chief Director – Ellen Kornegey • ORC Director – Mabel Rantla <p><i>Letter needs to specify what the group would like the ORC to do:</i></p> <ul style="list-style-type: none"> • Ask them to speak to all relevant departments (list issues per department). • Suggest a meeting to give them more information on the issues • Ask them to hold focal meetings with departments. • Also involve Office on the Status for Disabled Persons. <p>Letters to be written to DC, copied to Chief Director and DG.</p>		
(7) National Department of Health as lead department	<p><i>Information needed and action required:</i></p> <ul style="list-style-type: none"> • Department of Health: from 26th to 30th June 2006 they have a whole week dedicated to looking at children in the social clusters, which provides the group with another opportunity. This meeting is lead by Dept. of Health but includes all social cluster departments. • When engaging with the Presidency and government officials it must be remembered that when talking about child survival the issues of child development, child well-being and children with disabilities should also be raised. <p><i>Key questions to consider:</i></p> <ul style="list-style-type: none"> • How is the Department leading on MDG 4 (child survival campaign)? • Who is on the secretariat? • When do they meet? • Who attend the meetings? (Which other departments attend?) • Do they have civil society partners? 	<p>CI in consultation with Child Health Directorate at National Department of Health</p> <p>Department of Health leading all social cluster departments</p>	<ul style="list-style-type: none"> • UNICEF/Integrated Management of Childhood Illness initiative: meeting provides an opportunity to put survival issues on the programme • 26th to 30th June 2006: week on children and youth - social cluster focus
(8) Local government and Integrated Development Plans (IDPs)	<p>All municipalities (approximately 230) are in the early stages of developing their IDPs for the next five years.</p> <p><i>Key areas under LG control that directly relate to child survival:</i></p> <ul style="list-style-type: none"> • water service delivery 	<p>CI in consultation</p> <p>There are already civil movements aimed at increasing access to water and electricity. Thus, identify these</p>	Ongoing

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<ul style="list-style-type: none"> • refuse removal • sanitation • town planning (location of schools, clinics, roads) • traffic control (speed control, drunk-driving policing, roadworthiness, speed bumps) • housing (planning, location) • child safety at places of entertainment (e.g., public swimming pools, beaches) • dedicated child care and protection functions in terms of Children's Bill • crèches (partial care) • ECD programmes <p><i>How?</i></p> <ul style="list-style-type: none"> • Link with National Youth Commission (NYC). Their plan is to support struggling municipalities (approximately 25). Engage with this process. • NYC has youth managers in some municipalities; need to link with these as well. • UNICEF also involved at local government level. • Civil Society Advocacy Programme (HSRC): might be interested in a pilot intervention in two specific municipalities with problematic child survival statistics. • Municipalities are all in the early stages of developing their IDPs for the next five years. Approximately 500 municipalities. Look at getting child survival on the IDPs. <p><i>Need to intervene at three levels, with:</i></p> <ul style="list-style-type: none"> • The National Department of Provincial and Local Government; • SALGA (South African Local Government Association); and • 230 municipalities. • However: How realistic is this? • The NYC is considering how each department can support the municipalities through an implementation plan. This is a vehicle of the local government process that looks at the areas that are 	<p>movements and ensure that the issues are on their agendas.</p>	

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
	<p>struggling. They are called 'the 24 most needy' and they are struggling in terms of water and sanitation and delivery of other essential services. If they are struggling, it is likely that there are impacts on child survival. Need to influence that implementation plan. The NYC has worked with the municipalities (good sources to tap into).</p> <ul style="list-style-type: none"> Alternatively, consider locating and addressing two or three of the most-needy municipalities in the country and performing something like a pilot advocacy project (i.t.o addressing child survival at a local government level). The Civil Society Advocacy Programme with the HSRC is another funder of these types of initiatives. Funds are available. Ghasiena van der Scheef (LHR) would provide the contact details. 		
(9) Getting child survival on the agenda of social movements (community participation)	<p>Each person assigned a network/organisation to liaise with to attempt placing child survival on their agendas. More information is required on the following social movements:</p> <ul style="list-style-type: none"> Water social movement Environmental social movement Housing social movement Electricity social movement 	<ul style="list-style-type: none"> People's Budget movement; Cosatu; Sangoco (Rev. Keith Vermeulen) Gun Free South Africa (Veronica van Staden) NYC (Petronella Linders) ACCESS – CI links Churches (Chance Chagunda and Rev. Keith Vermeulen) SASPCAN – CI links HIV social movements, e.g., TAC (Menaka Jayakody) Gender movement? 	Ongoing
(10) Getting child survival on the agenda of Chapter 9s	<p><i>What are the foreseeable opportunities regarding possible links?</i></p> <ul style="list-style-type: none"> SAHRC (Judith Cohen): public hearing on right to health (possibility of putting child survival on agenda); public hearing on violence in schools in Western Cape (could also be used to put trauma deaths on agenda). Ms Cohen to supply dates once these are established. Commission on Gender Equality (Suraya Mohammed) to investigate possibilities. Public Protector to investigate possibilities. 	Judith Cohen (SAHRC)	Next three months

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
(11) National parliamentary inquiry into child survival	<ul style="list-style-type: none"> • Good idea but need to remove the punitive element connected to 'inquiry'. • Promote the idea that it be scheduled for mid-2007 as a 'beacon' to move towards for all departments (i.e., ensure a timeframe for delivery on strategic plans). <p><i>How?</i></p> <ul style="list-style-type: none"> • Case study process proven to be valuable; interventions. • Parliamentary hearings on violence against children to be held on 13th and 14th June 2006 (introduce idea to Parliament through accidents and trauma focus). • Basically, raise child survival at all possible opportunities in Parliament (e.g., unemployment hearings). • Brief Joint Monitoring Committee on the Quality of Life of Children, Youth, Women and Disabled Persons on the issue of child survival. • 2nd June 2006: Parliamentary hearings on Firearms Control Act Amendments offer another opportunity to get child survival onto Parliament's agenda. • Hearings for young people with the Dept of Labour. This is their opportunity to ask for an audience with the JMC on this issue, as this committee is responsible for monitoring children's views. • Richard Matzopoulos (MRC) has volunteered to present, at Firearms Control Amendment Bill hearings in June, on the impact of violence on children's lives. 	<ul style="list-style-type: none"> • Petronella Linders (NYC) volunteered to assist with getting buy-in from the JMC • Lucy Jamieson (CI) to take the lead with Firearm Control Amendment Bill in collaboration with GCA and Gun Free South Africa • Richard Matzopoulos volunteered to present on unintentional/intentional childhood injuries. 	<p>Two months Key dates: 2nd, 13th, 14th June 2006</p>
(12) Media and key public events	<ul style="list-style-type: none"> • Package the information better. • Strategic presentations are key. • Release press statement at end of the roundtable. • Publish op-eds in various newspapers week after the roundtable. • Contact list of various participants has been sent to media, calling for their comments. • In all interactions with the media regarding child protection week, participants need to stress child survival issues. • Please write to newspapers to pledge support to opinions expressed in published op-eds. 	<p>CI to take the lead.</p> <p>Veronica van Staden: The gun free issues were not captured strongly enough and she was willing to talk to communities and to be drawn into the advocacy plans.</p> <p>All participants are encouraged to write and respond to op-eds.</p>	<ul style="list-style-type: none"> • Child Protection Week (29th May to 4th June) • International Children's Day (1st June) • Youth Day (16th June) • Child Safety Month (June) • National Children's

INTERVENTION	ACTION/S REQUIRED	KEY PERSON/S RESPONSIBLE	ALLOCATED TIME FRAMES
			Day (November)
(13) International agencies	<ul style="list-style-type: none"> CI to continue to engage and partner, e.g., UNICEF, UNDP, Africa Monitor, NEPAD (Youth Desk) 	CI to take the lead.	Ongoing
(14) Accountability mechanisms	<ul style="list-style-type: none"> Explore what these are – e.g., use the national government's programmes evaluation mechanisms in the President's office. Identify accountability mechanisms that the government has already set up and use them to lobby for support of child survival goals. Consider what other institutions/structures offer possible recourse to, e.g., the courts and other monitoring structures. 	CI to take the lead.	Ongoing

5. Appendices

Appendix 1 captures the key laws, government policies and programmes relevant to child survival.

Appendix 2 contains the press release on Day 2 of the roundtable. The substantial media coverage that followed the roundtable consistently captured the overriding theme of this roundtable discussion: Child survival warrants urgent attention in South Africa. *(Please refer to the records of media coverage received during and after the roundtable, linked on the accompanying CD-ROM).*

Appendix 1

Table 2: Key laws, policies and programmes relevant to child survival

	Policies	Laws	Programmes
Water and sanitation		National Water Act Water Services Act	Free basic water
Electricity			Free basic electricity
Housing		Housing Act	Housing subsidy scheme
Protection from violence	Prevention and protection of abuse and neglect policy OVC policy	Criminal Procedure Act Child Care Act Children's Bill Sexual Offences Bill	
Social security		Social Assistance Act UIF Act Workers Compensation Act	
Housing	White Paper	Housing Act	Housing Subsidy Scheme
Health	Free primary health care for all Free health care for pregnant women and children under 6 Free health care for people with disabilities	National Health Act	Integrated Management of Childhood Illness Expanded Programme on Immunization Prevention of Mother-To-Child Transmission
Nutrition			Primary School Nutrition Programme Protein Energy Malnutrition Scheme Integrated Nutrition Programme
Protection from accidents			Drive Alive

Appendix 2



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Press statement: Child Survival Roundtable, 24 May 2006

CAPE TOWN - Tens of thousands of children in the country continue to die at an alarming and seemingly increasing rate from easily preventable causes every year. This is in direct conflict with every child's right to survival and development, which South Africa undertook to protect by ratifying the United Nations Convention on the Rights of the Child, and child survival therefore warrants urgent attention in South Africa's 'Age of Hope'.

In the run-up to *Child Protection Week* (eds: Sun, 28 May – 4 June), the Children's Institute, University of Cape Town, this week hosted a roundtable discussion on child survival, where leading experts from a range of disciplines and sectors discussed the country's regressive performance related to this crucial human right. The focus was on what could be done to take forward the agenda of child survival in South Africa.

The key causes of death for children that were presented related to HIV/AIDS; diseases of poverty such as diarrhoeal disease and pneumonia; and injuries. It was highlighted that deaths of very young children from birth up to one to three months of age could be averted with interventions such as antenatal care and prevention of mother-to-child transmission of HIV, while addressing infectious diseases, road traffic accident and violence would impact on the survival of older children.

According to Martinus Gotink, the Health Officer of UNICEF South Africa, "deaths of children are a concern for South Africa and the whole of the African continent. We need to focus on the main causes of child death, while, in a parallel process, we work on system improvements that will impact on all causes of child death, such as policies, financing and the health system." Studies show that South Africa is one of seven African countries where child and infant mortality increased between 1990 and 2004.

If South Africa wants to reach the Millennium Development Goal 4 (reduce child mortality), it must reduce its infant and child mortality rates by two-thirds by 2015, which is a challenging order. The latest reliable data on these deaths was collected by the Medical Research Council in 2000, which estimated that, for that year, the infant mortality rate (birth to one year) stood at 60 out of every 1000 live births, while the under-five mortality rate was estimated at 95 per 1000 live births. To reach the Millennium Development Goal on child mortality, the infant mortality rate should be reduced to 15 out of 1000 live births, and the under-five mortality rate to 20 out of 1000 live births.

Child rights experts at the roundtable pointed out that the constitutional imperatives and international treaties that South Africa has ratified, such as the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, make children's right to survival the responsibility of all government departments. This requires a multi-level strategy across all government departments and with the involvement of civil society as well. Rev. Keith Vermeulen from the South African Council of Churches added that, "child survival cannot be furthered without addressing poverty and fulfilling children's socio-economic rights".

Another issue that was discussed is the lack of co-ordination of the country's information system which collects national data. Debbie Bradshaw of the Medical Research Council's

Burden of Disease Unit (which produced the most recent and robust data on mortality in the country) stressed that, “we have enough information [on mortality] but we need to improve on the quality of our data and improve our information systems for monitoring”.

Delegates also agreed that there is a crucial need to introduce mechanisms for improving and monitoring the effectiveness of government programmes that impact on child survival were introduced: “We need to be monitoring child survival outcomes at many levels, such as at local government level through municipalities’ Integrated Development Plans”, the Children’s Institute’s Kashifa Abrahams pointed out. Another mechanism that was proposed at the roundtable is an annual parliamentary inquiry into child survival to “put – and keep – the issue of child survival onto the highest possible agenda”, and to engage with inter-departmental steering committees on the issue of child survival to ensure it is addressed in their strategic plans.

Other issues related to child survival that were discussed were inequalities in access to proper health care in different provinces – particularly in rural areas of the country; the roles and responsibilities of families and communities in enhancing child survival and well-being; the registration of births and capturing the underlying causes of deaths, such as in the case of AIDS-related deaths.

END

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Senior Researcher, Children’s Institute, and Project Director of Africa Monitor

Statistics: Key causes of child deaths:

Dr Debbie Bradshaw

Director: MRC Burden of Disease Research Unit

Expert on childhood injuries & trauma:

Dr AB van As, MBChB FCS(SA) PhD(UCT)

Head: Trauma Unit Red Cross Children’s Hospital
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Department of Paediatric Surgery

Programme: Child Survival Roundtable, 23 – 24 May 2006 Cape Town Lodge, Buitengracht St, Cape Town		
TIME	ITEM	SPEAKER
9:00	Welcome and introduction Presentation 1: Child survival roundtable discussion	Dr Maylene Shung-King, Acting Director, Children's Institute & Kashifa Abrahams Senior Researcher, Child Health Services Programme, Children's Institute, UCT
9:30 – 9:45	Context of child survival Presentation 2: • Setting the scene: international, regional, national	Marinus H. Gotink , Project officer: Health, UNICEF South Africa
9:45 – 10:00	Presentation 3: • A rights analysis for child survival	Mira Dutschke , Researcher, Child Rights Programme, Children's Institute, UCT
10:00 – 10:30	Plenary discussion	Discussant: Paula Proudlock , Programme Manager, Child Rights Programme, Children's Institute, UCT
10:30 – 11:00	TEA	
11:00 – 11:15	Causes of child deaths Presentation 4: • What is the infant mortality rate in SA? Levels of uncertainty revisited	David Bourne , Chief Research Officer, Department of Public Health, UCT & Linnea Brody , MPhil Student, Department of Public Health, University of Cape Town
11:15 – 11:30	Presentation 5: • The burden of disease for children under five	Nadine Nannan , Senior Scientist, Burden of Disease Research Unit, South African Medical Research Council
11:30 – 11:45	Presentation 6: • The epidemiology of child injuries in SA	Richard Matzopoulos , Specialist scientist / injury epidemiologist, Crime, Violence and Injury Lead Programme, South African Medical Research Council & University of South Africa
11:45 – 12:00 12:00 – 13:00	Panel response & Plenary discussion	Discussant: Dr Maylene Shung-King , Acting Director, Children's Institute, UCT
13:00 – 14:00	LUNCH	
14:00 – 14:15	Information Systems & Structures Presentation 7:	David Bourne , Chief Research Officer, Department of Public Health, University of Cape Town
14:15 – 14:30	• Norms & standards, definition of terms; difficulty with categorising Presentation 8: • Using geographical information systems (GIS) to gain a spatial understanding of childhood diarrhoea outbreaks in Cape Town, SA: A case study of summer 2005	Gareth W. Forshaw , Masters Student at the Department of Environmental and Geographical Science, University of Cape Town
14:15 – 15:15	Plenary discussion	Discussant: Hassan Mahomed Epidemiologist: Institute of Infectious Disease and Molecular Medicine, Faculty of Health Sciences, University of Cape Town
15:00 – 15:15	Setting the scene	Kashifa Abrahams. Senior Researcher, Child Health Services Programme, Children's Institute, University of Cape Town
15:15 – 16:00	Break-away sessions: Adopting resolutions	
16:00 – 17:00	Feedback: Adopting resolutions	Kashifa Abrahams. Senior Researcher, Child Health Services Programme, Children's Institute

DAY 2		
TIME	ITEM	SPEAKER
9:00 - 9:30	Recap	Kashifa Abrahams , Senior Researcher, Child Health Services Programme, Children's Institute, University of Cape Town
9:30 – 9:45	Interventions Presentation 9: <ul style="list-style-type: none"> Child survival in SA: all for one and one for all 	Dr Maylene Shung-King , Acting Director, Children's Institute, University of Cape Town
9:45 – 10:15	Panel response MCWH, Africa Monitor, JMC on children, youth and disabled persons, SAHRC, National Youth Commission Namhla Mniki (AM) Judith Cohen (SAHRC) Petronella Linders (NYC)	Discussant: Jawayya Shea , Acting Head of Department, Child Health Unit, Faculty of Health Science, University of Cape Town
10:15 – 11:00	Plenary Discussion	
11:00 - 11:30	TEA	
11:30 - 12:30	Adopting resolutions	Kashifa Abrahams , Senior Researcher, Child Health Services Programme, Children's Institute, University of Cape Town
12:30 – 14:00 13:00 – 14:00	Press conference Lunch	
14:00 – 15:00	Talking advocacy Presentation 10: Child survival advocacy Small group discussions What do we do now? Plan for symposium in Parliament & an inquiry	Lucy Jamieson , Senior Advocacy Co-ordinator, Child Rights Programme, Children's Institute, University of Cape Town
15:00 – 15:30	Feedback from small group discussions Making pledges & consolidating a way forward	Lucy Jamieson Kashifa Abrahams
15:30 – 16:00	Closure	Kashifa Abrahams , Senior Researcher, Child Health Services Programme, Children's Institute, University of Cape Town

Appendix 4

List of attending participants

CHILD SURVIVAL:POLICY ROUNDTABLE DISCUSSION 23 RD and 24 TH MAY 2006			
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