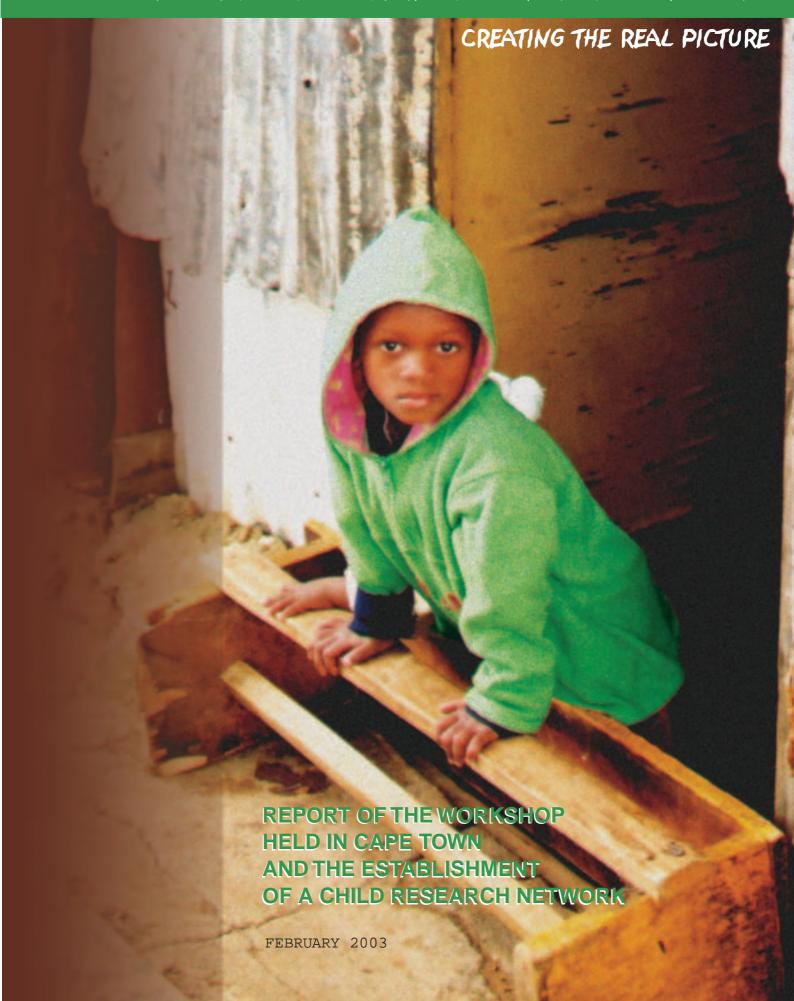
CHILD WELL-BEING AND POVERTY INDICATORS IN SOUTH AFRICA





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All drawings in this report have been kindly provided by children who have participated in the research project: "Health and Social Services to Address the Needs of Orphans and other Vulnerable Children in the context of HIV/AIDS".

(Giese S, Meintjes H, Croke R and R Chamberlain, 2003)

1. BACKGROUND TO THE WORKSHOP

The workshop was organised as part of an ongoing effort to consolidate data and advance a co-ordinated approach for the further collection of child well-being indicators, building on initiatives from the exploratory conference on child indicators held in October 2002.

The workshop was hosted by The Children's Institute (CI) of the University of Cape Town (UCT), the Children's Budget Unit of the Institude for Democracy in South Africa (Idasa), the Child and Youth Research and Training Programme (CYRTP) of the University of the Western Cape (UWC) and the Department of Social Development (DSD).

Poverty in South Africa

The context of children in South Africa provides more than enough rationale for the workshop:. Poverty, unemployment and inequality appear to be increasing. At least 45% of the South African population lives in absolute povertyⁱ, and many households still have unsatisfactory access to clean water, energy, health care and education². The unemployment rates have risen from 33% in 1996 to 37% in 2001³. The rising inflation rates have caused escalating food prices, which impact directly on the well-being of the poor. Children are particularly vulnerable in situations of poverty. "It is estimated that in 2002 about 11 million children under 18 years in South Africa were living on less than R200 per month and hence were desperately in need of income support" (Streak 2002⁴).

What is Poverty?

Poverty is more than merely income insufficiency. It is the "inability of individuals, households or communities to command sufficient resources to satisfy a socially acceptable minimum standard of living" It includes a lack of opportunity, lack of access to assets and credit, as well as social exclusion. It is complex and multi-faceted, fluctuating in depth and duration.

Considering the current living conditions of children in South Africa, it is apparent that indicators of their well-being would be broader than merely income poverty measures.

The Need for Child Well-being Data

The South African Constitution accords children special socio-economic rights in recognition of their particular vulnerability and need for special protection. Steps to effect these rights have been targeted at the child and family. However, the impact of such interventions are difficult to measure and track due to the shortage of child well-being and poverty data. This problem is exacerbated by the limitations encountered in using national survey data as most surveys use the household as a unit of analysis. Consequently there is very little data on household members disaggregated by age and gender.

Thus indicators of child well-being are necessary in order to:

- Define policy targets.
- · Monitor policy and programme implementation processes.
- Evaluate policy and programme effects.
- Model child developmental pathways and outcomes under different family and social conditions.
- Make local, regional and/or international comparisons.
- Report to all levels of government and the international community on the state of children.
 (Dawes 2003. Human Science Research Council(HSRC). Presentation Made to this Workshop)

¹ Committee of Inquiry into a Comprehensive Social Security System. 2002. "Transforming the present, Protecting the Future: Consolidated report". p16. Figure varies between 45% and 55% depending on the poverty line and measure used. Further details on this figure were not available.

NEDLAC FOCUS POVERTY, Dialogue Vol. 2, No. 3: http://www.nedlac.org.za/docs/dialogue/1998/poverty.htm

³ CoI. Ibid. p.20. Using an expanded definition of unemployment.

⁴ Streak J. 2002. Child Poverty Monitor No. 1. IDASA.

⁵ May 2000. Committee of Inquiry. 2002:15.

2. AIMS AND OBJECTIVES OF THE WORKSHOP

The workshop aimed at, and succeeded in bringing together key stakeholders to discuss the generation of credible, reliable and up-to-date child well-being and poverty information, in a comprehensive, co-ordinated manner.

This was achieved by:

- Ascertaining existing data on child well-being and poverty and determining what surveys are planned or already in progress.
- Determining the gaps in the current data and the specific data requirements of key players.
- Considering possible models and methods for generating the required child poverty and well-being data.
- Discussing options for a co-ordinating structure and the efforts required to facilitate the generation of credible, reliable and up-to-date child poverty data.

Participants' Expectations

Expectations expressed by participants were generally in line with the workshop's intended objectives. Expectations included:

- To hear and share research activities with regards to research on poverty and children.
- To identify research gaps and needs, to inform and guide research initiatives.
- To develop a child poverty research agenda, which would also be informed by data-users and policy-makers.
- To discuss the development of standard measures (indicators) and the establishment of a working group to refine them.
- To learn more from provincial surveys to influence national surveys.
- To discuss appropriate methodologies for specific research questions.
- To discuss the establishment of a framework to facilitate better co-ordination, which would hopefully address the fragmentation within the research community.
- To develop a framework for a clear action plan with commitment from all actors, including the data-users and policy-makers.
- To discuss obstacles to good collaboration and co-ordination in the child research field.
- To discuss measures to improve the accessibility of research data.
- To build networks and enhance international collaborations.

Achievement of Workshop Objectives

It was generally felt that the objectives of sharing information, learning of the current research activities, and identifying the information gaps, were achieved in the workshop. However, due to limited time, detailed discussion could not be held on differing methodologies, nor could decisions be made on specific actions to take the research agenda forward. However, an interim task team was established and mandated to explore options to take the process further.

3. WORKSHOP PROCESS

The workshop was skilfully facilitated by Sonke Development Agency. Their workshop design gave opportunity for sharing information on current and planned research, enabling participants to get a sense of the scope of issues relating to child poverty and well-being, and of the related research initiatives. The discussions on gaps, limitations and difficulties inherent in current research activities which followed, helped develop ideas for a child research agenda. The last day of the workshop focused on clarifying the emerging research agenda, within the framework of the United Nations' Convention for the Rights of the Child (CRC) and the South African constitution, and also on the desired structures and processes to operationalise the research agenda.

Placing Child Research in a Rights-Based Framework

The workshop was officially opened and introduced by Professor Marian Jacobs of the Children's Institute. In her presentation titled "Children in poverty: from research to rights", Marian provided some socio-economic statistics of the situation of children in South Africa, and outlined the government's response to date. She presented the CRC as a framework to guide research content and process, where needs and rights are placed at centre-stage, which is comprehensive and detailed, substantive and deliberative, and which provides benchmark standards, as well as clear roles of responsibility and accountability.

Marian also highlighted some of the challenges faced in operationalising the CRC provisions and principles, such as:

- Identifying fields of inequity in South Africa,
- · Developing input, process, outcome and impact measures,
- Establishing comparable and complementary reporting systems,
- The differing definitions of "child",
- The need to determine the elements of a "universal" package of services for children and minimum standards of care.

With regard to children's right to participation in particular, she identified the ethical difficulties and issues of informed consent, confidentiality, as well as the need to assess both children's right to speak, and adults' right to listen. Marian stressed the need for collaboration between all stakeholders, particularly children themselves, researchers, policy planners, and implementers. She argued that it is necessary to develop communication channels and codes to guide activities, to have clear "contracts" between agencies, and then to build consensus around issues of definitions, indicators, measurements, methodologies and so on.

Marian concluded that in order to apply the CRC as a conceptual framework for child research, there is need to locate and map current research activities, to identify the key data gaps, and thus develop research priorities. Finally, the building of collaborative relationships, which are based on the common goal of the "First Call for Children", is essential.

Identification of Current and Planned Research Initiatives: a synopsis

In addition to the small group discussions on current research initiatives, 14 key researchers presented papers on their studies. A brief synopsis of each follows. Professor Julian May chaired the session.

Doctor Rachel Bray, of the Centre for Social Science Research (CSSR) of UCT, presented an overview of her paper on the contributions made by social surveys to our understanding of child well-being in South Africa (participants were provided with the full text document prior to the workshop). This provided an excellent framework to guide the workshop discussions.

Rachel posed the following questions:

- · Can we trace changes in child poverty and well-being over time?
- Can we link child well-being to broader social, economic and political change?
- Links between child and adult poverty; what opportunities exist to break the cycle?

In answering these questions, Rachel provided valuable insights into the gaps and limitations of current research, as well as posing key questions to the participants. Rachel covered surveys which examined poverty/economic well-being indicators, health (physical and psycho-social) indicators, education and development indicators, and civil rights and social inclusion aspects. The gaps in data highlighted by Rachel are reported under the later Section: "Identified Gaps and Emerging Research Agenda".

Professor Jeremy Seekings, also of the CSSR, UCT, gave an overview of longitudinal, panel studies. He argued that the value of longitudinal studies is that they can examine:

- transitions over time e.g., persistence of poverty, causes e.g., linking early childhood environment with outcomes such as job securing, and health,
- and the impact of interventions or other exogenous shocks.

Jeremy gave a description of the Cape Area Panel Study, which is a Western Cape-based survey of approximately 5000 households, involving 4500 young adults. The first phase of data collection occurred in 2002, with the second and third planned for 2005 and 2008 respectively. The survey explored various aspects of the lives of young people, including education, family structure and residence patterns, work experience, income and expenditure. Consideration is being given to the possibility of extending the project to a national survey. The Questionnaires are available on the website: www.uct.ac.za/depts/cssr (Social Surveys Unit page).

Nina Hunter, of the School of Development Studies (SDS), University of Natal (UN), reported on the KwaZulu-Natal (KZN) Vital Child Survey, being led by the KwaZulu-Natal Provincial Population Unit (PPU), Department of Social Welfare and Population Development. The KZN Vital Child Survey attempts to:

- Establish the level of birth registration completeness of children aged 0-18 in rural areas in KwaZulu-Natal.
- Ascertain the socio-economic and demographic status of children in relation to their living conditions and parental status.
- Determine the causes of children's movement and the effect of migration on children's status during the era of HIV/AIDS.
- Provide indicators at different levels to inform policy makers.

The study made use of purposive sampling of 24 magisterial districts using Stats SA (2000) poverty map, with 46 randomly selected enumeration areas (EAs). All households within each EA were visited. Altogether, there were 3920 completed questionnaires, with an 80.4% response rate. The data input is almost complete, and analysis will begin shortly.

Household interviews were conducted using a questionnaire which covered: biographical, education, work, illness, and migration status of all household members. Data was also collected on the household facilities/services, food security and events of household.

The KIDS Vital Child Study Collected the following information from children only: Birth notification, registration and certification; schooling, childcare and support; vaccination; disability; illness; survival and residence of natural/biological parents; and the household migration of children. The following information was collected from child headed households; level of knowledge of and interaction with parents' family members; issues of stigmatisation; security; accessibility to the wealth of late parents. Lastly, some anthropometrical data (weight and height) of all children was collected, albeit, not systematically.

Nina reported on some of the problems and limitations with the process: The 1996 Census demarcation maps used were found to be outdated, and many people had resettled. In some cases, squatter settlements had converted to formal settlements, thus reducing the size of the EAs. There was some overlap in data collection with the Census 2001, thus complicating the process, and data collection was limited to a period of 14 days, resulting in a high rate of non-response.

Jan Vorster, of Datadesk at Stellenbosch University, reported on the various on-going studies on Social Assistance for Women and Children, utilising both survey and focus group techniques. Datadesk conducted the analysis of the impact of the phasing out of the State Maintenance Grant (SMG), and of the Child Support Grant (CSG). However, he indicated that it was too early to have undertaken an analysis of the CSG, and that it should be repeated soon. He identified other research needs, especially on the Foster Child Grant (FCG) and its relationship to the CSG, intra-household income transfers, child headed household statistics, as well as more conceptual research on household types, care-giver patterns and culture of living arrangements.

Professor Francie Lund, of the School of Development Studies at the University of Natal, reported on two research projects. The first of these was the Socio-economic Study of the Persistence on Inequality (SEPPI) in KwaZulu-Natal, which is a sub-study of the larger project: "Legacies of Inequality: Comparative study of Peru and South Africa". From the SALDRU and KIDS sample, 50 households were selected and interviewed in 2001. Household data was supplemented with focus group discussions and key informant interviews. One of the 8 household modules focused on educational spending and explored gender differences and reasons for dropping out of school. The data is currently under analysis. Francie mentioned the problem of staff and respondent exhaustion, especially in the context of poverty and AIDS. Also, she was concerned that some areas are over-researched by better-resourced (traditionally white) universities. This needs to be addressed.

The second study described by Francie was "The Uptake of the Child Support Grant and other Child-Focused Grants in KZN – barriers and progress", which formed one component of the ongoing demographic surveillance by the Africa Demographic Centre, in the Hlabisa district, which incorporates 11 000 households. A small module was dedicated to uptake of various child grants, including waiting period for grants, reasons for refusal of applications, status of primary care giver, and presence in the household of other children who might be eligible. Data from this will be able to be linked to the socio-economic module which gives information about the socio-economic status of households, and will also be able to be linked with other modules on children's health status. Francie explained that the results will provide valuable data to measure the impact of the grants on child well-being; the findings will not be generalisable since the study was focused in one area only, but nevertheless will give insights into the penetration into rural areas of social grants.

Msindisi Mbalo of the Department of Social Development presented a study conducted in collaboration with the United Nations Children's Fund (UNICEF) in KZN and Eastern Cape, entitled, "Analysis of the Situation of Children in Relation to the Protection and Fulfilment of their Rights." The project collects both quantitative and qualitative data, using focus groups with 6 to 12 year-old children and 13 to 18 year-olds, as well as with parents or care-givers, service-providers and 'duty-bearers'. Five hundred children in each town in the selected provinces have been interviewed, and data collection is almost complete. Msindisi commented on the problems inherent in the definitions of 'orphan', 'child' and 'child-headed households', as well as with regards to people's conception of children's rights.

Msindisi reported that the general findings of the preliminary analysis indicate high levels of poverty in both provinces, with inequities in access to services, particularly in the rural areas. The two projects in KZN and Eastern Cape will be officially launched by the Department of Social Development in June this year, and immediate poverty-alleviation interventions are in place. The Department also continues its efforts to register all children for social grants in the study areas.

Charles Wyeth of the Council for Scientific and Industrial Research (CSIR) presented a Rapid Review of designated vulnerable areas in the Western Cape. The sample size was 11 500 households, representing 77 000 people, and involved door-to-door household interviews, focus group discussions and key interviews, collecting both quantitative and qualitative data. The study was completed within a six month period. While the study did not focus specifically on children, it collected a range of important indicators: income and expenditure, health status (including disability), access to health and educational facilities, nutritional information and other socio-economic information. The development status of children was obtained mainly from the Primary Health Care Clinics in each area. Charles stressed that all assumptions and deductions from the data can only be made at household level, and so children were considered as members of the household. The findings were found to be consistent between towns. He suggested that this methodology would be useful to track the impact of poverty alleviating interventions on the well-being of children overtime.

Professor John Seager of the Medical Research Council (MRC) reported on the international "Young Lives: an international study on poverty", for which South Africa was a pilot site. This is a longitudinal study of 2 000 one-year-olds and 1 000 eight-year-olds at sentinel sites in Ethiopia, Peru, India and Vietnam. It aims to examine changing poverty data, linking any changes between policies and child well-being, and makes use of a broad questionnaire for care-givers and the children themselves (eight year-olds). John highlighted some of the logistical problems involved, such as obtaining ethical approval, translating the questionnaires into several languages, and securing funding for the next twelve years.

Shazly Savhl of the Child and Youth Training and Research Programme (UWC), described the "Child Well-being — Child Participation" project, which focuses on the rights of children, as perceived by children. The project will establish a children's advisory forum to train children as active co-researchers, and aims to ensure their participation in accessing decision-makers. He also reported that the programme is undertaking a study on children's involvement with new information technologies, in collaboration with Child Watch International.

Professor Marius Olivier, of the CiCLASS at the Rand Afrikaanse University (RAU), informed the workshop of the socio-legal research they are conducting on the social security system in conjunction with SANPAD. The study looks at the access of rural and urban poor to social security, both formal and informal, as well as to indirect services. The study is almost complete and will make valuable recommendations for improving the system. Marius also described a recent Norway - South Africa initiative which seeks to develop a normative framework for effective social security institutional arrangements. The study mainly involves a multi-disciplinary literature review, an analysis of institutional arrangements, as well as some empirical research.

Professor Linda Richter, of the HSRC - Child, Youth and Family Development, presented the Birth-to-Twenty (BTT) study, a longitudinal cohort study. The initial Birth-to-Ten tracked 70% of the original sample of 3 275 children, and aimed to describe and understand the patterns and determinants of the health and development of children and youth. This was extended, and data has been collected for the ages 11 and 12 years, which is currently being analysed. BTT focuses on the biological and social influences on adolescent development, as well as the bone mass acquisition during childhood and adolescence. Various indicators are collected (refer to table in appendix for further detail), as well as certain anthropometrical measures. School and teacher reports are also included.

The BTT is currently the only study of its size, scope and duration in South Africa, and will provide extremely valuable data, enabling the tracking of determinants and outcomes of development and well-being. However, Linda reported on the many difficulties encountered in such large cohort studies, such as governance, data management, scale and stability, funding, and maintaining the membership and the interest of research participants. In this second phase, effort has been made to narrow the questionnaire and thus the quantities of data collected, to reduce the number of principle investigators, and to develop the branding and image of the project, in order to keep the children involved. Linda highlighted the possible need for a specific 'poverty module' to be included, and that other areas of future interest included child movement, fosterage, intra-household dynamics, relationships between families and households, the impact of HIV/AIDS, and the development of measurements and construct validation.

Ingrid Le Roux described the South African Integrated Family Survey, which aims to study the impact of poverty on the health and well-being of children and adults, and follows on from the Project for Statistics on Living Standards and Development (PSLSD) in 1993, and the Langeberg Survey in the Western Cape in 1999. Included in this study is a sub-sample of 200 households, taken from the 1994 sample, and another of 300 households from Khayelitsha.

Trained community workers conduct in-depth household interviews, and medical examinations, anthropometrical measurements, x-rays and blood tests are undertaken. The second phase of interviews will be undertaken in two years, and will provide important data on the status of, and changes in, children's health and nutritional status in South Africa. Ingrid identified the difficulties in drawing a randomised sample from informal settlements, as well as of keeping contact with participants.

Ingrid le Roux also described the evaluation of the Philani Outreach Programme in Khayelitsha, Western Cape, conducted in collaboration with the Centre for Health and Well-being at Princeton University. The study involves 800 households, aims to measure the impact of a child health and nutritional programme on child health and well-being, and covers birth weights, immunization, tuberculosis (TB), income, housing, education, as well as the coping mechanisms within communities. The initial findings imply that there has been no improvement in the nutritional status of children, and that the most vulnerable children do not have contact with the health or social services.

Linda Biersteker of the Early Learning Resource Unit (ELRU) reported on two interesting participatory research projects. The first project; "Protecting the rights of Orphans & Vulnerable children aged 0-9 yrs - community action and capacity building for effective safety nets", makes use of Participatory action research, within a rights-based framework. Phase one is currently being completed and involves a desk study of available data sources in various sites throughout the country, in order to select sites for Phase 2. The second phase will involve work with co-researchers drawn from 3 to 5 sites representing a cross section of contexts and interventions. The research will identify factors and role players that contribute to effective safety nets for vulnerable children. The process will also facilitate dialogue and build capacity to strengthen and extend safety nets in the research sites. However, funding has not yet been secured for Phase 2.

The second project reported by Linda evaluates the effectiveness and impact of an integrated Early Childhood Development (ECD) service provision strategy in five Integrated Serviced Land Project Communities in Greater Cape Town. The project involves a consortium of researchers and stakeholders, and this 5 year pilot is currently in the early stages. Data on children will be sourced directly and through the providers of the different services. The Baseline study, of 600 families with children 0-9 yrs, considers the socio-economic indicators, including access to social security, infrastructure, health services, schooling and preschools, as well as primary carers' understanding of children's rights, important issues in child development and child safety issues within the communities. A difficulty faced has been that of limited or no information at local level on children's indicators of well-being.

Judith Streak of Idasa, explained the analysis of childhood income poverty undertaken by Ingrid Woolard, using the October Household Survey (1999) (OHS). Judith explained the limitation of under-reporting of income in the OHS 1999, and indicated that there is need for further research around poverty lines. Idasa hopes to repeat the analysis using the Income and Expenditure Data 2000.

Professor Andy Dawes, of the HSRC, presented the Indicator activities of the Child, Youth and Family Development Programme (CYFD):

- Monitoring the impact of HIV/AIDS on children's care giving environments,
- The HSRC national survey programme,
- The State of Gauteng Children,
- Determining quality child indicators for South African policy and programme evaluation research.

The current and planned research areas are detailed in the table in the Appendices.

Issues and Trends Emerging from Presentations and Discussions

The discussions emanating from these presentations and through more focused group discussions provided the basis for an analysis of the research gaps. The full details of these discussions are not reflected in this report. Rather, the report focuses on the information relevant to the development of a research agenda and the process to take it forward.

A Rights-Based Framework for Child Research

A central theme emerging from the discussions was the need to focus on a rights-based research framework, which in turn should focus on the rights enshrined in the South African constitution as well as on the framework provided by the Convention of the Rights of the Child (CRC). Professor Gary Melton of Child Watch International provided input with regard to developing a rights-based conceptual framework for research and advocacy, which considers not only outcomes, but also how programmes and policies are being administered. He stressed that research should not only count the number of child abuse cases, but should explore the experience of children, asking "what is everyday life like for children?", "do children feel treated with dignity and respect?", and "what makes children feel part of societal life?" Gary indicated that in order to hold governments accountable, there is need for a comprehensive database of childhood indicators, which is apoliticised and consistently available. He also felt that since the research enterprise is fragile, there is need for structures that can sustain research over time, research consortiums and for some unity around research agendas.

Participants felt that both the South African constitution and the CRC were effective advocacy arenas, but that research was required that would focus on the entitlements of children, and their attainment and violation, as codified within the constitution. Thus it was strongly expressed that all data gathering must be conceptually driven. This stemmed from a discussion that research projects need to be guided by a particular set of values and a conceptual framework. Linked to this was the notion that the assumptions within the CRC framework have to be made contextually appropriate to the environment impacting on South African children.

Action-oriented Research

Participants reflected on weaknesses in levels of dialogue between policy-makers and the researchers. It was suggested that a process be set in motion to improve the level of dialogue between the producers of information and those that need to use such data. It was stressed that the setting of a research agenda must incorporate the needs of data-users, policy-makers, advocacy groups and funders. (Note: the workshop did include a session where some "data-using" actors spoke of their needs and expectations. Refer to page 15 below in this report).

Standardised and Validated Indicators, and the Establishment of a Clearinghouse for Research and Instruments

Another theme that emerged was the need to establish comparable and complementary reporting systems and indicators of child poverty and well-being, so that tracking changes in these areas could be systematic. This was seen as important in order to provide substantive, policy-relevant information that would impact on the decision-making processes. A 'clearinghouse' was deemed necessary in order to improve the processes through which data is collected, stored and shared within the 'child research community'. The clearinghouse would therefore provide a repository of information on current research initiatives, reports based on past research and ideas on methodology. It was understood that the clearinghouse would manage both electronic and paper-based information.

Methodological Issues

A significant information weakness revolved around the fact that current research approaches were not geared to efficient tracing of data and trends over particular time periods. For some participants, this was due to a paucity of longitudinal data and a relative abundance of cross-sectional data. While this was not disputed, a small group of participants were critical of some of the longitudinal research projects that were presented and discussed. The basis of the critique was that there was sufficient data and analysis on the systemic causes of poverty, including child poverty. The critics felt that long-term studies would not yield more information whereas there was a need for information to assist current advocacy initiatives. While the debate was robust and relevant, it was nonetheless a minority viewpoint amongst the participants. Indeed, it is generally accepted that longitudinal studies provide forceful evidence that can be extremely powerful in advocating for change.

Participants were of the opinion that child participation should become central to research on children. There were

indications that children were overlooked in research processes, impacting negatively on the quality of information and analysis. Participants suggested that researchers needed to overcome the assumption that children would not know the answers to key questions regarding situations affecting them.

A particular weakness identified was the mode within surveys that focused on interviewing the 'head of the household' for information relevant to children. It was felt that there is need for research which takes the child as the unit of analysis.

The 'children's research sector' was also urged to find ways of linking community and national data, so as to get more holistic 'pictures' of the factors impacting on child poverty and well-being.

The need for an annual Survey on Children (National Child Survey) was identified. This annual survey would need to cover the issues affecting children in a holistic manner. This would include areas such as the nutritional status of children and anthropometrical data on children, as well as measures of civil participation and their perspectives of their experiences.

Identified Gaps and Emerging Research Agenda

Based on the presentations and the debates in groups and in plenary, a number of research gaps were identified. It was noted that once the research question is clarified, the information required to answer the question should be identified, followed by the selection of the appropriate methodologies to collect this information.

Rachel Bray's overview of existing surveys provided an excellent analysis of the shortfalls of surveys in enhancing our understanding of children's experiences. In particular, Rachel noted the need for intra-household analysis of economic indicators, as often the income available to households and children in those households, varies from what is actually spent on children. She found a lack of data on household spending on food and health care for children, and suggested that a possible research focus could be linking household poverty and spending patterns (food types) with child well-being indicators (such as health and development).

With regard to surveying children's labour and work activities, she noted that generally children's work is inadequately captured owing to age restrictions in the samples (15 years and over), respondent bias and the tendency of surveys to be focused on household income.

Rachel highlighted other limitations of economic surveys, such as:

- Failure to capture the effects of change in household composition or of care-givers on child well-being (except in some longitudinal studies).
- The exclusion of children's experiences and perspectives of poverty.

As a result of these limitations, there is no information on children's responses to poverty-related challenges, nor on why some children fare better than others in equally poor environments.

Regarding surveys on child health indicators, it was found that there is limited, national data on: the incidence of chronic disease in childhood, the mental health of children, as well as on rates of child abuse and neglect, and related social dynamics.

Rachel found that in comparison, research on the education and development of children was relatively well-documented, but that gaps included examination of the age at which children begin formal schooling; what goes on at school; the quality of education, teaching/learning processes; absenteeism and the reasons (economic, hunger, fear of violence, role at home); rates of physical and sexual violence in schools; the costs of schooling and parental choice; and the contribution of formal education to life skills and employment prospects.

With regard to children's civil rights and social inclusion, it is of concern that only 58% of births were registered at time of birth, according to the 1996 Census. This immediately excludes many children from accessing their rights and services. In addition, it was noted that the census and most surveys do not include child-headed households, and therefore prevent the conditions and experiences of extremely vulnerable children from being understood. Rachel noted that generally children's participation in decision-making and rights to information has not been well researched, and that while some qualitative research consider the changing roles and responsibilities of children, there has been little

analysis of the effects of these changes on child well-being.

In conclusion, Rachel stated that there are currently more large scale surveys which include children, but due to logistical constraints and methodologies, most do not allow children to define their own issues or problems. Instead, there appears to be a reticence to question children directly. In general, she found a lack of regularly up-dated data, but that regional longitudinal studies (such as the BT20 or CAPS) could inform national surveys, and could link community and national level data.

Perspectives from Data-Users

Various persons representing aid agencies and government departments which make use of data, shared their perspectives and data requirements. These included:

Save the Children (Sweden), the Department of Education, the Department of Social Development, Treasury and the Office on the Rights of the Child - National Plan of Action for Children (NPA). The gaps identified in this discussion are factored into the emerging research agenda detailed below.

Ms Ulrika Soneson reported that Save the Children's (Sweden), key needs were for more data on the attainment of children's rights (according to the CRC) and on the role of children in society. This need was specific to the role that children play in policy-making and their portrayal in the media. Save the Children is also keen on information that would assist advocacy efforts examining the role of 'duty-bearers' in realising children's rights.

Ms Xoliswa Sibeko reported that the NPA's key need was to strengthen child participation at all levels, including research and decision-making. For the NPA, child participation was important in changing the status of children from being victims and 'survivors', to active participants as problem solvers. To this end the NPA plans to hold provincial workshops, training child facilitators, and developing an 'appreciative inquiry approach'.

Mr Martin Prew, of the Department of Education (DoE), felt that the issue was ensuring that research and information are suitable, both in terms of content and quality, to impact on policy-making and implementation of policy. He stressed that there is need for more coherent forms of communication between the DoE and researchers to ensure that research becomes more 'policy-relevant'. An example offered was the need for information on the impact of school fees on children and their families. Specific research questions were: "how do people access and benefit from rules regarding exemption from paying school fees?", "what is the impact of sexual abuse on learners?", and "what is the impact of the physical (infrastructure) and psychological environment on children?"

Ms Mbu Kunene reported that the Department of Social Development's (DSD) needs revolved around studies that measure and assess the impact of social grants on children and on the factors that inhibit efficient policy implementation in relation to grants. The DSD was also interested in an audit of research on children and the costs of such research.

Mr Daniel Plaatjies, from Treasury, stressed the need to understand intra-household dynamics and expenditure, particularly with regard to the spending of the child grants, as well as the impact of HIV on households.

An Emerging Rights-Based Research Agenda

The following research priority and requirement categories were identified. Four of these relate to specific child rights, while the last two areas relate to general rights and system- and impact-evaluations.

1. Children's Right to Survival, Development, Care, Protection and Health Research Required:

- National survey of child indicators of well-being, including anthropometric data.
- Psycho-social data and mental health data.
- Rates of child abuse, neglect, and related social dynamics.
- The impact of the physical (infrastructure) and psychological environment on children.
- Changing household composition and care-giving arrangements.
- Fosterage: proxy indicator of 'orphan hood' and vulnerability.
- Health status of children: incidence of chronic disease and disabilities. (Children aged 6 14 are excluded from the Demographic and Health Survey (DHS) and there is no national survey data on the health of children in this age group.)
- Nutritional status of children nationally should be collected routinely.
- The impact of HIV/AIDS at household level.
- Children in trouble with the law.

2. Children's Right to a Minimum Standard of Living Research Required:

- A study on household dynamics with regard to income distribution and intra-household expenditure on children, especially income from social grants.
- Data on household spending on food and health care for children.
- Children's contributions to household economy: positive and negative impacts.
- · The impact of domestic responsibilities on child well-being.
- Cost benefit analysis on grants.
- Factors that inhibit efficient provision of, and access to, grants.
- The impact of unemployment on children's economic well-being.
- The impact of HIV/AIDS on children's economic well-being.
- Linking household poverty and spending patterns (food types) with child well-being indicators.
- · Labour and work activities of children.
- Children's experiences and perspectives of poverty.
- Children's responses to poverty-related challenges.

3. Children's Right to Education

Research Required:

- The extent to which children are being denied access to education.
- Educational attainment and duration of formal schooling years.
- What goes on at school; the quality of education, teaching/learning processes.
- · Absenteeism and its reasons.
- · Rates of physical and sexual violence in schools.
- · Costs of schooling and parental choice.
- The impact of school fees on children and their families.
- The contribution of formal education to life skills and employment prospects.

4. Children's Right to Participation

Research Required:

- The role of children in society.
- The role that children play in policy-making.
- Evidence of discrimination and social exclusion.
- Children's changing roles and responsibilities (economic and domestic).
- · Participation in decision-making and rights to information.
- The portrayal of children in the media.
- The role of 'duty-bearers' in realising children's rights.
- Efforts to strengthen child participation at all levels including research and decision-making.
- Child Time Use Survey. It was unclear whether this area could form part of the suggested annual survey.'
- A review of participatory research with children is required.

5. General Rights

Research Required:

- The need to shift from child indicators to child rights indicators.
- Research that assesses and makes 'manifest' the scope of the entitlements for children as described in Section 28 of the South African constitution.
- The extent to which children are being denied access to basic rights.
- The initiation of a project focusing on the development of well-being indicators for children.
- Communities' perspectives on the rights of children.
- · Disaggregated data regarding age, racial and gender differences in the violation of children's rights

6. System and Impact Evaluations

Research Required:

- Evaluation of interventions and systems, including policies. The focus needs to be on 'why?' they are not working.
- Communities' values and perceptions of children's rights and how these impact on children and the implementation of policy.
- Factors that inhibit efficient policy implementation.
- Information on the costing of policy implementation, especially in terms of human resource needs and the capacity of staff to implement policy.
- The impact of changing policies on the well-being of children.

5. OPERATIONALISING THE RESEARCH AGENDA: BUILDING A CO-ORDINATED FRAMEWORK

Obstacles to collaboration

Participants were asked to consider what factors inhibit effective collaboration, and thus the effectiveness of research agencies, and how to overcome such obstacles. As one of the workshop's goals was to improve collaboration, it was important for participants to reflect on the practices and attitudes that have made such partnerships difficult. The identification of these issues was useful in guiding the discussion around structures and processes to enhance collaboration.

The following areas emerged as factors that could constrain partnerships and collaboration:

- Difficulties in communicating when a number of different stakeholders need to work together.
- The 'dialogue gap' between researchers and data users, particularly government, that causes frustration and dissonance between information requested and the nature of the research problem.
- A significant barrier within the research community is that research institutions tend to compete for
 funds and this discourages partnership. Linked to this is the tendency to prioritise public recognition as being
 an 'authority' in certain areas which breeds a reluctance to share information and indeed accolades. The net
 result of such a 'tendency' was to "own" research findings and not share it effectively. Participants did point
 out that forums such as this workshop were effective in breaking down such practices.
- An understated barrier which emerged was termed 'historical baggage'. This referred to racial barriers that are
 expressed through nascent conflicts between predominantly (historically) white institutions (NGOs and
 universities) and historically black institutions. Part of the conflict could be ascribed to an underlying (not
 obvious or deliberate) belief system that undermines the potential and quality of research and analysis done by
 black institutions.
- A past weakness of collaborative structures was that the terms of reference (ToR), including approaches to resource mobilisation and management, were often not clearly spelt out. This gave rise to conflict and should be avoided in attempts to initiate new structures.

Overcoming Obstacles to Collaboration

- It was suggested that a clear vision (conceptual framework) was a factor that could cohere a group concerned
 with research on children. Those taking forward the research agenda should ensure that they develop such a
 framework more thoroughly.
- It was also suggested that collaboration could occur around specific projects, such as the Government's ten
 year policy review. It was felt that research agencies could collaborate and develop a joint response to the
 request.
- The idea of a clearinghouse (as mentioned earlier in this report), which would serve as a repository of
 information on past, current and planned research initiatives and findings, would improve the collection,
 storing and sharing of data.
- In addition to a clearinghouse, most participants agreed that a structure was required to co-ordinate research and promote the development of holistic research agendas. Such a network should be owned by the research community, and should be as inclusive and representative as possible.
- While there are many research networks, few, if any, focus specifically on children. The possibility of joining an existing network was rejected because of the concern that the child focus might get lost in other networks. However, it was agreed that it would be imperative to link with other, well-established networks.

5. OPERATIONALISING THE RESEARCH AGENDA: BUILDING A CO-ORDINATED FRAMEWORK

The Establishment of a Child Research Network

Networking should not just be for the sake of networking, but have a clear purpose and articulated aims. It was suggested that the Child Research Network would:

- Establish and maintain a database/clearing-house of all the child-related research in the country, that is easily accessible to all, preferably through a website.
- Maintain a research agenda for child research in South Africa (this would not involve trying to co-ordinate all the research occurring, but rather to keep researchers informed of the key gaps and data requirements).
- Keep researchers informed of research activities and in touch with each other, perhaps through a list-serve, regular meetings or an annual conference.
- To translate the research agenda into research questions and to engage with the 'child research sector' to carry out the research;
- Facilitate the participation of a range of researchers around certain research questions and projects (e.g., the South African ten year review).

It was agreed by the participants that the four agencies involved in the planning of this workshop, that is: the Children's Institute (UCT), the Children's Budget Unit (Idasa), the Child and Youth Research and Training Programme (UWC) and the Department of Social Development (Social Security Directorate), would stand as the interim Task Team. Their brief would be to begin the process of establishing such a network, and to explore the various options for its structure and functioning.

The tasks of this interim Task Team would be:

- To compile the presented research into a resource document:
- To prepare for a potential tender on research that will review the impact of policies on children over the last ten years.
 The NPA offered to undertake the initial measures to set this in motion.
- To ensure that processes are put in motion to establish a clearinghouse.
- To consider various options and structures for a 'child research network'.

The Task Team is also to ensure that it brings other actors on board to enhance its representivity and effectiveness. Possible additions to the Task Team, as data-users, include ACESS, the Treatment Action Campaign (TAC) and the Basic Income Grant (BIG) Coalition. It was felt that new actors to the working group, both institutions and individuals, must be able to commit time to participate effectively. The NPA was nominated to be part of the interim Task Team, but declined, citing time and capacity constraints.

However, they offered to initiate discussions around the Tender for the Ten Year Policy Review.

6. CONCLUDING REMARKS

In conclusion, participants welcomed the finding that there has been an increase in surveys and in the collection of household, family and child well-being indicators. However, the workshop also noted a number a problems inherent to current research processes and particular methodologies as well as persisting information gaps. One such problem is the reported reticence to ask children directly about their experiences, their perspectives, and their solutions to problems.

Of further concern to the workshop, was the overall lack of co-ordinated and structured research processes. Among the many consequences thereof, the need for links between community and national level data was highlighted, and to extend the smaller, provincially-based surveys throughout the country.

The establishment of the proposed child research network has the potential to address the needs and concerns identified in this report. However, its success will depend heavily on the commitment of dedicated resources and personnel, as well as the effective management and development of the network.

In her closing address, Professor Rose September, of the CYRTP (UWC), reminded participants that a key outcome of the workshop was the consolidation of a shared vision for a better quality of life for South Africa's children.

Rose concluded by charging the interim Task Team to be diligent in the execution of their duties to ensure that an appropriate framework, based on the rights of children, is established and the shared vision operationalised.

APPENDICES: i. LIST OF PRESENTERS AND TOPICS

Most of these presentations can be obtained from: www.uct.ac.za/depts/ci

Session Chair: Julian May, School of Developement Studies, University of Natal, UN, 031-260-2841, mayj@nu.ac.za

"The Indicator Activities of the CYFD".

Andy Dawes, CYFD HSRC, 021 674496/20, adawes@hsrc.ac.za

"Rapid Review of selected Designated Vulnerable Areas in the Western Cape".

Charles Wyeth, CSIR, 021 6856505, cwyeth@csr.co.za

 $\hbox{``Socio Economic Study of the Persistence of Inequality (SEPPI), KZN. A sub-study of `Legacies of Inequality: \\$

Comparative study of Peru and South Africa".

Francie Lund, SDS, UN. 031 2602365, lundf@nu.ac.za

"The uptake of the Child Support Grant and other child-focused grants in a district of KwaZulu-Natal – progress and barriers."

Francie Lund, School of Development Studies, University of Natal. 031 2602365, lundf@nu.ac.za

"Child Research In a Rights-Based Framework"

Gary Melton, Child Watch International, +1864 6566271, gmelton@clemson.edu

"South African Integrated Family Survey".

Ingrid le Roux, Princeton Univ., 021 3875124, ileroux@alumni.princeton.edu

"Evaluation Protocol of Philani Outreach Programmme, Khayelitsha, Mfuleni, Delft WC".

Ingrid le Roux, Princeton Univ., 021 3875124, ileroux@alumni.princeton.edu

"Social Assistance for Women and Children: On-going Research".

Jan Voster, DataDesk, Stellenbosch University, 021 808 9111, JHV3@sun.ac.za

"The Cape Area Panel Study".

Jeremy Seekings, CSSR, UCT, 021 6503505, seekings@humanities.uct.ac.za

"Young Lives: An International Study of Child Poverty".

John Seager, MRC, 021 938 0417, john.seager@mrc.ac.za

"Child Income Poverty Analysis using OHS 1999".

Judith Streak, Idasa, 021 4675600, judith@idasact.org.za

"Protecting the rights of OVCs aged 0-9 years- community action and capacity building for effective safety nets".

Linda Biersteker, ELRU, 021 7627500, research@elru.co.za

"Effectiveness and impact of an integrated ECD service provision strategy in 5 Integrated Serviced Land Project

Communities in Greater Cape Town".

Linda Biersteker, ELRU, 021 7627500, research@elru.co.za

"The Birth-to-Twenty Project".

Linda Richter, CYDF, HSRC, 031 2731418, lrichter@hsrc.ac.za

"Children in Poverty: from Research to Rights".

Marian Jacobs, CI, UCT, 021 6895404, C/o denise@rmh.uct.ac.za

i. LIST OF PRESENTERS AND TOPICS

"Social security for rural and urban poor, and non-citizens". (SANPAD Project) Marius Olivier, CiCLASS, RAU, 011 4892154, egr@regte.rau.ac.za

"Developing a normative framework for effective social security provisioning institutional arrangements". (Norway – SA project).

Marius Olivier, CiCLASS, RAU, 011 4892154, egr@regte.rau.ac.za

"Analysis Of The Situation Of Children In Relation To The Protection And Fulfilment Of Their Rights". Msindisi Mbalo, National Dept. Social Development, mbalo@socdev.gov.za

"Vital Child Survey. KZN".

Nina Hunter, SDS, UN, 031 2602369, huntern@nu.ac.za

"Missing Links? An examination of the contributions made by social surveys to our understanding of child well-being in South Africa".

Rachel Bray, CSSR, UCT, 021 6504658/6, rbray@commerce.uct.ac.za

"Child Well-being – Child Participation". Shazley Savhl, CYRTP, UWC, 021 9592618, ssavahl@uwc.ac.za

"Poverty Alienation For Disabled Children - Study on sustainable livelihoods and Disability". Sue Philpott, DART, 033 386 4796, 033 386 4796, suephilpott@hotmail.com

Appendix two: SUMMARY OF CHILD RESEARCH / HOUSEHOLD SURVEYS DONE / BEING DONE / PLANNED These tables were developed by Guthrie T, using information from Bray (2003:6-10), and presentations and discussions at the workshop.

TITLE OF PROJECT, NAME OF AGENCY/ PI CONTACT DETAILS	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO CHILDREN	LIMITATIONS, RESEARCH NEEDS IDENTIFIED/ FOLLOW-UP, GAPS	DATA USE, PLANS, COMMENTS, RECOMMENDATIONS
October Household Survey (OHS 1995-99) Statistics South Africa www.statssa.gov.za	National survey. Sample = 30,000 households. Household (HH) member (household head if present) reports on all members of household.	Income of household & number of household members. OHS 1995: employment of those aged 10 yrs & over. Attendance at educational institution (5-25 yrs). Educational levels (over 20yrs). Disability (0-65 + yrs).	OHS 1999 under-captured income & therefore over-estimated levels of income poverty. Difficult to isolate expenditure on children. Assumption that available household income is proportioned to children. Problem of respondent bias e.g. mainly HH head: does s/he know the real contribution of children? Or, was there deliberate under reporting?	Anderson, K. et al. 2001. Cassiem, S. et al. 2000. Cassiem, S & Streak, J. 2001. Streak J. 2002.
Labour Force Survey (LFS 2000-02) Statistics South Africa www.statssa.gov.za	National survey. Sample = 30,000 households. First module: HH head or member responds for all (babies included). Second module: those aged 15- 65 yrs respond for themselves (where possible).	As above, but includes question on employment in the home (fetching water & fuel) for all ages. Employment within the last 7 days, reasons for unemployment & jobseeking behaviour.	The survey did not include street children or any children not in a 'hh'.	None known

Income and Expenditure	Household member who makes	Source & amount of income for each	Surveys cannot assume stability in family	None known: IES 2000 data
Survey (IES 2000)	the purchases for the HH (or	HH member (including grants & work	composition, or in roles & incomes.	just released.
	who knows the answers to	for pay, profit or family gain).	Cannot track changes & their impact on	Future questions should
Sample $= 30,000$ (same	questions).		children.	include: type of work done by
households as LFS)	Targetted 15yr-olds and older.	Expenditure on food (by type),		children, reasons for working,
		clothing, health services, leisure,	Did not measure children's contribution	their role & contribution to the
Statistics South Africa		education (fees for day-care, crèche,	to household incomes.	HH economy, & the impact on
www.statssa.gov.za		school, college & university, plus	Children contribute to HH in non-	their well-being.
)		private tuition) for the whole	monetary forms.	
		household.		Further analysis of factors
			Difficult to isolate food expenditure on	contributing to child nutritional
			children. Assumption that available HH	status, using consumption
			income is proportioned to children.	patterns recorded in the IES.
			Further exploration required of:	Further intra-household
			 Spending patterns of HHs with 	expenditure required.
			children vs. those without children.	
			 Control for intra-HH food allocation 	In future: link HH poverty,
			& compare with children's	spending &outcomes for
			anthropometrical data.	children.
			 Comparison between HHs receiving 	Link outcomes to receipt of
			child grants.	grants (currently not included).
Project for Statistics on Living	National survey.	Educational attendance (6-24 yrs).	Information now out-dated but survey	Case, A. & Deaton, A.
Standards and Development	Sample $= 9,000$ households.		provided valuable framework,	Haarmann, D. 1999
(PSLSD) 1993 (also known as	Household head or member	Child health: anthropometrics for	methodology & assessment tool.	NIEP. 1996.
the SALDRU survey)	reports on all members.	growth status.		PSLSD informed the Langeberg
				Survey & the SA Integrated
SALDRU, University of Cape Town.		Employment (16 yrs &over).		Family Survey.

TITLE OF PROJECT, NAME	DESIGN, METHODOLOGY,	GENERAL TOPICS & THOSE	LIMITATIONS, RESEARCH NEEDS	DATA USE, PLANS,
OF AGENCY/ PI CONTACT	SAMPLE.	RELATED TO CHILDREN	IDENTIFIED/	COMMENTS,
DETAILS			FOLLOW-UP, GAPS	RECOMMENDATIONS
Demographic and Health	National survey.	Individuals school attendance (6-24	No health data for 6-14yr-olds.	Shung-King. M. et al 2000.
Survey (DHS 1998)	Sample = $12,000$ individuals.	yrs), highest education level achieved	No health data on street children, or	
	Household member or a	(6-65 + yrs).	children living in institutions.	Shung-King & Proudlock 2002.
Medical Research Council	'competent respondent' (aged		Survey didn't easily capture abuse rates,	
www.mrc.ac.za	15 or over) reports on	Infant & child mortality, rates of	nor tie these to socio-economic or other	
	education.	immunisation, infections & treatment	well-being indicators.	
		(0-5 yrs).	Focus on negative behaviours of youth vs	
	Did not include 6-14yrs olds.		positive behaviours which positively affect	
	Separate questionnaire for	Maternal health; antenatal care &	health & well-being.	
	women aged 15-49 yrs, who	vaccinations (15-35 + yrs). Infant	Excludes sexual behaviour of children	
	report on children's health.	&child feeding practices (0-3 yrs).	under 15yrs.	
			Chronic illnesses excluded.	
	DHS said to be the most	Adolescent health; adolescent sexual	Mental health problems excluded.	
	comprehensive national survey	behaviour, contraceptive use,	No data on link with abuse rates in	
	on demographic, health & socio-	incidence of injury, exposure to & use	households.	
	economic indicators.	of tobacco, alcohol use/misuse		
		&various indicators of poor physical		
	Health & nutritional status of 0-	health (15-19 yrs).		
	5yr-olds.			
Time Use Survey (2000)	Nationally representative.	Demography, access to services, &	No analysis yet. Data is difficult to work	Budlender, D & Bosch, D.
	Sample $= 8,564$ households,	income.	with.	2002
Statistics South Africa	14,553 individuals, over 10yrs.	Work & work seeking behaviour, time		
www.statssa.gov.za	Household head or member.	spent in each activity (by half hour		
	Two persons per HH aged 10 yrs	intervals) including child care (using a		
	& over respond on time use.	diary).		

he Labadarios et al. 1999.	ast Budlender, D & Bosch, D. 2002. Dawie Bosch & Assoc. 2002. Oosthuizen, M & Poswell, L, 2003. Statistics South Africa. 2001. Statistics South Africa. 2000.
Need to link socio-economic data with the health data collected.	The survey did not include street children or any children not in a 'hh'. Limited data on child remuneration – difficult to obtain. Many child activities not for pay. Comparability: Problem of differing definitions of child work vs labour. Different time periods used. SAYP used 12 months as reference period leading to higher numbers of children considered working. Only children resident in HHs with at least one economically active child were interviewed in the second phase – leading to lack of control variables for comparative purposes and econometric analysis. Not much asked of children's own perceptions of the work they do.
Socio-demographic info of hh environment for the child. Current diet and eating pattern of child. Eating pattern and intake of child over previous 6mths. Purchasing patterns and storage of food. Actual hunger, experienced (or not) by the child. Anthropometric measures were also take of each child.	Household demography: education, occupations & economic status of parents. Migration status. The survey covers children's activities with a focus on child (5-17) work activities - hours spent in certain activities (housekeeping, domestic work, economic activities, school maintenance work). In depth questions on economic and noneconomic activities of children in the past 7 days and the past 12 months.
Nationally representative. Cross-sectional survey of chn 1- 9yrs. 3050 children.	National survey. Two phases: Phase 1: - 26,092 HH Phase 2: - interview 10,575 children potentially involved in child labour. 'Responsible' adult HH member (usually female) responds. Children aged 5-17 yrs.
National Food Consumption Survey. 2000. SA Vit A Consultative Group (SAVACG) And Dept of Health, UNCIEF, Sight&Life Int. Queries: Dept of Human nutrition, Unviersity of Stellenbosch & Tygerberg Hsopital. Tel: 021-938-9259	Survey of Activities of Young People (SAYP 1999) Statistics South Africa www.statssa.gov.za Available online on: http://www.ilo.org/public/english/standards/ipec/simpoc/southafrica/ (Part of global initiative to define harmful labour as opposed to helpful contributions).

DETAILS	SAMPLE.	RELATED TO CHILDREN	IDENTIFIED/	COMMENTS, RECOMMENDATIONS
General Household Survey	National survey	Education health disabilities working	Gan: Examination of school enrolment vs	Data not vet released.
(2002) Data not yet released.	Sample around 30 000 hh.	roles within the household (but not	school attendance.	
	Women aged 12-50 yrs report	outside the HH).		
Statistics South Africa	for themselves, & on behalf of			
www.statssa.gov.za	children (0-17 yrs), regarding			
	fertility & reproductive health. (follow-on from OHS?)			
The South African	Nationally representative survey.	All ages: Saliva samples were used to	Few studies have examined the role of	Shisana, O and Simbayi, L.
Behavioural, Sero-Prevalence	Sample: +/- 9,000 in total, of	determine HIV status.	social, economic & cultural patterns on	2002.
and Mass Media study	whom 3,000 are children aged	For 2-14 yrs: Demography &	HIV related behaviour.	Future work: Explore young
(SABSMM): Household	12-14 yrs.	education, orphan hood status, home	Responses to HIV testing were much	people's interpretation of their
Survey (2002)	(NB less than half the sample	environment, care & protection,	lower, & in some groups too low to draw	peers' sexual behaviour.
	underwent the saliva-test).	health status.	sensible conclusions.	
HSRC with inputs from the		For 2-11 yrs: employment, income,	Did not examine the reliability of the	
MRC, CADRE and UNAIDS.	Separate questionnaires for:	income adequacy & number of	saliva-test tool used. Also only half the	
www.hsrc.ac.za	Adults: 25 upwards	dependents of adult respondent,	sample took the saliva test, therefore	
	 Youth: 15-24 yrs 	educating the child on life-issues,	results may not be representative.	
	 Children: 12-14 yrs 	sources of information on HIV/AIDS	Findings varied greatly from pervious	
	 Adults responding on behalf 	& impact of media.	research findings.	
	of children aged 2-11 yrs.	For 12-14 yrs: knowledge &	Excluded children under 2 yrs old.	
		communication about HIV/AIDS,		
		sexual experience & behaviour,		
		circumcision. For 15-24 yrs: as above		
		with marital status & practices, sexual		
		debut, sexual practices & condom		
		use, perceived risk of HIV, voluntary		
		counselling & testing, sexual violence		
		& coercion, alcohol & drug use,		
		stigma, public perceptions on		
		HIV/AIDS policies, mass media.		

HSRC Student Choice	National survey.	Household demography, Socio-	Cosser, M. & du Toit, J. (2002)
Behaviour Project Survey	Sample = 12,201 learners from	Economic Status (SES) of learner,	
(2000)	300 schools, nationally.	education & employment of parents,	
HSRC	Written questionnaires sent to	educational history of siblings,	
www.hsrc.ac.za	schools for distribution amongst	intentions to enter higher education,	
	grade 12 learners.	factors affecting choice of institution	
		&subject.	
PROVINCIAL SURVEYS			
Khayelitsha/Mitchell's Plain	Small geographical area survey.	Inter-generational mobility; standard	None known.
Survey (2000/2001)	Sample = 1,176 HHs, 1,883	of living, occupations & educational	
	children.	levels of household heads during	
SALDRU, Univ. of Cape	Adults aged 18+:	childhood.	
Town.	 Recall information providing 	Inter-generational mobility examined:	
www.uct.ac.za/depts/cssr/dfru	retrospective data on	potential to examine poverty	
	childhood	&mobility over three generations.	
	 Respond on behalf of 		
	children aged 17 & under.		
Transitions to Adulthood	Provincial survey. KZN.	Household demography, economic	Rutenberg, N. et al. 2001.
(Wave 1 in 2000, wave 2 in	Sample $= 2,000$ HHs in 2	status, income, expenditure, grants	
2002).	administrative areas in KZN with	received.	
	a total of 3,096 young people.		
School of Development	HH members (usually HH heads).	Education, employment, sexual &	
Studies, Univ. of Natal, The		reproductive health, coverage of the	
Population Council.	Young people (14-22 yrs).	school-based Life Skills Programme.	
Langeberg Survey 1999	Small geographical area survey.	Anthropometrical measurements	None known.
(Western Cape)	Sample=294 households & 294	giving data on stunting (height for	Integrated Family Survey
	children.	age) & wasting (weight for age).	followed-on
SALDRU, Univ. of Cape	Separate questionnaires for:		
Town	Adults: 55 yrs &over		
www.uct.ac.za/depts/saldru	Young adults: 18-54 yrs		
(follow-on from the PSLSD)	Anthropometrical survey on		
	children.		

TITLE OF PROJECT, NAME	DESIGN, METHODOLOGY,	GENERAL TOPICS & THOSE	LIMITATIONS, RESEARCH NEEDS	DATA USE, PLANS,
OF AGENCY/ PI CONTACT	SAMPLE.	RELATED TO CHILDREN	IDENTIFIED/	COMMENTS,
DETAILS			FOLLOW-UP, GAPS	RECOMMENDATIONS
South African Integrated	Sub-sample of 200 in 2002	Impact of poverty on health & well-	Difficult to identify & find sub-sample 8	Future:
Family Survey.	(from sample in 1994). Starting	being of children & adults.	yrs after first survey.	Yearly anthropometrical survey
	with another sample of 300 HHs	Modules:	Difficult to draw randomised sample from	of children as indicator of health
Ingrid le Roux	in Khayelitsha.	 Full medical history & 	informal settlements.	& nutritional status of SA
ileroux@alumni.princeton.ed	Nutrition & community workers	examination	Difficult to reach whole community about	children.
피	given skills.	X-rays	the survey.	
	Second interview after 2yrs.	 Anthropometrics 	Data not yet analysed.	
Anne Case, Princeton	Longitudinal study over 5yrs.	 Breast-feeding. 		
University.	In-depth household interviews &			
Khayelitsha, WC.	medical examination, x-rays &			
	blood test.			
Result on web Centre for	Age groups: children 0-18yrs,			
Health & Well-being,	adults > 18yrs.			
Princeton University				
KZN Kids Vital Study	KZN survey.	Level of birth registration	Problems:	Dissemination – usual
	Purposive sampling of 24	completeness of children aged 0-18	 census demarcation maps outdated. 	processes planned.
KwaZulu-Natal Provincial	magisterial districts &	yrs in rural areas in KZN.	 Squatter settlement converted to 	
Population Unit (PPU),	46 enumeration areas – poorest	Socio-economic & demographic	formal settlement.	
Department of Social Welfare	areas included - random	status of children in relation to their	 Small no's of HHs. 	
and Population Development.	sampling.	living conditions & parents' SES.	 Faction fighting. 	
Akim Mturi.	HH interview, but additional	Causes of children's movement & the	 Overlap with census 2001. 	
Collaborators: Applied	information collected.	effect of migration on children's status	 Data collection limited to 14 days, 	
Population Sciences Training	Data capturing Dec 2002.	during the era of HIV/AIDS.	thus no time to follow-up on non-	
and Research (APSTAR),	3,920 completed questionnaires,		response.	
University of Natal, Durban,	87% of response rate. Analysis to	Some anthropometrical data, & on		
Stats SA KZN. School of	begin soon.	chronic illnesses.		
Development Studies, Univ.				
Natal, Durban.				
Julian May.				

Socio-Economic Study of the	Design: (Quantitative &	One of the 8 household modules	Data under analysis. Still too early to tell.	A journal article; workshop with
Persistence of Inequality	Qualitative)	asked for spending on education for 1	Small sample is limiting, but depth should	provincial department;
(SEPPI), KZN	Provincial KZN survey.	child during the previous year,	enable insights into how to ask education-	dissemination to education
A sub-study of 'Legacies of	In 2000, intensive household	children selected to reflect boys &	spending questions in larger surveys.	policy units & research agencies
Inequality: Comparative study	interviews with 50 HHs which	girls, in primary & secondary	Can't go much further but missing a lot	To inform national surveys
of Peru and South Africa'	had been part of both 1993	education. Asked for gender	e.g. weekly costs, school trips.	questions re questions.
	SALDRU & 1998 KIDS studies.	differences, &whether any children in	Staff & respondent exhaustion.	To feed into KIDS 3.
Key institutions and	Selection of areas ('clusters')	HH had dropped out of school	Issue of over-exploitation of poorer areas	
researchers for SA qualitative	from SALDRU & KIDS to reflect	because of finances, or to perform	by advantaged (white) universities needs	
component	regional differences in KZN.	HH labour.	to be addressed.	
University of Natal: Julian	Sample selected to reflect	Education spending – completed table		
May, Francie Lund, Phakama	households whose status	of expenses for 1 child. Jan -Dec.		
Mhlongo	between '93 & '98 had remained	Management of education, gender		
IFPRI: Michelle Adato	unchanged (either rich or poor),	differences in spending, non-school		
	or had improved, or had fallen	related expenses, children who go		
	into poverty; - supplemented by	away to school, schooling interrupted		
	focus group discussions & key	(costs, chores, etc).		
	informant interviews.			
	Small sub-sample; 50 in-depth			
	interviews, 17 focus groups, 26			
	key informant interviews			
	(systematic representation of			
Buffalo City Quality of	sample). Local Municipality	Demographics education income	Possible follow-up in 2004 Onestions	Published "Fasy Reader" to
1 to Moode accomment annual	Commission 2 500 Households	System of the second conico	con to added in following	moles info accordible to accord
LIIE/INEEUS ASSESSINEIN SUIVEY.	Sample = $2,300$ Households	experialitate, employment, service	can be added in Johow up.	make into accessible to general
October 2001.	Household Head & Lother	delivery and satisfaction, childcare,		public. Research report due in
Contact: Anne King.	household member report on	quality of life, transport.		July 2003.
043-7047100	other members of household	Very little child specific information.		Reports will be available on
a.king@ru.ac.za				ISER website (currently under
				construction).
				collosi actiony:

TITLE OF PROJECT, NAME OF AGENCY/ PI CONTACT	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO CHILDREN	LIMITATIONS, RESEARCH NEEDS IDENTIFIED/	DATA USE, PLANS, COMMENTS,
LONGITUDINAL				
Birth to Ten (1990-2000).	Longitudinal cohort study, in	Many aspects studied.	Difficulties:	Barbarin, O. & Richter, L.
(Soweto GT)	Gauteng.		Design & operation problems. Low	2001.
	Aim: To describe & understand	Methodological issues important to	attrition (but high amongst whites),	Intended influence on policy is
Univ. of the Witwatersrand	the pattern & determinants of the	track changes overtime & their	therefore difficult to compare changes	difficult to measure.
with the Human Sciences	health & development of children	influences on child well-being.	between racial groups.	
Research Council (HSRC) and	& youth.		Highest attrition during the first 2 yrs.	Birth-to-Ten was extended to
the Medical Research Council			Circular migration makes full data	Birth-to-Twenty (see notes
(MRC.)	Sample = 70% of original		collection difficult.	below).
www.wits.ac.za/birthto20	sample of 3,275 children		3 year search to find & re-enrol members	
	(approximately 2,290) tracked		of cohort.	
Linda Richter	over 8 yrs.		Whose assets (financial et al) are most	
<u>lrichter@hsrc.ac.za</u>			relevant in assessing the child's	
	Mothers of children born in		environment & which have greatest impact	
	public institutions (no age limit)		on the well-being of the child? (BTT	
	respond about their children.		focused on the mother's).	
			Qualitative data depth not adequate.	
	1,250 children have been seen at			
	every data collection point.		Should have been more focused. Large	
			questionnaire limited in explaining things.	
			"Died from neglect due to multiple care-	
	:		givers".	:
Birth to I wenty (2000-2010;	Longitudinal, continuation from	Focusing on	As above.	None (data collection under
first round of data shortly to	Birth-to-Ten.	 Biological & social influences on 		preparation).
be released).	As above, with module for	adolescent development.	Problems/ difficulties faced:	Perhaps to add a 'poverty
	children (aged 10 yrs & over).	 Bone mass acquisition during 	■ Governance (2 PIs) (resolved – keep	module' if funding is secured.
Provider: as for Birth-to-Ten.	Data collected at 11 & 12yrs.	childhood & adolescence.	smaller no of PIs)	
	13 th year begins in July 2003.	SES hh data is collected every 2/3	Data management (SN) (only now	Critical effort is keeping
		years.	readily available)	participants. Many efforts to
	(3,250 out of 5,451 births	Topics:	 Scale & stability (40 staff) improved. 	keep children involved.
	resident).	Pubertal maturation, growth and	Funding / costs – expensive.	
		nutrition, lifestyle, diet, partners &	Cohort maintenance.	Outputs: publications, updates,

Qualitative data obtained through	relationships, substance abuse,	■ Burnout – staff & cohort- (especially	funders, families, Heroes Club
interviews.	familial & individual health,	review topics).	etc.
	psychosocial development &	 Communication / branding. 	Media releases, policy briefs,
	adjustment, education &care, material	 Ethics- HIV testing of 13 yr-olds 	presentations.
	& social context, sexual health/ risks/	(having to argue a case, no clear	Data release - on request.
	orientation, social capital & civic	provisions yet).	payment- on website in stages
	involvement, family involvement,	 Safety of staff development. 	
	neighbourhood safety.	 Validation of instruments. 	Future research/ interest of
		 Statistical expertise – lack of in SA. 	BTT:
	Methodological (e.g. self-reporting)		1. Depth - breadth
		"A question on a questionnaire is not an	2. Measurement development &
	Measures:	indicator!" - need understanding of what	construct validation
	 Anthropometrics, blood 	we're looking for, & how we will interpret	3. Child movement, migration,
	pressure, bone scan, blood &	the data once we've got it.	fosterage
	urine samples.		4. Intra-household dynamics
	 Psychological scales & 	Question: can we follow-up young	among sub-groups
	assessments.	people? Transitions battled. Special	5. Siblings
	 Questionnaires: caregiver & child 	tracing. Selective bias in longitudinal	6. Relationships between
	(from age 7yrs).	studies. Not easiest way, but only way for	families & households
	 Self-ratings – e.g. pubertal 	detailed theoretical links for evolving	6. In-depth case studies – need
	development.	conditions.	more of
	 School & teacher reports; school 	Need mechanism on national level for	7. Impact of HIV/AIDS
	Quality assessment.	good reliable data – STATSSA, HSRC,	8. Other
	 Background demographic, 	OHS (monitoring orphans), rally around	Families spill over diverse HH,
	health, education & socio-	to support one national sequenced,	i.e. Bigger than just the HH.
	economic data.	crosscutting.	
	-		
	Specific focus on bone health & on		
	reproductive health & related		
	Deliaviouis.		

TITLE OF PROJECT, NAME OF AGENCY/ PI CONTACT DETAILS	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO CHILDREN	LIMITATIONS, RESEARCH NEEDS IDENTIFIED/ FOLLOW-UP, GAPS	DATA USE, PLANS, COMMENTS, RECOMMENDATIONS
Cape Area Panel Study (CAPS) (wave 1: 2002)	WC Provincial survey.	Roster of HH members & non- resident children (residence.	Can add modules for extra info.	Data collection underway. Pilot for potentially national
	4,500 young adults	schooling, work experience &		expansion.
2 nd wave 2005, 2008		contact), household events, income,		
Half the sample will be	Two questionnaires:	expenditure & debts.		Questionnaires are available on
interviewed in every year in	 Household member age 18 	Literacy & numeracy test.		the website:
between.	or above (where present)			www.uct.ac.za/depts/cssr - on
	 Young adults (14-22 yrs). 	Life history: family structure,		the Social Surveys Unit pg.
Centre for Social Science		residence patterns, schooling,		
Research (CSSR), Univ. of		employment. Parental investment over		
Cape Town with Population		past year, role of extended family,		
Studies Centre, Univ. of		health & reproduction.		
Michigan.				
www.uct.ac.za/depts/cssr/				
Young Lives: An International	Longitudinal study of 2,000 1-	Broad questionnaire, carefully	The countries chosen for the study	In-country analysis is just
Study of Child Poverty.	year olds & 1,000 8-year olds	designed.	represent widely different political &	beginning, using tabulation
To produce good quality	(interviewed care-givers) at 20	Section 1: Locating information	economic scenarios.	plans & SPSS syntax developed
long-term data (over 15yrs)	sentinel sites in each of Ethiopia,	Section 2: Household composition		by the International
of children in poverty.	Peru, India (Andhra Pradesh) &	Section 3: Pregnancy, delivery &	The samples are from 'sentinel sites' &	Consortium.
Ethiopia, Peru, India &	Vietnam.	breastfeeding	are not intended to be nationally	
Vietnam. Piloted in SA.	Only pilot studies were carried	Section 4: Child care	representative.	An analysis workshop will be
	out in South Africa ($n=167$).	Section 5: Child health		held in the UK in April 2003.
Consortium involving		Section 6: Caregiver background	South African data is restricted to small	
University of Reading,	Aims to examine data of	Section 7: Livelihoods & time	pilot studies only.	Further analysis will be
London School of Hygiene	changing poverty.	allocation		presented at an international
and Tropical Medicine, South	Link changes between policies &	Section 8: Economic changes	Getting the Questions right but keeping	conference in London in
Bank University, University of	child well-being (monitoring,	Section 9: Socio-economic status	the questionnaire manageable.	September 2003.
Sussex and the South African	can't arrive at cause & effect	Section 10: Mental health	Translation into so many languages was	
Medical Research Council	relationship).	Section 11: Social capital	problematic.	It is hoped that some data will
plus the NGO Save the	Inform & respond to needs of	Section 12: Tracking details		be made available for use by
Children UK.	policy makers & planners.	Section 13: Anthropometrics	Getting ethical approval posed difficulties	third parties in due course.
http://www.younlives.org.uk			in the different countries.	

SA Contact: Prof John Seager, Health & Development Research Group, MRC. John.seager@mrc.ac.za	Questionnaires used to interview key informants at community level, primary caregivers of 1 & 8-year olds plus 8-year-old children.		No funding secured for next 12yrs.	
Research program (ongoing): Social Assistance for women and children Datadesk & Department of Sociology, University of Stellenbosch Jan Vorster Tel: 021 808 2094 Cell: 082 5767 850 Email: jhv3@sun.ac.za	Longitudinal – small scale. Various surveys & focus group discussions. State Maintenance Grant (SMG) study – probability sample, 4 provinces. Child Support Grant (CSG) study – National probability sample. Used SOPCEN data on beneficiaries. Field work done in 2000 - too early for impact assessment - but collected useful base line data. Also: Research on poor indicators in communities to assist in planning e.g. Zoar. A panel of women, who received SMG, tracked 7 women over time. The next interview is being blanned for 2003	Impact of phasing out the SMG &impact of CSG. Social assistance. 'Caregivership'. Household income & expenditure Household composition & culture of living arrangements. Disaggregation of data to monitor realisation of child rights.	Problems: Too early to conduct impact assessment of the CSG – survey should be repeated soon. Limitations of national statistics. Scope of study & sample. Need more research on: the Foster Child Grant & its relationship to the CSG, intra-household transfers, representative statistics on child-headed households, conceptual & empirical research on household types. conceptual & empirical research on household types. caregiver patterns, caregiver patterns, culture of living arrangements. Nexus between social security of children & state programmes & policies. Follow up study on CSG.	Research on State Maintenance Grant & CSG for Department of Social Development (Voster et al.2000). Data donated to SA Archives. Empirical evidence for claims made by various groups lobbying for a general child grant.
			collection.	

TITLE OF PROJECT, NAME OF AGENCY/ PI CONTACT DETAILS PARTICIPATORY RESEARCH	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO CHILDREN	LIMITATIONS, RESEARCH NEEDS IDENTIFIED/ FOLLOW-UP, GAPS	DATA USE, PLANS, COMMENTS, RECOMMENDATIONS
Title: Protecting the rights of Orphans & vulnerable children (OVCs) aged 0-9	Participatory action research Rights framework.	Identify safety net initiatives supporting OVCs 0-9 yrs.	Study planned because there is very little age disaggregated research on OVCs. Are programmes age appropriate?	Planned use: Draw lessons & examples of good practice for possible
yrs- community action and capacity building for effective safety nets.	Phase I: Data sources indirect – desk study. Reviewing existing safety net	Factors that contribute towards effective safety nets for young OVCs in different contexts.	Not much documented on programme implementation.	transfer & policy implementation.
Linda Biersteker Early Learning Resource Unit	initiatives in context of OVCs 0-9 yrs & identify sites (throughout country) for intervention. Will	Differentiate needs of children by age $(0 - \& 4+)$.	Funding sought for Phase 2.	Catalyst for urgent action for vulnerable children including resource mobilisation.
021 762 7500 research@elru.co.za	draw on published & unpublished data. Phase I to be completed by end			One of a group of Africa case
Norma Rudolph Consultant 011 485 2518	February 2003.			confronted with HIV/AIDS. Other countries which have
Normar@netactive.co.za	Phase 2: Work with coresearchers drawn from 3 to 5 sites (cross section of contexts, interventions).			indicated that they will be participating include; Namibia, Swaziland, Kenya, Uganda, & Mauritius.
	Funding is being sought for Ph 2 to work in number various sites.			Country studies will be drawn together in an overarching paper.
	Identify factors & role players that contribute to effective safety nets			-
	Facilitate dialogue & build capacity to strengthen & extend safety nets in the research sites.			

Child Well-being and Child Participation.	Exploratory project (post Aug 2002 Conference).	Direct involvement of children.		Still to disseminate. Application & evaluation of final
Child & Youth Research &	Intervention research –			product.
Rose September	& Quantitative. Focus on			
Shazly Savhl	outcome – development of			
	indicators. Empowerment &			
	capacity building.			
	Participatory research current.			
	To develop research capacity			
	based on child participation.			
	Children's advisory forum/			
	participatory consortium, to train			
	children as active co-researchers.			
OTHER RESEARCH				
Social security for rural and	Legal, sociological, economic.	Not primarily on children, but on	Challenges – interaction between legal &	Formal report being finalised.
urban poor, and non-citizens.	4 provinces.	creating a safety net.	social science & economist researchers.	Executive report. Several
	Representative samples.	Base line info is available – income		publications. Policy proposals.
SANPAD & RAU - CICLASS		poverty & usage of services &	Integration — limited definitional	Stakeholder feedback, especially
Prof. Marius Olivier.	Availability of social security (SS)	security.	approach. Problems with the definition of	communities.
	to rural and urban poor,		child vs the reality of how children are	Potential activism – court
To identify gaps in the	including children. Use of SS.	Certain questions cover children:	understood – difficult to address these	judgements.
system. Proposals for	Not only formal system, but also	■ Schooling	wrt policy recommendations. Similarly for	
improvements.	informal & indirect SS.	 'Caregivership' 	definitions of household, dependent,	
		■ HH composition	orphan, child headed household.	
	Broader than just children's	Grants for children		
	access to social security.		Provides useful base-line SES data, but	
		There is no information on their	will not be possible to track the sample	
	Multidisciplinary. Large	health.	HHs to measure any changes due to the	
	projects.5 case studies.		grants.	

Ss. ALUATION of an m:	hin a Not primarily on children, but on creating effective administrative arrily focus structures to deliver social security f a new benefits. Tary – sis of ents. SMENT SMENT Rabeline study includes: Socio-economic indicators including access to social security,	To explore: Institutional fragmentation, governance & service delivery problem. Role of informal service providers, & private providers. Impact of the constitutional arrangements & judgements. Financing issues of institutional arrangements. Adjudicative systems.	Intended to develop ethical & governance issues, & a
nts.	sn	Role of informal service providers, & private providers. Impact of the constitutional arrangements & judgements. Financing issues of institutional arrangements. Adjudicative systems.	
vALUATIC vALUATIC value id id for for in the contract of the c		private providers. Impact of the constitutional arrangements & judgements. Financing issues of institutional arrangements. Adjudicative systems.	normative framework.
v t of an um:		Finds of the constitutional arrangements. Financing issues of institutional arrangements. Adjudicative systems.	Appropriate norms & standards.
t of an ind		Financing issues of institutional arrangements. Adjudicative systems.	
VALUATIO		arrangements. Adjudicative systems.	
t of an indum:			
t of an ind ind for			
id i			
for m:		Survey undertaken as baseline measure.	Primarily as a baseline for the
for minimizer of the formal of		However data of all kinds on children in	evaluation but the data will be
for um:		the communities concerned is not readily	made available.
Log		accessible (the steering committee for the	
iii lor	ved. schooling & preschools.	project includes Provincial Administration	
Lo L		of the Western Cape – health, social	
for m:	Family Structure &community	development & education as well as the	
· jo	involvement.	City of Cape Town & none of these	
	be sourced	stakeholders have data at local level).	
	ncillors etc. issues within the communities		
	concerned.		
	y of 600		
	0-9 yrs in		
all			
aspects of the project Not a random sample – consists	- consists		
CECD 021 7615225 of those who might be users of	users of		
Cecd@iafrica.com some of the services provided in	rovided in		
the pilot.			

Evaluation Protocol of Philani	800 HHs which have received	Birth weights, Immunization, TB,	Most vulnerable children in marginalized	
Outreach Programme	the intervention. Interviewed	Medical/ social/ nutritional history,	HHs are not in contact with services or	
Khayelitsha, Mfuleni, Delft	6mths after intervention.	housing, income, grants, hunger,	outreach programmes.	
WC.	1/3 of these will be the control	education, health of mother, medical	No improvement in nutritional status of	
Ingrid le Roux	group where no intervention was	examination.	children in SA.	
ileroux@alumni.princeton.ed	received - to show impact of			
חב	intervention.	Programme identifies coping		
Centre for Health & Well-	0-6yr-olds.	mechanisms within the community.		
being, Princeton Univ.		Identification of "positive role		
	25 outreach workers in 9	models".		
To measure the impact of a	informal settlements, identifying			
Child Health & Nutrition	underweight children for			
Intervention Programme on	interventions.			
child health & well-being				
(based on an international				
model).				
ECONOMIC ANALYSES				
IDASA/ Woolard income	Used OHS 1995 & 1999 data	Child poverty rates increased from	Underreporting of income in OHS 1999.	Poverty lines require more
poverty analyses.	to estimate child poverty rates.	55% in 1995 to 75% in 1999 –		research.
	Using poverty line of R400 per	partly due to under-reporting of		Plans to use IES 2000 to
Ingrid Woolard.	child per month (as suggested by	income in OHS 1999.		estimate % of children <r420,< td=""></r420,<>
Judith Streak.	the Taylor committee).	Child taken as full member of the HH.		% <r220, %="" &="" hh<="" in="" td=""></r220,>
Idasa.	Dire poverty: @ R200 per child			experiencing hunger.
www.idasa.org.za	per month.			

ADDITIONAL RESEARCH PROJECTS REPORTED AT THE WORKSHOP

OF RESEARCH AGENCIES Lent's Measures In The SA On Programme Conceptualisation And on the % and number of children living 2000) To Address The Needs Of Orphans & In The Contact Of HIV/AIDS. Jies Jies Jies Henm@rmh.uct.ac.za y Health care Services for HIV-Positive Clinics in South Africa. 2002.		
e SA ptualisation And of children living s Of Orphans & IIV/AIDS. for HIV-Positive 1. 2002.		
of children living s Of Orphans & IIV/AIDS. for HIV-Positive 1. 2002.		Children's Rights and their Attainment. Children's income poverty.
s Of Orphans & IIV/AIDS. for HIV-Positive 1. 2002.	national survey data (IES).	
s Of Orphans & IIV/AIDS. for HIV-Positive for HIV-Positi		
s Of Orphans & IIV/AIDS. for HIV-Positive for HIV-Positi		
for HIV-Positive	Qualitative, multi-sited throughout country. ±120 households - where children are at risk of being orphaned or are	Children's experiences of orphanhood, their health, social, educational status and
for HIV-Positive	ent. recearch cites and service providers (edus	well-being, coping mechanisms, access to
for HIV-Positive	ובסכתו כון סובכס תוות סכן עובר ליו סעותכים (בתתכי	S
for HIV-Positive		
y Health care Services for HIV-Positive Clinics in South Africa. 2002.		
	National – 11% of public sector clinics (fixed) interviewed telephonically. Examined the availability of: cotrimoxazole, Vit A, TB tracing, nutritional supplementation, grants.	Availability of treatment (excl.ARVs), nutrition and services for HIV+ children.
FOIL 1		
Children S Institute, U.C.1.		
(021) 6895404 (tel)		
Sonja@rmh.uct.ac.za		
Child Abuse, Psychology, Mental Health Child Sexual abuse in Atlantis, WC.	iis, WC.	Child sexual abuse.
Zareena Parker, Children's Institute. UCT (021) 6898305(tel) zareena@rmh.uct.ac.za Study of prevalence and incidence providing superpose to the control of	Study of prevalence and incidence providing support to service organisations also qualitative – journey of child. Networking a few key organisations.	

Evaluation Zareena Parker Children's Institute, UCT. (021) 6898305(tel) Zareena@rmh.uct.ac.za Analysis of the Uptake Rates of the Grants for Children in South Africa. (annually 2001-2003). Teresa Guthrie Children's Institute, UCT 021-689-5404 teresa@rmh.uct.ac.za Assessing the Impact of the Child Support Grant on the Well-being of Children in South Africa: a summary of Available Evidence. 2002. Teresa Guthrie	12 violence prevention programmes throughout the country. N/A – looking at organisations who work with children and families. Using SOCPEN national and provincial uptake rates for each child grant.	- -
\$	al and provincial uptake rates for each child grant.	
ş	al and provincial uptake rates for each child grant.	
ş	al and provincial uptake rates for each child grant.	
4	al and provincial uptake rates for each child grant.	
		Grant uptake rates for children.
	Secondary literature review of evidence of the impact of cash transfers generally and specifically the CSG on child well-being.	Impact of grants on children.
Teresa Guthrie		
Children's Institute, UCT		
021-689-5404		
<u>teresa@rmh.uct.ac.za</u>		
rity Assessment Procedures for Children with	International literature review of: needs assessment tools, disability	Children with Disabilities - assessment
Disabilities. Screening tools, a	screening tools, and social security assessment tools. Application and comparison of two international social security	tools for grants.
Lizette Berry, Teresa Guthrie assessment tools	assessment tools in capturing the social assistance needs of children	
	ι conditions.	
021-689-5404 Undertaken on small s	Undertaken on small sample of children attending Red Cross Hospital,	
Lizette@rmh.uct.ac.za, teresa@rmh.uct.ac.za W.C.		
And Pam McClaren DART		
(033) 3864796(tel/fax)		
dart@sai.org.za		

TITLE OF PROJECT, NAME OF AGENCY/ PI CONTACT DETAILS	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO CHILDREN
Social Security Policy for Persons with Disabilities in South Africa.	Policy analysis and development process. Secondary literature collation and consultative process.	Social security for people with disabilities.
Teresa Guthrie Children's Institute, UCT 021-689-5404 teresa@rmh.uct.ac.za and South African Federal Council on Disability. 021-685-4216 petro@ability.org.za	Informed the Taylor Committee of Inquiry's recommendations regarding social security for people with disabilities.	
Development Of School Health Policy & Implementation Guidelines With Costing. Dr Maylene Shung-King	Primarily review of secondary research and other policy and costing processes. National policy.	School health services for children.
Children's Institute, UCT. (021) 6895404 <u>maylene@rmh.uct.ac.za</u>	Implementation guidelines for district, provincial and national implementation of Policy. National costing framework developed.	
Children with Chronic Illness Policy Development Process Dr Maylene Shung-King Children's Institute, UCT (02.1) 6895404 maylene@rmh.uct.ac.za	Policy analysis and development - Not primary research. Using secondary research to inform the development of a national policy on health services for children with a chronic disease.	Health services for children with a chronic disease.
Policy and Law Reform – Research and Advocacy. Paula Proudlock Children's Institute, UCT. (02.1) 689-5404 paula@rmh.uct.ac.za	Policy analysis, development and advocacy activities to inform and influence child policy and law, specifically: Social Assistance Act, Children's Bill, National Health Bill, and Taylor Committee of Inquiry's Report.	Child law and policy.

Evaluation Of the Children's Institute's Experience	"Not traditional research"	The impact of research and advocacy on
	The CI will undertake a selection of case-studies from our past work to	child law and policy.
Dr Maylene Shung-King	reflect on :	
Children's Institute, UCT.	- the research experience	
(021) 6895404	- how the research was disseminated	
maylene@rmh.uct.ac.za	 the advocacy process with policymakers and other decision 	
	makers	
	 the impact – evaluating our role and the ultimate research input 	
	 reflections on what worked and what did not! 	
Study on sustainable livelihoods and Disability	Use of the sustainable livelihoods approach to explore the empowerment	Poverty Alleviation For Disabled Children
	programmes on disabled people	
Sue Philpott & Pam McClaren		
Disability Action Research Team (DART)	Sample includes, 4 sites in the provinces of KZN, E.Cape & Gauteng	
(033) 3864796(tel/fax)		
dart@sai.co.za	It focuses on disabled people involved as beneficiaries of economic	
	empowerment programmes	
Disability & Children	National & provincial levels (KZN, WP, Eastern Cape, Limpopo)	Review of government strategies,
	It will include disabled children (age 0-18).	programmes, and budget allocations for
Sue Philpott		disabled children (specifically in the
Disability Action Research (DART)		sections of education, health, justice &
(033) 3864796(tel/fax)		social development)
suephilpott@hotmail.com		
Participatory research to explore inclusion/ exclusion for	Systematic walk around schools.	Children with disabilities' inclusion and
Children with Disabilities.		exclusion.
Sure Philpott / Pam McClaren.	Participatory activities. Map of school.	
DART. (033) 3864796(tel/fax)		
dart@sai.org.za		
Social Protection Expenditure & Performance Review For South	National. Times series (1990-2001) involves collecting official statistics,	Includes social protection of children
Africa	generating primary indicators, collection of data on social protection will	(grants, etc)
	be combined with a report by CICLASS that documents legal policies in	
Nina Hunter, School of Development Studies, Univ. Natal.	place which dictate social protection coverage (to an extent).	
(031) 2602369 (tel), (031) 260 2359 (tax)		
ומוורווויייייייי		

TITLE OF PROJECT, NAME OF AGENCY/ PI CONTACT DETAILS	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO CHILDREN
The Social And Economic Impact Of Social Assistance Grants	National economic modelling.	Will examine different indicators (social and
M Sameon	Using 3 panels of the Labour Force Survey (Feb 00, Sep 00, Feb 01) and the IFS	economic) of household welfare and how they are affected by social assistance grants (CSG
EPRI.		OAP, DG).
<u>msamson@epri.org.za</u>	Sample size: LFS & I&E (30 000 households) Age group: ALL	
Children's Changing Responsibilities In The Home. Stigma & Socialisation	Qualitative, but linked to surveys in the Western Cape (CAPS)	Economics. Intra household Decision-making roles. Responsibilities of children
Dr Rachel Bray	Sample size: Not yet known Age group: Not yet known Coographical groat. Case Town	(culture/socialisation).
(021) 650 4658 rbray@commerce.uct.ac.za	Gographical area. Cape Town — arban poor communities	
Children's Information And Communications Technologies	Mixed methods. 1002 children. Grade 11: 14-16yrs W.Cape	Communications Technologies – TV, video, console, cellphones
Rose September Child & Youth Research & Training Programme, UWC. (021) 9592602/3(tel) rseptember@uwc.ac.za		
Children's Opinion Poll – A Child Rights Survey In Sa	National	Survey on what rights are most violated in
Save the Children Sweden	1200 children in SA (8-18yrs) Qualitative & Quantitative	children's lives according to children themselves
Ulrika Soneson Khwezi Malahleha		
(012) 3411166(tel)		
postmaster(@za.rb.se		

Monitoring Poverty Inequality in Buffalo City	Buffalo City (Fast London)	Not specifically child-focused research but
. Sin Comman III San	Using census '96 data	collected general SE indicators.
Ellen Kammas I.S.E.R. (Rhodes E.L.)	Looking at various poverty indicators for new municipal entity.	,
(043) 7047056(tel) e.kammas@ru.ac.za		
Review Of Child Care Act	Law Reform. Involved extensive consultation with all role-plavers in the Children's	Relates to all areas of care for children in South Africa.
Gordon Hollamby	Sector.	
SA Law Commission		
(012) 3226440 (tel)		
DEPARTMENT OF SOCIAL DEVELOPMENT RESPARCH ACTIVITIES	MITES	
	New Jones designed	The state of the s
Kapid Appraisal Of Home Community Based Care 2002	National. Quantitative design	l opics: HIV/AIDS treatment and care
Leon Swartz	±1000 projects nationally	
Dept of Social Development, Chief Directorate Population &	Age group: All ages	
Development		
(012) 312 7954 (tel)		
leon@socdev.gov.za		
Assessment Of Social Security Service Delivery	National. Quantities and qualitative research.	Delivery of child grants.
Alice Atieno Ochiambo	Covering All Age Grouns of heneficiaries	
Dept of Social Development, Monitoring and Evaluation, HSRC		
Building, Pretoria		
(012) 312 7736 (tel)		
Impact Of Social Security Grants	National Survey 3000 people (beneficiaries) to start with. This will be increased over time.	Impact of social security grants.
Nombuyivelo "Mbu" Kunene	-	
Nat. DSD – Monitoring & Evaluation.		
(012) 312 7795		
mbu.vundla-kunene@socdev.gov.za		

TITLE OF PROJECT, NAME OF AGENCY/ PI	DESIGN, METHODOLOGY, SAMPLE.	GENERAL TOPICS & THOSE RELATED TO
CONTACT DETAILS		CHILDREN
Situation Analysis Regarding The Needs Of Children In Three	Children under the age of 18 yrs.	Children's living conditions and needs.
Different Areas In Sa – E.Cape, Kwazulu-Natal, Limpopo		
Johanna De Beer. DSD – HIV/AIDS.	Social development	
(012) 3127589(tel)		
Johanna.deBeer@socdev.gov.za		
Working For Water Project In The E.Cape Community Based	Quantitative, 800 households	Health, Knowledge, nutrition.
Reproductive Health (CBRH) Project In The Eastern Cape	Woman 15-49 in households Tsitsikamma & Konga Area in F Cane where the WFW is	
Gerda Erasmus	-	
Dept of Social Development	Based on DHS survey and Questions from PPASA.	
Population & Development	Agents visit HHs.	
(012) 3127952(tel)		
gerda.Erasmus@socdev.gov.za		
Post HIV/AIDS Awareness Campaigns For Youths In S.A.	Qualitative Research	Socio-Economic Impact Of HIV/AIDS on
	Age group: 13-21	Youth.
Pertunia Modiselle	Madidi Village within the Pretoria rural areas.	
DOSD		
(012) 3127728(tel)		
pertuniam@socdev.gov.za		
Evaluation Of Home Community Based Care Devices Provided	Qualitative participation.	Home-Based Care for children infected/
To Children Infected/Affected By HIV/AIDS	Ali HCBC Ken/e.Cape/limpopo	affected by HIV/AIDS.
Msindisi Mbalo		
Population & Development, DSD		
(0120 312 7919(tel)		
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APPENDIX:

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APPENDIX: v. GLOSSARY OF ACRONYMS

ACESS Alliance for Children's Entitlement to Social Security

BIG Basic Income Grant

BT20 Birth-to-Twenty longitudinal study (formerly the Birth-to-Ten Study)

CAPS Cape Area Panel Study
CI Children's Institute, UCT

CiCLASS Centre for Comparative Law & Social Security, RAU

CRC Convention on the Rights of the Child

CSG Child Support Grant

CSIR Centre for Science and Information Research

CYRTP Child & Youth Research & Training Programme, UWC

CYFD Child, Youth & Family Development, HSRC

DART Disability Action Research Team
DoE Department of Education
DoH Department of Health

DSD Department of Social Development
ECD Early Childhood Development
ELRU Early Learning Resource Unit
EPRI Economic Policy Research Institute

FCG Foster Child Grant

HH/hh Household

HSRC Human Sciences Research Council Idasa Institute for Democracy in South Africa

KIDS KZN Income Dynamics Survey

KZN KwaZulu-Natal

MRC Medical Research Council (SA)

NPA National Plan of Action for Children, Office on the Rights of the Child

OHS October Household Survey
OVCs Orphans and vulnerable children

PSLSD Project for Statistics on Living Standards and Development

RAU Rand Afrikaans University

SALDRU South African Labour and Development Research Unit

SANPAD South African-Netherlands Research Programme on Alternatives in Development

SDS School of Development Studies

SEPPI Socio-Economic Project on the Persistence on Inequality

SES Socio-Economic Status
SMG State Maintenance Grant

SPSS Statistical Package for the Social Sciences

Stats SA Statistics South Africa

TB Tuberculosis

UCT University of Cape Town
UN University of Natal

UNICEF United Nations Children's Fund
UWC University of the Western Cape

WC Western Cape