



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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1: Neighbourhoods

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Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring children's local environments. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

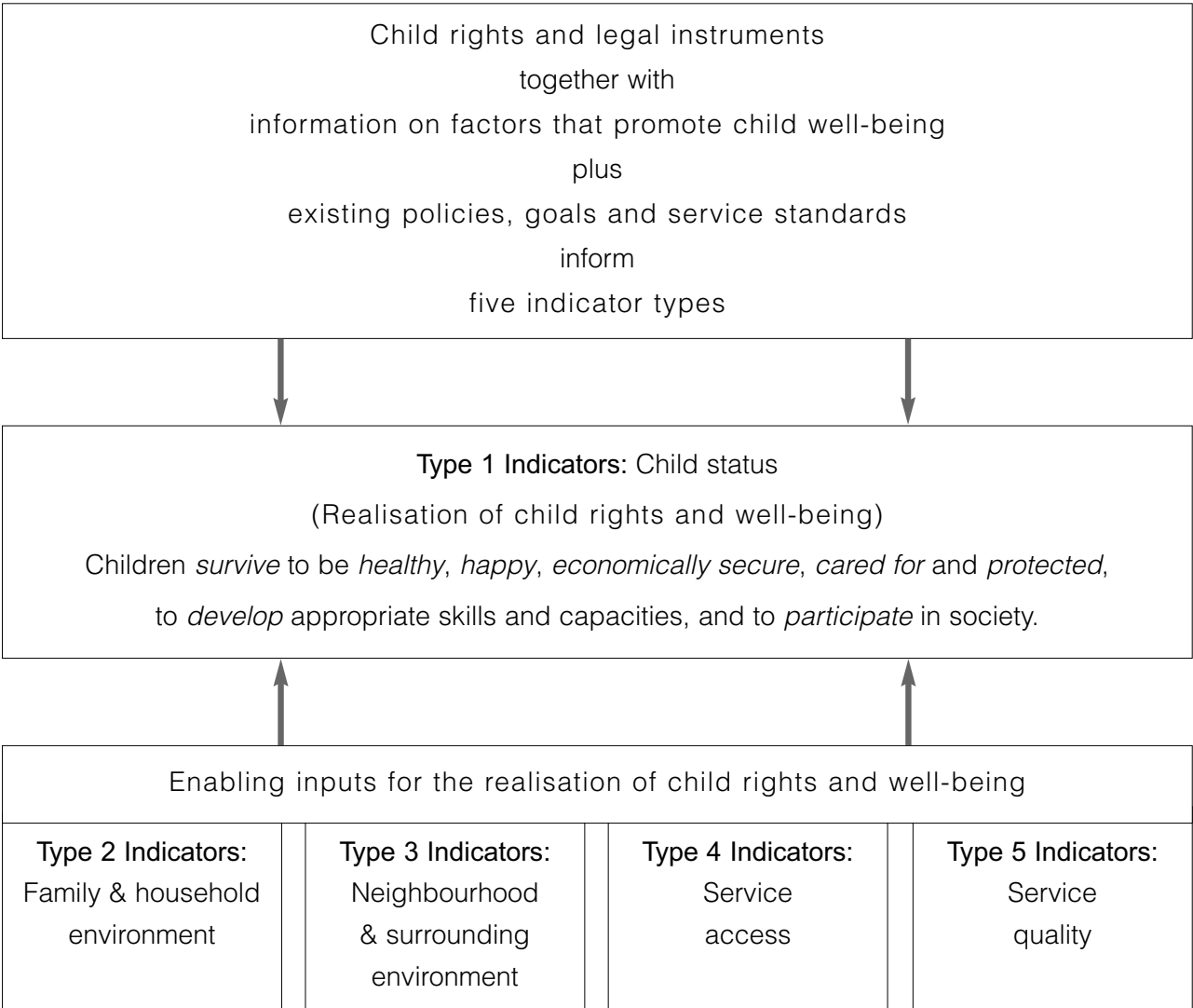
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children’s access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring children's neighbourhoods and surrounding environments

Many studies show that there are important links between children's survival, protection, development and participation, and the state of the areas in which they live. Based on these studies, proposals have been made for indicators that identify neighbourhoods in which children and (adults) are likely to have poor health, be unsafe, and have poor educational outcomes, work and leisure opportunities.

South African neighbourhoods have been shaped by both political and economic forces. The Group Areas Act and other related Acts of the apartheid era ensured that communities were segregated, and most of our communities continue to be marked by the impact of these laws.

Core indicators for monitoring South African children's neighbourhood contexts are presented in the indicator table that follows. They are only recommendations: they will need to be tested before they can be used with confidence. They also need to be adjusted over time, as new data and evidence becomes available.

Indicators for neighbourhood influences on children are fully discussed in Chapter 4 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core neighbourhood indicators

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce poverty and protect children's right to survival, protection and development. | Type 3 Indicator: Neighbourhood & Surrounding Environment Neighbourhood income deprivation Reason for use: Monitor the poverty level of neighbourhoods. | Definition & Measure: Proportion of people in a neighbourhood experiencing the following: <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. Sources: Census and other household surveys (Statistics South Africa); provincial poverty data. Period: Every 10 years Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume. ¹ A PIMD for children (PIMDC) will be available once the main volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty. |
| Improve children's educational and occupational success. | Type 3 Indicator: Neighbourhood & Surrounding Environment Neighbourhood affluence Reason for use: Monitor the affluence level of neighbourhoods. | Definition: Neighbourhood residents who have professional and managerial occupations (codes 1 and 2). Measure: Proportion of affluent residents over 25 years in a neighbourhood. Source: Census Period: Every 10 years |
| | Type 3 Indicator: Neighbourhood & Surrounding Environment Employment deprivation Reason for use: Indicator of human capital. | Definition: Population (15–65 years inclusive) who are: <ol style="list-style-type: none"> 1. Unemployed (using official definition, i.e. did not work in 7 days prior to Census night, wanted to work and available to start within a week, had taken steps to work or start self-employment in previous 4 weeks). 2. Not working because of illness or disability. Measure: Proportion of unemployed people in a neighbourhood. Source: Census Period: Every 10 years Note: This measure is used in the PIMD. |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| → | Type 3 Indicator: Neighbourhood & Surrounding Environment Education deprivation Reason for use: Indicator of human capital (key for adolescents). | Definition & Measure: Proportion of people in a neighbourhood with no schooling at secondary level (highest level is Grade 7) or above. Source: Census Period: Every 10 years |
| Improve the health of children and their caregivers, so increasing the likelihood of improving a range of child outcomes. | Type 3 Indicator: Neighbourhood & Surrounding Environment Health deprivation Reason for use: Monitor the impact of HIV/AIDS, violence and other health issues. | Definition & Measure: Average years of potential life lost. (Denominator: Number of deaths in the neighbourhood in the 12 months prior to Census night). Source: Census Period: Every 10 years |
| Ensure the right to protection and optimal development. | Type 2 Indicator: Family & Household Environment Household crowding Reason for use: Crowding measures are objective; but the experience of crowding is culturally framed and subjective. High levels of crowding have been associated with poor outcomes and are a risk for child abuse. | Definition: Crowding is measured on a continuous scale. Richter (1989) uses a person–habitable room ratio. There is no accepted South African definition of ‘crowding’. The Canadian National Occupancy standards set household bedroom requirements according to these criteria: No more than 2 people per bedroom; parents or couples share a bedroom; children aged <5 years, either of same or opposite sex, may reasonably share a bedroom; children aged <18 years of the same sex may reasonably share a bedroom; a child aged 5 to 17 years should not share a bedroom with one aged <5 of the opposite sex; single adults aged 18 years and over and any unpaired children require a separate bedroom. ² The Canadian standards are no doubt too high for a developing country but serve as a guideline. Measure: Average person–habitable room ratio for children <5 years and <9 years. The proportion of children <9 co-sleeping with sexualised older children and adults should be determined – this will be possible where a single habitable room is available for the household. Sources: Census and other household surveys; the HOME Inventory could be used in research studies for this purpose Period: Every 10 years (more frequently using other household data) |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| Improve the supervision of children. | Type 3 Indicator: Neighbourhood & Surrounding Environment Childcare burden Reason for use: Caregiver stress increases the likelihood of inadequate supervision of children. | Definition: The burden placed on caregivers through low availability of other adults to share childcare. Measures: 1. Proportion female-headed households. 2. Ratio of children to adults. 3. Ratio of men to women. 4. Proportion elderly. Source: Census Period: Every 10 years |
| Reduce violence to children. | Type 3 Indicator: Neighbourhood & Surrounding Environment Violent crime rate Reason for use: Monitor children's exposure to violent crime and children's rights to safety and protection. | Definition: Violent crimes as defined in the Common Law and other Statutes: murder, common assault, assault with grievous bodily harm, and ill-treatment of a child reported to the South African Police Services (SAPS). Crime incidence rates are calculated per 10 000 or 100 000 depending on the size of the population. Measures: 1. Murder and attempted murder rate per 10 000. 2. Violent crimes to children per 10 000. 3. Child rape rate per 10 000. Source: SAPS crime statistics Period: Annual |
| Increase children's access to services. | Type 4 Indicator: Service Access Access to services Reason for use: Monitor access to the services necessary to meet children's health, education, recreation, literacy and safety needs. | Definition: Access to facilities is determined by response to the question: Are the following located in the neighbourhood? <ul style="list-style-type: none"> • A primary care clinic • A well-baby and family-planning clinic • A primary school • A high school • Recreation facilities (parks, swimming pools, sports grounds, movie theatres) • A library • A police station And: Whether the household has access to a telephone (Denominator: number of households in the neighbourhood). And: <ul style="list-style-type: none"> • The number of children that can be accommodated in neighbourhood childcare facilities (Denominator: number of children <6 living in the neighbourhood); • The number of children that can be accommodated in neighbourhood after-school and holiday-care facilities (Denominator: number of children aged 7–18 in the neighbourhood). |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|------------------------------|---|
| → | | <p>And:</p> <ul style="list-style-type: none"> • The number of supermarkets per 10 000 residents; • The number of businesses per 10 000 residents. <p>Measure: The existence of appropriate facilities in the neighbourhood.</p> <p>Sources: City data files; Census</p> <p>Period: Every 10 years</p> |

Notes:

- 1 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.
- 2 See <<http://www.stats.govt.nz/analytical-reports/affordability-report/technical-notes.htm#crowding>>.



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2: Child Health

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Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring child health (including children living with HIV/AIDS). It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

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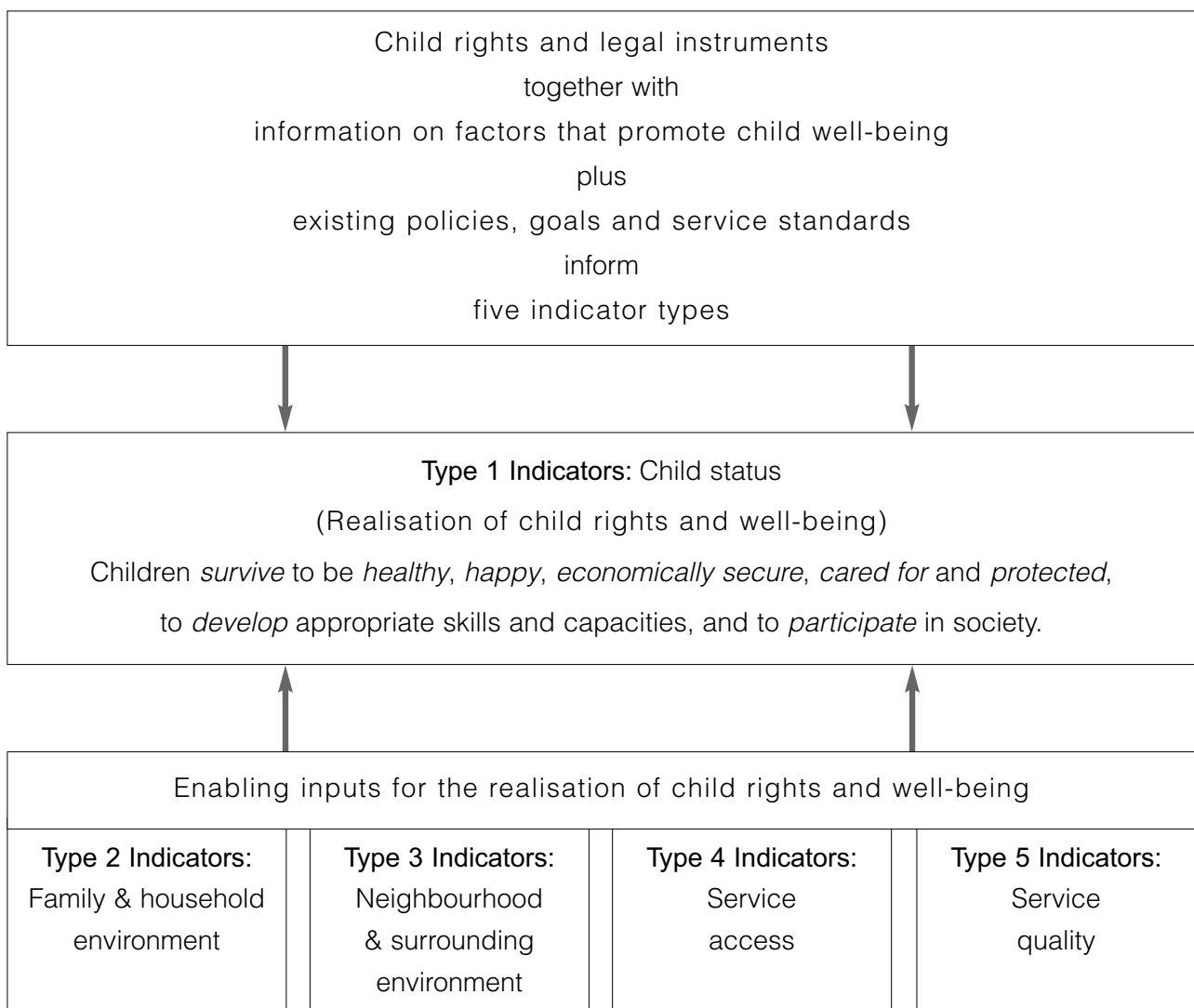
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Monitoring child health

Despite high child morbidity and mortality rates, there is a relative lack of good quality routine data to monitor child health status and track the progress of child health programmes in South Africa. This makes it difficult to fully assess the effectiveness of current programmes attempting to improve child health and wellness status. Further, there are major data gaps. Thus, for example, no reliable data on child morbidity from TB, chronic diseases or accidents and injuries currently exists.

Indicators in the set presented here cover: mortality; communicable (including HIV/AIDS) and non-communicable diseases; nutrition and anthropometrics; adolescent health; health services and programmes.

Although access to and quality of rehabilitation services are covered, they do not constitute the primary focus of the Indicator Set. The indicators that follow aim to stimulate understanding of and commitment to the positive use of indicators by child health professionals and the broader public health community in South Africa. The desired outcome is that the indicators will aid planning, resource targeting and assessment of policy and programme impact at all levels, particularly the health district and local ward level.

Indicators for monitoring child health are fully discussed in Chapter 5 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
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It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring child health

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Reduce the number of children living in poverty. | Type 1 Indicator: Child Status Child poverty. Reasons for use: Child poverty is associated with the widest range of insults to child survival, health and development, including mortality. Appropriate for national and international reporting; State of the World's Children; Millennium Development Goals (MDGs). | Definition & Measure: Proportion of children in households experiencing the following: <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. Sources: Census and other household surveys (Statistics South Africa); provincial poverty data. Period: Every 10 years Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume. ¹ A PIMD for children (PIMDC) will be available once the main volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty. |

Accelerate implementation of the National Action Plan for HIV and AIDS

| | | |
|--|---|---|
| Reduce HIV prevalence among young people aged 15–24 years. | Type 1 Indicator: Child Status HIV prevalence in 15–24-year age group. Reason for use: Measure of the prevalence of the disease in a high-risk age group. | Definition & Measure: Proportion of sampled pregnant women aged 15–24 years attending antenatal clinics who test positive for HIV. Source: Annual HIV antenatal seroprevalence survey (DoH) Period: Annual |
| | Type 1 Indicator: Child Status HIV prevalence in pregnant children. Reason for use: Measure of the prevalence of the disease in a high-risk group. | Definition & Measure: Number of HIV-positive pregnant children (<18 years) per 100 pregnant children. Source: Antenatal HIV seroprevalence survey (DoH) Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce the incidence of HIV infection in children. | Type 1 Indicator: Child Status Infant HIV incidence rate. Reasons for use: Measure of an important cause of child morbidity. | Definition: Children born to HIV-positive women who are polymerase chain reaction (PCR) positive at 6 weeks of age in a given period. Measure: Proportion of children born to HIV-positive women who are PCR positive at 6 weeks of age. Source: Provincial Prevention of Mother to Child Transmission (PMTCT) Programme Period: Annual |
| Expand treatment for infected children and their primary caregivers | | |
| Increase the PMTCT coverage (to 95% by 2010). | Type 4 Indicator: Service Access Antiretroviral therapy (ART) cover in eligible newborns. Reasons for use: Marker of health systems' ability to prevent new HIV infections in children. | Definition & Measure: Number of newborns receiving prophylactic ART per 100 babies born to HIV-positive pregnant mothers. Source: PMTCT surveillance (DoH) Period: Annual |
| Increase access to ART for children (to reach 55 000 children by 2009). | Type 4 Indicator: Service Access Highly active anti-retroviral therapy (HAART) cover in eligible children aged 0–12 and 13–17 years. Reasons for use: Marker of health systems' ability to manage symptomatic HIV infection/AIDS in children. | Definition & Measure: Number of children (aged 0–12 and 13–17 years) receiving HAART per 100 children eligible for HAART. Source: ART roll-out surveillance (DoH) Period: Annual |
| Increase access to ART for adults – in particular for caregivers with children (to reach 450 000 by 2009). | Type 4 Indicator: Service Access HAART cover in eligible adults. Reasons for use: Adult access to ART will reduce orphaning. Marker of health systems' ability to manage symptomatic HIV infection/AIDS in adults. | Definition & Measure: Number of adults (>18 years) receiving HAART per 100 adults eligible for HAART (stratified by gender and into adults with children as far as possible). Source: ART roll-out surveillance (DoH) Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce child mortality | | |
| Reduce the number of infants dying in the first 28 days of life. | Type 1 Indicator: Child Status Neonatal mortality rate. Reason for use: Measure of care and support provided to newborns and young infants. | Definition: Deaths <28 days of age per 1 000 live births in same calendar year. Measure: Proportion of deaths <28 days of age in same calendar year. Sources: Stats SA; South African Demographic and Health Survey (SADHS); Maternal Registry Period: Annual |
| Reduce the incidence of diarrhoeal disease in children under 5 years. | Type 1 Indicator: Child Status Proportion of diarrhoea in <5s at health facilities. Reason for use: Measure of an important cause of child morbidity. | Definition: Diarrhoea is defined as 3 or more watery stools in 24 hours, but any episode diagnosed and/or treated as diarrhoea after an interview with the adult accompanying the child should be counted. Measure: Children <5 years presenting to health facilities with diarrhoea per 1 000 <5-year-old attendances in a given period. Sources: District Health Information System (DHIS); SADHS Period: Monthly |
| Reduce the incidence of respiratory disease in children under 5 years. | Type 1 Indicator: Child Status Proportion of acute lower respiratory tract infections (pneumonia) in <5s at health facilities. Reason for use: Measure of important cause of child morbidity. | Definition & Measure: Children <5 years presenting to health facilities with acute lower respiratory tract infections (pneumonia) per 1000 <5-year-old attendances in a given period. Sources: DHIS; SADHS. Period: Monthly |
| Vaccinate 90% of children against measles. | Type 5 Indicator: Service Quality Measles 1st dose coverage. Reason for use: Measure of quality of health service (immunisation). | Definition: Children <1 year who received measles first dose. Measure: Proportion of children <1 year who received measles first dose per population of infants eligible for the vaccine (Denominator: Mid-year estimate of target population [<1 year olds]). Source: DHIS Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Combat non-communicable diseases | | |
| Increase the percentage of children at age 6 years who are free of caries (to 50% by 2010). | Type 1 Indicator: Child Status Children at age 6 with no caries. Reasons for use: Measure of oral health. | Definition: Children at age 6 with no caries. Measure: Proportion of children at age 6 with no caries. Source: DHS Oral Health Survey Period: Annual |
| Reduce the mean number of decayed, missing and filled teeth (DMFT) at age 12 years (to 1 by 2010). | Type 1 Indicator: Child Status Mean number of DMFT in children at age 12 years. Reasons for use: Measure of oral health. | Definition: Children with DMFT at 12 years. Measure: Proportion of children with DMFT at 12 years. Source: DHS Oral Health Survey Period: Annual |
| Improve the nutritional status of children | | |
| Reduce the prevalence of stunting among children less than 5 years. | Type 1 Indicator: Child Status Stunting rate Reasons for use: Measure of nutritional status of children. May indicate economic hardship, infection or neglect. To identify children in Early Childhood Development services to be monitored for follow-up action. Appropriate for national and international reporting: State of the World's Children; Convention on the Rights of the Child; United Nations Children's Fund; Multiple Indicator Cluster Survey; MDGs. | Definition & Measure: Children under 5 years with more than 2 standard deviations below the median height for age reference value in a defined population of <5s in a given period (per 100 children in that population in the same period). Sources: Provincial and national departments of Health (DoH); SADHS; Food Consumption Survey; periodic nutrition surveys. Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce the prevalence of wasting among children under 5 years. | Type 1 Indicator: Child Status Wasting rate. Reasons for use: Measure of nutritional status of children. | Definition & Measure: Proportion of children more than 2 standard deviations below the median weight for height reference value in a defined population of under-5s per 100 children under the age of 5 years in that population in the same period. Sources: Provincial and national DoH; SADHS; Food Consumption Survey; periodic nutrition surveys. Period: Annual |
| Reduce childhood overweight and obesity. | Type 1 Indicator: Child Status Overweight and obesity rates. Reasons for use: Measure of nutritional status of children. | Definitions: 1: Overweight: Children with weight for height over 2 standard deviations from the norm (reference population median). 2: Obesity: Children with a body mass index (body mass in kg divided by the square of the height in m) equal to or more than 30kg/m ² . Measure: Children at school entry who are overweight or obese per 100 children in the relevant age group in that population in the same period; optionally also at 10 and 15 years. Sources: Provincial and national DoH; SADHS; Food Consumption Survey; periodic nutrition surveys. Period: Annual |
| Reduce severe malnutrition in children under 5 years. | Type 1 Indicator: Child Status Severe malnutrition rate. Reasons for use: Measure of nutritional status of children. | Definition & Measure: Children aged 0–5 years who weigh below 60% expected weight for age (new cases that month/year) per 1 000 children in the target age group. Source: DHIS Period: Annual |
| Promote breastfeeding. | Type 1 Indicator: Child Status Breastfeeding: 1. Initiation rates. 2. Exclusive breastfeeding rate. 3. Duration of breastfeeding. Reasons for use: Measure of uptake and success of breastfeeding. | Definition: Exclusive breastfeeding rate: Percentage of living children receiving only breast milk from birth to various ages. Measures: 1. Proportion of newborn children exclusively breastfed at hospital discharge or immediately after birth. 2. Proportion of 6-month-old children receiving only breast milk or expressed breast milk. 3. Proportion of 12-month-old children receiving breastfeeding at 12 months. Each of above per 100 live births in the same period. (Denominator for all: Live births in the same period.) Sources: SADHS; periodic nutrition surveys. Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Reduce the prevalence of iron deficiency among children under 5 years. | Type 1 Indicator: Child Status Iron deficiency rate. Reasons for use: Measure of nutritional status and dietary intake. | Definition & Measure: Number of children <5 years of age with evidence of iron deficiency anaemia in a defined population per 100 children under the age of 5 years in that population in the same period. Sources: SADHS; periodic nutrition surveys. Period: Annual |
| Reduce the prevalence of vitamin A deficiency among children under 5 years. | Type 1 Indicator: Child Status Vitamin A deficiency rate. Reasons for use: Measure of nutritional status and dietary intake. | Definition & Measure: Number of children <5 years of age with biochemical evidence of vitamin A deficiency in a defined population and a given period per 100 children under the age of 5 years in that population in the same period. Sources: SADHS; periodic nutrition surveys. Period: Annual |
| Reduce the prevalence of iodine deficiency among children under 5 years. | Type 1 Indicator: Child Status Iodine deficiency rate. Reasons for use: Measure of nutritional status and dietary intake. | Definition & Measure: Number of children <5 years of age with evidence of iodine deficiency in a defined population and a given period per 100 children under the age of 5 years in that population in the same period. Sources: SADHS; periodic nutrition surveys. Period: Annual |
| Reduce the prevalence of low birth weight (<2.5 kg). | Type 1 Indicator: Child Status Low birth weight rate. Reasons for use: Indicator of the socio-economic status and health of the community in general. Also a measure of maternal health during pregnancy. | Definition & Measure: Number of children born with a birth weight <2.5 kg in a defined population and in a given period per 100 live births in the same population and period. Sources: Stats SA; Maternal Registry; SADHS; periodic surveys; hospital midwife obstetric unit records; Perinatal Problem Identification Programme (PPIP). Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| To improve youth and adolescent health | | |
| Reduce proportion of births attributable to girls aged 15–19 years. | Type 1 Indicator: Child Status Teenage birth rate Reason for use: Teenage pregnancy disrupts the life of a child and her offspring. | Definition & Measure: Proportion of all live births during a specific year which are to women who are between 15 and 20 years of age, irrespective of marital status per 100 births among women of all ages. Sources: SADHS; Maternal Registry. Period: Annual |
| Reduce the number of teenage pregnancies. | Type 1 Indicator: Child Status Teenage pregnancy rate Reason for use: Teenage pregnancy disrupts the life of a child and her offspring. | Definition: Women aged 13–19 who are mothers or who have ever been pregnant. The number of women who are mothers at the time of the survey is a more restrictive definition. Measure: Number of pregnancies in females aged 13–19 years per 1 000 females aged 13–19 years in the same period. Source: SADHS Period: Annual |
| Improve clinical management and care at all levels of the healthcare delivery system | | |
| Promote breastfeeding by accrediting maternity units with 'baby-friendly' status (60% by 2009). | Type 5 Indicator: Service Quality Baby-friendly hospitals and maternity facilities Reason for use: Measures ability of midwife obstetric units and hospitals to promote successful breastfeeding. | Definition & Measure: Number of accredited baby-friendly hospitals and maternity facilities per 100 health facilities with maternity beds. Source: DoH: Baby-friendly hospital initiative assessments Period: Annual |
| Implement the Integrated Management of Childhood Illness (IMCI) strategy (90% of facilities are saturated – i.e. >60% coverage – with IMCI trained healthcare providers by 2009). | Type 5 Indicator: Service Quality Primary healthcare facilities equipped to implement IMCI. Reason for use: IMCI is the approach chosen by the health department to deliver primary care to children <5. | Definition & Measure: Number of facilities with at least 60% of their staff who are IMCI trained in a given period per 100 primary healthcare facilities. Source: DoH national IMCI co-ordinator statistics Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Improve the use of drugs in children aged under 5 years in primary care facilities. | Type 5 Indicator: Service Quality Sick children receiving drug management that conforms to IMCI guidelines. Reason for use: IMCI is the approach chosen by the health department to deliver primary care to children <5. | Definition & Measure: Number of children correctly managed by primary health-care nurses in spot assessments at selected primary healthcare clinics in a given period per 100 nurses evaluated for prescribing practices during the same period. Sources: DoH IMCI health facility survey; supervisory visit reports. Period: Annual |
| Increase the number of PHC clinics offering youth-friendly services (to 100% by 2009). | Type 5 Indicator: Service Quality Youth-friendly clinic cover. Reason for use: Youth-friendly clinics have been established to promote access to, and utilisation by, youth of appropriate health services. | Definition & Measure: Number of clinics which are youth friendly per 100 clinics. Source: DoH provincial reports Period: Annual |
| Increase availability of termination of pregnancy (TOP) services at community health centres (to 50% of all centres by 2009). | Type 4 Indicator: Service Access TOP facility cover. Reason for use: While facilities have TOP-designated status, they often do not provide this service. | Definition & Measure: Number of designated facilities providing TOP in the public sector per 100 designated TOP facilities. Source: DoH TOP statistics Period: Annual |
| Increase the proportion of districts with at least one genetically trained healthcare provider (to 70% of districts by 2009). | Type 5 Indicator: Service Quality Genetics services cover. Reason for use: Genetically trained staff required to provide basic genetic services. | Definition & Measure: Percentage of districts rendering a basic genetic service as part of the comprehensive primary healthcare service. Source: DoH provincial reports Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Increase the proportion of districts implementing the new standardised birth defects data collection tool (to 50% by 2009). | Type 5 Indicator: Service Quality Compliance with birth defect surveillance policy. Reason for use: Measure of success of the surveillance system. | Definition: Sites are required to report on Neural Tube Defects, Albinism, Down Syndrome and cleft lip and palate birth defects. Measure: Proportion of sites that report birth defects. Source: DoH Birth Defects Surveillance System Period: Annual |

Note:

1 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.



CHILD INDICATORS

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3: Child and Adolescent Mental Health

Alan J. Flisher, Amelia van der Merwe,
Andrew Dawes & Rachel Bray

Introduction

This document provides a set of core indicators for monitoring children's mental health, risk behaviour and substance abuse. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

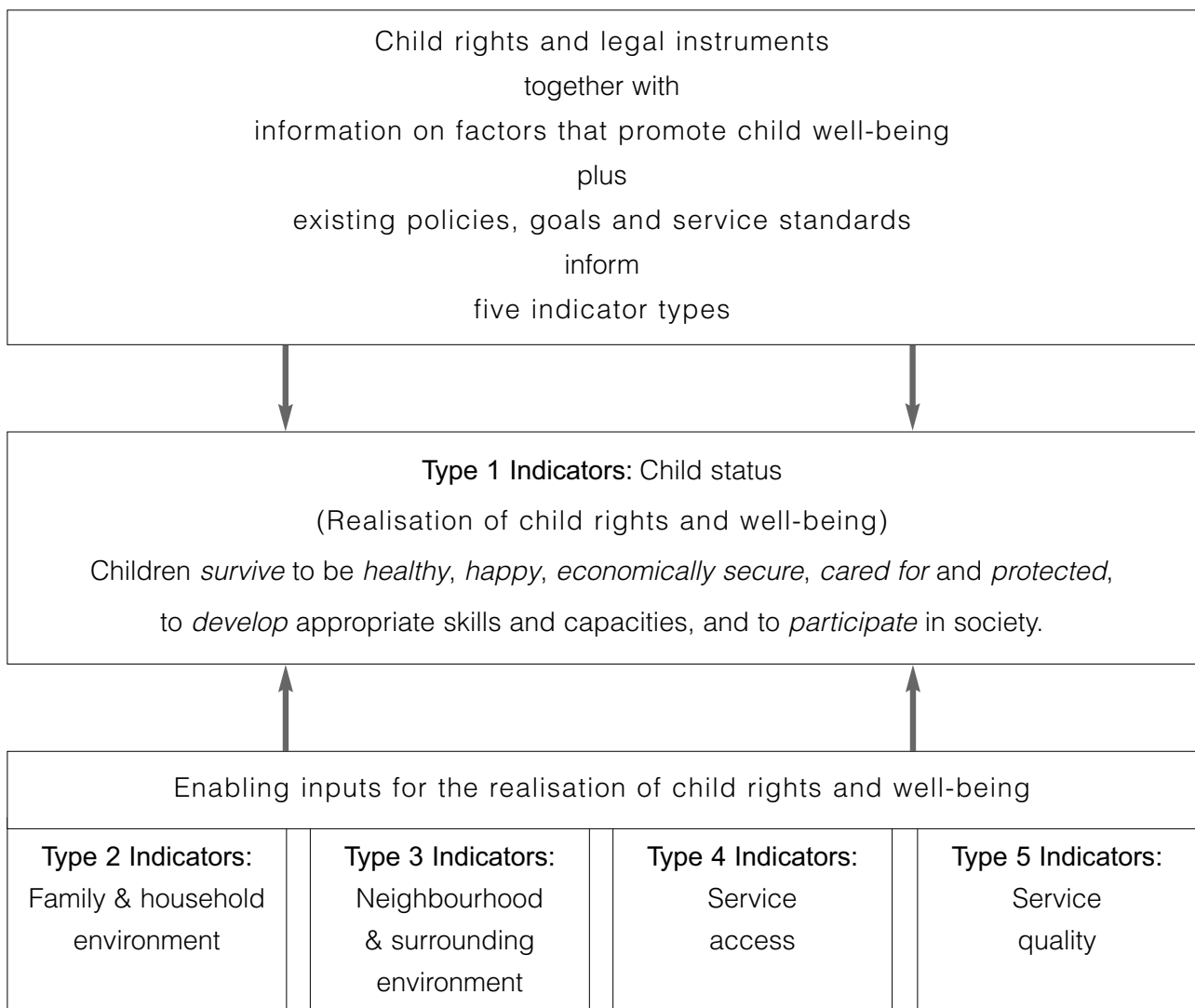
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children's access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring child and adolescent mental health, risk behaviour and substance use

There is an enormous burden associated with mental disorders and substance use in children and adolescents, which is exacerbated by stigma and discrimination. There are three compelling reasons to monitor the mental health of this population, with a view to developing and implementing effective mental health interventions:

- Specific mental disorders occur at certain stages of child and adolescent development, which implies that screening programmes and interventions for such disorders can be targeted to the stage at which they are most likely to appear. Since there is a high degree of continuity between child and adolescent disorders and those in adulthood, early intervention could prevent or reduce the likelihood of long-term impairment;
- Effective interventions reduce the burden of mental health disorders on the individual and the family, and they reduce the costs to health systems and communities; and
- Since there is a high degree of continuity between child and adolescent disorders and those in adulthood, early interventions could prevent or reduce the likelihood of long-term impairment.

Substance use and risk behaviour is considered alongside mental health in the Indicator Set presented here as they are associated with each other. It is necessary to take a comprehensive approach and consider both together when developing indicators of child rights and well-being.

The interests and needs of children and adolescents can be met in a range of settings, such as the school, the criminal justice system, and health services, all of which should be considered when developing indicators. In addition, the extent to which there is co-ordination between different sectors (such as health, education and social development) should be considered. This is more likely to be achieved if there is consultation with a wide range of stakeholders, as proposed by the national policy guidelines on child and adolescent mental health and adolescent and youth health.

Indicators for monitoring child and adolescent mental health, risk behaviour and substance use are fully discussed in Chapter 6 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring child and adolescent mental health

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Reduce the prevalence of risk behaviours. | <p>Type 1 Indicator: Child Status Risk behaviours in the following domains: alcohol, tobacco and other drug use; interpersonal violence; road-related behaviour; sexual behaviour. Reason for use: All the risk behaviour domains listed address key public health priorities.</p> | <p>Definition: As defined in the instrument used by the Adolescent Health Research Institute at the University of Cape Town (Addendum A to Chapter 6, main volume). Measure: Proportion of children reporting each risk behaviour. Source: Research study for this purpose or routine monitoring. Period: Among school students, regular monitoring, about every 4 years. Note: If the instrument is used in other populations, such as out-of-school youth or youth in juvenile justice facilities, then the period will be determined by research needs or specific studies.</p> |
| Reduce the incidence of suicide. | <p>Type 1 Indicator: Child Status Non-fatal suicide attempts behaviour.¹ Reason for use: Indicator of risk for future completed suicide and current and future psychopathology.</p> | <p>Definition: Self-inflicted destructive behaviour that is intended to result in death. Measure: Self-report or health facility routinely available data. Source: Research study for this purpose or routine monitoring. Period: Annual</p> |
| | <p>Type 1 Indicator: Child Status Suicide. Reason for use: Fatal conclusion of the suicide pathway.</p> | <p>Definition: Death by suicide as concluded at an inquest. Measure: Number of deaths by suicide. Source: National Injury Mortality Surveillance System. Period: Ideally annually, as there is a high degree of year-on-year variation that should be smoothed.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| Reduce the prevalence of mental disorder. | Type 1 Indicator: Child Status Functional impairment. Reason for use: Provides dimensional indication of impairment which is important in intervention decision-making. | Definition: Level of functioning as per norms of the Children's Global Assessment Scale or Columbia Impairment Scale or similar. Measure: Proportion of children with impairments. Source: Research study for this purpose or routine monitoring. Period: Among school students, regular monitoring, about every 4 years. |
| Improve and monitor budgetary allocations to child and adolescent mental health services (CAMHS) in accordance with policy. Improvement of funding to enable better access to CAMHS of sufficient quality to meet their needs. | Type 4 & 5 Indicators: Service Access and Service Quality Annual provincial budget allocations to CAMHS. Reason for use: Monitors whether budget share for CAMHS is increasing in real terms. Monitors whether budget follows the CAMHS policy guidelines of the Department of Health (DoH). | Definition: Annual budgets allocated for CAMHS. Measure: Rand amount allocated for CAMHS per year compared with previous annual allocations. Sources: Provincial DoH; provincial Treasuries. Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------------------------|---|---|
| Improve the quality of CAMHS. | Type 5 Indicator: Service Quality Ratio of staff with training in CAMH per population of children with mental health needs, stratified by professional group. Reason for use: Assists in monitoring the quality of CAMHS for children. | Definition: Training varies according to the professional group involved. Measure: Proportion of staff in each discipline with training in CAMH in a facility or service using a self-report instrument validated by official certificates. Source: Research study for this purpose or DoH administrative data. Period: Every 5 or 10 years. |
| | Type 4 Indicator: Service Access Ratio of staff to population of children with mental health needs for each professional group. Reason for use: Assists in monitoring the quality of mental health services for children. | Definition: Facilities in a service that achieve the staffing norms for CAMHS specified in Dawes, Lund et al. (2004). Measure: Proportion of CAMHS which meet staff–patient norms or standards. ² Source: Research study for this purpose or DoH administrative data. Period: Every 5 to 10 years. |

Notes:

- 1 Although this could be regarded as a risk behaviour, it has been addressed separately owing to its importance.
- 2 Staff–patient ratios only are included in the columns on measurement parameters.



CHILD INDICATORS

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4: Child injury, morbidity and mortality

Amelia van der Merwe, Andrew Dawes & Rachel Bray

Introduction

This document provides a set of core indicators for monitoring child injury (including child morbidity and mortality due to exposure to violence). It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

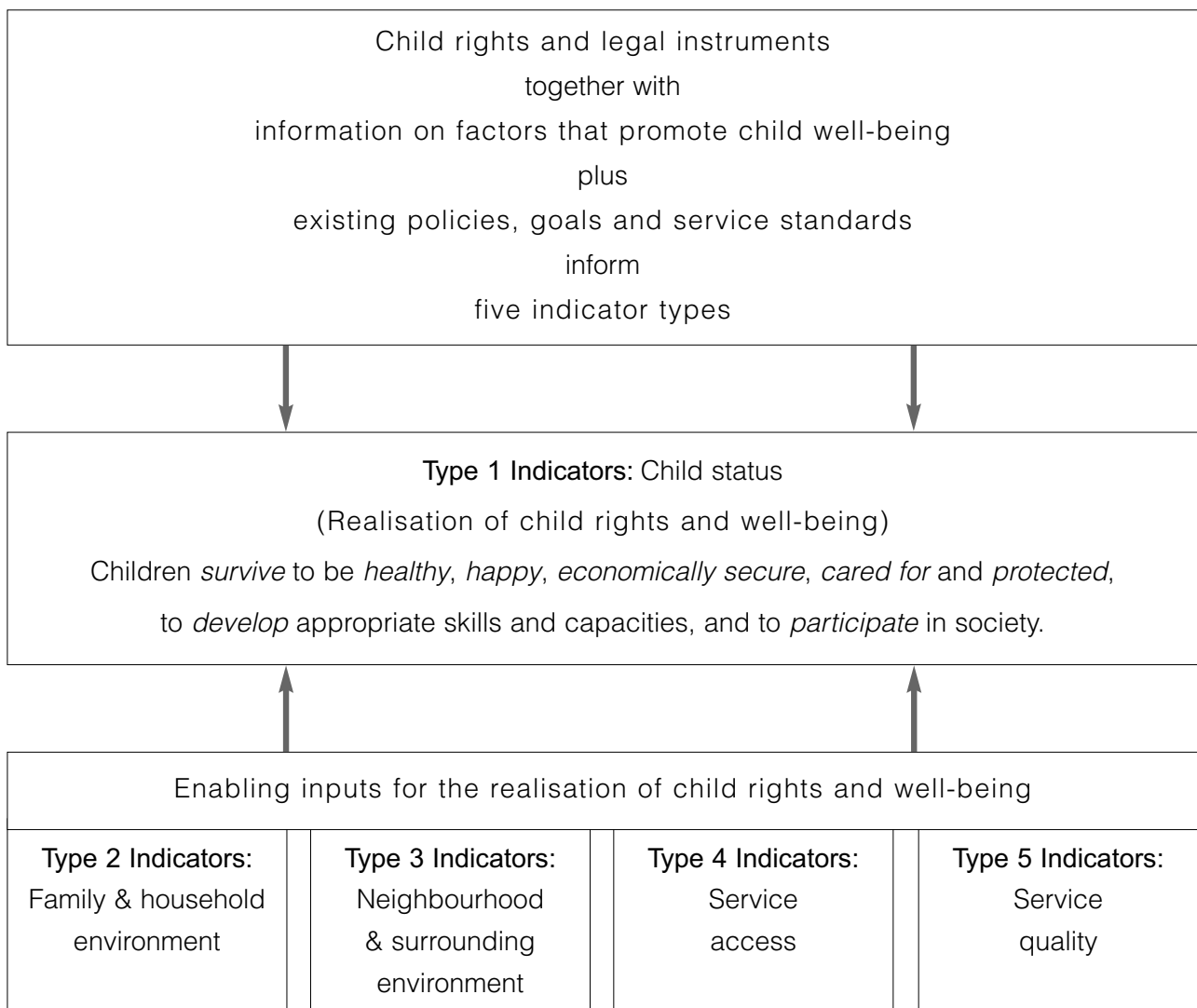
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Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

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These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring child injury, morbidity and mortality

A significant proportion of child morbidity and mortality is attributable to injuries. Transport- and violence-related injuries are the most significant contributors to child non-natural death.

Despite the substantial contribution of child unintentional injury and violence exposure to the national burden of disease, no provincial or national directorate or policy process is in place to address the problem. Furthermore, existing injury datasets, including the National Injury Mortality Surveillance System (NIMSS), Statistics South Africa (Stats SA), the Department of Health (DoH), Department of Transport (DoT), and the Child Accident Prevention Foundation of Southern Africa (CAPFSA) vary in the reliability of data, and are often not comparable.

The Indicator Set for monitoring childhood injury, morbidity and mortality is stratified by proximal cause as follows:

- Transport-related injuries;
- Other unintentional injuries unrelated to transport; and
- Violence-related injuries.

The indicators that follow aim to emphasise the importance of developing a national child injury, morbidity and mortality surveillance system that incorporates collated data from existing datasets (e.g. NIMSS and CAPFSA), as well as information generated by new indicators that address major data gaps.

Indicators for monitoring childhood injury, morbidity and mortality are fully discussed in Chapter 7 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring child injury, morbidity and mortality

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Reduce the number of children living in poverty. | Type 1 Indicator: Child Status Child poverty. Reasons for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting; State of the World's Children; Millennium Development Goals. | Definition & Measure: Proportion of children in households experiencing the following: <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. Sources: Census and other household surveys (Stats SA); provincial poverty data. Period: Every 10 years Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in main volume. ¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty. |
| Reduce child injury, morbidity due to transport-related injury. | Type 1 Indicator: Child Status Children sustaining non-fatal transport-related injuries. Reason for use: Monitor children's right to safety and protection from transport-related injury. | Definition: Children involved in non-fatal transport-related (road and other) incidents as drivers, passengers, pedestrians and cyclists. Non-fatal transport-related injuries: <ol style="list-style-type: none"> 1. <i>Injury type: Road traffic injuries</i> <ol style="list-style-type: none"> 1.1 Injury subtype: Child as driver 1.2 Injury subtype: Child as passenger 1.3 Injury subtype: Child as pedestrian 1.4 Injury subtype: Child as cyclist 2. <i>Injury type: Other transport-related injuries</i> Measure: Proportion of South African children recorded as presenting with non-fatal transport-related injuries. Sources: National Injury Mortality Surveillance System (NIMSS); private and state clinics and hospitals; Department of Transport (DoT). Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| Reduce child injury morbidity due to incidents unrelated to transport and violence. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Children sustaining non-fatal unintentional injuries unrelated to transport or violence.</p> <p>Reason for use:</p> <p>Monitor children's right to safety and protection from unintentional injury.</p> | <p>Definitions: Children sustaining non-fatal injuries as a result of unintentional asphyxiation, poisoning, burns, falls, ingestion of foreign objects, sharp objects, blunt objects, machinery, animal bites, being struck against or caught between objects, and other causes.</p> <p>Non-fatal unintentional injuries unrelated to transport:</p> <p>3. <i>Injury type: General asphyxiation (excluding suicidal asphyxiation or asphyxiation resulting from ingestion of foreign object/s)</i></p> <p>3.1 Injury subtype: Near drowning</p> <p>3.2 Injury subtype: Suffocation</p> <p>3.3 Injury subtype: Strangulation</p> <p>3.4 Injury subtype: Choking</p> <p>4. <i>Injury type: Poisoning</i></p> <p>4.1 Injury subtype: Paraffin ingestion</p> <p>4.2 Injury subtype: Ingestion of other harmful substances</p> <p>5. <i>Injury type: Unintentional burn or thermal injuries</i></p> <p>5.1 Injury subtype: Flame burns</p> <p>5.2 Injury subtype: Scalds</p> <p>5.3 Injury subtype: Contact burns</p> <p>5.4 Injury subtype: Other burns (injuries due to electricity, chemicals, explosions, ultraviolet radiation and radioactivity, inhalation burns)</p> <p>6. <i>Injury type: Falls</i></p> <p>6.1 Injury subtype: Fall on a level</p> <p>6.2 Injury subtype: Fall from stairs</p> <p>6.3 Injury subtype: Fall from cot/bed</p> <p>6.4 Injury subtype: Fall from high chair</p> <p>6.5 Injury subtype: Fall from playground equipment</p> <p>6.6 Injury subtype: Fall from other height</p> <p>7. <i>Injury type: Insertion or ingestion of foreign objects</i></p> <p>7.1 Injury subtype: Asphyxiation</p> <p>7.2 Injury subtype: Other internal injury</p> <p>8. <i>Injury type: Sharp object injuries</i></p> <p>9. <i>Injury type: Blunt object injuries</i></p> <p>10. <i>Injury type: Struck against/Caught between objects</i></p> <p>11. <i>Injury type: Injuries from machinery</i></p> <p>12. <i>Injury type: Dog or other animal bites</i></p> <p>13. <i>Injury type: Other injury²</i></p> <p>Measure: Proportion of children recorded as presenting with non-fatal unintentional injuries that are unrelated to transport or violence.</p> <p>Sources: NIMSS; Department of Health (DoH); private and state clinics and hospitals.</p> <p>Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Reduce child injury morbidity due to violence. | <p>Type 1 Indicator:</p> <p>Child Status Children sustaining non-fatal violence-related injuries.</p> <p>Reason for use: Monitor children's rights to safety and protection from violence-related injury.</p> | <p>Definition: Children sustaining non-fatal other-inflicted and self-inflicted injuries.</p> <p>Non-fatal violence-related injuries:</p> <p><i>14. Injury type: Assault</i></p> <p>14.1 Injury subtype: Firearm injuries</p> <p>14.2 Injury subtype: Sharp object injuries</p> <p>14.3 Injury subtype: Blunt object injuries</p> <p>14.4 Injury subtype: Other</p> <p><i>15. Injury type: Attempted suicide</i></p> <p>15.1 Injury subtype: Firearm</p> <p>15.2 Injury subtype: Sharp object</p> <p>15.3 Injury subtype: Blunt object</p> <p>15.4 Injury subtype: Hanging</p> <p>15.5 Injury subtype: Near drowning</p> <p>15.6 Injury subtype: Poisoning</p> <p>15.7 Injury subtype: Gassing</p> <p>15.8 Injury subtype: Other</p> <p>Measure: Proportion of children recorded as presenting with non-fatal violence-related injuries.</p> <p>Sources: NIMSS; private and state clinics and hospitals.</p> <p>Period: Annual</p> |
| Reduce child mortality due to transport injuries. | <p>Type 1 Indicator:</p> <p>Child Status Children sustaining transport-related fatalities.</p> <p>Reason for use: Monitor transport-related child deaths.</p> | <p>Definitions: Children involved in fatal transport-related (road and other) incidents as drivers, passengers, pedestrians and cyclists.</p> <p>Fatal transport-related injuries:</p> <p><i>1. Injury type: Road traffic injuries</i></p> <p>1.1 Injury subtype: Child as driver</p> <p>1.2 Injury subtype: Child as passenger</p> <p>1.3 Injury subtype: Child as pedestrian</p> <p>1.4 Injury subtype: Child as cyclist</p> <p><i>2. Injury type: Other transport-related injuries</i></p> <p>Measure: Proportion of child fatalities which are as a result of transport-related injuries.</p> <p>Sources: NIMSS; mortuaries; DoT.</p> <p>Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Reduce child injury mortality due to incidents unrelated to transport and violence. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Children sustaining fatal unintentional injuries unrelated to transport.</p> <p>Reason for use:</p> <p>Monitor child deaths due to unintentional injury.</p> | <p>Definitions: Children sustaining fatal injuries as a result of unintentional asphyxiation, poisoning, burns, falls, ingestion of foreign objects, sharp objects, blunt objects, machinery, animal bites, being struck against or caught between objects, and other causes.</p> <p>Fatal unintentional injuries unrelated to transport and violence:</p> <p>3. <i>Injury type: General asphyxiation (excluding suicidal asphyxiation or asphyxiation resulting from ingestion of foreign object/s)</i></p> <p>3.1 Injury subtype: Drowning</p> <p>3.2 Injury subtype: Suffocation</p> <p>3.3 Injury subtype: Strangulation</p> <p>3.4 Injury subtype: Choking</p> <p>4. <i>Injury type: Poisoning</i></p> <p>4.1 Injury subtype: Paraffin ingestion</p> <p>4.2 Injury subtype: Ingestion of other harmful substances</p> <p>5. <i>Injury type: Unintentional burn or thermal injuries</i></p> <p>5.1 Injury subtype: Flame burns</p> <p>5.2 Injury subtype: Scalds</p> <p>5.3 Injury subtype: Contact burns</p> <p>5.4 Injury subtype: Other burns (injuries due to electricity, chemicals, explosions, ultraviolet radiation and radioactivity, inhalation burns)</p> <p>6. <i>Injury type: Falls</i></p> <p>6.1 Injury subtype: Fall on a level</p> <p>6.2 Injury subtype: Fall from stairs</p> <p>6.3 Injury subtype: Fall from cot/bed</p> <p>6.4 Injury subtype: Fall from high chair</p> <p>6.5 Injury subtype: Fall from playground equipment</p> <p>6.6 Injury subtype: Fall from other height</p> <p>7. <i>Injury type: Ingestion of foreign objects</i></p> <p>7.1 Injury subtype: Asphyxiation</p> <p>7.2 Injury subtype: Other internal injury</p> <p>8. <i>Injury type: Sharp object injuries</i></p> <p>9. <i>Injury type: Blunt object injuries</i></p> <p>10. <i>Injury type: Struck against/Caught between objects</i></p> <p>11. <i>Injury type: Injuries from machinery</i></p> <p>12. <i>Injury type: Dog or other animal bites</i></p> <p>13. <i>Injury type: Sudden Infant Death Syndrome</i></p> <p>14. <i>Injury type: Other</i></p> <p>Measure: Proportion of child fatalities which are as a result of unintentional injuries unrelated to transport.</p> <p>Sources: NIMSS; mortuaries.</p> <p>Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce child injury mortality due to violence. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Children sustaining violence-related fatalities.</p> <p>Reason for use:</p> <p>Monitor child deaths due to violence-related injury.</p> | <p>Definition: Children sustaining fatal other-inflicted and self-inflicted injuries.</p> <p>Fatal violence-related injuries:</p> <p><i>15. Injury type: Homicide</i></p> <p>15.1 Injury subtype: Fatalities resulting from sharp object injuries</p> <p>15.2 Injury subtype: Fatalities resulting from blunt object injuries</p> <p><i>16. Injury type: Suicide</i></p> <p>16.1 Injury subtype: Firearm</p> <p>16.2 Injury subtype: Sharp object</p> <p>16.3 Injury subtype: Blunt object</p> <p>16.4 Injury subtype: Hanging</p> <p>16.5 Injury subtype: Drowning/near drowning</p> <p>16.6 Injury subtype: Poisoning</p> <p>16.7 Injury subtype: Gassing</p> <p>16.8 Injury subtype: Other (e.g. intentional burns; intentional suffocation)</p> <p>Measure: Proportion of child fatalities which are as a result of violence-related injuries.</p> <p>Sources: NIMSS; mortuaries.</p> <p>Period: Annual</p> |
| Identify at risk groups and areas for transport-related and other unintentional injuries and fatalities. | <p>Type 3 Indicator:</p> <p>Neighbourhood & Surrounding Environment</p> <p>Neighbourhood income deprivation</p> <p>Reason for use:</p> <p>Socio-economic disadvantage has been found to impact directly on children's risk of sustaining a range of unintentional injuries.</p> | <p>Definition & Measure: Proportion of people in a neighbourhood experiencing the following:</p> <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum; • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. <p>Source: Census</p> <p>Period: Every 10 years</p> <p>Note: This measure is used in the PIMD developed by Noble, Babita et al. (2006). See Chapter 4 in the main volume.³</p> <p>A PIMD for children will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Enhance the quality of emergency services for children. | Type 5 Indicator: Service Quality Adherence to emergency care regulations, norms and standards. | Definition: Health facilities providing emergency care to children who adhere to emergency care regulations, norms and standards. Measure: Proportion of health facilities which adhere to emergency care regulations, norms and standards. Source: DoH Period: Annual |

Notes:

- 1 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.
- 2 This category has been included primarily because anecdotal evidence suggests that injuries which staff are unable or reluctant to classify (for instance, in the case of suspected assault) are often recorded as 'falls'. Inserting an 'other' category should reduce the number of erroneously recorded falls.
- 3 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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5: Education

Linda Chisholm, Amelia van der Merwe,
Andrew Dawes & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring child education. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators point to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

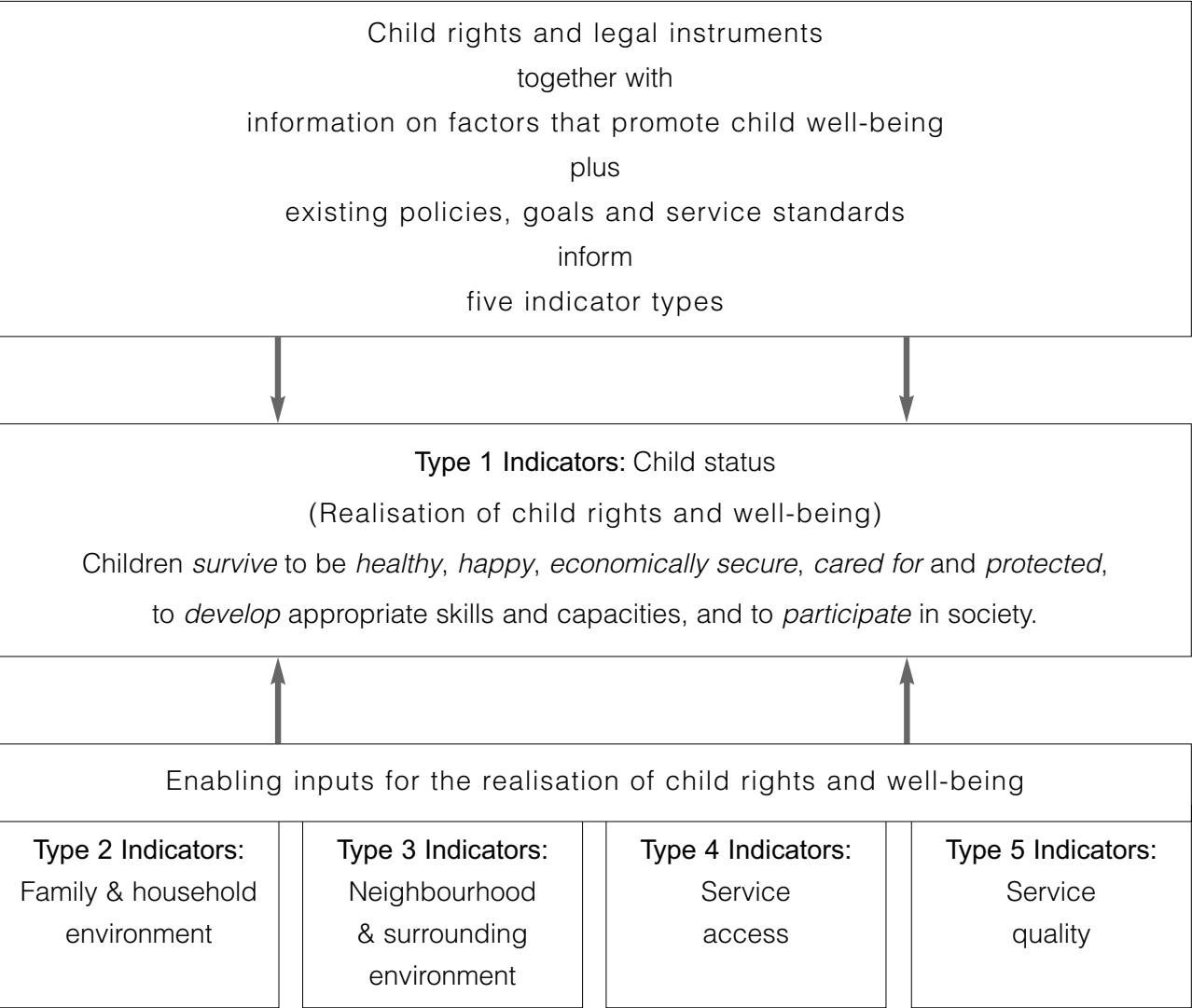
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children’s access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring child education

Monitoring the education system assumed great importance with the advent of democracy in South Africa. The development of a framework of indicators for South Africa cannot be separated from the international context, where the most significant initiatives include those of the Organisation for Economic Cooperation and Development (OECD) and UNESCO, and especially the Education for All (EFA) Global Monitoring Initiative. In the local context, there are regional and national initiatives to consider, including those of the Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) and the South African Education Department (Education Management Information System [EMIS]).

Although the South African EMIS is extremely comprehensive and enables monitoring the achievement of the right to education, it is too long for the present purposes. For this Indicator Set, a selection of EMIS indicators has been organised with reference to EFA dimensions, and converted into the indicator typology described above.

Related indicators for children with disabilities and specific difficulties of learning are covered in Indicator Sets 7 and 8 respectively. Early Childhood Development is covered in Set 6.

Indicators for monitoring child education are fully discussed in Chapter 8 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core education indicators

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Improve and monitor child educational performance and outcomes. | Type 1 & 5 Indicators: Child Status and Service Quality Learner achievement in terms of tests and portfolio. Reason for use: Achievement measures are important in establishing the effectiveness of schools in promoting teaching and learning. | Definition: Pass mark for Grade 9; literacy and numeracy assessments of Grades 3 and 6. Measure 1: Proportion of learners passing Grade 9 or learners who pass the Grade 9 common tasks of assessment. Source: Department of Education (DoE) Measure 2: Proportion of Grades 3 and 6 learners who are able to perform adequately on Grades 3 and 6 systemic evaluations (recommended that the Western Cape approach be adopted). Source: Systemic evaluations conducted by provincial DoE. Period: Annual |
| | Type 1 Indicator: Child Status Learner dropout rates. Reason for use: Education deprivation is an important human capital indicator, and provides information on the impact of children's environment on their access to schooling. | Definition: Children of the appropriate age (7–15 years) who are not enrolled in school. Measure: The proportion of children who drop out of school between Grades R and 9. (Denominator: enrolled population 7–15 years in Grades R–9.) Note: Education is compulsory from ages 7–15 years. However, children may enrol in the year in which they turn 6 provided this is prior to July of that year. Normally the denominator would be children aged 7–15 years. Sources: DoE Education Management Information Systems (EMIS) Annual Schools Survey; SNAP Survey. Period: Annual |
| | Type 1 Indicator: Child Status Learner repetition rates. Reason for use: To assess efficiency in the system related to access. | Definition: Proportion of learners enrolled in a given grade in a given school year who study in the same grade the following school year. Measure: The proportion of children who repeat grades (by grade, age and gender). (Denominator: enrolled population 7–15 years in Grades 1–9.) Source: DoE EMIS Annual Schools Survey Period: Annual |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|---|
| → | Type 5 Indicator: Service Quality Learner survival rates Reason for use: Children may repeat grades for a number of reasons. Low survival rates may indicate the need for learners to access support. | Definition: Cohort of pupils who enrolled in the first grade of an education cycle in a given school year and who reach a given grade without repeating a grade. Measure: The proportion of children who reach a given grade without repeating a grade. (Denominator: the number of children in the cohort at Grade 1.) Sources: DoE EMIS Annual Schools Survey; SNAP Survey. Period: Annual |
| Protect children from violence. Promote the creation of safe, facilitative learning environments. | Type 5 Indicator: Service Quality The existence, operationalisation and effectiveness of policies for safety and security, sexual harassment, orphans and vulnerable children, and learners' and educators' codes of conduct. Reason for use: To monitor quality of the learning environment. | Definition: The school has a policy that is available in print and which is known and understood by all educators and learners. Measure: Proportion of schools which have each of the aforementioned policies in place. Sources: DoE; South African Council of Education. Period: Annual |
| Improve the quality of the learning environment. | Type 5 Indicator: Service Quality Availability and use of textbooks and learning support materials. Reason for use: To monitor quality of the learning environment. | Definition: Printed material supplied to the school to support teachers in enacting the curriculum. Measure: Proportion of schools which have textbooks and learning support materials available. Sources: DoE EMIS; provincial policy documents to DoE on procurement; School Register of Needs Survey. Period: Annual |
| | | → |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|---|---|
| → | Type 5 Indicator: Service Quality Availability and use of physical resources. Reason for use: To monitor quality of the learning environment. | Definition: Schools with libraries, school halls, staffroom, head's office, sports area or playground, school garden, piped water, well or borehole, electricity, telephone, first-aid kit, fax machine, typewriter or computer, duplicator, radio, tape recorder, overhead projector, television set, photocopier, toilet, laboratories, fences. Most appropriate resources to be selected. Measure: Proportion of schools which have physical resources available. Sources: DoE EMIS; provincial policy documents to DoE on procurement; School Register of Needs Survey. Period: Annual |
| | Type 5 Indicator: Service Quality Public expenditure as a percentage of Gross Domestic Product (GDP). Reason for use: To monitor quality of the learning environment. A rights-based approach requires that education spending be monitored so as to track changes in the supply of resources to support the right to education. | Definition: Total public expenditure on education at every level of administration according to the Constitution of the country, i.e. central, regional and local authorities expressed as a percentage of GDP. Measure: Spending on General Education and Training as % of overall budget. (Denominator: the budgetary amount allocated to different programmes.) Sources: National Treasury; Medium Term Expenditure Framework; Personnel Salary System (PERSAL). Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|---|
| Monitor and improve access to education. Monitor equity in education. | Type 4 Indicator: Service Access Gross enrolment by race, gender and disability. Reason for use: To monitor previously disadvantaged groups' access to education. As part of efforts to monitor access, the impact of fees and compulsory uniforms as barriers to access must also be monitored on a regular basis. | Definitions: 1. The Gross Enrolment Ratio (GER) refers to the number of pupils enrolled in a given level of education, regardless of age, expressed as a percentage of the population in the relevant official age group. 2. GET = General Education & Training (Grades 1–9). 3. FET = Further Education & Training (Grades 10–12). 4. Gender Parity Index (GPI) is the ratio of female-to-male value of a given indicator. Measures: 1. GER: Pupils in primary or secondary schools/the school age population for primary or secondary level x 100. 2. GER for GET: Measured by dividing total GET school population by the population of 7–15 year olds. 3. GER for FET: Measured by dividing total FET school population by the population of 16–18 year olds. 4. GPI can then be derived by dividing the total number of learners, GET and FET respectively, by the total populations aged 7–15 and 16–18 years in each case. (Denominator: GET and FET levels is the school age population.) All data should be disaggregated by gender, race and disability. Source: DoE EMIS Annual Schools Survey Period: Annual |
| | Type 4 Indicator: Service Access Net enrolment by race, gender and disability. Reason for use: It is important to monitor whether previously disadvantaged groups have equal access to education. | Definition: Net Enrolment Ratio refers to the number of learners in the official age group for a given level of education who attend school in that level, expressed as a percentage of the total population in that age group. Measures: 1. Proportion of primary school age learners enrolled in primary school. (Denominator: the school age population for primary level.) 2. Proportion of secondary school age learners enrolled in secondary school. (Denominator: the school age population for secondary level.) Disaggregated by race, gender and disability. Source: DoE EMIS Annual Schools Survey Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-----------------------------------|---|--|
| Improve the quality of education. | Type 5 Indicator: Service Quality Language of instruction and home language. Reason for use: Instruction in the child's home language determines whether learners are able to understand and engage with educational material. | Definition: The child is taught in the first language in the Foundation Phase (Grades R–3). Measure: The proportion of children in the designated grades who are instructed in their home language. Sources: DoE EMIS Annual Schools Survey; SNAP Survey. Period: Annual |
| | Type 5 Indicator: Service Quality Educator–learner ratios Reason for use: Overcrowded classrooms are not conducive to teaching and learning. | Definition: Average number of learners per educator at the level of education specified in a given school year. The calculation of the ratio is based on educators and learners expressed as a Full-Time Equivalent. Measure: Proportion of schools that meet educator–learner norms. Sources: Education Labour Relations Council; DoE EMIS Annual Schools Survey. Period: Annual |
| | Type 5 Indicator: Service Quality Educator qualifications Reason for use: Qualified educators are more likely to provide high-quality education and promote positive child educational outcomes. | Definition: Relevant levels of tertiary certification. Measure: Proportion of educators who are qualified to teach at the level they are teaching. Sources: South African Council on Higher Education; EMIS; PERSAL. Period: Annual |

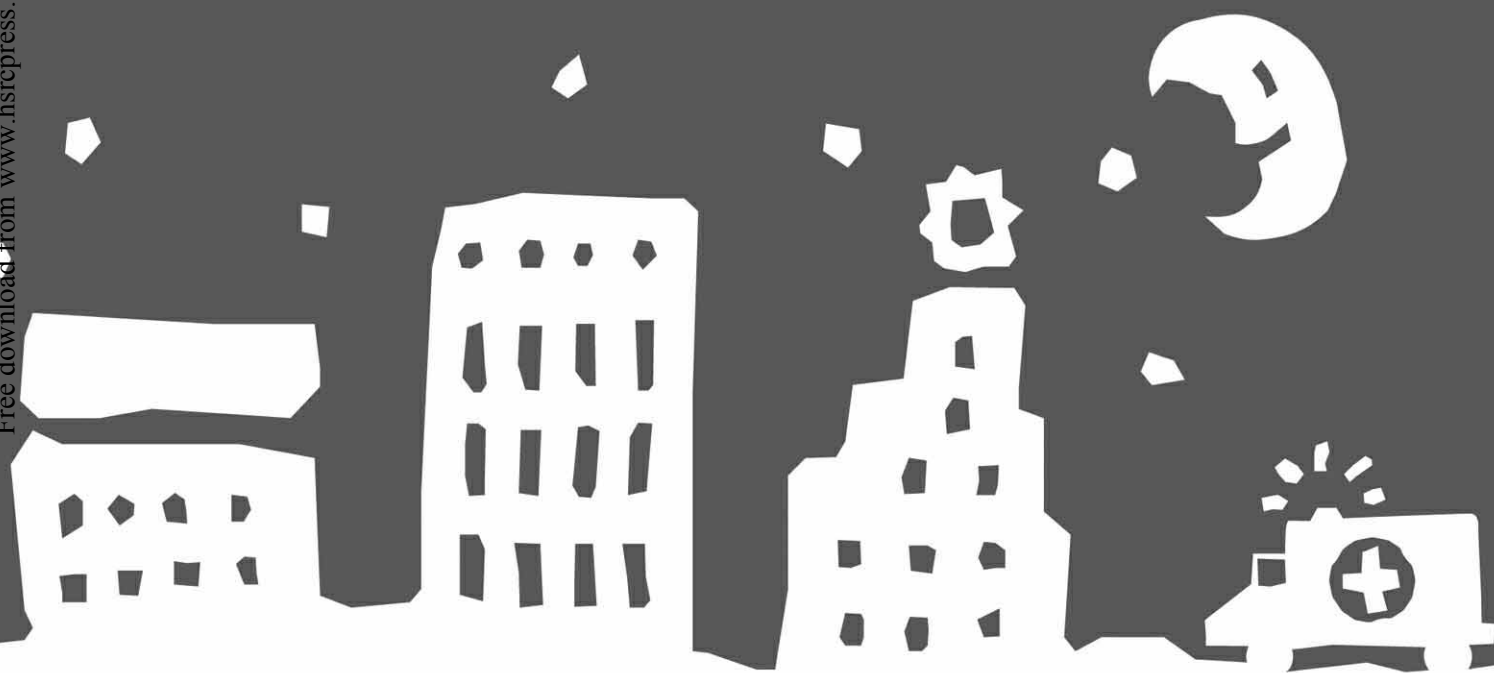
| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Increase the number of orphans attending school and provide support for schools with affected children. | <p>Type 1 & 4</p> <p>Indicators: Child Status and Service Access</p> <p>Orphan school attendance ratio.</p> <p>Reason for use: This indicator assesses progress in preventing relative disadvantage in school attendance among orphans versus non-orphans.</p> | <p>Definition: Orphan school attendance ratio is the ratio of (1) orphans' school attendance to (2) non-orphans' school attendance.</p> <p>Measures: The ratio of orphaned children aged 10–14 compared to non-orphaned children aged 10–14 who are currently attending school.</p> <p>1. Orphans' school attendance (%)</p> <p>Numerator 1: Number of children who have lost one or both parents and are attending school.</p> <p>Denominator 1: Number of children who have lost one or both parents.</p> <p>Alternatively, vulnerable children (children whose parents are chronically ill or whose households have experienced the death of an adult, or whose households contain a chronically ill adult) can be included in the numerator of the ratio.</p> <p>2. Non-orphans' school attendance (%)</p> <p>Numerator 2: Number of children who are not orphans (according to the above definition) who live with at least one parent and who are attending school.</p> <p>Denominator 2: Number of children whose parents are both still alive and who live with at least one parent.</p> <p>Source: DoE EMIS</p> <p>Period: Annual</p> <p>Note: As stated by UNICEF (2005b), the definition of orphans and vulnerable children has been developed to define a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. This is the only context in which a ratio of the kind used here might be meaningful.</p> |



CHILD INDICATORS

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6: Early childhood development

Linda Biersteker, Jane Kvalsvig, Amelia van der Merwe,
Andrew Dawes & Rachel Bray

Introduction

This document provides a set of core indicators for monitoring early childhood development and the home-care environment. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

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What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

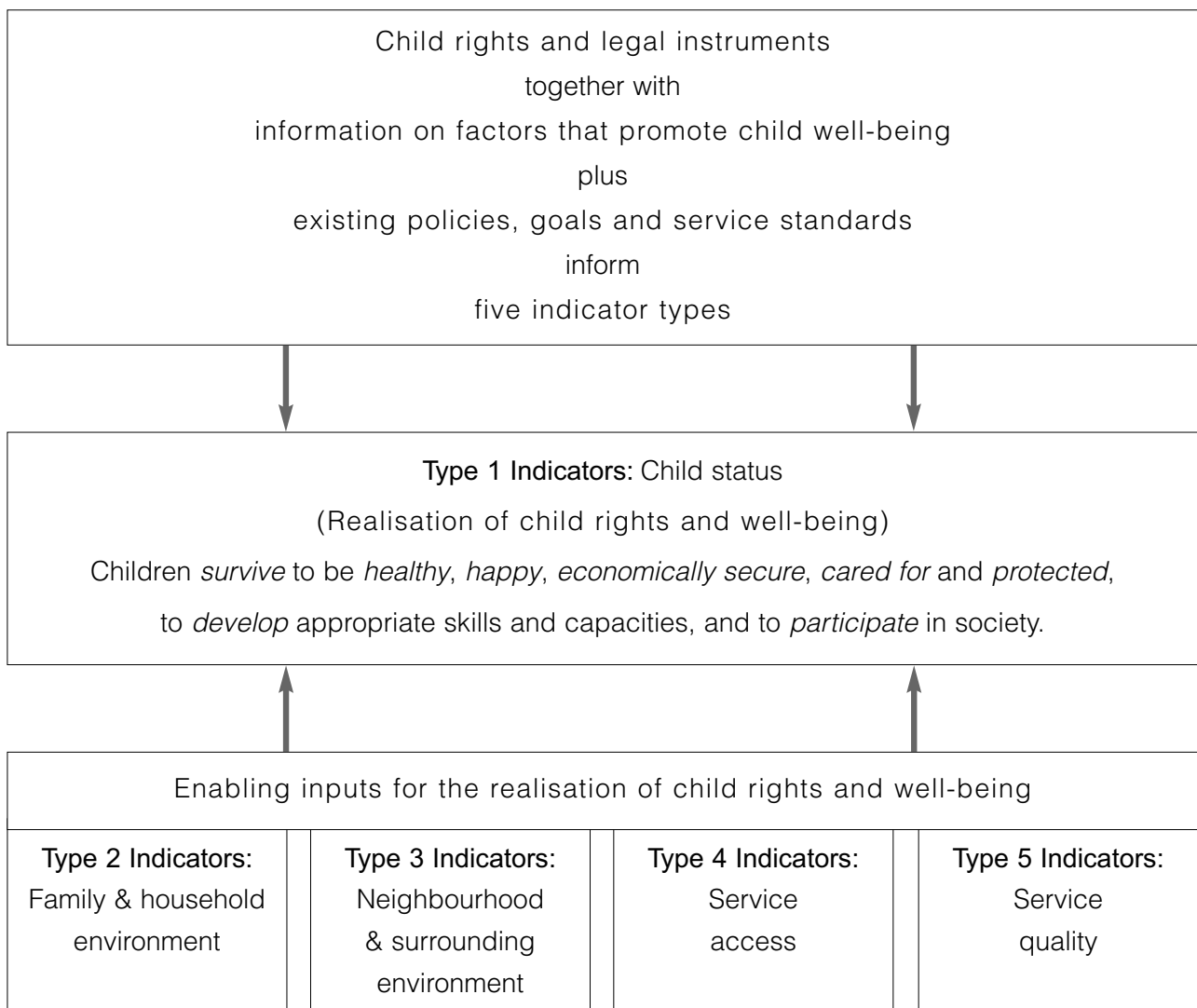
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children's access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring early childhood development and the home-care environment

The early years of life are a particularly sensitive period for survival, growth and psychosocial development. If the contexts in which young children grow up are not supportive, their later participation and inclusion in society may be severely compromised. Early childhood development (ECD) is defined holistically in the Department of Education White Paper on Education and Training, issued in 1995, as the processes by which children from birth to about nine years grow and thrive – physically, mentally, emotionally, spiritually, morally and socially.

ECD policy is intersectoral, and operates at national, provincial, district and local levels. ECD service provision therefore falls within the policies and programmes of several departments, the major responsibilities residing with education, social development and health. The health and social development departments focus particularly on children up to five years, while the education department is concerned with the full range of 0–9 years. Education policies reflect this, focusing on services for children from five years (Grade R, the reception year). Please refer to Indicator Sets 5 and 8 for indicators relevant to child education. The Indicator Set presented here focuses on 0–5 years (including Grade R), as although increasing numbers of five-year-olds are moving into Grade R in the public schooling system, more are in community services and the majority of five-year-olds are not in any form of ECD service (at the time of publication in 2007).

Indicators of survival, growth and access to preventive health services are so fundamental for young children that they have tended to be the primary focus of monitoring for this age group. Since these are discussed in other Indicator Sets (child health, including HIV/AIDS – Sets 2 and 14), they are reflected here only in so far as they relate to the quality of ECD service provision. Similarly, indicators for young children requiring interventions from the care and protection system are dealt with in Sets 9, 10, 11 and 12).

Indicators for monitoring early childhood development and the home-care environment are fully discussed in Chapter 9 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is ‘live’ and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring early childhood development

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce the number of children living in poverty. | <p>Type 1 Indicator: Child Status Child poverty Reason for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting: United Nations Children's Fund (UNICEF) State of the World's Children; Millennium Development Goals (MDGs).</p> | <p>Definition & Measure: Proportion of children <5 and <9 years:</p> <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. <p>Sources: Census and other household surveys (Stats SA); provincial poverty data. Period: Every 10 years Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume.¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p> |
| Improve access to prevention of mother-to-child transmission (PMTCT) programmes. | <p>Type 4 Indicator: Service Access Antiretroviral therapy (ART) cover in eligible newborns Reason for use: Marker of health system's ability to prevent new HIV infections in children.</p> | <p>Definition & Measure: Number of newborns receiving nevirapine (or other ART) per 100 babies born to HIV-positive pregnant mothers. Source: Demographic and Health Survey (DHS) Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Increase children's access to ART. | <p>Type 4 Indicator: Service Access Highly active antiretroviral therapy (HAART) cover in eligible children aged 0–9 years.</p> <p>Reason for use: Marker of health system's ability to manage symptomatic HIV infection/AIDS in children. Monitor ARV uptake, PMTCT and early childhood development (ECD) cover for children. Appropriate for national and international reporting.</p> | <p>Definition & Measure: Number of children (aged <5 and 5–9 years) receiving HAART per 100 children eligible for HAART.</p> <p>Source: Department of Health (DoH) ART roll-out surveillance.</p> <p>Period: Annual</p> |
| Identify the extent to which young children are living with HIV-positive mothers. | <p>Type 2 Indicator: Family & Household Environment Prevalence of HIV and AIDS in women with children <5 and <9 years in the same household.</p> <p>Reason for use: Indicator of vulnerability especially for very young children. High HIV levels strain resources and safety nets affecting the well-being of all children who live in them. Caregivers who have AIDS (particularly if not on HAART) struggle with childcare.</p> | <p>Measures: 1. Proportion of sampled pregnant women attending antenatal clinics who test positive for HIV. 2. Proportion of HIV-positive women with children <5 and <9 years of age.</p> <p>Sources: Annual HIV antenatal seroprevalence survey; Human Sciences Research Council (HSRC) HIV/AIDS prevalence surveys.</p> <p>Period: Annual where possible, otherwise every 5 years if data are available.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| <p>Estimate the numbers of children living with vulnerable caregivers.</p> <p>Ensure the child's rights to appropriate care, survival, protection and optimal development.</p> | <p>Type 2 Indicator:</p> <p>Family & Household Environment</p> <p>Caregiver health status</p> <p>Reasons for use:</p> <p>Measure of capacity of caregiver to give responsible and adequate care to young child.</p> <p>Associated with child survival and development outcomes.</p> <p>At ECD service level, to identify and monitor children who may have extra support needs, including those who live with aging, ill and disabled caregivers.</p> | <p>Definition: Caregiver is over 65 years of age, or is disabled, or has an illness that is incapacitating (has or is eligible for an old age pension or a grant).</p> <p>Measure: Proportion of children <5 and <9 years who live with an aged or disabled caregiver, including the chronically sick and those with a psychiatric condition that significantly interferes with daily functioning (has or is eligible for a grant).</p> <p>Sources: Census; Social Pensions Database (SocPen); HSRC HIV/AIDS prevalence surveys; SADHS.</p> <p>Period: Annual where possible (SocPen), otherwise every 5 years if data are available.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Reduce the number of infants dying in the first year of life. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Infant mortality rate (IMR)</p> <p>Reasons for use: IMR is a basic indicator of well-being and service access. Proxy measure of determinants of survival: socio-economic level and health service access and quality. Determinants of infant mortality include access to safe water, sanitation, nutrition, and maternal education level. Determining factors within the health system include the quality of maternal care, availability of vaccines in the first year of life, and effective referral systems. Appropriate for national and international reporting: UNICEF State of the World's Children; Convention on the Rights of the Child (CRC).</p> | <p>Definition & Measure: Number of deaths between birth and exactly 1 year of age per 1 000 live births in same calendar period. Disaggregate by male and female.</p> <p>Sources: Provincial and national DoH; SADHS; Stats SA; Maternity Registry.</p> <p>Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Reduce the number of children dying in the first 5 years of life. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Under-5 Mortality Rate (U5MR)</p> <p>Reason for use: Basic indicator of well-being and service access. Appropriate for national and international reporting; UNICEF State of the World's Children; MDGs; UNICEF Multiple Indicator Cluster Survey (MICS); CRC.</p> | <p>Definition: The U5MR is the probability of children dying between birth and their 5th birthday, expressed per 1 000 children born alive.</p> <p>Measure: Number of deaths between birth and exactly 5 years of age per 1 000 live births in same period. Disaggregate by male and female.</p> <p>Sources: Provincial and national DoH; SADHS; Stats SA.</p> <p>Period: Annual</p> |
| Attain 90% immunisation coverage in the first year of life for all vaccines. 5-year-old children are covered for immunisation boosters. | <p>Type 4 & 5 Indicators: Child Status and Service Access</p> <p>Immunisation rate</p> <p>Reasons for use: Measure of success of immunisation programme and of health system functioning. Preventive health measure of particular importance for young children who are vulnerable to health risks. Requirement for international reporting; State of the World's Children (up to first year); CRC; UNICEF MICS. To identify children in ECD services to be monitored for follow-up action.</p> | <p>Definition & Measures: Fully immunised children are defined at first visit where all required vaccinations are completed. The primary course of immunisation includes BCG, OPV 1, 2 & 3, DTP-Hib.</p> <p>The denominator is the expected doses (based on mid-year estimates of number of children <12 months and number of required doses for each vaccine) in the same period.</p> <p>Immunisation rate is expressed as children aged 0–12 months inclusive having completed primary courses of immunisation per 100 expected doses (in children <1 year) in the same period.</p> <p>The proportion of children 0–12 months inclusive who are fully immunised divided by the population <1 year old in each province.</p> <p>Source: District Health Information System (DHIS).</p> <p>Period: Monthly; annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Monitor the prevalence of childhood disability in children <5 years. Plan for disability services to young children. | Type 1 Indicator: Child Status Age-specific prevalence rate of children with 1 or more activity limitations. Reason for use: To identify the group of children who require services over and above those required by non-disabled children. | Definition: Children <5 and <9 years with a health condition and related impairments, together with activity limitations in one or more domains of functioning. Measure: Proportion of children <5 years with a health condition and related impairments, together with activity limitations in one or more domains of functioning. Sources: Census; SADHS; DHIS (if a disability demographic variable is included in the survey). Period: Every 5 years |
| Identify children with moderate to severe disabilities for early intervention. | Type 1 Indicator: Child Status Children <2 years with moderate and severe disabilities. Reasons for use: Early identification of children with developmental disabilities for early intervention. Important for CRC reporting. To identify children in ECD services to be monitored for follow-up action. | Definition: Children <2 years screened for developmental disability at 6 weeks, 9 months and 18 months in the provincial primary healthcare system. Measure: Proportion of children attending health facilities who test positive using provincial DoH developmental screening tools. Sources: Provincial DoH (DHS); facility/ECD service level data – captured on admission forms and from Road to Health Card. Note: There are currently no provincial databases of children identified as disabled on screening. These should be established to provide routine administrative data. Period: Annual when provincial level data are available; otherwise audit every 5 years. |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Reduce the prevalence of wasting among children <5 years. | <p>Type 1 Indicator: Child Status Wasting rate. Reason for use: Measure of the nutritional status of young children. Indicator associated with extreme vulnerability to death, disease and poor developmental outcomes. Appropriate for national and international reporting: State of the World's Children; UNICEF MICS; CRC. To identify children in ECD services to be monitored for follow-up action.</p> | <p>Definition & Measure: Proportion of children <5 years with weight for age <2 standard deviations below the median weight for age reference value in a defined population of <5s per 100 children under the age of 5 years in that population in the same period (disaggregate by male and female). Sources: Provincial and national DoH; SADHS; Food Consumption Survey. Period: Every 5 years if data are available.</p> |
| Reduce the prevalence of stunting among children <5 years. | <p>Type 1 Indicator: Child Status Stunting rate. Reason for use: Measure of nutritional status of children. May indicate economic hardship, infection or neglect. To identify children in ECD services to be monitored for follow-up action. Appropriate for national and international reporting: State of the World's Children; CRC; UNICEF MICS; MDGs.</p> | <p>Definition & Measure: Proportion of children <5 years with more than 2 standard deviations below the median weight for height reference value in a defined population of <5s in a given period. Sources: Provincial and national DoH; SADHS; Food Consumption Survey. Period: Every 5 years if data are available.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure survival and development of young children. Reduce household food insufficiency and child hunger. | <p>Type 1 & 2 Indicators:</p> <p>Child Status and Family & Household Environment</p> <p>Child hunger; household food insecurity (insecure and at risk)</p> <p>Reason for use:</p> <p>Under-nutrition and hunger affect attention and concentration and have a major bearing on growth and cognitive development, especially for <5s.</p> | <p>Definitions: Household food insecurity, experience hunger: a score of 5 or more on the Hunger Scale Questionnaire of the National Food Consumption Survey (NFCS);</p> <p>At risk for hunger: A score of 1 to 4 is an at-risk household.</p> <p>Child hunger in the last 30 days: An affirmative response to any child question on the NFCS Hunger Scale (as used in the NFCS).</p> <p>Measures: Proportions of children <5 and <9 years in food insecure households and at-risk households; proportion households with children <5 and <9 years, in which children were reported to have experienced hunger in the last 30 days.</p> <p>Sources: NFCS (national DoH)</p> <p>Period: Every 5 years if possible</p> <p>Note: Not regularly monitored in this manner. Food insecurity is measured in some other household surveys but not with the degree of precision used in the NFCS.</p> |
| Improve adult literacy levels. Improve intellectual capital available to children in the home. | <p>Type 2 Indicator:</p> <p>Family & Household Environment</p> <p>Caregiver or female household member literacy</p> <p>Reasons for use:</p> <p>Caregiver literacy is associated with wide range of positive child outcomes. Appropriate for national and international reporting: State of the World's Children.</p> | <p>Definition: The United Nations Educational, Scientific and Cultural Organisation (UNESCO) definition of functional literacy is a person over 14 years who has completed 7 years formal education (Grade 7). For this indicator it is preferable where possible to measure <i>caregiver</i> literacy. However, as many surveys do not permit linkages between specific children and caregivers in the household roster, and as females are more likely to care for children than males, literacy in female household members older than 14 years could be used as a proxy.</p> <p>Measure: Proportion of children <5 and <9 living in households in which the caregiver is literate/females over 14 years are literate. Alternatively, use the PIMD data for adult education (see child poverty above).</p> <p>Sources: Census and other household surveys.</p> <p>Period: Depends on survey: Census every 10 years for small-area data (see also PIMD above); other national surveys provide data at more frequent intervals but only at provincial level.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure the right to a name, nationality, and access to social security for young children. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Birth registrations in children 0–5 and 0–9 years.</p> <p>Reason for use:</p> <p>Registrations are essential for access to social security and the public schooling system.</p> <p>Appropriate for national and international reporting: CRC; State of the World's Children; UNICEF MICS.</p> | <p>Definition: Children <5 years and <9 years whose births are registered with the Department of Home Affairs (DoHA).</p> <p>Measure: Proportion of births not registered relative to estimated population for 0–5 and 0–9 years.</p> <p>Sources: DoHA; Stats SA population estimates.</p> <p>Period: Annual</p> |
| <p>Improve access to the Child Support Grant (CSG) and other relevant grants for young children.</p> <p>Ensure the children's right to social security.</p> | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Social grant uptake by eligible children and caregivers.</p> <p>Reasons for use:</p> <p>Monitors access of children to social security, which protects their right to an adequate standard of living for survival and development.</p> <p>At ECD service level, to enable intervention and support for qualifying children or their caregivers.</p> | <p>Definition: Social grants include the CSG, Care Dependency Grant, Foster Care Grant and food parcels.</p> <p>Measures: Proportion of eligible children <5 and <9 years in receipt of the appropriate grant.</p> <p>Source: Department of Social Development (DoSD) Social Pension Database (SOCPEN) data.</p> <p>Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Access to ECD services of different kinds in accordance with different family needs. | <p>Type 1 & 4 Indicators:</p> <p>Child Status and Service Access</p> <p>Gross and net enrolment in ECD centres; gross and net enrolment in Grade R classes.</p> <p>Reason for use:</p> <p>Monitors phasing in of Grade R and access to provision for children pre-Grade R.</p> <p>International reporting requirement for education for all (EFA) (3–5 years); UNICEF MICS.</p> | <p>Definitions: The Gross Enrolment Ratio (GER) refers to the number of children enrolled in a given level of service, regardless of age, expressed as a percentage of the population in the relevant official age group.</p> <p>The Net Enrolment Ratio (NER) refers to the number of children in the official age group for a given level of service who attend an ECD or educational facility in that level, expressed as a percentage of the total population in that age group (ECD for <5s; Grade R for 5 years).</p> <p>Measures: GER and NER for children in registered ECD facilities and Grade R classes. GER and NER for children in Grade R classes.</p> <p>Sources: DoSD; Department of Education (DoE)</p> <p>Period: Annual</p> <p>Note: DoSD does not currently capture by age breakdown though these data are available from the registration and quality assurance forms.</p> |
| Access to ECD services of different kinds in accordance with different family needs. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Attendance ratio of children enrolled in registered ECD facilities and Grade R.</p> <p>Reason for use:</p> <p>Indicator of value placed on service by parent or capacity of family to allow children to attend. If attendance is significantly lower than enrolment, this could be further explored.</p> <p>International reporting requirement for EFA, UNICEF MICS.</p> | <p>Definition: The attendance ratio is the number of days attended in relation to the possible number of days' attendance in the quarter. Poor attendance at a registered ECD facility or Grade R class is defined as: Enrolled children who are absent two or more consecutive days per week for more than a month.</p> <p>Measures: Number of days' attendance as a proportion of possible days of attendance at ECD facilities and Grade R.</p> <p>Source: ECD facility attendance registers (DoSD). These data are not currently aggregated. They can readily be collected for registered facilities during normal facility reviews. DoE for Grade R data.</p> <p>Period: Every 5 years based on special studies.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Improve the quality of ECD services. | <p>Type 5 Indicator:</p> <p>Service Quality</p> <p>ECD and Grade R educators with Level 4 or above (or equivalent).</p> <p>Reason for use:</p> <p>Training is associated with quality of service delivery. Level 4 is required for Grade R classes and for supervisors of facilities registered with social services. There are several upgrading programmes in the sector for raising qualifications of practitioners.</p> | <p>Definition: Number of staff in ECD facilities and Grade R classes, with responsibility for working with children, who have been trained at this level.</p> <p>Measure: Proportion of educators with Level 4 and above.</p> <p>Sources: This information is not generally available but as this is a key quality indicator, efforts should be made to remedy this problem. Departments of Education and Social Development-registered facilities; could also use Education, Training and Development Practitioners; Sector Education and Training Authorities; and National Learners' Records Database to track increases in trained staff; South African Council for Educators registrations for Level 5 and above.</p> <p>Period: Every 5 years based on special studies (should be available annually from administrative data).</p> |
| Improve local level commitment to holistic ECD servicing. | <p>Type 4 & 5 Indicators:</p> <p>Service Access and Service Quality</p> <p>Provision for ECD in Integrated Development Plans (IDP) at local level.</p> <p>Reason for use:</p> <p>Monitors implementation of holistic services for young children at local level (measure of political will).</p> | <p>Definition: IDPs with specific mention of ECD.</p> <p>Measure: IDPs with ECD activities and budgets.</p> <p>Source: Local Authority statistics/LPA</p> <p>Period: By IDP period which is currently annual in some local authorities but moving to multiple years.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Existence of quality public programmes in support of ECD. | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Public policies in support of ECD are monitored against departmental plans, programmes, budgets and delivery.</p> <p>Reason for use:</p> <p>Indicator of political will and departmental capacity – useful for tracking delivery against targets.</p> | <p>Definition: A monitoring system is in place. Measure of stage and degree of implementation in accordance with stated policies.</p> <p>Measure: Number of departmental programmes for young children being planned, resourced and implemented in the stated time period per department.</p> <p>Sources: Relevant departments (DoSD, DoE, DoH): departmental documents and records.</p> <p>Period: Every 5 years based on special studies.</p> |
| Improve intersectoral collaboration for efficient and holistic ECD services. | <p>Type 4 & 5 Indicators: Service Access and Service Quality</p> <p>Intersectoral ECD administrative information units are established in all provinces.</p> <p>Reason for use:</p> <p>ECD services are intersectoral. For sound planning, data from all relevant sectors should be taken into account. Provinces should establish central information systems from which departments can assess information for planning. Intersectoral planning is required in terms of the Integrated Plan for ECD.</p> | <p>Definition: The ECD information unit acts as an information hub and repository for all aggregated data and reports on ECD drawn from all relevant sectors.</p> <p>Functions: The unit is responsible for improving the efficiency and quality of data collection and ensuring smooth administrative data flow within ECD. The unit compiles intersectoral reports based on data from all relevant departments to facilitate planning at provincial and district levels. Reports from the Research, Monitoring and Evaluation, and Developmental Social Services Directorates pertaining to ECD should be housed in this unit. The unit creates a portal that houses ECD data and reports from all sectors and provincial departments, and ensures that the information is made available on the Provincial Government Intranet for access by all departments and directorates concerned with ECD. The unit requires at least the following capacities: The unit is headed by an appropriately senior person with ECD knowledge and research skills. The unit has the necessary staff compliment and equipment. The unit must have the capacity to source data and update information.</p> <p>Measure: Number of provincial departments with intersectoral ECD administrative information units by 2008.</p> <p>Source: Provincial DoSDs</p> <p>Period: Audit conducted in 2008.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Improved quality of services, meeting of regulations under ECD service guidelines. | <p>Type 5 Indicator:</p> <p>Service Quality</p> <p>Services meeting the registration requirements of the DoE for Grade R classes.</p> <p>Facilities meeting registration requirements of the DoSD for group care of more than 6 children up to 5 years.</p> <p>Reason for use: Acts as a composite indicator of quality, which is easy to measure regularly. Quality indicators such as pupil–teacher ratios and practitioner qualifications used in EFA reporting. Provincial departments are required to provide capacity development for ECD service delivery, to keep a provincial register of all registered ECD services and to monitor provision of registered and non-registered ECD services. Monitor compliance with the Children’s Act (No. 38 of 2005), and the Children’s Amendment Bill (No. 19 of 2006). Monitor compliance with facility regulations; monitor norms and standards for Grade R.</p> | <p>Definition: ECD and Grade R facilities that meet minimum benchmarked standards set by the DoSD and DoE. In terms of the ECD guidelines these should include: staff–child ratios, training levels of practitioners, physical standards, nutrition and health requirements, administrative and management requirements, meals and educational programmes.</p> <p>Measure: Proportion of facilities and Grade R classes that meet the standards.</p> <p>Note: Benchmarks for quality standards should be set and validated. Recommended standard levels: below minimum standard (does not meet registration requirements); at minimum standard (meets registration requirements); exceeds minimum standard (to be determined).</p> <p>Sources: DoSD; DoE</p> <p>Note the data gap: A number of facilities are not known to departments.</p> <p>Period: Annual (data for registered ECD facilities to be updated on routine inspection visits by district offices).</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Improve and monitor budgetary allocations to ECD services in accordance with policy. Improvement of funding to enable poor children to access quality services. | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Annual provincial budget allocations to ECD services.</p> <p>Reasons for use:</p> <p>Monitors whether budget share for ECD services is increasing in real terms.</p> <p>Monitors whether budget follows policy commitment to supporting services to families and community-based programmes in integrated plan and guidelines to ECD services.</p> | <p>Definition: Annual budgets allocated for ECD services in each relevant department: Social Development, Health and Education (including services to families and community-based programmes).</p> <p>Measure: Rand amount allocated for ECD services per year compared with previous annual allocations.</p> <p>Sources: Provincial DoSDs; provincial Treasuries</p> <p>Period: Annual</p> |
| | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Registered ECD facility child subsidy cover.</p> <p>Reason for use:</p> <p>Subsidies enable poor children to attend facilities; subsidies should assist facilities to improve service quality.</p> | <p>Definition: The subsidy is paid by the province to the facility so as to contribute towards salaries and nutrition costs of facilities serving poor communities where fees do not cover running costs.</p> <p>Measure: Proportion of children <5 years in registered ECD facilities in receipt of subsidies relative to the estimated eligible population of qualifying children.</p> <p>Sources: Provincial departments: subsidy records of provincial departments of education and social development as well as local authorities (also health in some provinces); Stats SA for population estimates.</p> <p>Note: Unregistered facilities are not covered.</p> <p>Period: Annual</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|--|--|
| → | <p>Type 5 Indicator: Service Quality Facilities in receipt of state subsidy covering 75% of operational costs.</p> <p>Reason for use: Sustainability of a facility is related to staff motivation, ability to offer a feeding programme, equipment available, etc.</p> | <p>Definition: Percentage of budget covered by subsidy. Measure: Proportion of subsidised facilities with 50% or more of operating costs covered by subsidy. Source: Not readily available. Requires a special survey of financial statements of subsidised facilities. Period: Every 5 years</p> |

Note:

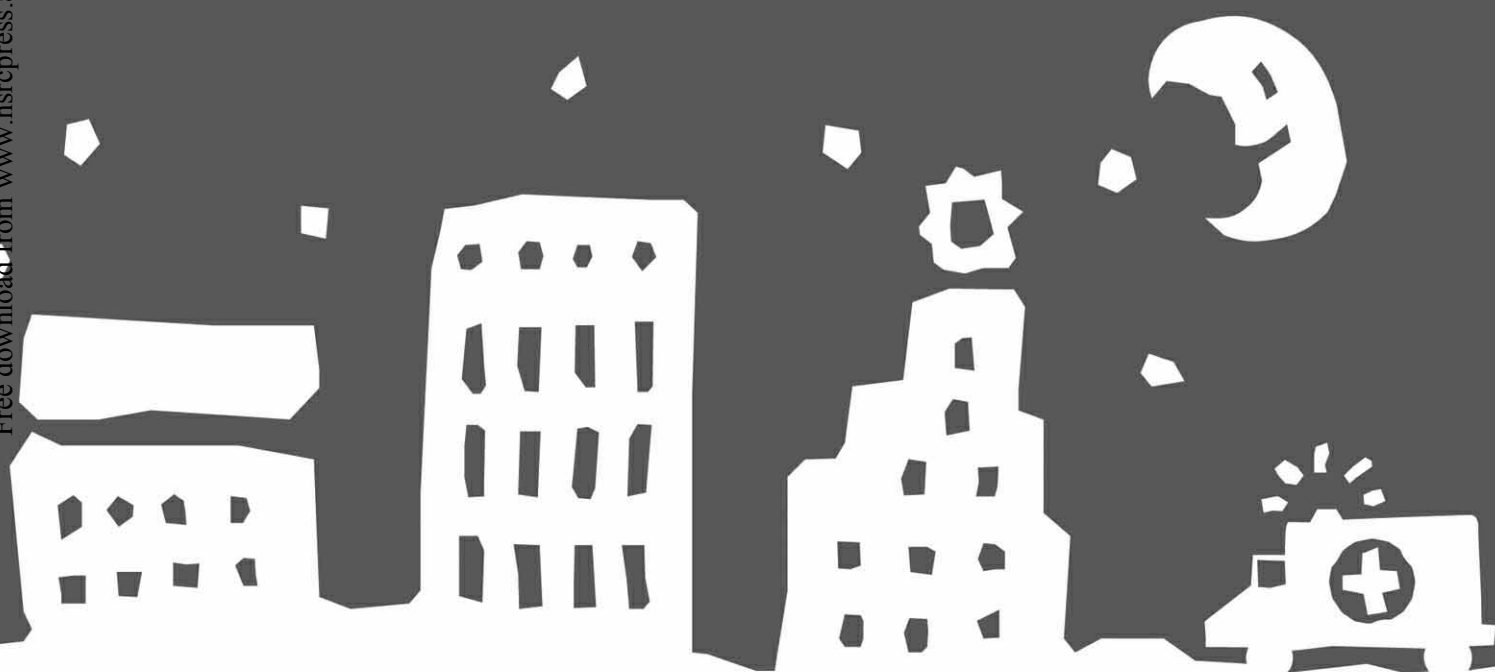
1 See <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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7: Childhood disability

Marguerite Schneider, Gillian Saloojee,
Amelia van der Merwe, Andrew Dawes & Rachel Bray

Introduction

This document provides a set of core indicators for monitoring childhood disability. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

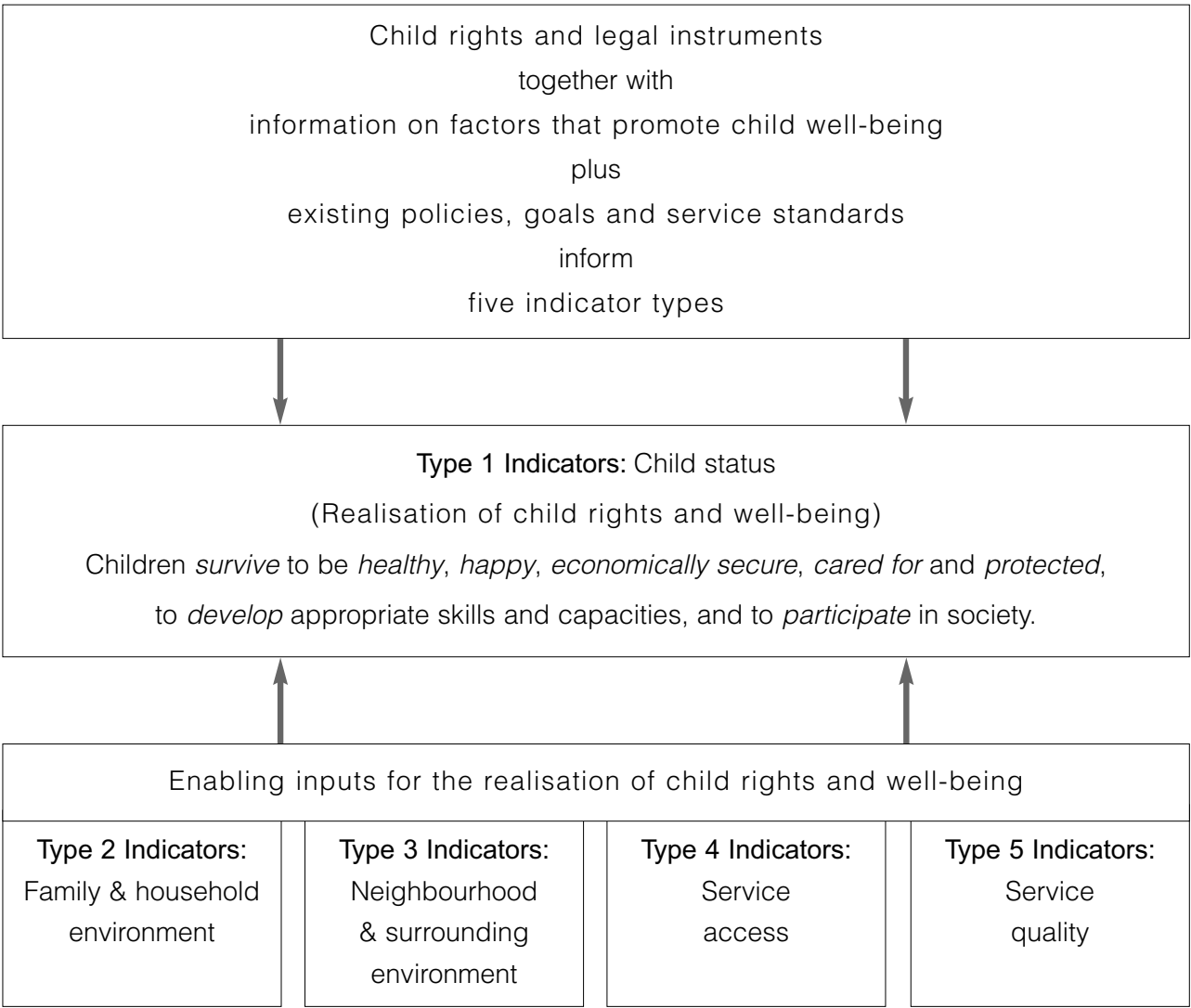
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children’s access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring childhood disability

A disabled child has the same rights to survival, protection, development and participation in society as any other child. What is different about children with disabilities is that they require additional support, services, and technical assistance to maximise their ability to take up opportunities, be fully included in society and realise these rights.

The definition of a child with disabilities used for this Indicator Set is a child who has a health condition and related impairments, together with activity limitations in one or more domains of functioning. The assumption is that the presence of activity limitations puts children at risk for experiencing the disadvantages of disability, such as low educational attainment, social exclusion, limited development of their potential, and so on. These disadvantages are the outcomes of the interaction of the children and their health condition, with their environment.

The Indicator Set presented here covers the presence or absence of one or more activity limitations (degree of severity not specified), the level of participation in different domains or areas of functioning as outcomes (e.g. school attendance and educational attainment) and the environmental factors (physical, social/attitudinal and policy/legislation) that create the experience of disability or prevent it, with a large emphasis on service provision.

Indicators for monitoring childhood disability are fully discussed in Chapter 10 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring childhood disability

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce the number of children living in poverty. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Child poverty</p> <p>Reason for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting: State of the World's Children; Millennium Development Goals.</p> | <p>Definition & Measure: Proportion of children in households experiencing the following:</p> <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. <p>Sources: Census and other household surveys (Stats SA); provincial poverty data.</p> <p>Period: Every 10 years</p> <p>Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume.¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p> |
| Monitor the prevalence of childhood disability. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Age-specific prevalence rate of children with 1 or more activity limitations.</p> <p>Reason for use: To identify the group of children who require services over and above those required by non-disabled children.</p> | <p>Definition: All children with a health condition and related impairments together with activity limitations in one or more domains of functioning.</p> <p>Measure: Proportion of children with a health condition and related impairments together with activity limitations in one or more domains of functioning (disaggregated by age: 0–4 years, 5–9 years, 10–14 years, 15–17 years [inclusive]).</p> <p>Sources: Census; Stats SA; South African Demographic and Health Survey*; District Health Information System*; population-based national disability surveys; small-scale population-based surveys.</p> <p>Period: Every 5 years</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Reduce preventable causes of impairments and health conditions. | Type 1 Indicator: Child Status Cause-specific prevalence rate of children with disabilities. Reason for use: Monitoring the causes of impairments will inform disability prevention strategies. | Definition: Classification of cause according to the following categories: congenital; infection; trauma; birth injuries; unknown. Measure: The proportion of children whose disability is classified according to the above categories. Source: Department of Health (DoH) (service-related data) Period: Every 5 years |
| Monitor physical accessibility of the environment. | Type 3 Indicator: Neighbourhood & Surrounding Environment Accessibility of local authority facilities to disabled children. Reason for use: Assist in monitoring physical accessibility of children's environment. | Definition: Compliance with accessibility principles in transport, entrances, exits and insides of buildings, housing, pathways, lighting, signage, etc. Measure: Accessibility audit of communities and local authorities. Source: Accessibility audit of local authorities Period: Every 5 years |
| | Type 3 Indicator: Neighbourhood & Surrounding Environment Physical accessibility of the child's local school. Reason for use: Assist in monitoring physical accessibility of children's education facilities. | Definition & Measure: Accessibility of schools in terms of entrances, exits, inside corridors, doors, lifts/stairs, as well as toilets. Source: School accessibility audit Period: Every 5 years |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|---|
| Improve disabled children's access to rehabilitation services. | Type 4 Indicator: Service Access Disabled children in receipt of rehabilitation services. Reason for use: Assists in monitoring children's access to rehabilitation. | Definition: Disabled children's access to rehabilitation services which address their needs. Measure: Proportion of disabled children requiring rehabilitation services who currently receive rehabilitation therapy (including community-based rehabilitation). Sources: Surveys conducted in selected facilities; hospital and clinic records; outpatient files. Period: Every 5 years |
| | Type 4 Indicator: Service Access Disabled children's access to assistive devices. Reason for use: Assists in monitoring access to assistive devices. | Definition: Access to assistive devices which address the needs of the child. Measure: Proportion of disabled children issued with appropriate assistive devices. Sources: Surveys conducted in selected facilities; hospital and clinic records; outpatient files. Period: Every 5 years |
| | Type 4 Indicator: Service Access Disabled children requiring specialised learning support who currently receive it. Reason for use: Assists in monitoring disabled children's access to educational services. | Definition: Disabled children who receive learning support. Measure: Proportion of school-age disabled learners requiring specialised educational support. Sources: Surveys conducted in selected educational facilities; Department of Education (DoE) Education Management Information System (EMIS) data. Period: Every 5 years |
| Increase access to the Care Dependency Grant (CDG) for eligible disabled children. | Type 4 Indicator: Service Access CDG uptake for eligible disabled children. Reason for use: Assists in monitoring disabled children's access to social security. | Definition: Eligible disabled children in receipt of CDGs. Measure: Proportion of CDG beneficiaries. Source: Department of Social Development's Social Pension Database (SOCPEN) Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Increase disabled children's access to education. | <p>Type 4 Indicator: Service Access Disabled children attending primary and secondary school.</p> <p>Reason for use: Assists in monitoring disabled children's access to education.</p> | <p>Definition: Disabled children's access to primary and secondary school.</p> <p>Measure: Proportion of school-age disabled children attending different types of educational facilities: mainstream school; full-service school; special needs school; training centre; stimulation centre.</p> <p>Source: DoE EMIS² data at national, provincial and district levels.</p> <p>Period: Annual</p> |
| Improve the quality of education for disabled children. | <p>Type 1 & 5 Indicators: Child Status and Service Quality Pass rates for disabled children.</p> <p>Reason for use: Assists in monitoring the quality of education for disabled children.</p> | <p>Definition: Disabled children who are passed to the next grade and who pass Grade 12.</p> <p>Measure: Proportion of disabled children attending mainstream, full-service, or special needs schools who pass Grades 7, 9 and 12.</p> <p>Source: National and provincial pass rates for Grades 7, 9 and 12 as collected by EMIS.</p> <p>Period: Annual</p> |

Notes:

1 See <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.

2 EMIS data should be disaggregated by child disability status.

* Denotes potential source, if a disability demographic variable is included in the survey.



CHILD INDICATORS

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8: Specific difficulties of learning

David Donald, Amelia van der Merwe,
Andrew Dawes & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring specific difficulties of learning in children. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

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What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

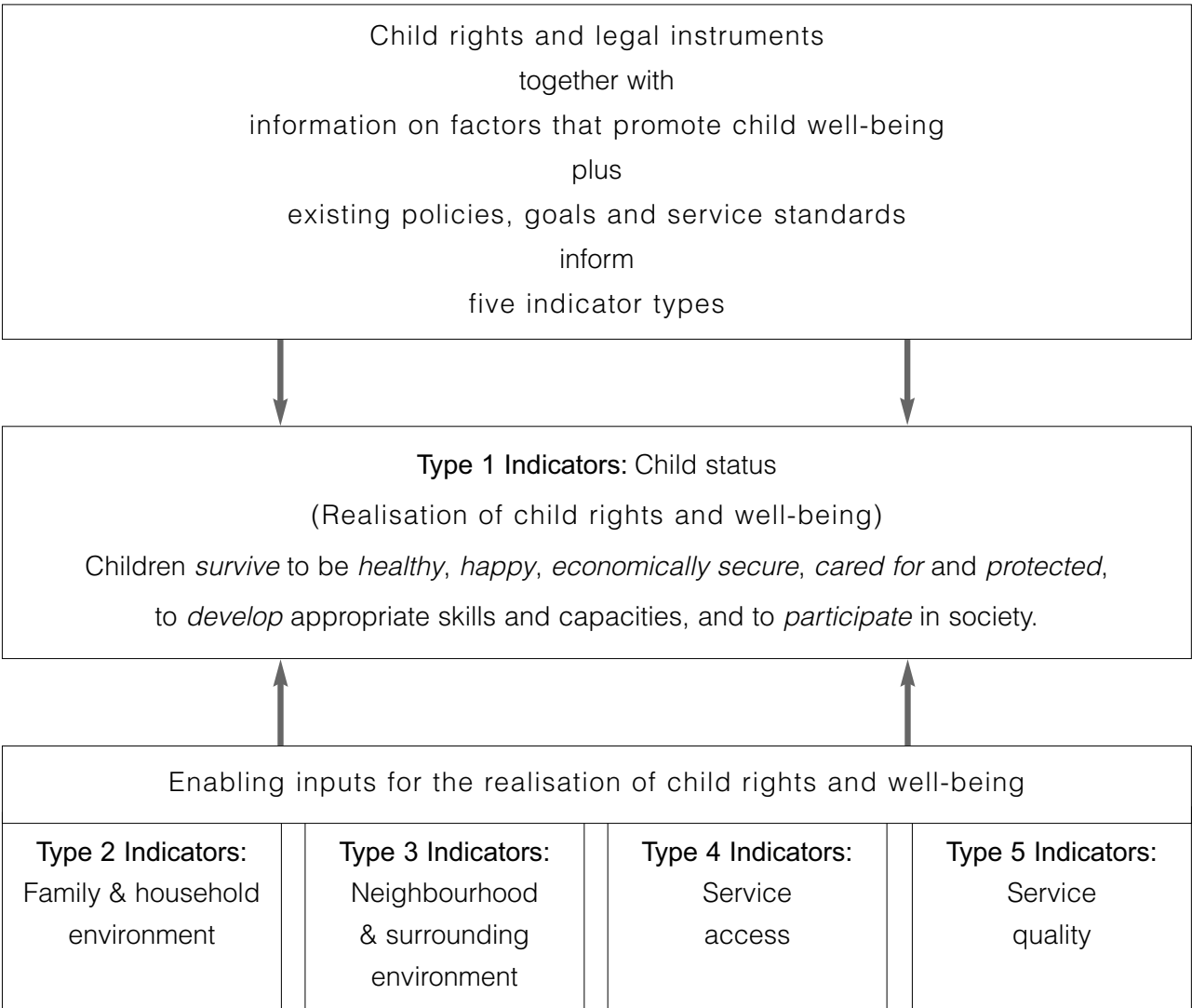
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Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring specific difficulties of learning

A child experiencing learning difficulties has the same rights to survival, protection, development and participation in society as any other child. However, these children require additional support, services, and technical assistance to maximise their ability to take up opportunities, be fully included in society and realise these rights. The Indicator Set presented here focuses on specific difficulties of learning (SDL) only, and indicators for monitoring childhood disability more broadly are presented in Set 7.

Although broad, the use of the term SDL has been used in this Indicator Set to refer to children experiencing learning problems (variously and interchangeably termed as having ‘minimal brain dysfunction’, ‘dyslexia’, ‘specific learning disability’ or ‘learning disability’ [LD]). This is because clinical definitions and criteria used to make a clinical or categorical diagnosis of learning problems pose conceptual, practical and ethical problems. Indicators based on operationalised, functional assessments – which assess what children are, and are not, able to do in scholastic terms – are now being recognised as more useful in pointing to the specific kinds of services and help that such children require.

Data is needed on the scholastic status of the child, as well as supports for learning in the primary care setting, the school, and the district (some of these indicators are covered in Set 5, which focuses on monitoring child education, and Set 6 which covers early childhood development). Because early identification is critical in cases of SDL, it is suggested that data gathering be focused on the end of the Foundation Phase (i.e. Grade 3) for child outcome, family and household environment, and neighbourhoods and surrounding environment indicators. However, because intervention in the form of learning support for SDL is most appropriate and realistic throughout the Foundation and Intermediate Phases, it is suggested that data gathering for service access and service quality indicators covers both these phases fully (i.e. Grades 1–6).

Indicators for monitoring SDL are fully discussed in Chapter 11 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is ‘live’ and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring specific difficulties of learning

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Within the policy of inclusive education (DoE, 2001), to provide appropriate learning support for learners with specific difficulties of learning (SDLs). | Type 1 Indicator: Child Status Reading performance delay (as proxy for scholastic performance delay). Reason for use: As a preliminary screening, to identify learners with SDLs. | Definition: Reading performance delay is defined as a score of 0.80 or less on the Reading Performance Index (RPI). Measures: 1a. For all Grade 3s, the RPI is calculated from learners' instructional level of performance on a curriculum-based Informal Reading Inventory (performance age divided by chronological age). Proportion of learners with an RPI of 0.80 or less at the end of Grade 3. Source: Not currently available, but would be Department of Education (DoE). Measure would have to be designed and validated and regularly used. 1b. An alternative measure that could provide a very coarse screening indicator of children who have difficulties with reading would be: the proportion of learners who do not pass the Grade 3 systemic evaluations. Source: Only available for the Western Cape (recommended that the Western Cape approach be adopted); DoE. Period: Every 5 years |
| | Type 4 Indicator: Service Access Educator access to school-based support. Reason for use: The school-based support team is the first level of resource for educators to get support in devising and carrying out programmes of assistance for those with SDLs and other disabilities. | Definition: Support teams are defined in the <i>Summary Outline of the Draft National Strategy for Screening, Identification, Assessment and Support</i> (DoE, 2004a) and the <i>Conceptual and Operational Guidelines for the Implementation of Inclusive Education: District-based Support Teams</i> (DoE, 2004b). Measures: 1. Proportion of schools with a functioning school-based support team. 2. Proportion of classroom educators (Grades 1–6) receiving individual help in relation to SDLs through the school-based support team in a given year. Source: DoE Education Management Development Centres (EMDCs) Period: Departmental audit every 5 years |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| → | Type 4 Indicator: Service Access Educator access to district-based support. Reason for use: The district-based support team is the second level of resource for educators to get more specialised assessment and support in assisting those with SDLs and other disabilities. | Definition: Support teams as above. Measures: 1. Number of functioning district-based support teams per district in each province. 2. Proportion of schools receiving systemic help relating to SDLs through their district-based support team annually. 3. Number of classroom educators (Grades 1–6) receiving individual help in relation to SDLs through their district-based support team annually. Source: Not currently available; DoE EMDCs Period: Departmental audit every 5 years |
| Improve the quality of special educational services for children with SDLs. | Type 5 Indicator: Service Quality Quality of learning support available at the classroom level. Reason for use: Assists in monitoring the quality of education support services. | Definition: Foundation Phase is Grades 1–3 and Intermediate Phase is Grades 4–6. Measure: Proportion of Foundation and Intermediate Phase educators with post-basic specialised training in inclusive education. Source: DoE Education Management Information System (EMIS) Period: Audit every five years |
| | | → |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|--|---|
| → | <p>Type 5 Indicator: Service Quality Perceived usefulness of educator guidance received from school-based and district-based support teams.</p> <p>Reason for use: Whether classroom educators have received useful guidance in relation to those with SDLs and other disabilities from the school-based and/or the district-based support teams is an indication of the effectiveness of the respective support structures.</p> | <p>Definition: Useful guidance is assistance that the educator found helpful (based on responses to questions in an audit). Support teams as above.</p> <p>Measure: Proportion of classroom educators (Grades 1–6) who report receiving useful guidance over the past year from:</p> <ul style="list-style-type: none"> • Their school-based support team; • Their district-based support team. <p>Source: Not currently available; DoE EMDCs</p> <p>Period: Departmental audit every 5 years</p> |
| | <p>Type 5 Indicator: Service Quality Process of educator-based support for SDLs.</p> <p>Reason for use: Whether educators are engaged in continuous programme re-evaluation and adaptation in their process of support for learners with SDLs and other disabilities is an indication of educator competence.</p> | <p>Definition: Support must be in terms of the principles of continuous programme re-evaluation and adaptation developed by the Directorate of Inclusive Education (DoE, 2004a).</p> <p>Measure: Proportion of classroom educators (Grades 1–6) who successfully describe and demonstrate the principle of continuous programme re-evaluation and adaptation in their process of supporting those with SDLs.</p> <p>Source: Not currently available; DoE EMDCs</p> <p>Period: Departmental audit every 5 years</p> |



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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9: Street children

Catherine L. Ward, Amelia van der Merwe,
Andrew Dawes & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring children of the streets. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

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What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators point to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

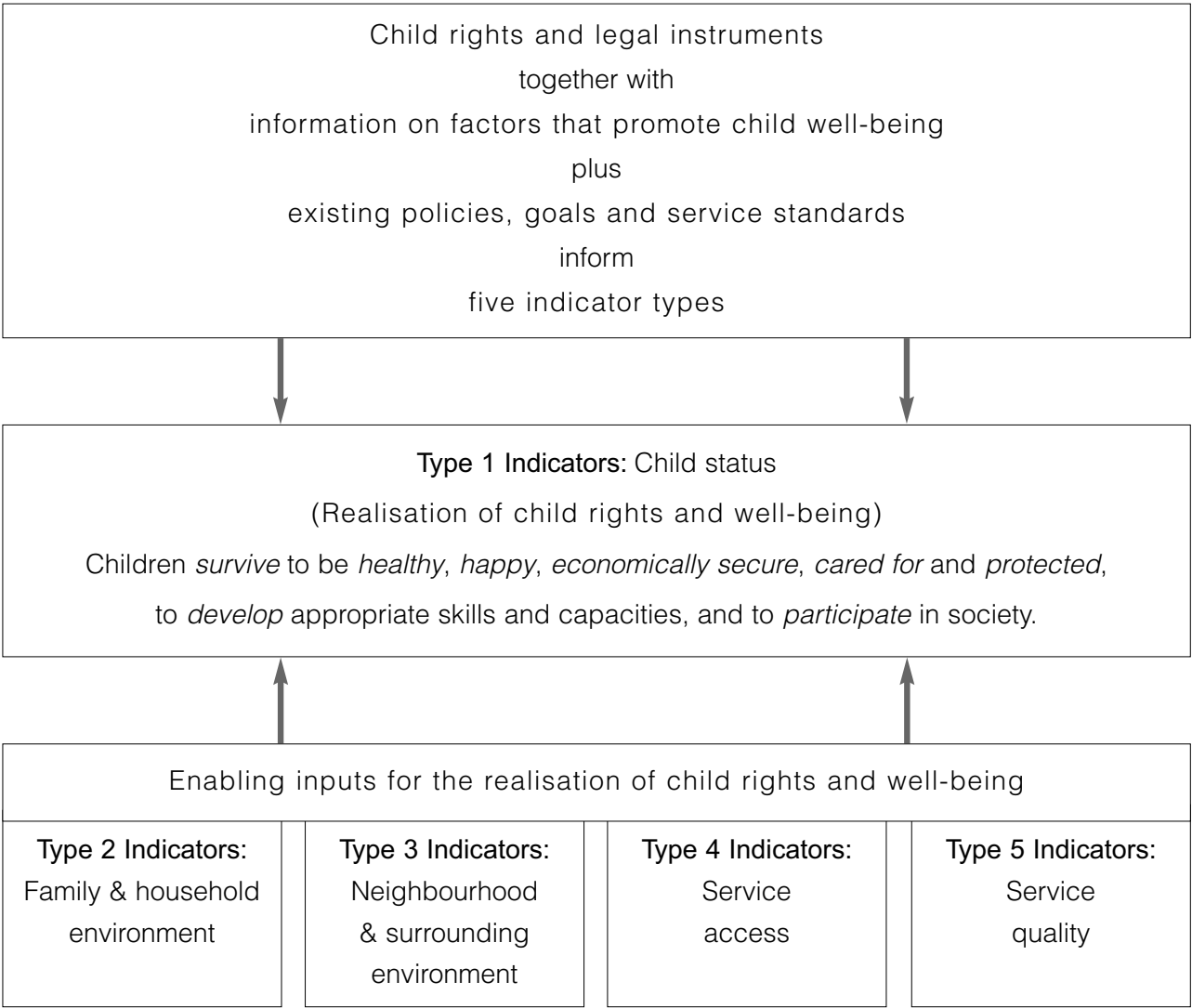
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Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children’s access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring street children

The circumstances of children of the streets represent significant challenges to their development and outcomes. The high-risk conditions under which these children live affect their well-being through compromised physical development and health status, increased risk of emotional, social and cognitive difficulties, and poor educational outcomes.

Identifying street children is more problematic than may appear at first, for several reasons: (1) the generic term 'street children' obscures the heterogeneity in children's actual circumstances; (2) the term is not a good reflection of children's own descriptions of their lives, nor does it reflect the fluidity of the ways in which they move on and off the streets; (3) it has pejorative and/or pitying connotations; and (4) it deflects attention from the broader population of children who are poor and socially excluded. UNICEF distinguishes between children 'on the street' and children 'of the street' – respectively, children who are visible and working on the streets, but who continue to live with their families; and children who no longer live with their families and who are homeless. However, in practice it has been found that children do not fit neatly into such categorisations. Children have, amongst themselves and over time, varying experiences of street and family life that make it difficult to differentiate street children from other children in need.

Street children are a sub-group of those who are living in poverty. Given the difficulties inherent both in the lack of precision in the term itself, and the difficulties in counting children who live on the streets, the most feasible indicator is to monitor the number of children who access services each year. These numbers will provide at least a rough indication of the extent of children who identify themselves as being in need of such services. Beyond this, there are other areas in which the rights of this specific group of children need to be monitored. These should be monitored via service providers, because this is the only feasible way to collect the data. Because there is a considerable overlap in the needs and experiences of street children and other special groups of children, rather than duplicating indicators, readers are referred to other Indicator Sets in this series.

Related indicators for children in difficult circumstances are covered in Set 10 (Child labour, trafficking and commercial sexual exploitation); Set 11 (Child abuse and neglect); Set 12 (Children in statutory care); Set 13 (Children in conflict with the law) and Set 14 (Orphans and children made vulnerable by HIV/AIDS).

Indicators for monitoring children of the streets are fully discussed in Chapter 12 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be

obtained (if data is available). In some instances recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring street children

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Reduce the number of children living in poverty. | Type 1 Indicator: Child Status Child poverty. Reasons for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting; State of the World's Children; Millennium Development Goals. | Definition & Measure: Proportion of children in households experiencing the following: <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. Sources: Census and other household surveys (Stats SA); provincial poverty data. Period: Every 10 years Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume. ¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty. |
| Monitor numbers of street children for service planning. Ensure the existence of accessible, quality services for street children. | Type 1 Indicator: Child Status Children on the streets. Reasons for use: Estimate of street child numbers. Track extent of support services for children on the streets. | Definitions & Measures: <ol style="list-style-type: none"> 1. Number of children in registered shelters at the beginning of each month; number of new admissions; average number sleeping each night (per month) (individual children must be counted so as to avoid double counting of children who pass through more than once in the period). 2. Number of children who make contact with a shelter in the month but cannot stay due to lack of accommodation. 3. Numbers of known street children, day strollers and children who are new to the streets who interact with services in a given month. 4. Number of children in shelters and outreach programmes who have informed the staff that they have been involved in commercial sexual exploitation in that month. Sources: Possible: registered shelters and outreach programmes; subsidy data and other information that may be held by provincial Departments of Social Development (DoSDs). Period: Annual, based on averages of monthly data |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| → | | <p>Note: All relevant data should be supplied to the provincial DoSDs and aggregated monthly and then annually. There is a risk of double counting in that children may attend more than one shelter or programme in a given period. This will compromise data accuracy but is probably the best data available.</p> <p>5. Children living on the streets.</p> <p>Source: Special surveys of children living on the streets.</p> <p>Period: Every 5 years if possible in areas in which the presence of significant numbers of children is evident (as judged by municipal authorities and local non-governmental organisations).</p> <p>Note: Homeless children on the streets need to be sampled using the concept of time-location sites, a method of sampling mobile youth populations that minimises bias and adheres to the tenets of probability sampling. Sampling of street children should be confined to children who actually slept on the streets the night before the survey.</p> |
| Identify high-risk areas to inform preventive service planning. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Street child origins.</p> <p>Reason for use: To develop prevention services in areas where these services are most needed.</p> | <p>Definition & Measure: Areas from which children come to the streets are the Social Services Districts and suburbs where the child's home is located. These should be mapped on the Geographic Information System and provided to District Office welfare planners so as to render preventive services (particularly strengthening of families in need of support).</p> <p>Sources: Possible: street children service provider research study; information that may be held by provincial DoSDs.</p> <p>Note: Data may be available from some shelters and outreach programmes, and will provide a rough estimate of origins.</p> <p>Period: Every 5 years</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|--|---|
| → | Type 4 Indicator: Service Access 1. Availability of urban street child services. 2. Availability of street child services located outside the central business district (CBD), in communities of origin. Reason for use: Monitor street children's access to services. | Definitions: Services are directed to children living on the streets as well as day strollers and those who sleep in shelters. 1. There are registered services in each urban area in which there are street children. 2. There are registered services in or close to areas from which high proportions of street children come. Services outside the CBD would be those closest to the sources from which the children originate prior to moving to the streets of the CBD. Registered services are those registered with the local authority and/or provincial DoSD. Measures: 1. Number of shelters and drop-in centres registered with the DoSD. 2. Proportion of registered shelters and drop-in centres outside of the CBD and location of these facilities. Sources: Possible: known street shelters and programmes; provincial DoSDs. Period: Annual |
| | Type 4 Indicator: Service Access Access to physical and mental healthcare services. Reason for use: Monitor street children's access to healthcare services. | Definition: Street children who have received health services for their physical and mental healthcare needs. Measure: Proportion of street children with health problems who receive the necessary physical and mental healthcare (disaggregated by problem – including drug and alcohol abuse). Source: Street children service provider research study Period: Every 5 years |
| | Type 4 Indicator: Service Access Street children's access to disability services. Reason for use: Monitor disabled street children's receipt of services. | Definition: The World Health Organisation's International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) should be used. A child with disabilities has a health condition and related impairments together with activity limitations in one or more domains of functioning. Measure: Proportion of street children with disabilities who have successfully accessed disability services and have the necessary supports for their specific disability. Source: Street children service provider research study Period: Every 5 years |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|---|
| Ensure the right to name, nationality, and access to services for street children. | Type 1 & 4 Indicators: Child Status and Service Access Street children who have birth certificates or identity documents. Reason for use: Birth certificates or identity documents are essential for accessing health, social and other services. | Definition & Measure: Proportion of children in street shelters who have birth certificates or identity documents (if they are old enough). Source: Registered street shelters and outreach programmes – to be collated by provincial DoSDs (research study). Period: Every 5 years |
| Improve the quality of services to children on the streets. | Type 5 Indicator: Service Quality Regular assessments of registered facilities. Reason for use: Monitor existence and quality of services for street children. | Definition: Services for street children are visited and assessed on application for registration at periods set by the relevant statutes or regulations. Use the service provision guidelines of the Inter-ministerial Committee on Youth at Risk. Measure: Proportion of registered services that have received assessments and the outcomes of these assessments. Source: Provincial DoSDs (research study) Period: Every 5 years |
| Prevent law enforcement abuse of street children. | Type 1 Indicator: Child Status Abusive encounters with police officers. Children's experience of their treatment by police officers and security agents. Reason for use: Monitor street children's rights to be protected from abuse and their equality before the law. | Definition: Abusive encounters are assessed by the child's account and would include verbal abuse and physical assault. The measure is based on the number of encounters for each child surveyed within a specific period. Measure: Proportion of encounters with police officers and security personnel that are abusive (according to the child). Source: Street children service provider research study Period: Every 5 years |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| Prevent law enforcement abuse of street children, and increase children's service access via police. | Type 5 Indicator: Service Quality 1. Street child protocols for law enforcement agencies. 2. Law enforcement officers are trained in the street children protocol. Reason for use: Prevent abuse of children by law enforcement and increase service access. | Definition: Law enforcement agencies have a protocol for dealing with street children that includes both referral to shelters and a ban on abuse. Use the service provision guidelines of the Inter-ministerial Committee on Youth at Risk. Measures: 1. Proportion of law enforcement agencies in an area that have such protocols. 2. Proportion of law enforcement officers in each agency who have been trained in the street children protocol. Sources: Possible: South African Police Services precincts; private security agencies; metro police (research study). Period: Every 5 years |
| Increase street children's access to education. | Type 4 Indicator: Service Access Number of street children attending formal schooling. Reason for use: Monitor whether street children have been appropriately placed in school and are staying in school. | Definition: Child attends formal schooling while resident in a shelter. Educational assessments used by the Department of Education (DoE) are used to place a child in the appropriate grade based on past scholastic history and current ability. Measures: 1. Proportion of children from shelters who have received assessments for placement in ability-appropriate grades (not necessarily age-appropriate grade). 2. Proportion of children from shelters who attend school. Source: Registered shelter data supplied to provincial DoSDs. Period: Annual aggregates (based on quarterly counts by the shelter while child is in the shelter and for the first year of placement). |
| Monitor street children's educational performance and outcomes. | Type 1 Indicator: Child Status Educational achievement Reason for use: Monitor street children's uptake of educational services and educational outcomes. | Definition: Literacy according to the United Nations Educational, Scientific and Cultural Organisation's Education for All is Grade 7. Measure: Of those street children who could be reintegrated into mainstream education, the proportion who achieve functional literacy and numeracy (Grade 7). Source: Alternative learning centres research study Period: Every 5 years |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|---|--|
| → | Type 5 Indicator: Service Quality Alternative learning centres are registered as private schools. Reason for use: Ensure quality education services. | Definition: An alternative learning centre is an educational institution that provides instruction (schooling as well as other skills) to children who are on the streets and outside the formal education system. Measures: 1. Proportion of alternative learning centres that are registered as private schools. 2. Proportion of alternative learning centres whose courses meet South African Qualifications Authority standards. Sources: DoE; street children service provider research study. Period: Every 5 years |

Note:

1 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

Free download from www.hsrcpress.ac.za



10: Child labour, trafficking and commercial sexual exploitation

Lucie Cluver, Rachel Bray,
Andrew Dawes & Amelia van der Merwe

Introduction

This document provides a set of core indicators for monitoring child labour, commercial sexual exploitation and trafficking. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

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Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

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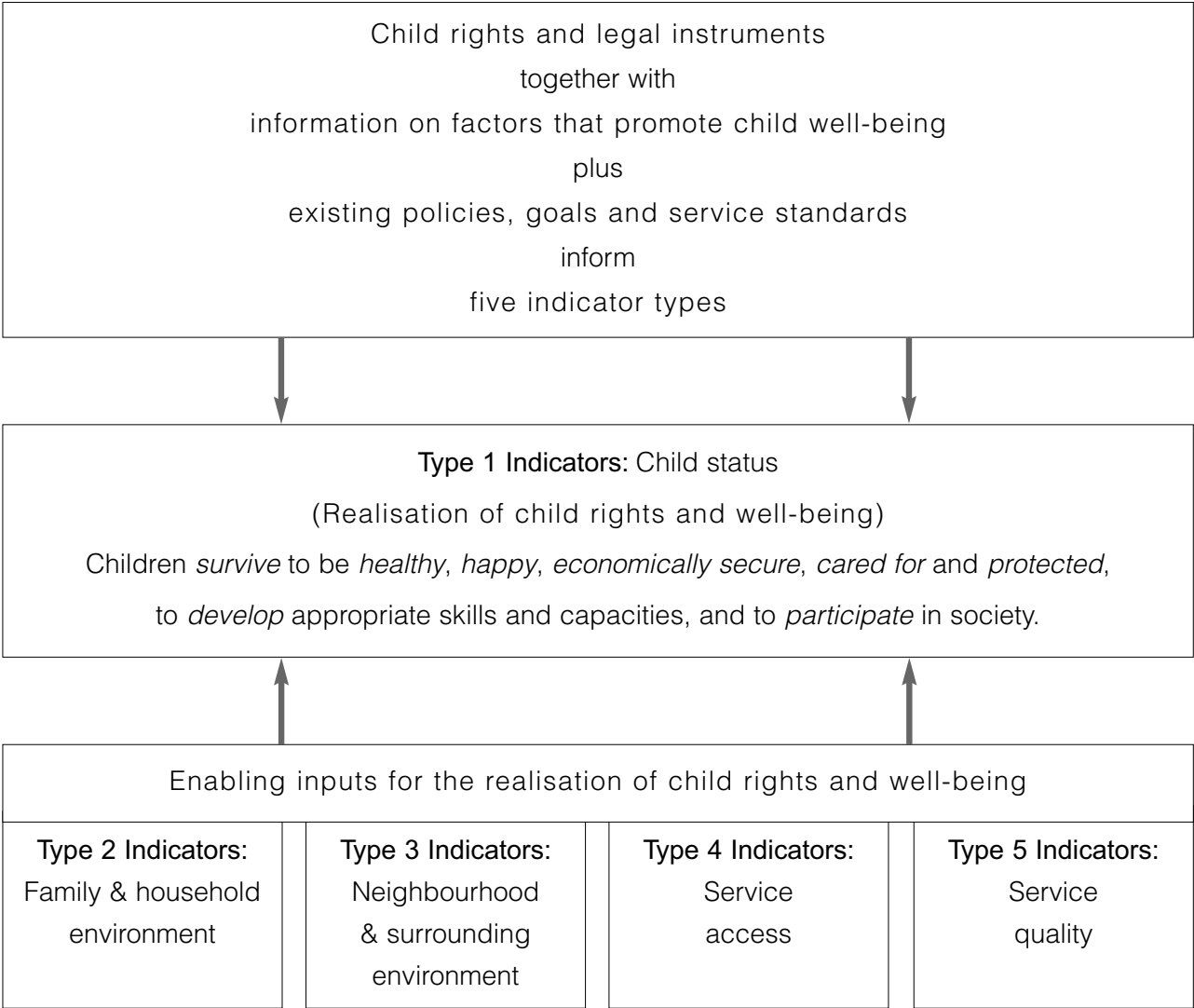
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Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring child labour, trafficking and commercial sexual exploitation

Child labour, commercial sexual exploitation and trafficking have significant negative consequences for children's health, safety, and emotional, social, cognitive and moral development. However, because of their illicit nature, counting the numbers of children involved in these activities, and hence developing and implementing appropriate responses to these problems, has proven to be extraordinarily difficult. Internationally, it is recognised that claims as to the numbers of children in the industry are more often than not 'guesstimates'. In South Africa there is no reliable information on the numbers of children exposed to these activities.

There are a number of available definitions of child exposure to hazardous labour, commercial sexual exploitation of children, and child trafficking. Examples include the International Labour Organisation (ILO), UNICEF and Human Rights Watch definitions. However, the primary sources regarding definitions for South Africa must be those contained in the Children's Act (No. 38 of 2005) and the Children's Amendment Bill (No. 3 of 2006). The Indicator Set presented here is aligned with the Convention on the Rights of the Child, The South African Constitution, the Children's Bill and other relevant legislation.

South Africa has one of the world's most comprehensive pieces of legislation that addresses the interlinked problems of harmful child labour (including use of children in the drug trade), trafficking of children (including organ trafficking and illegal adoption), and child commercial sexual exploitation (including involvement in the production of child pornography). The Children's Act creates an unprecedented opportunity to develop systems both for monitoring these problems, and for the provision of relevant services.

Indicators recommended by a range of international organisations such as the ILO, UNICEF, and Save the Children, as well as South African organisations promoting children's rights have been incorporated in this Indicator Set. The experiences of other countries in monitoring these problems, such as Thailand and the UK, have also been drawn on. Indicators for which data are currently available in existing administrative systems and national surveys, or that can be disaggregated from available data, have been prioritised.

Indicators for monitoring child labour, trafficking and commercial sexual exploitation are fully discussed in Chapter 13 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
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obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring child labour, trafficking and commercial sexual exploitation

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Improve integration of information systems for recording the incidence of harmful labour, trafficking and commercial sexual exploitation (CCSE). | <p>Type 5 Indicator: Service Quality Children exposed to the worst forms of labour, trafficking and CCSE are captured on the Child Protection Register (CPR). Reason for use: To fulfil the requirements of Child Labour Action Plan (CLAP), the Children's Act (No. 38 of 2005) and the Children's Amendment Bill (No. 19 of 2006).</p> | <p>Definition: The CPR is established in terms of standard provincial protocol to record data on worst forms of child labour, trafficking, and CCSE. Measure: Number of social services districts and provinces that record data on worst forms of child labour and CCSE on the CPR. Source: Not available at present. The Department of Social Development (DoSD) has an agreement with South African Police Services (SAPS), Department of Justice (DoJ), and Department of Labour (DoL) for child labour, trafficking and CCSE cases to be logged on provincial CPR. Period: Every 5 years</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|--|
| → | <p>Type 5 Indicator: Service Quality An integrated database on the worst forms of labour, CCSE and child trafficking is in place in the national DoSD.</p> <p>Reason for use: To facilitate estimates of the problems and for reporting purposes. Data should be integrated at provincial and national level, and co-ordinated by the DoSD. To fulfil the requirements of CLAP, the Children's Act and the Children's Amendment Bill.</p> | <p>Definition: The integrated database on worst forms of labour, CCSE and child trafficking collates data from the provincial CPRs and relevant departments under the management of the head of Child Protection in the provincial and national DoSD head office.</p> <p>Measure: The database is established and receives data from provincial CPRs and relevant departments.</p> <p>Source: National DoSD</p> <p>Period: The DoSD provides annual reports.</p> |
| Reduce the number of children living in poverty. | <p>Type 1 Indicator: Child Status Child poverty</p> <p>Reason for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting: State of the World's Children; Millennium Development Goals.</p> | <p>Definition & Measure: Proportion of children in households experiencing the following:</p> <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. <p>Sources: Census and other household surveys (Stats SA); provincial poverty data.</p> <p>Period: Every 10 years</p> <p>Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume.¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Monitor reports of children experiencing CCSE, production of pornography, and child labour. | <p>Type 1 Indicator: Child Status</p> <p>Children involved in:</p> <ul style="list-style-type: none"> • Worst forms of labour; • Trafficking; • CCSE; • Production of pornography; and • Child labour. <p>Reason for use: To monitor incidence of each. Note that as these are illicit activities, the data are not likely to be accurate.</p> | <p>Definition: For all, see the Children's Act, the Children's Amendment Bill and other relevant Acts.</p> <p>Measures: 1. Number of children reported as being involved in trafficking, CCSE, production of pornography, and child labour.</p> <p>2. Number of successful prosecutions of those who employ under-age children, and children in harmful labour in a reporting period (disaggregated by sex and age: for CCSE and pornography <12 years, 12–15 years and 16–17 years; and for labour <15 years and 15–17 years).</p> <p>Sources: Not readily available at present. Very limited data available. Possibilities: ChildLine; DoJ; SAPS; Molo Songololo and relevant non-governmental organisations (NGOs); cases on websites² and the Film and Publications Board toll-free number); specific research studies.</p> <p>Period: Every 5 years</p> |
| Increase prosecution of those who procure children for CCSE. | <p>Type 5 Indicator: Service Quality</p> <p>Successful prosecutions of those who procure and use children for CCSE.</p> <p>Reason for use: To discourage the prostitution industry from using children, and to monitor the implementation of the Children's Act and the Children's Amendment Bill.</p> | <p>Definition: Procurement and use of children for CCSE.</p> <p>Measure: Number of successful prosecutions of those who procure and use children for CCSE.</p> <p>Source: DoJ</p> <p>Period: Annual</p> |
| Estimate and monitor the number of children who are working excessive hours. | <p>Type 1 Indicator: Child Status</p> <p>Children working excessive hours.</p> <p>Reason for use: To monitor the extent of children working excessive hours.</p> | <p>Definition: Children <15 years engaging in 12 or more hours per week of economic activities (agriculture, trade, manufacturing, private households), 14 or more hours per week of household chores, and 12 or more hours of school labour (CLAP recommendations).</p> <p>Measure: Proportion of children working excessive hours (<15 years).</p> <p>Sources: Survey of Activities of Young People (SAYP) or Time Use Survey (TUS); specific research studies.</p> <p>Period: Every 5 years</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Monitor estimates of the number of children whose educational well-being is placed at risk by undertaking any form of work. | Type 1 Indicator: Child Status Working children out of school. Reason for use: Early warning indicator of families under severe stress. | Definition: Children not attending school due to work (stratify by domestic and non-domestic). Measure: Proportion of working children who report being out of school (10–14 and 15–17 years). Sources: SAYP or TUS; specific research studies. Period: Every 5 years |
| Estimate incidence of trafficked children. | Type 1 Indicator: Child Status Trafficked children. Reason for use: To monitor the extent of child trafficking. | Definition: Trafficked children (Children's Act definition). Measures: 1. Arrests for trafficking in children. 2. Specific research studies conducted from time to time. 3. Estimates provided by NGOs including helplines. 4. Data from detention centres. 5. CPR and integrated DoSD database – see above. Sources: No integrated source at present. This data should be incorporated into the DoSD database from the CPR and departmental reports: SAPS, DoJ, Molo Songololo, other relevant NGOs, Department of Home Affairs (DoHA). Period: Every 5 years |
| Monitor inspections of places of employment that seek to determine the existence of illegal employment of children. | Type 5 Indicator: Service Quality Annual DoL inspections for child labour. Reason for use: To fulfil the requirements of CLAP, the Children's Act and the Children's Amendment Bill. | Definition: The DoL is required to undertake inspections to determine whether illegal working conditions (pertaining to children) exist. Measure: Number of DoL inspections of this nature per annum in each province. Sources: Provincial DoL; specific research studies. Period: Every 5 years |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|---|
| Provide services to children experiencing exploitative labour. | <p>Type 5 Indicator: Service Quality Appropriate professionals are trained to detect and provide services to children in hazardous child labour, and CCSE. Reason for use: To fulfil the requirements of CLAP. This indicator seeks to establish the extent to which these professionals have sufficient understanding of the problem to be able to detect and refer appropriately. Particularly relevant in known CCSE and labour hot spots.</p> | <p>Definition: Appropriate professionals include: police prosecutors, health workers, social workers, educators and DoL inspectors. For each professional group: have received training in exploitative, harmful and hazardous child labour practices and CCSE, as well as appropriate grants and services for children who have been involved in these kinds of labour and CCSE. Measure: Proportion of DoL inspectors and other relevant professionals who have attended training on exploitative, harmful and hazardous child labour practices, appropriate grants and services. Sources: None at present. Possibly DoSD or DoJ; specific research studies. Period: Every 5 years</p> |
| | <p>Type 4 & 5 Indicators: Service Access and Service Quality Services provided to children who have been removed from harmful labour and CCSE. Reason for use: To monitor access of these very vulnerable children to appropriate services. To monitor compliance with the CLAP, the Convention on the Rights of the Child (CRC), and the Constitution.</p> | <p>Definition: Social grants and health, educational and social services (including therapeutic services and statutory placements) provided to children who have been removed from harmful labour and CCSE. Measures: Number of children recorded as removed from harmful labour and CCSE have been referred to appropriate services (including grants). Sources: None at present. Possibly DoSD or DoJ; specific research studies. Period: Every 5 years</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Reduce the risk of children's exposure to CCSE by providing education. | Type 4 Indicator: Service Access The national lifeskills curriculum includes information on risks of CCSE and methods used to persuade/trick children into CCSE. Reason for use: To monitor education of children around CCSE. | Definition: Information on risks of CCSE and methods used to persuade/trick children into CCSE is included in the national lifeskills curriculum. Measure: The inclusion of this information into the national lifeskills curriculum. Sources: None at present. Department of Education; specific curriculum audit. Period: Not applicable |
| Improve access to services for children trafficked across borders. | Type 4 Indicator: Service Access Information on services for trafficked children at border points. Reason for use: To monitor visibility of service provision to trafficked children. | Definition: Information for trafficked children at immigration and emigration points detailing helplines and services. Measure: Immigration points displaying posters/leaflets detailing helplines and services. Source: DoHA Period: Audit every 5 years. |
| Improve integrity of the immigration process in order to reduce the risk of child trafficking. | Type 5 Indicator: Service Quality Immigration officers trained to identify and respond to child trafficking (and illegal adoption). Reason for use: To ensure a more sensitive and effective service in compliance with the CRC. | Definition: Provision of training in child trafficking for immigration officers. Measure: Proportion of immigration officers who have attended training on child trafficking. We recommend the use of End Child Prostitution in Asian Tourism international pilot training project or the International Organisation of Migration curriculum for border police. Source: DoHA Period: Audit every 5 years. |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Improve prosecution rate of those involved in trafficking, including those recruiting, selling, transporting, supplying, transferring, harbouring or receiving trafficked children. Also including parents/guardians who sell children. | <p>Type 5 Indicator: Service Quality Prosecutions of child traffickers. Reason for use: To monitor prosecutions in terms of the Children's Act and the Children's Amendment Bill (when law) and other relevant legislation.</p> | <p>Definition: According to the Children's Act: the recruitment, sale, supply, transportation, transfer, harbouring or receipt of children, within or across the borders of the Republic by any means, including the use of threat, force or other forms of coercion, abduction, fraud, deception, abuse of power or the giving or receiving of payments or benefits to achieve the consent of a person having control of a child. Measure: Number of child trafficking prosecutions and proportion of reported cases resulting in prosecution. Source: DoJ Period: Annual</p> |
| Improve access to services for trafficked children. | <p>Type 5 Indicator: Service Quality Magistrates and prosecutors trained to identify and respond to child trafficking (and illegal adoption). Reason for use: To ensure a more sensitive and effective service. To comply with the CRC.</p> | <p>Definition: Provision of training in child trafficking for magistrates and prosecutors in children's and sexual offences courts. Measure: Proportion of trained magistrates and prosecutors. Source: DoJ Period: Audit every 5 years.</p> |
| | <p>Type 5 Indicator: Service Quality Agency collaboration protocols in regard to trafficked children are co-ordinated by district child protection officers. Reason for use: To facilitate inter-agency collaboration to improve services for trafficked children.</p> | <p>Definition: DoSD districts have clearly displayed protocols regarding referral of trafficked children and placement of such children on the CPR. Measure: Existence of protocols in each district. Source: DoSD district offices Period: Audit every 5 years.</p> |

Notes:

1 See <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.

2 See <www.childporn@saps.org.za>.



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

Free download from www.hsrcpress.ac.za



11: Child abuse and neglect

Andrew Dawes, Mhloti Mushwana,
Amelia van der Merwe & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring child abuse and neglect. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

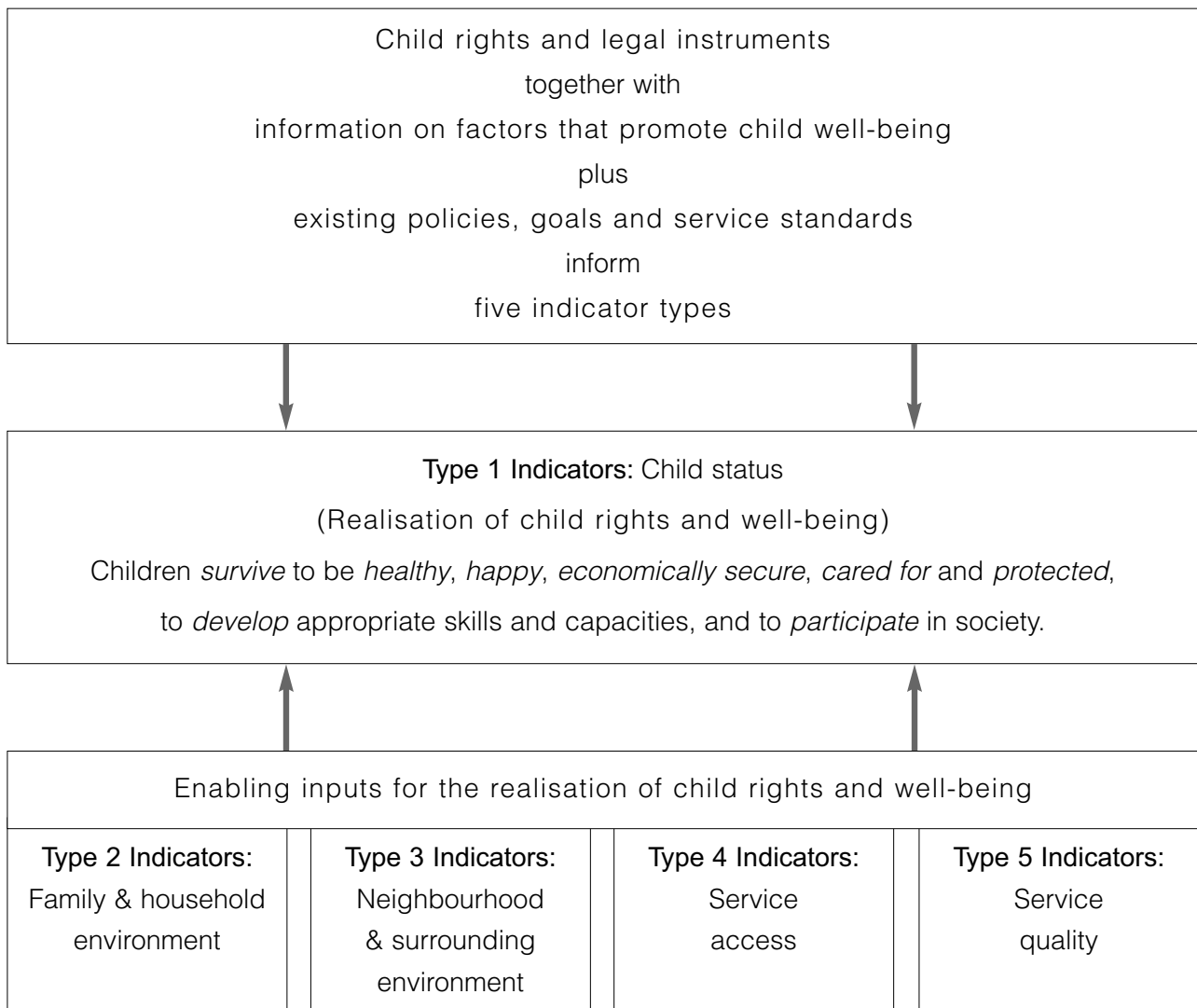
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children's access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring child abuse and neglect

Despite the seriousness of the problem, there is no national monitoring system in place to provide reliable estimates of the extent of child maltreatment (abuse and neglect) in South Africa. Although national and provincial Child Protection Registers (CPRs) exist and can be used for monitoring purposes, they capture only reported abuse and neglect and therefore access only the tip of the iceberg, even if operating with maximum efficiency and reliability. Establishing the extent of child abuse and neglect with any accuracy is a daunting task, as is recognised in countries with the most developed systems. Nonetheless, in South Africa there is a pressing need for a standard system that can provide reasonable estimates (they will never be very accurate) of the scale of the problem, provincially and nationally. The data is currently very inadequate, and is drawn from different sources that use different types of evidence and different definitions of the problem. This situation gives rise to widely differing incidence estimates.

The core indicators in this set were chosen with data availability in mind and with regard to their importance. Therefore, rather than focusing only on core indicators that are available in existing datasets, a number of indicators which should be designed and collected as soon as possible have also been included. It is essential that steps be taken to strengthen administrative data systems to permit routine low-cost monitoring of service access and quality.

Indicators for monitoring child abuse and neglect are fully discussed in Chapter 14 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring child abuse and neglect

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|--|---|
| Reduce the number of children living in poverty. | <p>Type 1 Indicator: Child Status</p> <p>Child poverty</p> <p>Reason for use: Child poverty is associated with the widest range of insults to child survival, health and development.</p> <p>Appropriate for national and international reporting: State of the World's Children; Millennium Development Goals.</p> | <p>Definition & Measure: Proportion of children in households experiencing the following:</p> <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. <p>Sources: Census and other household surveys (Statistics South Africa); provincial poverty data.</p> <p>Period: Every 10 years</p> <p>Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume.¹ A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p> |
| Protect children from all forms of violence, abuse and neglect, and make neighbourhoods safe for children. | <p>Type 1 & 3 Indicators: Child Status and Neighbourhood & Surrounding Environment</p> <p>Children's vulnerability to violent crime.</p> <p>Neighbourhood vulnerability of children.</p> <p>Reason for use: Identify areas in which the risk is high.</p> <p>To monitor children's exposure to violent crime and monitor children's rights to safety and protection.</p> | <p>Definition: <i>Violent crimes</i> to children as defined in the Common Law and other Statutes: murder, common assault, assault with intent to do grievous bodily harm and ill-treatment of a child reported to the South African Police Services (SAPS).</p> <p>Stratify by gender and age (0–17; 0–12; 13–17).</p> <p>Measures: The proportion of children in each province and in each SAPS zone and precinct who are victims of <i>all</i> violent crime (treated per crime category and as a total score based on the sum across all crime categories) per year.</p> <p>Source: SAPS</p> <p>Period: Annual</p> <p>Note: Age and gender disaggregation is not available in annual SAPS reports or website statistics. These statistics should be provided by the provincial commissioner on a routine basis each year to aid service planning in the province and the districts.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|---|--|
| → | <p>Type 1 & 3 Indicators: Child Status and Neighbourhood & Surrounding Environment Abducted, kidnapped and missing children. Neighbourhood vulnerability of children.</p> <p>Reason for use: To monitor areas to establish the risk of kidnapping and abduction of children (and also missing children). To monitor children's rights to safety and protection. Identify areas in which the risk is high.</p> | <p>Definitions: 1. Kidnapping: Use the SAPS definition in terms of the relevant Statutes; only count <i>children</i> (adults may also be kidnapped). 2. Abduction: Use the SAPS definition in terms of the relevant statutes (only children may be classified as having been abducted in terms of the law). 3. Missing children: Reports of missing children to each SAPS precinct who are not recovered within 48 hours and for whom a case of kidnapping or abduction has not been opened.</p> <p>Stratify all by gender and age.</p> <p>Measure: The proportion of children who are victims of abduction and kidnapping in each province and in each SAPS zone and precinct per year.</p> <p>Source: SAPS</p> <p>Period: Annual</p> <p>Note: Age and gender disaggregation is not available in annual SAPS reports or website statistics. These statistics should be provided by the provincial commissioner on a routine basis each year to aid service planning in the province and the districts.</p> |
| | <p>Type 1 & 3 Indicators: Child Status and Neighbourhood & Surrounding Environment Children's vulnerability to sexual crime. Neighbourhood vulnerability of children.</p> <p>Reason for use: Identify areas in which the risk is high. To monitor children's exposure to sexual assault. To monitor children's rights to safety and protection.</p> | <p>Definition: <i>Sexual crimes</i> to children as defined in the Common Law and other statutes: indecent assault, rape, 'statutory rape', attempted rape, exposure to pornography, and commercial sexual exploitation reported to the SAPS. Stratify by gender and age (0–17; 0–12; 13–17).</p> <p>Measure: The proportion of children in each province and in each SAPS zone and precinct who are victims of sexual crimes (per sexual crime category and as a total score based on the sum across all sexual crime categories) per year.</p> <p>Source: SAPS</p> <p>Period: Annual</p> <p>Note: Age and gender disaggregation is not available in annual SAPS reports or website statistics. These statistics should be provided by the provincial commissioner on a routine basis each year to aid service planning in the province and the districts.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Make schools safe for children. Monitor the incidence of violence in schools. | <p>Type 1 & 5</p> <p>Indicators: Child Status and Service Quality</p> <p>1. Learner-on-learner violence and sexual abuse.</p> <p>2. Educator-on-learner violence and sexual abuse.</p> <p>Reasons for use: To monitor children's exposure to violence by other children at school. To monitor children's exposure to violence by educators at school. To monitor children's rights to safety and protection – bullying is a form of abuse in the Children's Act. Monitor implementation of the Schools Act (No. 56 of 1996).</p> | <p>Definition: Acts of physical and sexual violence (including bullying) on a learner (by another learner or an educator) while under the jurisdiction of the school.</p> <p>All data to be stratified by gender and age (<13 years and >13 years).</p> <p>Note: These data are likely to be very coarse given problems with reporting and variations in disciplinary procedures across the country. Further, in the case of educator-on-learner abuse, none of the data below are likely to be an accurate reflection of the situation.</p> <p>Measure 1: The proportion of learners in each province and in each Education Management Development Centre district who are disciplined by their school for violence to another learner in a reporting year.</p> <p>Source: Provincial departments of education (DoEs)</p> <p>Period: Annual</p> <p>Measure 2: The proportion of learners in each province who report physical and sexual violence (including bullying) by a learner while under the jurisdiction of the school using measures designed for the UN Study on Violence to Children,² or another reliable violence exposure measure.</p> <p>Source: Current sources are academic studies only; survey needed.</p> <p>Period: Every 5 years</p> <p>Measure 3: The proportion of learners in each province who call a Safe Schools call centre and allege physical and sexual abuse and the unlawful administration of corporal punishment in school.</p> <p>Source: Safe Schools programmes in each province (DoE)</p> <p>Period: Annual</p> <p>Measure 4: Educators in each province disciplined for assaults on learners.</p> <p>Source: Labour Relations data (DoE)</p> <p>Period: Annual</p> <p>Measure 5: The proportion of learners in each province who report physical and sexual abuse and the unlawful administration of corporal punishment in a specific victim survey using measures designed for the UN Study on Violence to children (see endnote 2), or another reliable violence exposure measure.</p> <p>Source: Current sources are academic studies only.</p> <p>Period: Surveys required every 5 years.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Establish child protection information systems in compliance with policy. | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Computerised Child Protection Registers (CPRs) are established and are functioning at <i>district</i> level in each province.</p> <p>Reason for use:</p> <p>Provincial level CPR systems require sound district level CPR functioning and data collection in terms of policy. To monitor compliance with the CPR manual and the Children's Act.</p> | <p>Definitions: The CPR is established in terms of the Regulations to the Child Care Act (No. 74 of 1983) and the new Children's Act to record data on incidents of child abuse and neglect and to track children's movement through the services system.</p> <p>All the following conditions must be fulfilled within a time frame set by the department:</p> <ul style="list-style-type: none"> • Reporters and districts use the same form to capture cases (as prescribed in the regulations), are trained in its use, and receive annual feedback from district offices on how the data are used; • Forms used by services and district staff include the definitions of abuse and neglect categories listed in the CPR manual; • Districts have the appropriate training, support, equipment and staff to enter CPR data; • Raw data for the CPR are no longer sent to head office for capture; • Online system functions so that data captured at district level is available to head office; • All district CPR systems must receive reports from children's courts, welfare services, SAPS and other relevant sources to update the register on a regular basis; • All cases, substantiated or otherwise, must be entered (CPR manual must be followed); • All cases that are not substantiated must be removed (Parts A & B); • Data from service providers in the district are captured regularly on the district CPR; • Data from the district CPR are used for protective services planning at district level; • Districts have access to the CPR manual; cases are recorded accurately in terms of the definitions of abuse contained in the manual; • Districts have dedicated data capture staff sufficient to process forms within one week; • Security arrangements for storage and data capture are in place; • All districts have the necessary Information Technology (IT) in place (data lines of sufficient capacity for the task). <p>Measure: The proportion of districts in each province that have a fully functional CPR in place in terms of the above criteria.</p> <p>Source: Provincial Departments of Social Development (DoSDs) based on an audit of the CPR in each district.</p> <p>Period: Immediately and then every 5 years to monitor progress.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|---|--|
| → | <p>Type 4 & 5 Indicators: Service Access and Service Quality Computerised CPRs are established at <i>provincial</i> level. Reason for use: Each province requires the CPR for service planning and for reporting to national level. Part B of the register is required for checking childcare personnel against perpetrator information. To monitor compliance with regulations and the Children's Act.</p> | <p>Definitions: The CPR is established in terms to record data on incidents of child abuse and neglect and to track children's movement through the services system. All the following conditions must be fulfilled within a time frame set by the department:</p> <ul style="list-style-type: none"> • Each provincial CPR has the appropriate equipment and staff to generate reports from the CPR and alter contents where necessary; • Staff have the appropriate security clearance to generate reports; • Each provincial CPR has the appropriate equipment and staff to generate reports for each district on an annual basis and to generate information on an ad hoc basis for provincial and national government; • Each provincial CPR is used for service planning and budgetary allocations at provincial and district level for child protective services; • Until district offices are functional, the provincial head office has sufficient staff to capture forms within one week of receipt; • All security arrangements contained in the CPR manual, including secure storage space and private space for data capturers, are in place at head office; • All provincial offices have the necessary IT in place, including data lines of sufficient capacity for the task; • In each province, all head offices provide annual reports to each district for purposes of service planning at district level. <p>Measure: The number of provinces that have a fully functional CPR in place in terms of the above criteria. Source: National DoSD based on an audit of the CPR in each province. Period: Immediately and then every 5 years to monitor progress.</p> |
| | <p>Type 4 & 5 Indicators: Service Access and Service Quality A computerised CPR is established and operational at <i>national</i> level. Reason for use: To monitor compliance with the Children's Act.</p> | <p>Definitions: The CPR is established in terms of the standard provincial protocol to record data on incidents of child abuse and neglect, and permits tracking of children across the country. Measure: The national CPR is established and receives data regularly (according to the protocol) from all provinces. Source: DoSD Period: Not applicable</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Ensure that all provinces have co-ordinated child protective services. Co-ordination of system resources is in accordance with national and provincial policy frameworks for prevention of child abuse, neglect and exploitation. | <p>Type 5 Indicator: Service Quality</p> <p>Provincial and district child protection structures and staff are in place:</p> <ul style="list-style-type: none"> • District child protection officers are in place in every district and have the necessary staff to fulfil their functions; • Provincial, district and local child protection committees in place and operational; • Provincial child protection committee (PCPC) plans are in place; • Local child protection committee (LCPC) plans are in place; • Local services are based on PCPC and LCPC plans. <p>Reason for use: To monitor the extent to which policy is implemented and whether child protective services are co-ordinated at all levels of service provision.</p> | <p>Definitions: PCPCs are required to be established in each province to provide plans for the investigation, prevention and treatment of child abuse and neglect in terms of policy. Further roles and responsibilities are defined in terms of national and provincial policy. LCPCs co-ordinate plans for the investigation, prevention and treatment of child abuse and neglect at local level. Further roles and responsibilities are defined in terms of national and provincial policy. District child protection officers oversee local functions. Further roles and responsibilities are defined in terms of national and provincial policy.</p> <p>Measures: All apply.</p> <ol style="list-style-type: none"> 1. A provincial child protective services plan is in place. 2. The PCPC is established and meets <i>at least quarterly</i> (attendance of each sector should be recorded). 3. District child protection committees are established in every district and meet <i>at least quarterly</i> (attendance of each sector should be recorded). 4. The number of districts with child protection officers and the necessary support staff in posts to support local committees, reporting functions in terms of the CPR, as well as oversight of all district services (including 24-hour services). 5. The number of LCPCs established in each district that meets as determined by the district child protection officer. 6. The number of districts with child protective services based on PCPC and LCPC plans. <p>Source: DoSD in each province</p> <p>Period: Immediately and then every 5 years to monitor progress.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|---|
| Improve access to child protective services. | <p>Type 4 Indicator: Service Access Access to a 24-hour child protection service.</p> <p>Reason for use: To monitor the implementation of child protection policy. Rapid services access is a requirement of child protection policy and necessary if the child is to receive attention as soon as possible after the incident.</p> | <p>Definition: Each social services district in each province has standardised 24-hour child protective services available within one hour's travel from the child's place of residence (this principle draws on the 'golden hour' principle for medical emergency services).</p> <p>Measure: The proportion of DoSD districts that have a 24-hour service situated so that all children in the province would be able to access the service within one hour's travel time (the measure would be based on the road matrix of the district).</p> <p>Sources: Provincial DoSDs; district offices.</p> <p>Period: Immediately and then every 5 years to monitor progress.</p> |
| | <p>Type 4 Indicator: Service Access 1. Family Violence, Child Protection and Sexual Offences Units (FCSs) are established in areas identified as high risk for violence to women and children. 2. The units comply with recommended caseload norms.</p> <p>Reason for use: To be able to respond to areas of greatest need and investigate cases effectively. To monitor the implementation of child protection policy, and relevant legislation (e.g. the Children's Act).</p> | <p>Definitions: The FCS is a specialised SAPS unit that, among other duties, investigates reports of sexual and other violent crimes to children and prepares matters for criminal prosecution. Staffing should comply with departmental caseload norms for this service of <i>less than 51 cases</i> per officer (see below).</p> <p>Measures: 1. The number of FCS units established in high-risk areas for violent crime to and abuse and neglect of children, as identified by the provincial and district child protection committees in collaboration with SAPS (on the basis of FCS data) and the Department of Social Services and Poverty Alleviation (on the basis of Department of Justice [DoJ] children's court inquiry data) – for each DoSD district. 2. The number of FCS units that have staffing levels that meet the caseload norm.</p> <p>Sources: SAPS; DoJ; DoSD in each province.</p> <p>Note: This practice does not currently exist and could be the responsibility of the PCPCs to implement.</p> <p>Period: Immediately and then every 5 years to monitor progress.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| → | <p>Type 5 Indicator: Service Quality</p> <ol style="list-style-type: none"> 1. Social worker caseloads for child abuse and neglect are within the norm. 2. FCS officer caseloads are within the norm. 3. Precincts are equipped to deal with child abuse at all times. <p>Reasons for use: To monitor resourcing on key services for child protective services. To prevent further traumatising of abused children.</p> | <p>Definitions: Norms for social workers working on child abuse and neglect cases are not set. A recommended norm is 1:20 for <i>acute</i> cases of abuse (recommended in the draft national policy framework for child abuse and neglect [DoSD, 2004a]).</p> <p>Norms for FCS officer caseloads are not currently established. A recommended norm is: <i>1 officer to 50 cases</i> (including current investigations and matters before the court – based on consultations with FCS staff).</p> <p>Measures: 1. Norms are established for social worker and FCS officer caseloads in each province. 2. The proportion of district level social workers in each province with a caseload of <i>less than 21 acute cases of child abuse and/or neglect at any one time</i>. 3. The proportion of FCS officers in each province who have a <i>caseload of less than 51 at any one time</i>. 4. The proportion of precincts in each province that have at least 1 officer trained to deal with child abuse and neglect on duty (or on call) at all times.</p> <p>Sources: DoSD in each province; SAPS.</p> <p>Note: These data need to be collected annually by the relevant department as a normal administrative function.</p> <p>Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure access to therapeutic services for physically and sexually abused children. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Access to therapeutic services for abused children.</p> <p>Reason for use: To monitor access to therapeutic services for abused children.</p> | <p>Definitions: Sexually abused children who have been raped and who have received Post-Exposure Prophylaxis (PEP) to prevent HIV transmission.</p> <p>Physically and sexually abused children who are referred for psychological therapy (counselling by a social worker, psychologist or psychiatrist) and medical intervention.</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. The number of children in each province who presented at a rape survivor centre as a result of sexual assault, in a health department reporting period. 2. The proportion of sexually assaulted children in each province who presented at a rape survivor centre as a result of sexual assault, and <i>who received PEP</i>, in a health department reporting period. 3. The number of children who present at specialist tertiary trauma units in each province as a result of physical and sexual abuse in a health department reporting period. 4. The number of children who present at specialist tertiary trauma units in each province as a result of physical and sexual abuse and who are referred for social services and/or psychological therapy in a health department reporting period. <p>Sources: Primary and secondary facility data: Department of Health (DoH) (based on data from the clinical forensic surgeons at rape survivor centres).</p> <p>Notes: Currently, these data are only stratified by children <14 years, and all other patients. This stratification should be altered by the DoH so that all cases <18 can be counted.</p> <p><i>Tertiary data: trauma unit data at tertiary hospitals</i></p> <p>This data is only available on request from the relevant facility. It should be routinely incorporated in the proposed child protection information unit.</p> <p><i>The CPR</i></p> <p>The CPR has the capacity to generate relevant medical, social and psychological services information. Each provincial CPR should be assessed to establish whether or not the system is functioning as it should.</p> <p>Child abuse and neglect service quality audits could be conducted for a child abuse and neglect incidence study.</p> <p>Period: All annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Roll out effective child-friendly courts in the DoJ as provided for in various Acts, the Children's Act and regulations. | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Child-friendly courts in place.</p> <p>Reason for use:</p> <p>Availability of these services is likely to improve the quality of child testimony, reduce the trauma of court appearance, and improve the conviction rate.</p> <p>To comply with Section 42 of the Children's Act, which provides guidelines for hearings involving children.</p> | <p>Definitions: A separate children's waiting area should be available for child witnesses at Sexual Offences Courts, and other criminal courts where children are required to give evidence in cases where they are the complainant.</p> <p>Anatomical dolls should be available for child witnesses at Sexual Offences Courts. Closed-circuit television or other appropriate facilities should be available for child witnesses at all courts where children are required to give evidence. Intermediary services for child witnesses should be available at all courts. Facilities for disabled children should be available at all courts.</p> <p>The DoJ Policy on Court Services for Children specifies the services that should be provided, as does the Children's Act. The Criminal Procedures Act makes provision for intermediary and other services at the presiding officer's discretion.</p> <p>The criterion is fulfilled if measures 1, 4 and 5 are met immediately. Other conditions should be progressively met over a specified period (recommended – 5 years).</p> <p>Measures: 1. Proportion of courts in each province with properly equipped waiting areas for child witnesses. 2. Proportion of courts in each province with facilities for the disabled child witness. 3. Proportion of Sexual Offences Courts in each province with anatomical dolls available for child abuse cases. 4. Proportion of courts in each province with closed-circuit television or other equally appropriate facilities. 5. Proportion of courts in each province with intermediaries.</p> <p>Source: DoJ</p> <p>Period: Immediately and then every 5 years to monitor progress.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Monitor the incidence of abuse and neglect. | <p>Type 1 & 3 Indicators:</p> <p>Child Status and Neighbourhood & Surrounding Environment</p> <p>Child Sexual Abuse (CSA) incidence.</p> <p>Household and area risks for sexual abuse.</p> <p>Reason for use: To monitor children's exposure to sexual abuse and to monitor children's rights to safety, protection and social security.</p> <p>Identify areas in which sexual abuse is prevalent.</p> <p>To monitor the implementation of child protection policy.</p> <p>Basic requirement of a CSA surveillance system to monitor children's right to safety and protection from abuse.</p> | <p>Definitions: CSA has two basic elements that must be present to make the classification:</p> <ul style="list-style-type: none"> • Sexual activity involving a child; • Abusive conditions: the child's partner has a large age or maturational advantage over her/him; or is in a position of authority or is in a caretaking relationship with the child; or the activities are carried out against the child using force or deception. <p>Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which social services district it occurred (based on the CPR).</p> <p>Two types of CSA should be monitored:</p> <p><i>Contact abuse:</i> penetration, including penile, digital and object penetration of the vagina, mouth or anus, and non-penetration, including fondling of sexual organs, sexual kissing, or the child touching sexual parts of a partner's body.</p> <p><i>Non-contact abuse:</i> exhibitionism, voyeurism, exposure to pornography, verbal sexual propositions.</p> <p>All data to be stratified by gender and age (0–17; 0–12; 13–17).</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. The proportion of children in each province and in each DoSD district reported to the CPR as having been sexually abused in a specific year (no duplicate children). Disaggregate by contact and non-contact abuse types and by gender. Report per 100 000 of the population within each age stratification. 2. The proportion of children in each province and in each DoSD district reported to the CPR and substantiated as having been sexually abused in a specific year (no duplicate children). Disaggregate by contact and non-contact abuse types and by gender. Report per 100 000 of the population within each age stratification. 3. Proportions of children abused in selected localities (including the home and the suburb). <p>Area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which social services district it occurred (based on the CPR).</p> <p>Source: The CPR (if operational).</p> <p>Note: As the CPR system is not rolled out and functioning in most areas, a <i>child abuse and neglect incidence study</i> is urgently required for baseline data.</p> <p>Period: Annual if the CPR is used; every 10 years if a surveillance study is used.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|------------------------------|---|
| → | | <p>4. Number of children found in need of care due to sexual abuse: record of commissioner's findings at children's court inquiries.</p> <p>Source: DoJ records for each children's court in each province.</p> <p>Period: Annual</p> <p>5. Number of children reported to all FCS units in each province for investigation of CSA stratified by SAPS area (each of the 13 FCS units submits weekly and monthly statistics to its area office).</p> <p>Source: SAPS</p> <p>Period: Annual</p> <p>Note: The anti-rape strategy form can provide statistics on the number of rape cases reported at identified police stations and the number of rape victims referred to the victim support programme; the number of cases referred to court; the number of offenders arrested; and the conviction rate. However, a serious limitation is that none of this information is disaggregated by age and gender. It is therefore not possible to use these data to obtain figures on children unless the system is altered. However, victim empowerment programme statistics, submitted monthly to the provincial social crime office, are disaggregated by age and gender.</p> <p>Age and gender disaggregation is not available in annual SAPS reports or website statistics. The provincial commissioner should provide these data on a routine basis each year to aid service planning in provinces and the districts.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|---|---|
| → | <p>Type 1 & 3</p> <p>Indicators: Child Status and Neighbourhood & Surrounding Environment</p> <p>Child Physical Abuse (CPA) incidence.</p> <p>Household and area risks for physical abuse.</p> <p>Reason for use: To monitor children's exposure to physical abuse and to monitor children's rights to safety, protection and social security.</p> <p>Identify areas in which physical abuse is prevalent.</p> <p>To monitor the implementation of child protection policy.</p> <p>Identify areas in which abuse and neglect is prevalent for planning purposes.</p> | <p>Definition: CPA inflicted on a child by a person who is in a position of responsibility, trust or power in relation to the child (DoSD, 2004), and reported to the CPR (or based on data collected in an incidence study).</p> <p>All data to be stratified by gender and age (0–17; 0–12; 13–17).</p> <p>Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which social services district it occurred (based on the CPR).</p> <p>Measures: 1. Proportion of children in each province and in each district reported to the CPR as having been physically abused in a specific year (no duplicate children). Report per 100 000 of the population within each age stratification.</p> <p>2. Proportions of children abused in selected localities (including the home and the suburb).</p> <p>Source: The CPR (if operational).</p> <p>Note: As the CPR system is not rolled out and functioning in most areas, a <i>child abuse and neglect incidence study</i> is urgently required for baseline data.</p> <p>Period: Annual if the CPR is used; every 10 years if a surveillance study is used.</p> <p>3. Number of children found in need of care due to physical abuse: record of commissioner's findings at children's court inquiries.</p> <p>Source: DoJ records for each children's court in the province.</p> <p>Period: Annual</p> <p>4. Number of children reported to all FCS units in the province for investigation of CPA stratified by SAPS area (each of the 13 FCS units submits weekly and monthly statistics to its area office).</p> <p>Source: SAPS</p> <p>Period: Annual</p> <p>Note: Age and gender disaggregation is not available in annual SAPS reports or website statistics. The Department of Social Services and Poverty Alleviation should request that these statistics be provided by the provincial commissioner on a routine basis each year to aid service planning in the province and the districts.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|--|--|
| → | <p>Type 1 & 3 Indicators: Child Status and Neighbourhood & Surrounding Environment 1. Non-circumstantial child neglect incidence. 2. Child abandonment. 3. Household and area risks for neglect.</p> <p>Reason for use: To monitor children's exposure to neglect and to monitor children's rights to safety, protection and social security. Identify areas in which abuse and neglect is prevalent for planning purposes.</p> | <p>Definitions: 1. Non-circumstantial neglect of a child occurs when those responsible for the child fail to meet his/her essential needs <i>despite having the means to do so</i> (DoSD, 2004a). Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household and in which social services district it occurred (based on the CPR). All data to be stratified by gender and age (0–17; 0–12; 13–17 (with the exception of abandonment)).</p> <p>2. Abandonment is the unlawful and intentional exposure and abandonment of an infant in a place or in such circumstances that death from exposure is likely to result (DoSD, 2004a).</p> <p>Measures: 1. Proportion of children substantiated as having been neglected in the above manner in a specific year (no duplicate children) as recorded on the CPR (if operational).</p> <p>2. Number of children under the age of 3 years to have been abandoned in a specific year, based on the record of commissioner's findings at children's court inquiries.</p> <p>Source: DoJ (for each children's court in the province).</p> <p>3. Proportions of children abused in selected localities (including the home and the suburb).</p> <p>Sources: CPR (not possible at this stage); DoJ (for each children's court in each province).</p> <p>Period: Annual for all types</p> <p>Note: As the CPR system is not rolled out and functioning in most areas at this time, the children's court data is advised. A national child abuse and neglect incidence study is urgently required for baseline data.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|--|---|
| → | <p>Type 1 & 3</p> <p>Indicators: Child Status and Neighbourhood & Surrounding Environment</p> <p>Children referred to a children's court inquiry.</p> <p>Children referred to a children's court inquiry in each social services district.</p> <p>Reason for use:</p> <p>Identify areas in which abuse and neglect are prevalent.</p> | <p>Definition: A children's court inquiry is held before a children's commissioner to determine whether or not an order of court is to be made to protect the child from abuse and neglect.</p> <p>Measures: 1. Number of children's court inquiries per magisterial district in a reporting year.</p> <p>2. Number of children's court inquiries in each DoJ district and plotted against the DoSD district in which the court is located. This is a proxy measure of the level of risk of all forms of abuse in the DoSD district.</p> <p>Source: DoJ (for each children's court in each province).</p> <p>Period: Annual</p> |

Notes:

- 1 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.
- 2 UN Study on Violence to Children, <www.crin.org>.



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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12: Children in statutory care

Jackie Loffell, Amelia van der Merwe,
Andrew Dawes & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring children in statutory care. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

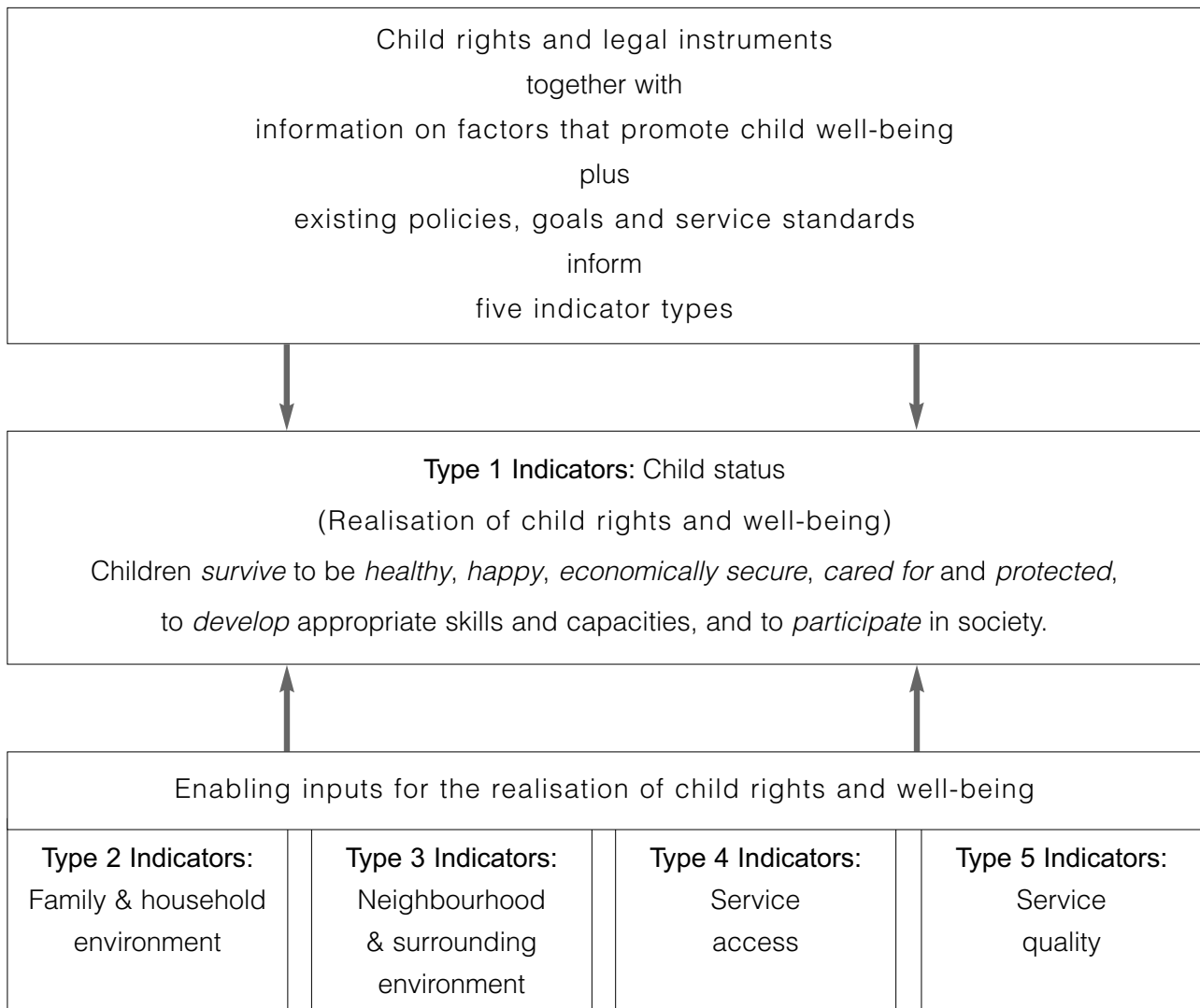
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children's access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring children in statutory care

The Indicator Set presented here focuses on the rights and well-being of children who have been found to be 'in need of care' in terms of the Child Care Act (No. 74 of 1983), and also those who fall within the equivalent category in terms of the Children's Act (No. 38 of 2005) and the Children's Amendment Bill (No. 3 of 2006). The children at issue here are those who have come to the attention of the children's court, which has judged them to be in need of intervention, using state authority, to protect them from maltreatment or destitution and, where necessary, to provide them with substitute care and associated services. The indicators presented below also cover children alleged but not yet confirmed to be in need of care, and to a limited extent those placed in adoption, in terms of the legislation. The task of selecting indicators for children in statutory care in South Africa is greatly complicated by the state of the service network that is responsible for addressing the needs of such children, in particular, the social welfare component.

The Indicator Set presented below includes systemic indicators for monitoring the overall system that provides children in statutory care with the necessary care and services (please refer to Set 11 for comprehensive indicators for monitoring child abuse and neglect). Broad baseline indicators have also been included to provide a clearer picture of the size of the population of children in statutory care, demographics, and the rates and patterns of movement into and out of the statutory care system. In addition, qualitative indicators are included, and are intended to provide data on what is happening to these children during the placement process and thereafter, and the extent to which the care and case management to which they are exposed meets recognised standards.

Indicators for monitoring children in statutory care are fully discussed in Chapter 15 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring children in statutory care

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|---|
| Install an information system for monitoring statutory services to children. | <p>Type 5 Indicator:</p> <p>Service Quality</p> <p>Registers of Children in Care are in place in each province.</p> <p>Reason for use: To provide a basis for planning and resourcing; to improve monitoring of service quality for children in statutory care, and extent to which currently marginalised groups are being catered for.</p> | <p>Definition: A Register of Children in Care is proposed that will track information about children in care. The register will include information on each child (including age, gender, population group, disability status, national origin, reasons for placement; children's movements through the care system; permanency planning). Department of Social Development (DoSD) and non-governmental organisation (NGO) social work caseloads will be included. Other information as may be appropriate.</p> <p>The register would be maintained by each provincial DoSD based on information supplied by district DoSD offices and NGOs. Information would be collated by provincial and then national DoSDs.</p> <p>Measure: National DoSD accepts that Registers of Children in Care must be in place in each province. Each province has a functional system in place within 5 years of the decision being taken.</p> <p>Source: DoSD</p> <p>Period: Ascertain whether the recommendation is accepted and the system is in place within 5 years.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Improve and monitor budgetary allocations to social welfare services for children in accordance with policy. | <p>Type 4 & 5 Indicators:</p> <p>Service Access and Service Quality</p> <p>Annual provincial budget allocations to social welfare services for children.</p> <p>Reason for use:</p> <p>Monitors whether budget share for children's social welfare services changes over time. Monitors whether budget follows policy commitment to protection of vulnerable children in terms of the Child Care Act (No. 74 of 1983) and the incoming Children's Act.</p> | <p>Definition: Annual provincial budgets allocated for all social welfare services (excluding social grants) to children in each province. The budgets should be stratified to include at least the following:</p> <ol style="list-style-type: none"> 1. Agency social worker salary subsidies (and the number of posts subsidised per province). 2. Support for statutory services, including subsidies for the various child placement options for children found in need of care (foster care, children's homes, etc.). <p>Measure: Rand amount allocated for child social welfare services of all kinds per year compared with previous annual allocations.</p> <p>Sources: Provincial DoSDs and Treasuries.</p> <p>Period: Annual</p> |
| Ensure soonest possible access to a permanent, stable environment, preferably in a family context, for children in statutory care. Promote stability and continuity of care for children in statutory placements. | <p>Type 5 Indicator:</p> <p>Service Quality</p> <p>Permanency planning for children in statutory care.</p> <p>Reason for use: A key indicator of the quality of statutory childcare and protection services, and is central to the question of whether the child will ultimately benefit from the period in statutory care. Can be used to determine acceptable staffing, training and caseload levels.</p> | <p>Definition: Care and Development Plans with a permanency component are drawn up for each child in statutory care according to recognised guidelines. The plans are regularly reviewed. Data must be available for each province.</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. The proportion of children in statutory care for whom these plans are in place as required by the DoSD, and for whom the necessary services are being implemented, with back-up plans in reserve in case primary plan does not succeed (e.g. adoption for younger children, preparation for independent living for older teenagers). The participation of children in formulating plans should be recorded. 2. The proportion of children in statutory care for whom these plans are in place and are assessed and reviewed as required by the DoSD. 3. The proportion of children in statutory care for whom these plans are in place, and who are in contact with their families or significant others to the extent envisaged in the plan. <p>Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for statutory care services.</p> <p>Period: Annual if the Register of Children in Care is established; every 5 years for quality audits.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| → | Type 5 Indicator: Service Quality Unplanned termination of statutory placements. Reason for use: May indicate inadequate selection or poor levels of support and training of caregivers, and/or abuse in care. | Definition: Placements which end prematurely. Measure: Proportion of all placements that are terminated due to: i) abuse, ii) illness or death of caregiver, iii) inability of caregiver to manage child's behaviour, iv) rejection by caregiver, v) problems between child and foster sibling. Data must be available for each province. Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for specific child abuse and neglect services. Period: Annual if the Register of Children in Care is established; every 5 years for quality audits. |
| Ensure that foster parents receive adequate training and support. | Type 4 & 5 Indicators: Service Access and Service Quality 1. Regular support of foster parents in the statutory system. 2. Training for foster parents in the statutory system. Reasons for use: Would provide a rough indicator of support provided by social services to foster families that is intended to influence the quality of the care they provide. Crucial service that can also help prevent further abuse to the child while in care. | Definitions: Regular support is a minimum of quarterly visits to foster families by the child's caseworker; initial training is the preparation of the foster parents prior to placement; ongoing training includes workshops attended by foster parents while the child is in their care. Measures: 1. Percentage of foster parents in each province who received regular support from social workers, social auxiliary workers, other foster parents or volunteers in a reporting year. 2. Percentage of foster parents in each province who have received initial training in a reporting year. 3. Percentage of foster parents in each province who have received ongoing training in a given year. Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for statutory care services. Period: Annual if the Register of Children in Care is established; every 5 years for quality audit. |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure that vulnerable families of origin from which children have been removed are supported to enable the return of the child. | <p>Type 5 Indicator: Service Quality Effectiveness of family reintegration services for children placed in care. Reason for use: To monitor effectiveness of family support and reintegration work while the child is in care and after his or her return home. Monitor efforts to reduce re-entry into statutory care following family reintegration.</p> | <p>Definition: Statutory care should normally be accompanied by family rehabilitation processes to enable the child to return home (other than in cases where reintegration has been excluded, e.g. where parents are deceased or terminally ill, or their whereabouts are unknown, or they have refused services). Measure: Proportion of children placed in care during a specific period, who return to their families of origin and do not enter care again. Data must be available for each province. Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for statutory care services. Period: Annual if the Register of Children in Care is established; every 5 years for quality audits.</p> |
| | <p>Type 4 & 5 Indicators: Service Access and Service Quality Access of children in care and their families to required external services. Reason for use: Children are sometimes brought into care or forced to remain in care because of a lack of supports and services which could enable their families or other caregivers to care for them in the community, or at least to play a more positive role in their lives.</p> | <p>Definition: Services with which families of origin may need to be linked include: employment, social security grants, housing, treatment for addictions, parenting skills training, psychological assessment, psychotherapy, disability-related equipment or other services. Services to children include: remedial education, vocational training, disability-related equipment or services, life-skills training, psychological assessment, psychotherapy, treatment for addictions, foster or adoptive family care (for children in institutional care). Care and Development Plans as required by the DoSD are intended to identify services needed, and reviews should show those that are provided. This information should be noted on the proposed Register of Children in Care. Data must be available for each province. Measures: 1. Proportion of children in care who receive the necessary services. 2. Proportion of families of children in care who receive the necessary services. Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for statutory care services. Period: Annual if the Register of Children in Care is established; every 5 years for quality audits.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure that the statutory care system caters for identified marginalised groups. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Accommodation of groups of children who tend to be excluded from the statutory care system due to lack of suitable programmes, or lack of capacity in existing programmes.</p> <p>Reason for use:</p> <p>Children who are victims of commercial sexual exploitation and trafficking, those who have disabilities, and foreign children are among those who have difficulties in accessing the statutory care system. For the first group this is due to an almost total lack of appropriate programmes; in the others it has to do with lack of necessary knowledge and capacity. This indicator would help in monitoring improvements in this situation.</p> | <p>Definition: Groups of children who tend to be marginalised from the statutory service system include:</p> <ul style="list-style-type: none"> i) children with disabilities, ii) children of foreign origin, iii) children who have experienced commercial sexual exploitation or trafficking. Data must be available for each province. <p>Measures:</p> <ol style="list-style-type: none"> 1. Evidence of measures introduced by government to capacitate existing service providers to care for these categories of children. 2. Number of programmes introduced to care specifically for children who have been extracted from commercial sexual exploitation and/or trafficking. 3. Numbers of children in the relevant categories in the statutory care system. <p>Source: Not currently being collated. Proposed Register of Children in Care; quality audit to be developed for statutory care services.</p> <p>Period: Annual if the Register of Children in Care is established and disaggregate data by the three categories of child above; every 5 years for quality audits.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Monitor children's movement through the statutory system. | <p>Type 5 Indicator: Service Quality Children committed to statutory care, and their subsequent movement between different forms of care and out of care.</p> <p>Reason for use: To provide data regarding the length of time which children are spending in care, the effectiveness of permanency planning, and trends as regards movement while in care, for purposes of policy development, planning and resourcing.</p> | <p>Definition: For every child who enters statutory care a 'permanency plan' must be developed in which the reasons why placement is necessary are spelled out, and the desired outcomes and the necessary steps and services towards an ultimate long-term arrangement are specified. Preferred outcomes are permanent integration into the original family or a substitute family. Data must be available for each province.</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. The number of children in <i>ongoing statutory care</i> per year, in each form of care. 2. The number of children <i>leaving each form of care</i> per year, as well as their destination (alternative form of statutory care, biological family, adoption, independent living arrangement, etc.). 3. The average duration of the period spent in statutory care, inclusive of initial phase prior to finalisation of children's court enquiry (in months). 4. The following should also be captured in a checklist, for example as follows: <ul style="list-style-type: none"> • Any movement of the child. For example, i) move to own immediate family, extended family, an unrelated foster family, or an adoptive family; ii) transfer to residential care (specify type); iii) abscondment; iv) discharge from care/independent living; • Reason why the child is still in care; • Date of Care and Development Plan record; • Dates of reviews of the plan; • Child's and family's participation in planning; • Annual statement of preferred permanency outcome for child; • Annual statement of level of progress towards permanency. Statements should be summarised as: 'plan on track', 'plan partially on track', 'no progress', 'case inactive' or 'permanency already achieved' – where, for instance, the child is in long-term foster care with relatives and there is no prospect of changing this situation. The latter option should not apply to any form of institutional care. <p>Source: Not currently being collated. Proposed Register of Children in Care or a quality audit to be developed for statutory care services.</p> <p>Period: Annual if the Register of Children in Care is established and disaggregate data by the elements mentioned above; every 5 years for audits.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure an adequate supply of statutory care vacancies for children in need thereof. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>Placements for children who cannot safely remain where they are.</p> <p>Reason for use:</p> <p>Children remain for protracted periods in unsafe circumstances or inappropriate placements due to lack of provision for them. (Measures to address this problem must be balanced with measures to prevent the need for placement and measures to prevent children from becoming 'stuck in the system', so that more vacancies become available.)</p> | <p>Definition: Sufficient placement options should be available for all children who cannot safely remain in their own homes, even with support and linkage to needed services.</p> <p>Measure: Shortage of placement vacancies per category of placement in each province.</p> <p>Source: Provincial DoSD</p> <p>Period: Annual – recorded halfway through each financial year. The reason for recording in the middle of the financial year is that children in care who go back to their families often do so at the end of the school year so as not to disrupt their schooling. This means that vacancies are more likely to be available during the first term, and shortages are likely to peak towards the end of the year. A figure taken halfway through the financial year (September) is probably the most helpful.</p> <p>Note: Available but not currently captured. Departments should capture information from their own caseloads and from facilities and organisations providing foster care services, as well as court records of children in places of safety for whom long-term placement vacancies are awaited.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| Improve the capacity of the Department of Justice (DoJ) to monitor cases brought before the children's court. | <p>Type 5 Indicator: Service Quality A standardised children's court register is in place.</p> <p>Reason for use: Currently there is no readily available administrative information system that shows the numbers of children served by, or permits description of the cases that come before the children's courts, or the types of decision made. The data could be used to assess social service needs and practices in each jurisdiction, as well as court staff needs.</p> | <p>Definition: The DoJ Court Information Directorate should institute a nationally standardised register which includes information on the situation of every child who is subject to a form 4 emergency order; and/or who is placed on a temporary order pending further investigation in terms of Section 11 or Section 14(3) of the Child Care Act (No. 74 of 1983); and/or who is found to be in need of care in terms of Section 14(4) of the Act. Every child must be listed, rather than every family, as is currently the case. The categories will change once the incoming Children's Act is in place.</p> <p>The register should also include: appropriate information on the child (date of birth, population group, gender, language, religious denomination, etc.); the reasons why the child has been brought to court; and the nature of the order made, if any.</p> <p>The information should be regularly submitted by each children's court to the relevant provincial structure, and then to the national office of the DoJ for collation and analysis by the Court Information Directorate (at provincial and magisterial district level).</p> <p>Measure: A decision is taken by the DoJ to implement the register, and roll it out to every children's court within 2 years of the decision being taken.</p> <p>Source: Not currently available; DoJ.</p> <p>Period: Annual once established.</p> |
| Reduce the number of children living in poverty and who are thereby at risk for circumstantial neglect. | <p>Type 1 Indicator: Child Status Child poverty.</p> <p>Reason for use: Child poverty is associated with the widest range of insults to child survival, health and development. Appropriate for national and international reporting: State of the World's Children; Millennium Development Goals.</p> | <p>Definition & Measure: Proportion of children in households experiencing the following:</p> <ul style="list-style-type: none"> • Living in a household that has a household equivalent income below R10 189 per annum (2006 value); • Living in a household without a refrigerator; • Living in a household with neither a TV nor a radio. <p>Sources: Census and other household surveys (Stats SA); provincial poverty data.</p> <p>Period: Every 10 years</p> <p>Notes: This measure is used in the Provincial Indices of Multiple Deprivation (PIMD) developed by Noble, Babita et al. (2006). See Chapter 3 in the main volume.¹</p> <p>A PIMD for children (PIMDC) will be available once this volume is published and should be seriously considered for these purposes as it will permit description of areas below provincial level and will take into account a range of deprivations experienced by children in poverty.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Monitor the situation of children in initial phases of care prior to the completion of a children's court enquiry, including those on emergency (form 4) orders or retention (Section 11 or 14(3)) orders. | <p>Type 1 Indicator: Child Status Children in emergency placements.</p> <p>Reason for use: All these children are highly vulnerable and are likely to have experienced some form of maltreatment, and the placement process will often have been traumatic. They may remain in a state of uncertainty for long periods due to logjams in the court and social welfare systems. Children aged under three years are specifically vulnerable to trauma and the effects of institutionalisation.</p> | <p>Definition: The early stages of statutory intervention before a children's court enquiry has been completed, and a final order issued, must be handled with great care and without unnecessary delays. Thorough assessment must take place and long-term planning with and for the child and the family must be initiated. Children may be placed on emergency (form 4) orders, or retention orders in terms of Sections 11 or 14(3) of the Child Care Act, pending the finalisation of a children's court inquiry. Emergency (form 4) orders should only be used where there is an immediate threat to the safety of the child which cannot be addressed in any other way. The child and the caregivers concerned should be properly prepared for placement where at all possible.</p> <p>Data analysed should include: reasons for placement in care, for example: sexual abuse, physical abuse, neglect, abandonment, orphanhood, chronic or terminal illness in a caregiver, poverty, unemployment, homelessness, addiction in the child or a caregiver, domestic violence, trafficking, and child labour including commercial sexual exploitation. Type of preliminary placement must also be specified, as in: places of safety, children's homes, safe houses/emergency foster homes, etc. Data must be available for each province.</p> <p>Measure: The number of children in each form of emergency or retention order placement (stratified by gender, population group and age). Special attention to be paid to children under 3 years.</p> <p>Sources: DoJ. Much is available in the records but not currently captured. Proposed children's court register or a services audit.</p> <p>Period: Annual if the register is established; every 5 years for quality audits.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Monitor the children's courts' decisions. | <p>Type 1 Indicator: Child Status Outcomes of children's court inquiries.</p> <p>Reason for use: Monitoring provides numbers of children entering and remaining in the various forms of care for purposes of planning and resourcing. It also indicates the extent to which placement occurs for reasons of poverty rather than due to abuse or neglect, for policy reviews as to which cases should be handled through the social security system rather than the statutory care system.</p> | <p>Definition: The outcome of an inquiry is the placement decision made by the presiding officer. Data must be available for each province.</p> <p>Measures:</p> <ul style="list-style-type: none"> • The number of cases closed with no finding being made; • The number of children placed back with caregiver under supervision; • The number of children placed in each available form of residential care; • The number of children placed in foster care with relatives (kinship care); • The number of children placed in foster care with non-relatives; • The number of these for whom poverty is the primary reason for placement; • The average duration of stay in temporary care. <p>Sources: DoJ. Much is available in the records but not currently captured. Proposed children's court register or a services audit.</p> <p>Period: Annual if the register is established; every 5 years for audits.</p> <p>Note: The categories should be adjusted once the new Children's Act is in force (for example, to add placement in shared care, and placement in rehabilitation centres or other specialist facilities).</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Ensure an adequate human resource base for care of and services to children in statutory care and their families. | <p>Type 5 Indicator: Service Quality</p> <ol style="list-style-type: none"> 1. Residential facility child and youth care staff qualifications and experience. 2. Social work caseloads. 3. Residential facility quality. <p>Reason for use: All of these factors impact on the quality of care received by children in the statutory care and child protection system.</p> | <p>Definitions:</p> <ol style="list-style-type: none"> 1. Residential facilities include all those defined in terms of the Child Care Act and the Children's Amendment Bill (No. 19 of 2006). Child and youth care staff are those who are responsible for the daily care of the child (excluding staff who are not hired as child and youth care workers). Data must be available for each province. 2. Staff qualifications and experience: refers to the Further Education and Training Certificate in Child and Youth Care and other relevant training or qualifications, as well as years of experience in the childcare and protection field. 3. Social work caseloads: refers to the number of active cases for which the worker is responsible. 4. Residential facility quality: refers to Inter-Ministerial Committee on Young People at Risk (IMC) Minimum Standards and Developmental Quality Assurance (DQA) processes. <p>Measures:</p> <p>Staff qualifications and experience</p> <ol style="list-style-type: none"> 1. Qualifications of residential facility staff: <ol style="list-style-type: none"> 1.1 Percentage of residential facility child and youth care staff with each qualification level. 2. Qualifications and years of experience of social work staff in child protective services: <ol style="list-style-type: none"> 2.1 Percentage of social workers in the employ of the DoSD, and in subsidised NGOs who have training in child protection and care work (in-service training, postgraduate training, certificate courses, etc.) 2.2 Percentage of social workers in the employ of the DoSD, and in subsidised NGOs with more than 5 years in the field of child protection. 3. In-service training, support and supervision of social work staff in child protective services: <ol style="list-style-type: none"> 3.1 Number of supervision sessions per month attended by social workers in child protective services. <p>Social work caseloads</p> <p>Caseloads of social workers managing all types of care and protection cases, both acute and ongoing (to derive averages for each province and each district – based on DoSD and subsidised agency caseloads).</p> <p>Residential facility quality</p> <p>Percentage of facilities complying with IMC Minimum Standards derived from DQA data.</p> <p>Source: DoSD. Much information is available in the records but is not currently used for monitoring purposes.</p> <p>Period: Every 5 years (for all indicators) – audit conducted by the department (all data to be aggregated by province and for the country as a whole).</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| <p>Ensure access to and effective functioning of the children's court system.</p> <p>Ensure effective, child-friendly children's courts in the DoJ system as provided for in the Child Care Act (No. 74 of 1983) and the incoming Children's Act and regulations.</p> | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Extent to which children's courts are accessible and adequately capacitated for children in need of care.</p> <p>Reason for use:</p> <p>Indicators as to whether children coming into care are likely to have their rights fully upheld and their interests fully taken into account, within processes which are sensitive to their special needs.</p> | <p>Definition: A network of children's courts is in place which is accessible, child-friendly and has the necessary capacity (in terms of the measures below) to serve children who enter the statutory care system appropriately.</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. Provincial children's court throughput rate for children's court inquiries: the number of days per month when courts sit divided by the numbers of children served per month for the departmental reporting year. 2. Average waiting period for a children's court inquiry (in days) for the departmental reporting year for each province. 3. Percentage of presiding officers who have attended any form of training on childcare and development and family matters for the departmental reporting year. 4. Length of experience in years of presiding officers in children's courts for the departmental reporting year. 5. Percentage of children's courts with appropriate interpretation services including signing facilities for the departmental reporting year. 6. Percentage of contested cases in which child is legally represented at state cost for the departmental reporting year. <p>Sources: These data are not currently aggregated although the data will be available from the children's courts and magisterial districts. It is recommended that routine administrative data in the DoJ contain this information and that it is reported annually at provincial and magisterial district levels via the Court Information Directorate. The information should also be captured by social workers for new cases in the proposed Register of Children in Care, collated by district child protection social workers and aggregated by provincial head offices.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| → | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Extent to which child-friendly courts are in place.</p> <p>Reason for use:</p> <p>Availability of the relevant services is likely to improve the quality of child testimony and reduce the trauma of court appearance. To comply with Sections 10, 11, 14, 42(8), 60(3) and 61(2) of the Children's Act (No. 38 of 2005), with regard to the children's court environment.</p> | <p>Definition: A separate children's waiting area should be available for children at courts. Anatomical dolls as well as closed-circuit television or other appropriate facilities at all courts where children are required to give evidence. Intermediary services for child witnesses should be available at all courts. Facilities for disabled children should be available at all courts.</p> <p>The DoJ Policy on Court Services for Children specifies the services that should be provided, as does the Children's Act. The Criminal Procedures Act (No. 51 of 1977) makes provision for intermediary and other services at the presiding officer's discretion in the criminal courts, and the Children's Act provides for these same measures to be used in the children's courts if necessary. Hence children's courts as well as criminal courts must be equipped accordingly. The criterion is fulfilled if measures 1, 4 and 5 are met immediately. Other conditions should be progressively met over a specified period (recommended – 2 years).</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. Proportion of children's courts in each province with properly equipped waiting areas for children. 2. Proportion of children's courts in each province with facilities for disabled children. 3. Proportion of children's courts in each province with anatomical dolls available for child abuse cases. 4. Proportion of courts in each province with closed-circuit television or other equally appropriate facility. 5. Proportion of courts in each province with intermediaries. <p>Source: DoJ</p> <p>Period: Service quality audit every 5 years.</p> |

Note:

1 See also <<http://www.statssa.gov.za/census01/html/C2001Deprivation.asp>>.



CHILD INDICATORS

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13: Children in conflict with the law

Lukas Muntingh, Amelia van der Merwe,
Andrew Dawes & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring children in conflict with the law. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

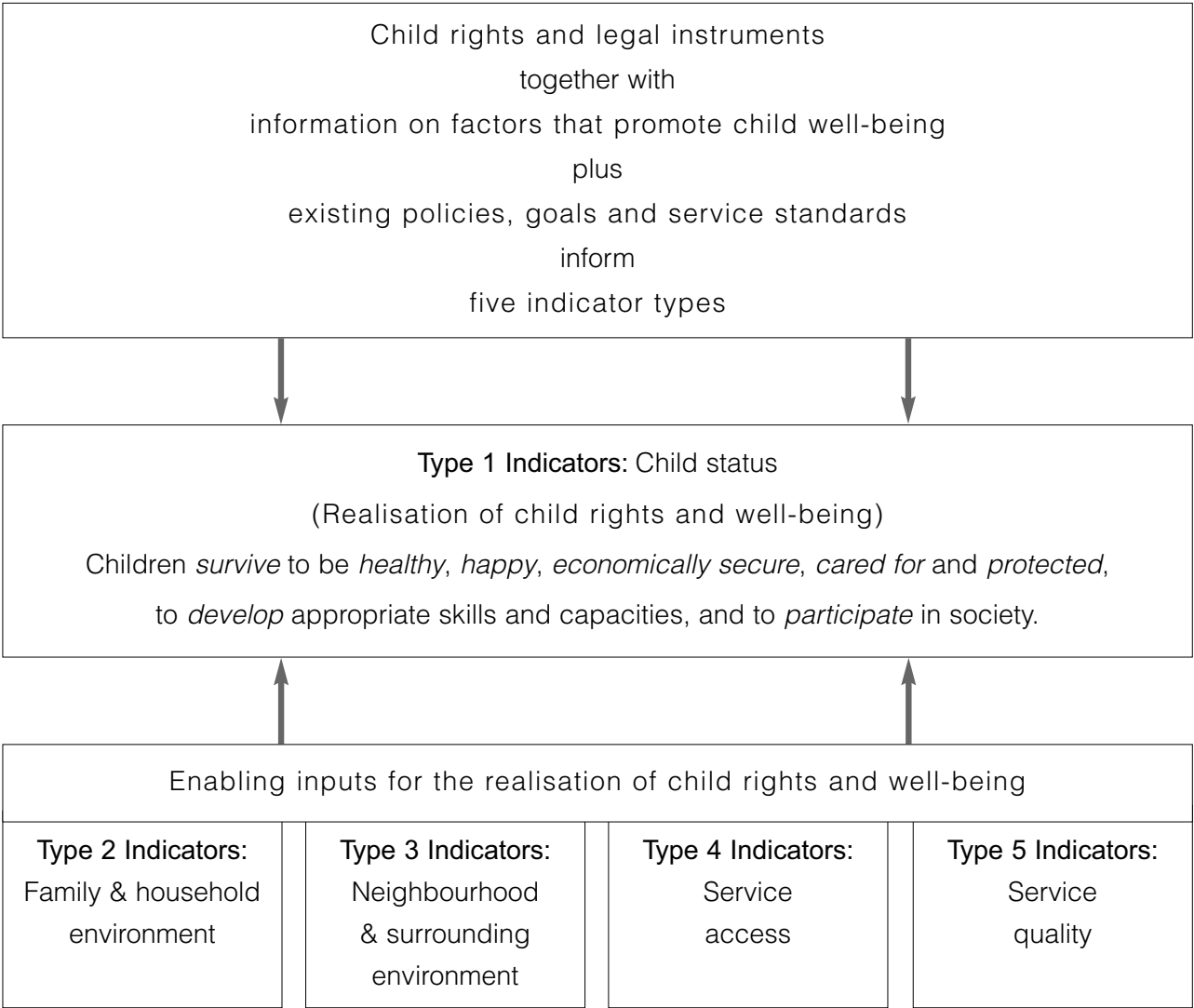
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children’s access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring children in conflict with the law

The Indicator Set presented here enables monitoring the situation of children in the criminal justice system. It focuses on monitoring compliance with broad policy statements that can be traced back to the United Nations Convention on the Rights of the Child (CRC), and other international and national statutes. It also focuses on child outcomes, rather than on the outputs of the applicable system(s).

The indicators do not cover the implementation of particular child justice legislation, save for where the legislation or outputs relate directly to, or are of critical value in determining the outcomes of children in conflict with the law.

Like other sectors, the South African criminal justice system is characterised by substantial information gaps, and where it exists, data is often collected and managed in a manner that does not facilitate communication with other information systems. Effective monitoring is reliant on high quality, accurate and accessible information that feeds into an accountability mechanism with a clear and comprehensive mandate supported by the resources required to exercise that mandate. Systematic information collection by means of reliable and valid indicators will facilitate addressing systemic problems, and prevent isolated and uncoordinated responses to individual incidents. The indicators presented below are divided into seven categories (six refer to stages of the justice process):

1. Indicators for monitoring the legislative and policy environment and for multiple stages of the justice system;
2. Indicators for monitoring arrest, including detention, release to appear, and assessment prior to first appearance;
3. Indicators for monitoring children awaiting trial in custody post first court appearance;
4. Indicators for monitoring diversion and diversion programmes;
5. Indicators for monitoring the trial;
6. Indicators for monitoring the sentencing of, and sentenced children;
7. Indicators for monitoring reintegration.

Indicators for monitoring children in conflict with the law are fully discussed in Chapter 16 of the accompanying volume. A full list of sources is provided at the end of the chapter.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is ‘live’ and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring children in conflict with the law

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Indicators for monitoring the legislative and policy environment and for multiple stages of the justice system | | |
| Progressively improve the country report to the Committee on the Rights of the Child in relation to reporting on child justice. | <p>Type 5 Indicator: Service Quality</p> <p>The South African country report to the Convention on the Rights of the Child (CRC) is comprehensive and complies with reporting requirements regarding child justice.</p> <p>Reason for use:</p> <p>To monitor government's commitment to compliance with the CRC.</p> | <p>Definition: General Guidelines regarding the form and contents of country reports to be submitted by States Parties under Article 44, paragraph 1(b) of the convention. CRC/C/58. Adopted by the committee at its 343rd meeting (thirteenth session) on 11 October 1996.</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. Submission of South African country reports is on time, and in accordance with the General Guidelines. 2. A comparison between country and shadow reports is undertaken to ascertain points of agreement and difference. 3. Country reports address shortcomings made by the committee and by shadow reports on previous country reports as far as possible. 4. Country report complies with Articles 37 and 40 of the CRC. The report must specify: <ol style="list-style-type: none"> 4.1. Available alternatives to the deprivation of liberty and the frequency with which they are used; 4.2. All data on children deprived of their liberty must be disaggregated to show the following: children detained unlawfully, arbitrarily and within the law together with the reasons for, and period of, deprivation of liberty; 4.3. Reports on children who have been deprived of their liberty, including the percentage in which legal or other assistance has been provided, and in which the legality of the deprivation of liberty has been challenged before an appropriate authority, together with the results of such challenges. <p>Sources: Country reports; comments of the committee; shadow reports.</p> <p>Period: Every 5 years in line with the required reporting periods.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Integration of legislation affecting children in the justice system. Ensure specialised procedures for children appearing before the courts. | <p>Type 5 Indicator:</p> <p>Service Quality</p> <ol style="list-style-type: none"> 1. An integrated legislative framework for regulating children in the criminal justice system (following the CRC) is in place. 2. Specialised courts and procedures for children are in place. <p>Reason for use:</p> <p>To monitor government's commitment to compliance with the CRC, and the transformation of the justice system to one that meets the needs of children. An integrated system is key to protecting the rights of children. To ensure effective justice services for children and to monitor progressive compliance with the CRC and the Child Justice Bill (CJB). Existence of specialised courts provides for the right of children to special protection (CRC and CJB).</p> | <p>Definition: Appropriate legislation has been passed and harmonised in terms of regulations, and the necessary procedures as noted below are in place.</p> <p>Measures:</p> <ol style="list-style-type: none"> 1. Number of judgments and comments against the provisions of the CJB (once enacted). 2. Existence of specialised courts and procedures for children measured against departmental targets. 3. Compliance with specialised procedures. 4. The number of jurisdictions designated as one-stop child justice centres measured against departmental targets. 5. The existence of requirements in policy and legislation to ensure services are of acceptable quality. 6. Existence of specialised courts and procedures for children (CRC 40.2(b)); UNICEF Indicators for Juvenile Justice require that the availability of specialised staff be expressed as a per 1 000 ratio of arrested children for: judges, lawyers, prosecutors, police and social workers (probation officers). 7. The existence of a body or bodies responsible for overseeing judicial and correctional services to children. 8. Revision of the age of criminal capacity to 10 years with a rebuttable presumption of lack of capacity up to 14 years. 9. Constitutionality of retroactive legislation. 10. Use of the presumption of innocence by the courts. 11. Assessment of automatic review of custodial sentences for children under 16 years (in terms of CJB Section 80 if passed); until such time, periodic assessment of the extent to which decisions and sentences are reviewed. <p>Sources: Department of Justice (DoJ) and National Prosecuting Authority (NPA):</p> <ul style="list-style-type: none"> • Legislation; • Case law; • Departmental programme plans, progress reports, outputs, and annual reports; • Criminal, civil and constitutional court cases involving children's rights matters; • CRC country reports. <p>Period: Periodic reviews of the legislative and policy environment for child justice; every 5 years.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Prevent abuse of children in the justice and correctional systems and ensure compliance with the objectives of the Optional Protocol to the Convention Against Torture (2002) Article 1, and in terms of the Constitution and the CRC. | <p>Type 5 Indicator:</p> <p>Service Quality</p> <p>Detention facilities for children are inspected at least once per annum.</p> <p>Reason for use: The Children's Act (No. 38 of 2005) and the associated Children's Amendment Bill (No. 19 of 2006), as well as the Correctional Services Act (CSA) (through the Judicial Inspectorate), make provision for unannounced visits to facilities where children are detained. The frequency, duration and timing of these visits are important indicators of the commitment of oversight bodies to detention conditions which comply with the legislative requirements.</p> | <p>Definition: All facilities where children are detained (awaiting trial and sentenced) are inspected unannounced by the Office of the Inspecting Judge (OIJ) at least twice per year.</p> <p>Measure: Proportion of facilities inspected twice per year.</p> <p>Source: OIJ</p> <p>Period: Annual</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|-------------|---|---|
| → | Type 1 & 5 Indicators: Child Status and Service Quality Children subject to torture and inhumane treatment while in the care of the state. Reason for use: Monitor safety and security of children in the criminal justice system and violations of the law. | Definition: Torture ‘means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions’ (CRC Article 1). Measures: 1. Number of allegations of torture, abuse, cruel and inhumane treatment of children in conflict with the law. 2. Number of cases investigated alleging torture, abuse, cruel and inhumane treatment of children in conflict with the law. 3. Number of convictions for torture, abuse, cruel and inhumane treatment of children in conflict with the law. Sources: NPA; Independent Complaints Directorate (ICD); OIJ; Department of Correctional Services (DoCS). Period: Every 5 years. |
| | Type 1 & 5 Indicators: Child Status and Service Quality Deaths in the child justice system. Reason for use: Key indicator of failure to protect children in the justice system. | Definition: Child deaths occurring in the criminal justice system. Measure: Proportion of children who die in state custody and in programmes or interventions sanctioned by the criminal justice system. Sources: ICD; OIJ; Director-General of the Department of Social Development (DoSD). Period: Annual |
| | Type 1 & 5 Indicators: Child Status and Service Quality Children injured in state custody by those responsible for the child. Reason for use: Key indicator of failure to protect children in the justice system. | Definition: Injury sustained while in state custody and caused by those responsible for the child as an injury that necessitates hospitalisation. Measure: Proportion of children injured while in state custody. Sources: SAP 14 forms; ICD; OIJ; DoSD. Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Ensure that children in detention are held in conditions that comply with the CRC. Ensure that children are held in conditions appropriate to their age and in compliance with regulations – CSA 8.2, 12, 19; Constitution (Sections 12, 35). Promote children's access to educational and social services while in custody during all phases of the justice process. Ensure the child's right to education and development while in custody. | <p>Type 4 Indicator: Service Access Services provided to children in detention (sentenced and unsentenced) in terms of the relevant Acts and regulations. Reason for use: Monitor children's access to services which meet the psychological, educational, health, spiritual and recreational needs of children awaiting trial and serving custodial sentences.</p> | <p>Definitions: Services as defined in terms of the relevant Acts and which apply to all facilities where sentenced children may be detained. The regulations only apply to prisoners with a sentence exceeding 12 months and do not apply to children awaiting trial. However, detained children have a right to services which respond to their social, religious, recreational and psychological needs. In the absence of these services, as is often the case, children are deprived of their rights to development and protection. It is recommended that both awaiting trial and sentenced children be monitored.</p> <p>Measures: 1. Proportion of eligible sentenced and awaiting trial children (disaggregate) who are enrolled in formal education. 2. Proportion of eligible sentenced and awaiting trial children (disaggregate) (16–18) who are enrolled in education and training. 3. Proportion of children who have access to a social worker or other social services professional during each 6-month period of custody and while awaiting trial. 4. Average number of child prisoner–social worker interviews per annum. 5. Availability of recreational and spiritual guidance in all custodial facilities (based on registration of secure care facilities, and reports of the Inspecting Judge).</p> <p>Sources: DoCS; DoSD. Period: Annual</p> |
| | <p>Type 5 Indicator: Service Quality Capacity of secure and residential facilities to hold children apart from adults and to segregate genders. Reason for use: Regulations require children to be housed separately from adults and segregated by gender.</p> | <p>Definition: Accommodation separate from adults is provided to children and is provided for boys and girls and in all facilities in which children may be held prior to the preliminary hearing, awaiting trial and following sentence.</p> <p>Measures: 1. Proportion of facilities which have facilities for male and female children separate from those for adults. 2. Reports of children being held in contravention of the regulations.</p> <p>Sources: 1. DoSD: from facility registration applications and renewals (required every 2 years) in accordance with regulations of the relevant Acts. 2. Regular facility audits (reports of the OIJ).</p> <p>Period: Every 5 years.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|---|
| Indicators for monitoring arrest, including detention, release to appear, and assessment prior to first appearance | | |
| Reduce the number of children in trouble with the law. | Type 1 Indicator: Child Status Children arrested (by offence category). Reason for use: Monitoring of numbers of children in trouble with the law. Monitor compliance with standards applicable to arrest procedures. | Definition: Persons under the age of 18 years arrested by the South African Police Services (SAPS), disaggregated by age (10 years and 11–17 years inclusive) and by offence category. Measure: Proportion of persons under the age of 18 years recorded as suspects on Case Administration System (CAS) (child population for the denominator), for each offence category. Source: SAPS (CAS) Period: Annual |
| Limit the child's exposure to the criminal justice system and use detention as a measure of last resort (CJB). Ensure compliance with regulations that protect children in the justice system. | Type 1 Indicator: Child Status 1. Children in detention in police cells for over 48 hours. 2. Children who are arrested but no further action is taken. Reason for use: Monitor compliance with SAPS regulations (SAP 14). Protect children from possible harm following arrest. Arbitrary detention and detention without being charged are serious rights violations. | Definitions: 1. Police release the child into the care of parents or guardians prior to first appearance. 2. Children who are arrested but no further action is taken (arrested children who are not assessed, do not appear in court, or appear before a prosecutor) (CJB Chapter 4). Measures: 1. Proportion of arrested children held in custody for more than 48 hours following arrest. The number of children in detention in a particular jurisdiction should be disaggregated in terms of i) the average number of children in detention per week/month/year, ii) date-specific counts, for example at month end or on Mondays, iii) new admissions to police custody, iv) number of children who have been in custody for less than 48 hours, and v) children in custody for more than one week. 2. Proportion of children who are arrested but no further action is taken. Source: SAPS Period: Annual |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| → | <p>Type 1 Indicator: Child Status Placements of children prior to first court appearance. Reason for use: Monitoring of children prior to first court appearance. Children are at risk in custody, and wherever possible should be released into the care of parents or guardians. The CJB makes provision for this.</p> | <p>Definition: Decision by the police to release the child into the care of parents or guardians prior to first appearance. Measure: Proportion of arrested children released into the care of a parent or guardian. Source: SAPS Period: Annual</p> |
| Promote sound and comprehensive assessments of all children so as to inform judicial decisions. | <p>Type 5 Indicator: Service Quality Children are assessed using a standard assessment system prior to the preliminary inquiry. Reason for use: The assessment process is key to all the steps that follow and is a vital component of a child justice process. Monitor utilisation of assessment tool in line with Diversion Minimum Standards.</p> | <p>Definition: The use of a standard national assessment tool by all probation officers, as defined by the Diversion Minimum Standards of the DoSD and the CJB. Measure: Proportion of arrested children assessed using the tool. Sources: Not available at present. DoSD; SAPS (CAS) for number of arrested children. Period: Annual (once available) Note: At the time of writing the standards had not been finalised by the department.</p> |



| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| → | <p>Type 1 Indicator: Child Status Timely assessment of children prior to first court appearance. Reason for use: Monitor compliance with the relevant legislation. The difference between the numbers of arrested children and the numbers assessed, as well as the period taken for the child to be assessed, are indicators of the capacity of the DoSD to assess the number of children arrested.</p> | <p>Definition: Each child must be assessed within 48 hours and prior to first court appearance. Measures: 1. Proportion of arrested children assessed within 48 hours of arrest; 2. Proportion of arrested children assessed after 48 hours but in under 7 days from date of arrest; 3. Proportion of all arrested children assessed prior to first court appearance. Sources: DoSD; SAPS (CAS) for number of arrested children. Period: Annual</p> |
| | <p>Type 1 & 4 Indicators: Child Status and Service Access Children who at first appearance have legal representation. Reason for use: Promote the child's right to support during trial proceedings. Monitor progress in relation to the CJB.</p> | <p>Definition: The child is assigned legal representation at first appearance. Measure: Proportion of children at first appearance who have legal representation. Sources: DoJ; Legal Aid Board Period: Annual</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Indicators for monitoring children awaiting trial in custody post first court appearance | | |
| Promote children's rights to a speedy trial. | <p>Type 1 & 5 Indicators:</p> <p>Child Status and Service Quality</p> <ol style="list-style-type: none"> 1. Average detention cycle time of children awaiting trial; 2. Children detained awaiting trial in excess of 180 days. <p>Reason for use: To monitor children's access to a prompt legal process. Children remaining in custody longer than 6 months need to be identified and action needs to be taken as lengthy custody places the child at risk of abuse.</p> | <p>Definitions: 1. Average detention cycle time is the average duration of incarceration from when an accused person is admitted to custody for the first time until that matter is adjudicated.</p> <p>Measure: Average detention cycle time for persons under 18 years for each district and regional court.</p> <p>Source: DoJ (Directorate of Prosecutions biannual reports) – would have to be disaggregated by age.</p> <p>Period: Annual</p> <p>2. Children awaiting trial in prison for a continuous period of more than 180 days.</p> <p>Measure: Proportion of awaiting trial children held in prison for more than 6 months.</p> <p>Source: DoJ (Directorate of Prosecutions biannual reports).</p> <p>Period: Twice per annum on release of the report to Parliament as required in Act 55 of 2004.</p> |
| <p>Ensure that children in detention are held in conditions that comply with the CRC.</p> <p>Ensure that children are held in conditions appropriate to their age and in compliance with the regulations.</p> | <p>Type 1 Indicator:</p> <p>Child Status</p> <ol style="list-style-type: none"> 1. Placements of awaiting trial children; 2. Placements of sentenced children. <p>Reason for use: Monitor orders for the placement of awaiting trial and sentenced children. Children are at risk in custody, and wherever possible should be released into the care of parents or guardians and/or diverted.</p> | <p>Definition: Judicial decisions regarding placement of children awaiting trial: awaiting trial children, and those awaiting deportation, may be ordered detained in places of safety, prisons, secure care facilities, immigration centres and police cells, or released into the care of parents or guardians (in terms of the applicable legislation – CJB Section 16(1)(a)(i)).</p> <p>Measures: 1. Awaiting trial: proportion of awaiting trial children in each category.</p> <p>Period: Monthly</p> <p>2. Sentenced: proportion of awaiting sentenced children in each appropriate category.</p> <p>Period: Annual</p> <p>Sources: DoCS; Department of Home Affairs (DoHA); DoSD – Youth Care Centres and other facilities; SAPS.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Indicators for monitoring diversion and diversion programmes | | |
| Reduce the number of children whose cases go to trial, and increase the number of children who are diverted out of the justice system. | Type 1 Indicator: Child Status Children diverted from the justice system (for each type). Reason for use: Monitor the extent to which diversion is being used as an alternative to trial by judicial officers in terms of the CJB. | Definition: Children may be diverted out of the justice system at the preliminary hearing (and thereafter). A range of options for diversion is contained in the CJB. Measure: Proportion of children diverted from the justice system stratified by diversion option. Source: DoJ Period: Annual |
| Indicators for monitoring the trial | | |
| Increase the number of decisions to divert children and reduce the number in custody. | Type 1 Indicator: Child Status Preliminary inquiry outcomes. Reason for use: Wherever possible children should be diverted out of the justice system. This indicator monitors the extent to which this occurs. | Definition: Preliminary inquiry outcomes include: <ul style="list-style-type: none"> • Prosecution; • Diversion: arrested children who do not proceed to trial and who are diverted from the justice system; • Conversion: the matter is converted to a Children's Court Inquiry (CCI). Measure: Proportion of children who are prosecuted, diverted or converted to a CCI. Source: DoJ Period: Annual Note: Data should also be monitored for children who are diverted prior to appearing at the preliminary inquiry. |
| | Type 1 Indicator: Child Status Adjudication results of court cases. Reason for use: Monitor adjudications to track court decisions and the extent to which diversion is being used. | Definition: Outcome of tried cases for each category of offence: acquitted, convicted, converted to CCI, diverted. Measure: Proportion of cases acquitted, convicted, converted to CCI and diverted (by offence category). Sources: DoJ; NPA Period: Annual |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Promote children's access to a fair trial that is in accordance with due process principles outlined in Article 40 of the CRC, and the South African Constitution, as articulated in the CJB. | Type 1 Indicator: Child Status Children appearing at trial with legal representation. Reason for use: Monitor children's access to legal representation during trial proceedings. | Definition: The child is assigned legal representation. Measure: Proportion of children appearing in court with a legal representative. Sources: DoJ; Legal Aid Board Period: Annual |
| Indicators for monitoring the sentencing of, and sentenced, children | | |
| Ensure that the state makes a range of non-custodial options available in terms of the CRC. | Type 1 Indicator: Child Status Sentencing practices in the child justice system. Reason for use: To monitor the use of custodial and non-custodial sentences for children. | Definition: Sentences imposed by the court stratified by type of sentence, offence category, sentence length, and conditions of sentence. Measures: Sentence profile of convicted children: <ul style="list-style-type: none"> • Proportion of sentenced children sentenced to life imprisonment; • Proportion of sentenced children receiving prison sentences of longer than 18 years; • Proportion of sentenced children sentenced to non-custodial options; • Proportion of children sentenced in terms of minimum sentences legislation (Criminal Law Amendment Act [No. 105 of 1997]). Sources: DoJ; DoCS based on the following data: new admissions; specific date count; average number of children serving custodial sentences. Period: Annual |
| Ensure that children are held in conditions appropriate to their age and in compliance with relevant law and regulations. | Type 5 Indicator: Service Quality Detention of children in prisons is in compliance with the provisions of the CSA and other relevant legislation. Reason for use: Monitor compliance with the CSA and regulations, and the CRC. | Definitions: Inter alia, the provisions include the following: <ul style="list-style-type: none"> • Prisons comply with dietary requirements as set out in the CSA and the regulations; • The right to be held separately from persons over 18 years, for the shortest possible time, and in a manner appropriate for the child's age; • The right to education and other services (see elsewhere in this table); • For complaints to be laid by children against state care; • For notifications sent to parents and the relevant authorities informing them of the detention of the child. Measure: The number of prisons that comply with the above provisions based on documentary evidence held by each prison. Source: DoCS Period: Every 5 years. |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Ensure adequate care for children in custody. | <p>Type 5 Indicator: Service Quality Staff–child ratios in custodial facilities. Reason for use: Monitor the quality of care of children in custody. High staff care loads undermine service quality. Poor care violates the child’s right to be held in humane conditions.</p> | <p>Definition: Guidelines for staff–child ratios would normally be set by the relevant department, and would differ according to type of custodial facility. Ratios should be expressed for each type of custodial facility. Measures: 1. The relevant departments have published staff–child ratios in place. 2. Ratio of children to care workers in each type of custodial facility (and compliance with norms once they are in place). Sources: DoSD; DoCS Period: Annual</p> |
| Ensure that children in detention are held in conditions that comply with the CRC, the UN Convention Against Torture (UNCAT) and other relevant bodies of law and regulations. Ensure that children are held in conditions appropriate to their age. | <p>Type 5 Indicator: Service Quality References in UNCAT country report to alleged and confirmed cases of torture and ill-treatment where the victims were children serving custodial sentences. Reason for use: Monitor compliance with reporting requirements of UNCAT.</p> | <p>Definition: Children noted as victims in the UNCAT country report. Measure: Number of notations. Source: South Africa country report Period: Every 5 years.</p> |

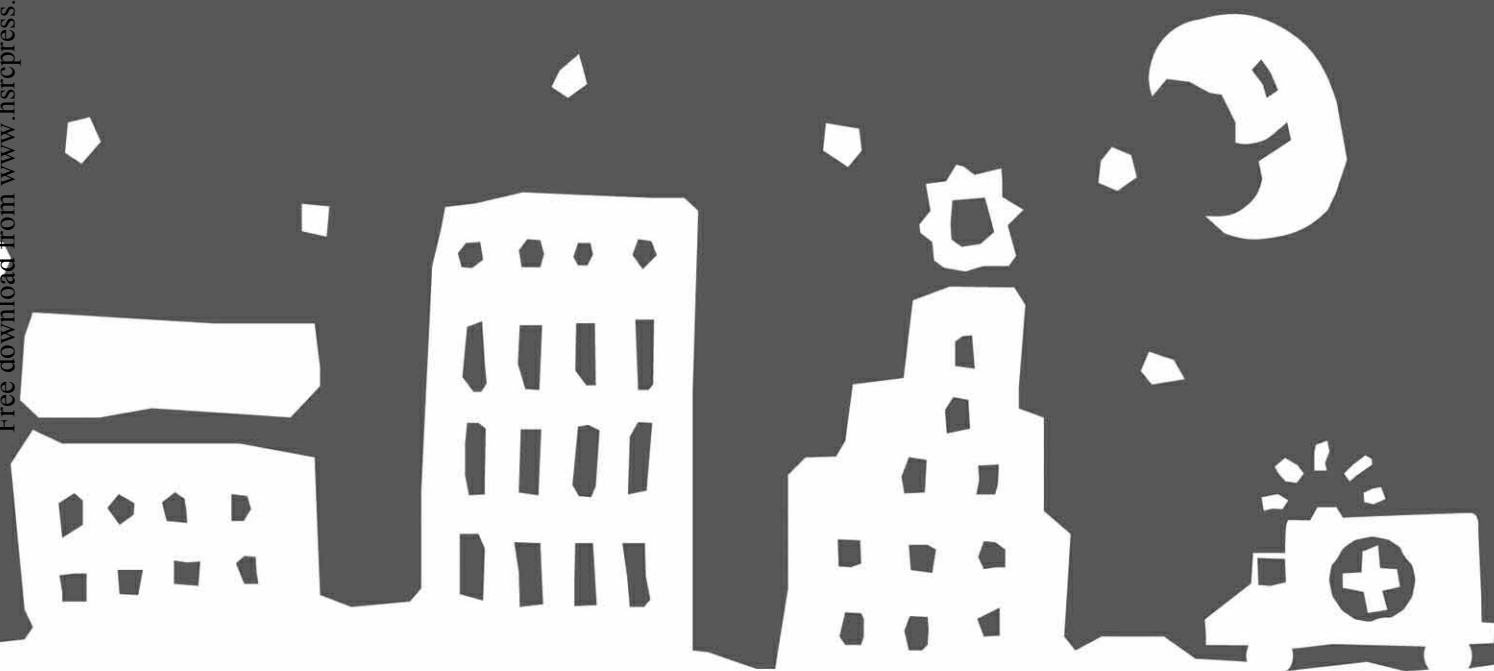
| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
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| Indicators for monitoring reintegration | | |
| Improve the effectiveness of diversion programmes and the reintegration of children who have come into conflict with the law in terms of the CRC and the CJB. | <p>Type 5 Indicator: Service Quality</p> <p>The effectiveness of all services in reintegrating children in conflict with the law.</p> <p>Reason for use:</p> <p>To monitor the effectiveness of custodial and non-custodial measures (e.g. diversion) for children in conflict with the law and different forms of diversion. Re-imprisonment of offenders aged between 18 and 20 years who have already served a term of imprisonment for an offence committed as a child provides a fairly robust indicator of the level of reintegration and rehabilitation attained as a result of a custodial sentence.</p> | <p>Definitions: Effective reintegration is defined as:</p> <ol style="list-style-type: none"> 1. A child who does not re-offend within 18 months of exiting a custodial facility or diversion programme (each to be measured separately); 2. A youth of 18–20 years who served a custodial sentence as a child and who has not been re-imprisoned for a different offence committed since leaving prison. <p>Measures: 1. The proportion of children who are released from each form of sentence or diversion programme who do not re-offend within 18 months of release.</p> <p>2. The proportion of persons aged 18–20 years who are not re-imprisoned and who served a custodial sentence for an offence committed as a child.</p> <p>Sources: SAPS; DoJ; Child and Youth Care Administration (CYCA) database (DoSD); DoCS.</p> <p>Period: Audit every 5 years.</p> |



CHILD INDICATORS

CORE INDICATORS FOR MONITORING CHILD WELL-BEING

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14: Orphans and children made vulnerable by HIV/AIDS

Andrew Dawes, Amelia van der Merwe,
René Brandt & Rachel Bray



Save the Children
Sweden



Introduction

This document provides a set of core indicators for monitoring orphans and children made vulnerable by HIV /AIDS. It is one of a series of 14 Core Indicator Sets that can be used to monitor children's well-being. The purpose of the series is to provide stakeholders with recommended indicators that may be used to monitor the situation of children in South Africa.

The Core Indicator Sets are extracted from the book *Monitoring Child Well-Being: A South African Rights-Based Approach*, which is edited by Andrew Dawes, Rachel Bray and Amelia van der Merwe and was published by HSRC Press in 2007. The book contains the conceptual underpinnings that inform the development of a rights-based approach to monitoring child well-being used in these Indicator Sets. The entire book and the other Core Indicator Sets in this series may be freely downloaded from www.hsrcpress.ac.za.

The development of the book and related Indicator Sets was supported and funded by Save the Children Sweden and part of the Parliamentary Grant made to the Human Sciences Research Council (HSRC). The research was conducted within the HSRC's Child, Youth, Family and Social Development Programme.

What are indicators?

The primary purpose of developing indicators is to provide decision-makers with information to influence policy development, resource allocation and services. Additional purposes include raising public awareness about children's needs and circumstances; and facilitating the evaluation of policies, services and programmes for children.

Indicators *point* to a situation by providing information on how well a population of children is doing. For example, a health indicator such as child malnutrition would be the number of children who are wasted (below the weight they should be for their age). Indicators are normally (but not always) quantitative in nature. When measured across time, indicators point to changes (or consistencies) in the rights and well-being of children.

Indicators are derived from one or more **measures**. These must be a reliable, valid and accurate gauge of the specific phenomenon (such as child status, service coverage, etc.).

Core indicators are 'must haves' or priority indicators. The core indicators in this series were chosen because of their importance for monitoring children's rights and well-being, and because they address the needs of vulnerable groups and children in high-risk situations. In addition, they were selected on the basis of data availability. They are most useful for high-level provincial and national reporting. They measure child outcomes and service parameters of national and international importance. They should be collected regularly and frequently (normally annually). They are usually fairly coarse descriptions of the situation. Only core indicators are provided in this document.

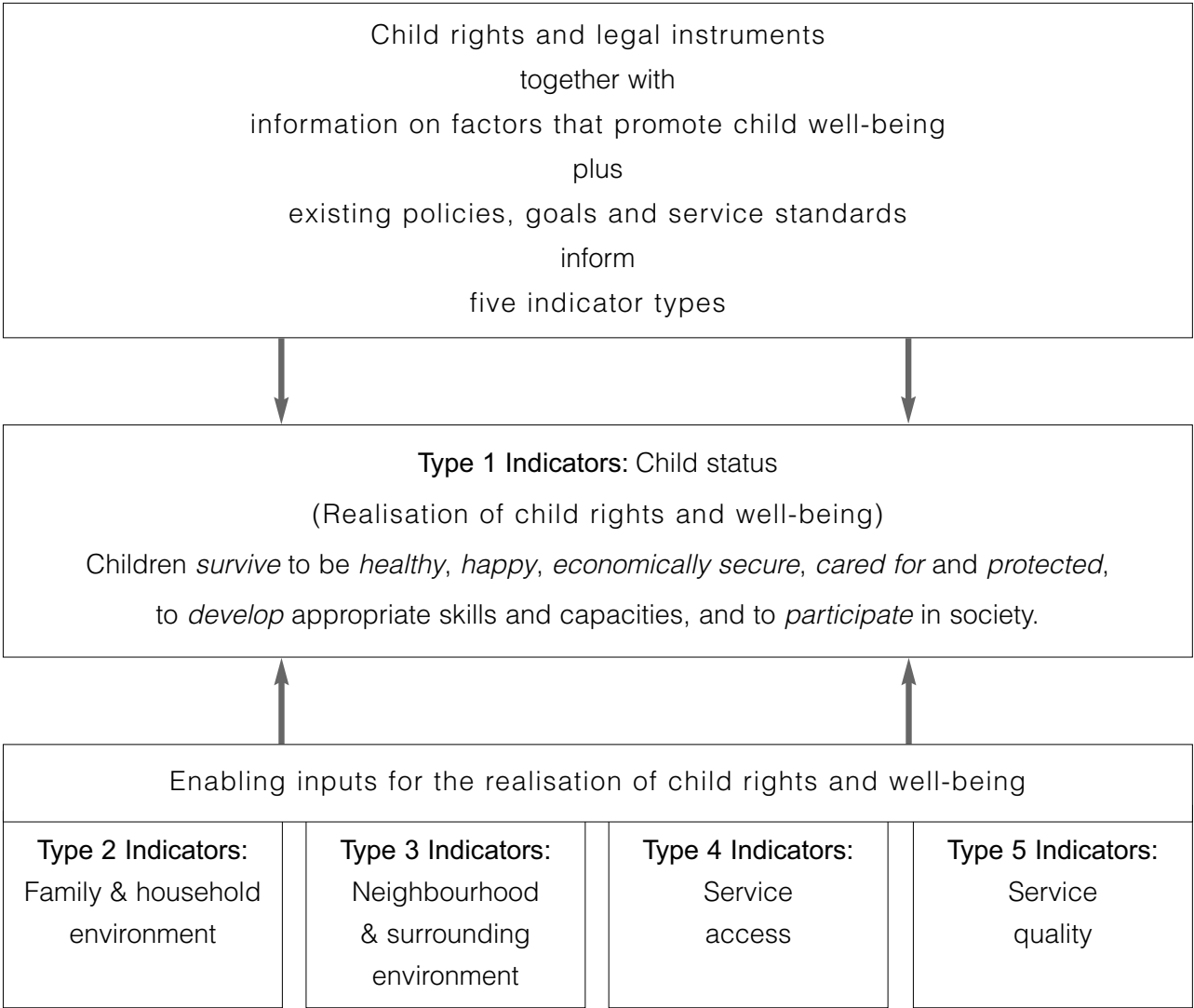
How it works: our approach to indicator development

Rather like the gauges on a car dashboard, child indicators tell us what we have to attend to in policy-making and are used for tracking the outcomes and impacts of our services and programme interventions.

We need to know how many children are doing well or are vulnerable, but this information is not nearly enough for policy purposes. We need other gauges on the evidence-based policy dashboard. We need instruments that tell us about the contexts within which these children are living. For example, it is useful to measure the rates of child abuse in different communities in order to target interventions. These would be neighbourhood indicators of child well-being. Finally, we need to measure children’s access to services as well as the quality of the services – for example, we need to know whether child abuse services exist in neighbourhoods with a high incidence of abuse.

Our approach to indicator development is represented in Figure 1. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society.

Figure 1: A rights-based approach to child well-being indicators



The model is rights-based, drawing on international and national legal provisions and policies. It contains five distinct types of indicators that take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

TYPE 1: CHILD STATUS INDICATORS

These measure the status of the child. Examples include child mortality, reading ability, immunisation status, and whether the child has been a victim of abuse.

TYPE 2: FAMILY AND HOUSEHOLD ENVIRONMENT INDICATORS

These measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as electric light, sanitation and potable water; and the economic and health status of the caregivers (for example, TB or HIV infection). Structural variables could include whether the household is headed by a child, and whether the children are cared for by an elderly person or a single mother. They include risks of injury such as paraffin stoves.

TYPE 3: NEIGHBOURHOOD AND SURROUNDING ENVIRONMENT INDICATORS

These measure specific geographical spaces such as neighbourhoods, enumerator areas, and so on. They are the spaces outside the home where children grow up. They include services such as clinics and playgrounds, as well as roads. They include people who can support children and others who put them at risk (criminal elements). This Indicator Set permits small-area indices of child risk and well-being to be constructed in order to provide information for policy targeting.

TYPE 4: SERVICE ACCESS INDICATORS

These describe children's access to services.

TYPE 5: SERVICE QUALITY INDICATORS

These measure service inputs. They measure the provisioning (for example, the supply of money) for the services, and could include whether the care of children in residential settings for children is up to standard in terms of the regulations. As is evident from Figure 1, the indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (for example, the CRC), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence and, finally, by the specific policies and programmes of the sector for which indicators are developed. The most important piece of legislation affecting children is the Children's Act (No. 38 of 2005), and the associated Children's Amendment Bill (No. 19 of 2006) which should come into effect in 2008. Until that time the Child Care Act (No. 74 of 1983) remains in force.

Monitoring orphans and children made vulnerable by HIV/AIDS

The HIV/AIDS pandemic has far-reaching consequences for child development and well-being. Outcomes for children affected by a chronically ill caregiver include reduced child survival and health status, compromised safety (through the loss of support and supervision), poor discipline and reduced guidance, as well as the risk of maltreatment and neglect. Furthermore, children orphaned or made vulnerable by HIV/AIDS are at increased risk for emotional and psychological problems, and disrupted attachment relationships, which results in difficulties with social interaction.

The Indicator Set presented below focuses on the *psychosocial* risks and consequences associated with the pandemic. These go beyond physical health considerations, which are dealt with in Chapter 5 of the accompanying volume, and in Indicator Set 2.

To ensure alignment with international systems, national policies and plans of action, our approach to monitoring the well-being of children orphaned and made vulnerable by HIV/AIDS is informed by the approach adopted by UNICEF and UNAIDS, and addresses the main recommendations for national response. It also includes indicators relevant to South African policy documents.

It must be emphasised that despite the conceptual and definitional difficulties associated with 'orphans and vulnerable children' (OVC), some of which are reflected in the UNICEF list, adopting the UNICEF and UNAIDS approach is recommended, in order to be aligned with international practice. Indicators based on locally agreed-upon definitions and measures that do not share wider consensus are of limited use.

Indicators for monitoring orphans and children made vulnerable by HIV/AIDS are fully discussed in Chapter 17 of the accompanying volume. A full list of sources is provided at the end of the book.

Explanation of the indicator table

The table of indicators which follows includes the following components (working from the left-hand column):

- Column 1: a suggested policy goal for each indicator;
- Column 2: the type of indicator (e.g. child status), and the reason for its use;
- Column 3: a description of how the indicator is measured, including definition and measure (these are sometimes blended), and the source where data may be obtained (if data is available). In some instances, recommendations regarding sources are provided where these are not currently adequate.

It is essential to stress that an indicator system is 'live' and rarely fixed. Indicator systems must be adjusted as the need arises, and should be able to respond to changes in the service environment. However, the system should not be too flexible. Certain core indicators must remain constant so as to facilitate tracking of changes over time.

Core indicators for monitoring orphans and children made vulnerable by HIV/AIDS

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Monitor the numbers of orphans. | Type 1 Indicator: Child Status Children who are orphans. Reason for use: To monitor the levels of orphanhood. | Definition: Children under 18 whose mother, father or both parents have died (stratify for each, and by gender and age: 0–4, 5–9, 10–14 and 15–17). Measure: Proportion of children under 18 whose mother, father or both parents have died. Sources: Census; actuarial predictions where available. Period: Every 10 years for the Census; every 5 years from actuarial projections. Note: As stated by UNICEF (2005b), this is a <i>proxy</i> indicator for children orphaned by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. |
| Monitor the number of vulnerable children. | Type 1 Indicator: Child Status Children made vulnerable by HIV and AIDS. Reason for use: To monitor the proportion of children who are made vulnerable by HIV/AIDS. | Definition: A child made vulnerable by HIV/AIDS is below the age of 18 and: <ul style="list-style-type: none"> • Has lost one or both parents; or • Has a chronically ill parent (regardless of whether the parent lives in the same household as the child); or • Lives in a household where in the past 12 months at least one adult died and was sick for three of the 12 months before he/she died; or • Lives in a household where at least one adult was seriously ill for at least three months in the past 12 months; or • Lives outside of family care (i.e. child-headed households, lives in an institution or on the streets). Measure: Proportion of children under 18 who are vulnerable according to the definition. Source: Specific surveys Period: At time of survey Note: As stated by UNICEF (2005b), this is a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|---|
| Monitor the number of children outside of family care, and attend to the needs of these children. | <p>Type 1 Indicator: Child Status Children outside of family care.</p> <p>Reason for use: To obtain estimates of child-headed households, and children living on the streets and in institutions.</p> | <p>Definition: Children living outside of traditional households include child-headed households, homeless children and children living in institutions. Institutions include: facilities used for statutory care (e.g. children's homes), homes for children who are disabled, street shelters, juvenile justice facilities, etc.</p> <p>Measure: The proportion of all children aged 0–17 living outside of family care (child-headed households, on the streets and in institutions) divided by the estimated number of children aged 0–17.</p> <p>Sources: Data on child-headed households can be gleaned from the Census, the Demographic and Health Survey and other household surveys (households with no person over age 18 years) (see Bray, 2003b). Other sources include special surveys of children living on the streets, and surveys of children living in institutions. Alternatives include statutory care placement data obtained from children's court inquiries (Department of Justice). Data could be obtained from subsidised street shelters – information is collected from shelters by provincial Departments of Social Development (DoSDs).</p> <p>Period: Every 5 years if feasible.</p> <p>Notes: A census of institutions that take care of children will need to be conducted. Once the institutions have been identified, all orphaned and vulnerable children living in them are enumerated. These data should be stratified by the type of institution (orphanage, home for the physically disabled, juvenile justice facility, etc.).</p> <p>Homeless children on the streets need to be sampled using the concept of <i>time-location sites</i>. Sampling of street children should be confined to children who actually slept on the streets the night before the survey.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|---|--|
| Strengthen the capacity of families to protect and care for orphans and vulnerable children (OVCs). | <p>Type 2 Indicator:</p> <p>Family & Household Environment</p> <p>Children aged 5–17 with three unmet basic material needs.</p> <p>Reason for use: The indicator estimates whether the overall levels of basic personal needs for children are being met. Furthermore, when calculated as a ratio of OVC to non-OVC, it assesses progress in preventing relative disadvantages for orphaned and vulnerable children.</p> | <p>Definition: This indicator assesses the capacity of families to provide children with minimum basic material needs (food, education and medical care are covered by other indicators).</p> <p>Suggested items are availability of a blanket, shoes and two sets of clothes. These three items can be modified if other basic needs are considered more important (school books, etc.).</p> <p>Measures: Ratio of OVC versus non-OVC who have three unmet basic material needs for personal care.</p> <p>The ratio of (1) proportion of OVC who have three unmet basic material needs to (2) proportion of non-OVC who have three minimum basic material needs.</p> <p>1. Proportion of OVC who have three unmet basic material needs for personal care.</p> <p>Numerator 1: Number of OVC aged 5–17 surveyed with a minimum set of three unmet basic personal material needs.</p> <p>Denominator 1: Number of OVC aged 5–17 surveyed.</p> <p>2. Proportion of non-OVC who have three unmet basic material needs for personal care.</p> <p>Numerator 2: Number of non-OVC aged 5–17 surveyed with a minimum set of three unmet basic personal material needs.</p> <p>Denominator 2: Number of non-OVC aged 5–17 surveyed.</p> <p>Source: Specific surveys</p> <p>Period: Where survey is available.</p> <p>Note: As stated by UNICEF (2005b), the definition of OVC has been developed to define a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. This is the only context in which a ratio of the kind used here might be meaningful.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|------------------------------|---|--|
| Improve OVC's food security. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Malnutrition/underweight prevalence 0–4.</p> <p>Reason for use: To assess progress in preventing relative disparity in malnutrition among orphaned and vulnerable children compared with other children.</p> | <p>Definition: OVC aged 0–4 years who are malnourished (below 2 standard deviations from the median weight-for-age of World Health Organisation/National Centre for Health Statistics reference population). Weight-for-age reflects a combination of acute and chronic malnutrition for the child.</p> <p>Measures: Orphan malnutrition ratio: The ratio of (1) OVC malnutrition rate to (2) non-OVC malnutrition rate.</p> <p>1. Malnutrition rate among OVC (%)</p> <p>Numerator 1: Number of malnourished OVC aged 0–4 years.</p> <p>Denominator 1: Number of OVC aged 0–4 years.</p> <p>2. Malnutrition rate among non-OVC (%)</p> <p>Numerator 2: Number of non-OVC aged 0–4 years who are malnourished.</p> <p>Denominator 2: Number of non-OVC aged 0–4 years.</p> <p>Source: Specific surveys of target areas would be required; primary health clinics; Early Childhood Development facilities (from Road to Health Cards).</p> <p>Period: Where survey is available.</p> <p>Notes: 1. Typically, household surveys have only measured malnutrition for children below the age of 5; pilot surveys with this measure show that as children get older, the variations in underweight are small and thus comparing children aged 5–8 is not useful (UNICEF, 2005b).</p> <p>2. As stated by UNICEF, this is a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. This is the only context in which a ratio of the kind used here might be meaningful.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Prevent early-age exposure to sexually transmitted infections/HIV/teenage pregnancies among OVC. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Sex before age 15 in OVCs.</p> <p>Reason for use:</p> <p>Monitors whether the behaviour of OVC is different from that of non-OVC. Teenage orphans and other vulnerable adolescents can be at especially high risk because of a lack of adult guidance to help them protect themselves, and are additionally at risk for violent assault.</p> | <p>Definition: An OVC (see definitions) aged 15–17 who had sex before age 15.</p> <p>Measures: Ratio of OVC to non-OVC who had sex before age 15: The ratio of (1) the proportion of OVC ages 15–17 who had sex before age 15 to (2) the proportion of non-OVC ages 15–17 who had sex before age 15.</p> <p>1. Proportion of OVC who had sex before age 15. Numerator 1: Number of OVC who report their age at first sex as under age 15. Denominator 1: Number of OVC aged 15–17.</p> <p>2. Proportion of non-OVC who had sex before age 15. Numerator 2: Number of non-OVC who report their age at first sex as under age 15. Denominator 2: Number of non-OVC aged 15–17.</p> <p>Sources: Human Sciences Research Council (HSRC) HIV/AIDS behavioural risks, sero-status and media impact surveys (SABSSM) and Youth Risk Behaviour surveys provide data for the population as a whole, but cannot discriminate between OVC and non-OVC. Therefore, special studies would be required. Specific surveys of target areas would be required.</p> <p>Period: Where survey is available.</p> <p>Note: As stated by UNICEF (2005b), the definition of OVC has been developed to define a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. This is the only context in which a ratio of the kind used here might be meaningful.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|---|--|--|
| Ensure external support to OVC. | <p>Type 4 Indicator:</p> <p>Service Access</p> <p>External support for OVC.</p> <p>Reason for use: To assess the support provided to households that are caring for OVC.</p> | <p>Definition: External support for OVC may fall into any of the following categories:</p> <ul style="list-style-type: none"> • Medical (medical care, medical care supplies); • Emotional/psychological (counselling from a trained counsellor, emotional or spiritual support or companionship); • School fees/school-related assistance (waiver of fees); • Social support including socio-economic (clothing, extra food, financial support [including grants]), • Shelter and instrumental (help with household work, training for caregiver, childcare, legal services). <p>Measure: Proportion of OVC who live in households that received at least one of the following services for the child:</p> <ul style="list-style-type: none"> • Medical support within the past 12 months; • School-related assistance within the past 12 months; • Emotional support within the past 3 months; • Other social support, including material support, within the past 3 months. <p>Source: Special survey of high prevalence area (Department of Education [DoE] for school fee waiver data).</p> <p>Period: Where survey is available.</p> <p>Notes: Apart from school fee waivers for which administrative data are available, this indicator should only be monitored in settings with high HIV prevalence in which household rosters are used to identify all eligible OVC. As stated by UNICEF (2005b), the definition of OVC has been developed to define a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high.</p> |
| Ensure registration of all OVC so that their right to access services is supported. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Birth registration.</p> <p>Reason for use: To determine whether children are registered. Orphans without proof of birth lack the essential protection that stems from this legal form of identity, for inheritance, and for access to services.</p> | <p>Definition: This indicator assesses the extent of registration of OVC. It is derived from responses by caretakers of children to a question about the registration status of the child (based on physical evidence if the document exists).</p> <p>Measure: Proportion of OVC whose births are reported registered (stratify by age: 0–4; 5–9; 10–17).</p> <p>Source: Specific surveys of target areas would be required.</p> <p>Period: Annual</p> <p>Note: As stated by UNICEF (2005b), the definition of OVC has been developed to define a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Monitor and improve the government's policy for OVC. | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>OVC Policy and Planning Effort Index.</p> <p>Reason for use: To measure the government's response to provision of supports and services to OVC. It identifies strengths, weaknesses, and gaps in policy and planning efforts.</p> | <p>Definition & Measure: National Policy and Planning Effort Index score for OVC. Note that a departmental definition of OVC is needed for this purpose.</p> <p>The OVC Policy and Planning Effort Index is a self-assessment by key stakeholders made by completing a country assessment questionnaire with 100 questions. The indicator is based on a score of 1–100, with 100 being the best score and 1 the lowest. The index reflects the national OVC task force's opinion on how well the country is doing in eight areas of response to OVC. Stakeholders are asked to rate the programme on a list of important items. The effort index is intended to measure policy and planning effort independent of programme outputs. The components covered in the tool are:</p> <ol style="list-style-type: none"> 1. National situation analysis: whether the country has investigated the situation of orphans and other children made vulnerable by HIV/AIDS and, if so, the nature of that research. 2. Consultative process: the extent to which key stakeholders are involved in planning interventions for orphans and other children made vulnerable by HIV/AIDS. 3. Co-ordinating mechanism: whether action for orphans and other children made vulnerable by HIV/AIDS is being co-ordinated and the nature of that co-ordination. 4. National action plans: whether the country has a national plan of action for orphans and other children made vulnerable by HIV/AIDS, and the nature of that plan. 5. Policy: whether the country has a policy on orphans and other children made vulnerable by HIV/AIDS and the nature of that policy. 6. Legislative review: whether the country has reviewed and updated the legal framework relating to orphans and other children made vulnerable by HIV/AIDS. 7. Monitoring and evaluation (M&E): whether M&E is being conducted nationally of the situation of orphans and other children made vulnerable by HIV/AIDS, and of programmes addressing their needs. 8. Resources: the availability of resources to meet the needs of orphans and other children made vulnerable by HIV/AIDS. <p>Source: DoSD</p> <p>Period: Every 5 years if feasible.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|--|
| Increase the numbers of orphans attending school and provide support for schools with affected children. | <p>Type 1 & 4</p> <p>Indicators: Child Status and Service Access</p> <p>Orphan school attendance ratio.</p> <p>Reason for use: This indicator assesses progress in preventing relative disadvantage in school attendance among orphans versus non-orphans.</p> | <p>Definition: Orphan school attendance ratio is: The ratio of (1) orphans' school attendance to (2) non-orphans' school attendance.</p> <p>Measure: The ratio of orphaned children aged 10–14 compared to non-orphaned children aged 10–14 who are currently attending school.</p> <p>1. Orphans' school attendance (%)</p> <p>Numerator 1: Number of children who have lost one or both parents and are attending school.</p> <p>Denominator 1: Number of children who have lost one or both parents.</p> <p>Alternatively, vulnerable children (children whose parents are chronically ill or whose households have experienced the death of an adult, or whose households contain a chronically ill adult) can be included in the numerator of the ratio.</p> <p>2. Non-orphans' school attendance (%)</p> <p>Numerator 2: Number of children who are not orphans (according to the above definition) who live with at least one parent and who are attending school.</p> <p>Denominator 2: Number of children whose parents are both still alive and who live with at least one parent.</p> <p>Source: DoE (Education Management Information System)</p> <p>Period: Annual</p> <p>Note: As stated by UNICEF (2005b), the definition of OVC has been developed to define a <i>proxy</i> indicator for children made vulnerable by AIDS and <i>should only be used</i> in purposive studies conducted in contexts within which the prevalence of HIV is high. This is the only context in which a ratio of the kind used here might be meaningful.</p> |
| Improve access to treatment for HIV-infected carers and children. | <p>Type 4 & 5</p> <p>Indicators: Service Access and Service Quality</p> <p>Treatment and medical services for infected children and their primary caregivers.</p> <p>Reason for use: To assess children and their caregivers' access to treatment.</p> | <p>Definition & Measure: Treatment and medical services for infected children and their primary caregivers:</p> <ul style="list-style-type: none"> • Provision of treatment to prevent mother-to-child transmission; • Provision of antiretrovirals (ARVs) to eligible caregivers; • Provision of ARVs in appropriate form (e.g. suspensions rather than large pills, etc.) to eligible children; • Provision of palliative care for terminally ill children; • Ensure access to clinical services for children affected by HIV and AIDS, particularly for orphans and children who attend the clinics unaccompanied by an adult. <p>Source: Department of Health</p> <p>Period: Every 5 years if feasible.</p> |

| Policy goal | Indicator and reason for use | Definition, measure, period and data source |
|--|---|---|
| Increase children's HIV knowledge with a view to reducing unsafe sexual behaviour in young people. | <p>Type 1 Indicator:</p> <p>Child Status</p> <p>Knowledge of HIV risk behaviour and prevention.</p> <p>Reason for use: To determine children's knowledge of risk behaviours (in accordance with the UNICEF State of the World's Children indicator reports).</p> | <p>Definition: HIV knowledge.</p> <p>Measures:</p> <ul style="list-style-type: none"> • Comprehensive knowledge of HIV (in 15–17 year olds); • Knowledge that condom use can prevent HIV transmission (in 15–17 year olds). <p>Source: HSRC SABSSM surveys</p> <p>Period: Every 5 years data are available.</p> |