

A Gendered Review of South Africa's Implementation of the Millennium Development Goals

1  Goal 1: Eradicate Extreme Poverty and Hunger

2  Goal 2: Achieve Universal Primary Education

3  Goal 3: Promote Gender Equality and Empower Women

4  Goal 4: Reduce Child Mortality

5  Goal 5: Improve Maternal Health

6  Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

7  Goal 7: Ensure Environmental Sustainability

8  Goal 8: Develop a Global Partnership for Development



Commission for Gender Equality
A society free from gender oppression and inequality

“What gets measured, gets done”

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A quote by the South African Statistician - General, Statistics SA, Mr Pali Lehohla at the Commission for Gender Equality Consultative Dialogue 6 September 2010

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ACRONYMS

ABET	Adult Basic Education and Training
AGDI	African Gender Development Index
ALP	AIDS Law Project
ARV	Anti-retroviral
AsGisa	Accelerated and Shared Growth Initiative for South Africa
CASP	Comprehensive Agricultural Support System
CGE	Commission for Gender Equality
CRC	United Nations Convention on the Rights of the Child
CSG	Child Support Grant
DDT	Dichlorodiphenyltrichloroethane
DHIS	District Health Information System
DOTS	Directly Observed Treatment, Short-course
DRDLR	Department of Rural Development and Land Reform
EC	European Commission
EEC	Employment Equity Commission
EFA	Education for All
EPWP	Extended Public works Programme
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GHS	General Household Survey
GPI	Gender Parity Index
HSRC	Human Sciences Research Council
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICESCR	International Covenant on Economic, Social and Cultural Rights
IES	Income and Expenditure Survey
ILO	International Labour Organisation
IOM	International Organization for Migration
JIPSA	Joint Initiative for Priority Skills Acquisition
LRAD	Land Redistribution for Agricultural Purposes
MDGs	Millennium Development Goals
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NCS	New Curriculum Statement
NGO	Non Governmental Organisation
NPA	National Prosecution Authority
NSNP	National School Nutrition Programme
ODA	Official Development Assistance
PPIP	Perinatal Problem Identification Programme

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PMTCT	Prevention of mother-to-child transmission of HIV
PPIP	Perinatal Problem Identification Programme
SALRC	South African Law Reform Commission
SANAC	South African National AIDS Council
SASSA	South Africa Social Security Agency
SAVACG	South African Vitamin A Consultative Group
SAYP	Survey of Activities of Young People
SDFW	Sectoral Determination on Farm Workers
StatSA	Statistics South Africa
TAC	Treatment Action Campaign
TB	Tuberculosis
UIF	Unemployment Insurance Fund
UNECA	United Nations Economic Commission for Africa
UNPFA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WARD	Women in Agriculture and Rural Development

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1. INTRODUCTION

The Commission for Gender Equality (CGE) is an independent state institution established in terms of Section 187 of the Constitution Act no 108 of 1996 of the Republic of South Africa. The CGE is charged with a broad mandate to promote respect for gender equality and the protection, development and attainment of gender equality in South Africa.

Part of its mandate is to monitor the implementation of the international and regional conventions, covenants and charters signed, acceded to, and ratified by South Africa, that impact directly or indirectly on gender equality. These instruments include amongst others the Millennium Development Goals (MDGs), arising from the Millennium Declaration, adopted by 189 of 192 member states of the United Nations. The Declaration identified peace, security and development, including environment, human rights and governance, as the main global development challenges. The Declaration resolved amongst other things, to promote gender equality and the empowerment of women as an effective way to combat poverty, hunger and disease, and stimulate sustainable development.

The declaration consolidated a set of inter-connected goals into a global agenda in the form of eight MDGs¹:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV and AIDs, malaria and other diseases
7. Ensure sustainable development
8. Develop global relationships for development.

2010 is the year during which UN and other international activities have been organised to commemorate these global commitments. The UN General Assembly will hold a MDGs Summit from 20-22 September 2010 in New York, to take stock of member states' successes, constraints, challenges and best practices. The summit will be preceded by interactive interventions from other institutions outside governments. This report serves to assess from a gender perspective the progress made by South Africa with regard to these commitments. While this includes a review of state interventions in pursuit of goal three of the MDGs, on gender equality and women empowerment, the report equally assesses the gendered impact of the state's progress regarding the remaining seven goals' targets.

The CGE will, in accordance with its mandate, share this report and its recommendations with Parliament and a broad range of stakeholders in South Africa. Through its continuous monitoring and other forms of engagement with the state, the CGE will seek to influence and strengthen the state's understanding of the gendered implications of each of the MDGs. The CGE's intention is to advocate for improved policy formulation, budgeting and programme implementation to address the gaps and challenges highlighted in this report, impacting on the quality of life of women and girl children in South Africa.



Mfanozelwe Shozi
Acting Chairperson – Commission for Gender Equality

10 September 2010

¹ Making the MDGs work for all: gender-responsive rights-based approaches to MDGs

2. BACKGROUND

Gender equality and women's empowerment are essential to South Africa's attainment of the MDGs. Women assume multiple roles, as mothers, leaders, students, decision makers, farmers, workers, voters, carers and much more. In each of these roles, the ability to be educated and healthy, to have voice and influence, to enjoy opportunities and choices are critical to the attainment of the goals. Without gender equality and women's empowerment, women are less able to reach their full potential, live a life of dignity, and be productive citizens. Gender equality is vital to accelerate the achievement of the MDGs.²

In this report, the CGE has followed the African Gender and Development Index (AGDI) approach, which groups the goals according to social, economic and political clusters. The AGDI is an initiative of the Centre for Gender and Development of the United Nations Economic Commission for Africa (UNECA). It seeks to provide an African-based mechanism for measuring the status of women as compared to men's in the social, economic, and political spheres³. In addition to the AGDI three clusters, the CGE has identified two additional areas that need to be included; security, and sustainable development.

The compilation of data in this report was undertaken by a team of CGE researchers, drawing on government department annual reports, Stats SA data, research undertaken by various civil society entities, and direct questionnaires and engagement with government departments. The CGE presented its preliminary findings at a consultative dialogue with key government and civil society stakeholders from relevant sectors, to deliberate on our findings. We drew on the expertise and input of these stakeholders to identify gaps in our findings and additional implementation challenges, and refine our recommendations.

Finally, the Beijing Platform for Action and CEDAW provide critical, gendered, strategic objectives for each MDG goal and set of targets. These provide a further gendered lens and nuanced targets for the implementation of MDGs. The table included as an annexure to this report represents the mapping of Beijing and CEDAW strategic objectives to MDGs, and provides a set of gendered indicators, which the CGE developed and used in undertaking our gendered analysis of country progress in implementing these goals and targets.

² Gender Equality now: UNICEF

³ African Gender and Development Index: South Africa Report, 2006

3. EXECUTIVE SUMMARY: KEY FINDINGS

a. Economic Cluster

Poverty – Goal 1

The number of women living in poverty – and the number of those considered poor, living in female-headed households – is disproportionate to men. The primary causes of the feminisation of poverty are linked to the absence of economic opportunities for women and their autonomy; their lack of access to economic resources, such as finance and land; their lack of access to education and support services; and inadequate participation in decision-making.

Women have high levels of income poverty. These are driven by a high rate of unemployment; low wages as a result of their low skill and education levels and discrimination, with the gender wage gap still prevalent in South Africa. Women remain clustered in low-paid jobs, the time women spend on unpaid care work remains unrecognised.

Gender discrimination in the workplace is rampant, as reflected in the Employment Equity Commission's (EEC) 10th Annual Report findings on women's under-representation in positions of senior management. This poor attention to gender transformation is driven by the failure to recruit, promote and provide skills training opportunities to women to enable them to progress to senior positions.

The particular vulnerabilities of farm and domestic workers remain unaddressed, with poor monitoring and enforcement of sectoral determinations. The state has also failed to implement a system to ensure access to maternity benefits for these sectors, as well as for self-employed women

It is reassuring to see that in terms of security of tenure, women-headed households were the majority beneficiaries of housing subsidies, yet 90% of land reform beneficiaries were men. The positive impact of the Extended Public Works Programme (EPWP) job opportunity and skills creation ventures for women must be acknowledged.

However, there remains little evidence of gender mainstreaming in the planning, budgeting and implementation of poverty alleviation programmes. Despite the existence of commitment to gender equality, and the creation of gender policies, departments do not pay adequate attention to the collection of sex-disaggregated data on beneficiaries of programmes and interventions, to track their impact.

Of particular concern is the impact of climate change and global warming on climate change. Extreme weather is already having an impact on global food supply. The extent to which this can be compensated for by increases in local food production are limited. Long term changes in South African agriculture are expected to reduce the amount of arable land, reduce the supply of irrigation water while increasing rates of transpiration and therefore the need for irrigation. The net outcome of these trends is that food prices are rising and this trend is predicted to worsen. Women, in their social role as food producers and consumers are likely to feel the brunt of these developments. South Africa currently has no policy position which explains how it is to reach MDG one in the face of climate change.

International partnerships – Goal 8

This goal requires governments, civil society structures and the private sector worldwide to work together in partnership in order to ensure the complete fulfilment of the MDGs. A gendered review of this goal requires states to seek out international partnerships and development assistance to support the development and implementation of gender-responsive rights-based policies and programmes, including accessing technical assistance to improve gender-responsive and sex-disaggregated data.

It is apparent from the analysis contained in the CGE's report that this is an area where the South African government is failing. On an encouraging note, there are several Official Development Assistance (ODA) programmes, mostly European Union-funded, which target gender equality. These include interventions such as responding to human trafficking, the development of the Victim Empowerment Programme, and stated objectives to see gender mainstreaming through all state programmes.

The national Treasury has put in place systems to track aid flow into the country, but does not monitor the outcomes and impact of such aid in relation to gender equality and women's empowerment.

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b. Social cluster

Education – Goal 2

With regard to targets set for the net enrolment rate at primary school level, South Africa appears close to universal primary education. However, statistics do not take into consideration the critical distinction between enrolment and *attendance*, which in this level, is higher for girls than boys.

CGE research has identified the need for tailored policies and interventions – or better implementation of existing policies – to address the primary causes for girls to drop out of school, such as teenage pregnancy, which appears on the increase, predominantly in rural areas and areas of entrenched poverty. Additional factors include inadequate sanitation facilities at school, the lack of access to safe transport, and the domestic responsibilities that are largely still imposed on girl children, impacting negatively on their attendance, and time available to focus on the studies.

It is encouraging to note that the implementation of "no fee" schools, and school nutrition programmes have made a significant contribution to retaining learners in school. It is of great concern, however, that gender based violence (GBV) at schools is not being adequately addressed, despite the existence of policy in this regard. It is apparent that there is insufficient attention paid to gender and GBV in the school curriculum, inadequate revision of materials to ensure their gender sensitivity, and insufficient distribution of resource materials and awareness training for teachers.

With regard to targets to eliminate gender disparity in education, at the primary level, marginally more girls are enrolled than boys, however this is reversed at the secondary level, where boys outnumber girls. It is disturbing to note however, that literacy levels are still lower among women than men. It also appears as if women remain under-represented in senior management positions within schools and the Department of Education bureaucracy.

Infant and maternal mortality – Goals 4 and 5

South Africa's infant and under-five mortality rate is unacceptably high – almost four times the World Health Organisation's (WHO) minimum target. Mortality rates also appear on the increase, with recent media reports highlighting mass deaths of infants at state hospitals. Infant mortality rates are not disaggregated by gender, making it difficult to track incidence.

Of grave concern is the predominance of infant mortality in rural areas, with HIV the leading cause of death of children under five years of age in every province. The leading cause of death in children in the age group 5-15, for girls is HIV, and for boys, is road traffic accidents. Boys' death as a result of HIV rate is half that of girls. Such distinctions should inform HIV and mortality prevention measures adopted by the state, but this does not appear to be the case.

While improvements in immunization and nutrition awareness are to be welcomed, there is a need for far greater access, outreach and awareness in rural areas, and more interventions specifically targeting men, to draw them into health care.

Maternal mortality also appears to be on the increase, with research revealing that almost 60% of these deaths are avoidable. Maternal mortality is predominant in rural areas, and appears largely driven by health systems failures, such as the non-availability of blood and intensive care facilities, the lack of appropriately skilled staff, and inadequate resources. It also appears that women still encounter difficulties in accessing termination of pregnancies, caused by waiting lists at public health facilities, and negative attitudes displayed by health staff.

While the access to free basic health care for pregnant women is welcome, and has increased women's access, the quality and impact of this intervention must be questioned. The reported 95% access of pregnant women to ante-natal care, and 85% attendance at births by a skilled practitioner are at odds with the high maternal mortality rates, and are not replicated in the rural areas.

Generally, it would appear that the health issues impacting on women are not informing departmental budget allocations. In addition, it is apparent that there is a need for more outreach programmes promoting the involvement of men in maternal health care.

HIV and AIDS, Malaria and other diseases – Goal 6

Internationally, research reveals that gender issues are at the centre of the HIV prevention challenge, and should inform analysis and interventions. Research reveals that almost all sexually active women and men in the 15-19 age group are engaging in high risk sex – characterized by multiple partners and low condom usage, as well as correlations between education levels and condom usage.

There are insufficient female-controlled barrier methods available to women, including the inadequate supply of the female condom. While microbicides offer the promise of a measure that women can control, particularly in instances where they are unable to negotiate condom usage, the recent controversy surrounding the trials and their impact on women have tainted this particular intervention.

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It is apparent that there is a need for more awareness and social norm-changing campaigns targeting men, and there are some positive examples to draw on in this regard, largely implemented by civil society institutions.

It is welcome to note that the state's strategic plan acknowledges women's vulnerability to HIV, and commits to prioritising interventions addressing the causes of gender inequality and the impact of HIV on women and girls. It is also encouraging to note the apparent decline of HIV incidence in women aged 15-24, and the decline in HIV infection overall, although levels remain unacceptably high.

Research and analysis reveals that the high rate of infection in rural provinces may be attributed to gender power relations, with young girls' particular vulnerability to HIV arising as a result of marked gender power inequalities. Young girls tend to have far older sexual partners, in that many are targeted by older men, or engage in transactional sex. There appear to be insufficient support and guidance measures available for young women in this regard.

Women continue to bear the brunt of caring for those infected, and it is apparent that we need to encourage, recruit and train men to assist with this care, and particularly for women living with HIV.

Malaria incidence appears to be on the increase, bringing about the renewed use of DDT to aggressively respond to this. However effective this measure may be in the short-term, however, research reveals worrying long-term gendered impact of this chemical, with young girls prone to breast cancer, and fertility rate in young men reduced. In addition, the state is failing to develop interventions to address women's particular vulnerability to malaria and tuberculosis.

c. Sustainable development – Goal 7

Internationally, research reveals that women's empowerment and gender equality are key ingredients for sustainable development. Yet women remain largely absent at all levels of policy formulation and decision-making in natural resource and environmental management, conservation, protection and rehabilitation, and their experience and skills in monitoring of proper natural resource management remain largely untapped. It is positive to note, however, reports of Department of Water Affairs and Forestry (DWAF) interventions involving women in local water management committees and programmes, although the extent to which their participation is translating into actual influence over decisions, and increased access to water, is open to question. Learnings from this practice should be amplified and replicated across departments.

In addition, women are rarely trained as professional natural resource managers with policy making capacities, such as land-use planners, agriculturalists, foresters, marine scientists and environmental lawyers. Even where women have received such training, they are often underrepresented in policy/decision-making structures.

Access to clean, renewable energy is a key gender issue, as women spend a disproportionate portion of their day collecting fuel for household use, and their use of coal and other fuels in the home impacts negatively on their health and that of their children. Interventions to increase such access, particularly within rural communities, need to be urgently fast-tracked.

Despite a welcome increase in household access to basic water services, in the main, women in rural areas largely rely on rainfall and groundwater as primary sources of water, often exposing their families to health risks. In addition, women are disproportionately impacted by the lack of adequate sanitation facilities, particularly in rural areas and informal settlements.

d. Political power – Goal 3

Statistics from our 2009 national and provincial elections registration reveals that 55% of registered voters are women, a welcome demonstration of active interest and participation by women in politics. Despite being signatory to the 2008 SADC Gender and Development Protocol, which requires 50/50 representation of women in political leadership by 2015, South Africa does not yet have legislation requiring parity in party candidate lists, or in decision-making posts, with such measures left to individual parties to decide.

Only one party – the African National Congress – has voluntarily adopted a 50/50 quota system for its proportional representation (PR) lists, which has single-handedly transformed women's representation in Parliament (45%), Cabinet (41%), provincial legislatures (42%) and local government (39%). This latter figure is set to increase in the forthcoming 2011 local government elections, as the original 30% quota system implemented by the ANC is replaced by the 50% system.

Despite this commitment from the governing party, and the evident increase of women's representation in politics, there is a worrying trend of women appointees; being replaced by male candidates, from Deputy-President and Speaker of Parliament, to Ministers, mayors and councilors, which undermines the progress attained in this regard.

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Notably, there are more women PR councillors than ward councillors, reflecting entrenched attitudes towards women in leadership. In addition, few women councillors tend to stand for a second term, as a result of the male-dominated environment and discrimination experienced within local municipalities and political parties, as well as the struggle to balance a political career with the demands of historically gender-defined domestic and child-care responsibilities in the home.

Employment Equity Commission (EEC) findings reveal that women are under-represented in management positions within departments, municipalities and the private sector, with very poor gender transformation demonstrated in terms of the commitment and strategies to appoint, recruit and provide skills training for women to progress to senior management positions.

In addition, there are inadequate policies and practice in place to transform historically male-dominated environments, and make these more supportive for working women, such as providing for child-care and flexible working hours. The judiciary, political parties and trade unions equally reflect a poor response to gender transformation, with few women in leadership positions in these institutions.

e. Security – Gender Based Violence (GBV) – Part of Goal 3

GBV continues unabated in South Africa, with brutality against women and girls rampant. Research reveals the following alarming statistics: one in two women might be raped in her lifetime; a woman is raped every 26 seconds; one in four women is in an abusive relationship; and one in four girls has been sexually abused. These statistics are a dangerous indication of how GBV has been normalized in South African society.

There have been welcome interventions from the state to address and curb GBV, such as the introduction of the Domestic Violence and Sexual Offences Acts; the creation of the Sexual Offences and Community Affairs (SOCA) unit within the National Prosecution Authority; the introduction of Thutuzela Care Centres and Sexual Offences Courts; the development of Victim Empowerment Plan and the introduction of the Victims' Charter. We are awaiting the adoption of Trafficking in Persons legislation. Concerns have been raised however around the uneven nature of and inadequate resources available, and necessary training and awareness interventions required for the effective implementation of these measures.

Statistics reveal an unacceptably poor conviction rate for GBV, and the non-implementation of minimum sentencing legislation. Of concern are the often gender-insensitive, judgemental and inappropriate responses displayed by some police officers and judges dealing with GBV cases, reinforcing gender stereotypes and undermining women's access to justice.

This is aggravated by the inadequate and uneven access to counselling and support services, and places of safety for women victims of GBV. In addition, certain harmful cultural practices continue, such as virginity testing, *ukuthwala* (abduction of bride-to-be), female genital mutilation, *ukungena* (handing over of a widow to her deceased husband's male relative), and under-age *ilobolo* (engagement). Such practices require extensive awareness-raising interventions, as well as the outright enforcement of existing laws to address particular instances of infringement of the rights of the girl-child.

4. MDG CLUSTER REVIEW

Chapter 1: Economic Cluster

1.1 Poverty

Economic power has three components, namely: income; time-use or employment; and access to resources. For income variables, the African Gender and Development Index uses the gender differences in wages for the formal sector, and wages and income from the informal sector and from small agricultural enterprises. Time use indicators are preferred to indicators on labour force and employment, which generally underestimate women's participation.

Time use surveys, parallel to employment statistics, do justice in addressing the invisibility of women in the labour force. This helps account for women's work and contribution to production, and recognises unpaid family work that is done by women. The last component of this cluster is access to resources, which is measured by the following indicators: ownership of urban plots/houses and land⁴; freedom to dispose of own income; and management⁴. All these components of this economic cluster will be addressed in assessing the country's achievements and challenges when eradicating extreme poverty and hunger, from a gender perspective.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

More than 1 billion people in the world today, the great majority of whom are women, live in unacceptable conditions of poverty, mostly in developing countries. Poverty has various causes, including structural ones. Poverty is a complex, multidimensional problem, with origins in both the national and international domains. Poverty has various manifestations, including: lack of income and productive resources sufficient to ensure a sustainable livelihood; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increasing morbidity and mortality from illness; homelessness and inadequate housing; unsafe environment; and social discrimination and exclusion. It is also characterized by a lack of participation in decision-making and in civil, social and cultural life. Poverty may be caused by an economic recession resulting in loss of livelihood, or by disaster or conflict. There is also poverty among low-wage workers, and utter destitution of people who fall outside family support systems, social institutions and safety nets.⁵

In the past decade the number of women living in poverty has increased disproportionately to the number of men, particularly in the developing countries. The feminisation of poverty has also recently become a significant problem in countries with economies in transition, as a short-term consequence of processes of political, economic and social transformation. Women's poverty is directly related to the absence of economic opportunities and autonomy; lack of access to economic resources, including credit, land ownership and inheritance; lack of access to education and support services; and their minimal participation in decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation⁶.

Goal 1 of the MDGs sets targets and indicators to measure countries' achievements in their commitment to eradicate extreme poverty and hunger. The targets are to halve, between 1990 and 2015, the proportion of people whose income is less than one dollar per day; and to halve between 1990 and 2015 the proportion of people who suffer from hunger.

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar per day.

Proportion of the population below US\$ 1 a day

⁴ The African Gender and Development Index

⁵ Beijing Report of the Fourth World Conference on Woman: 1995

⁶ Ibid

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South Africa's social indicators perform relatively poorly for a country with a Gross Domestic Product (GDP) per capita in the upper-middle income ranks. For 2000 to 2006, the United Nations Development Programme (UNDP) (2008a)⁷ estimated that 42,9% of the South African population lived under the poverty line mostly used by the United Nations, that is below \$2 a day, and that 26,2% had to make ends meet with an income below the additional international poverty line of \$1 a day⁸. Through the 'cost-of-basic needs', approach, normative poverty lines for South Africa have been calculated on R322 and R593 per capita per month in 2000 prices. According to the World Bank, in 2008 South Africa's poverty headcount ratio stood at 22%. This figure is confirmed by the table below.

Table: Percentage of Population living below R283 per month poverty lines (in 2008 constant rand)

Province	Population Census 1996	1995 IES	People living in poverty	Com Survey 2007	2005 IES	People living in poverty	2008 Mid-year population estimates	2008 IES	People living in poverty
Eastern Cape	6 147 244	50%	3 073 622	6 527 747	29%	1 891 741	6 579 245	29%	1 907 981
Free State	2 633 504	45%	1 185 077	2 773 059	16%	442 858	2 877 694	16%	460 431
Gauteng	7 624 893	7%	533 743	10 451 713	7%	693 994	10 447 246	6%	626 635
KwaZulu-Natal	8 572 302	31%	2 657 414	10 259 230	33%	3 395 805	10 105 437	33%	3 334 794
Limpopo	4 576 133	41%	1 876 215	5 238 286	34%	1 781 017	5 274 836	34%	1 793 444
Mpumalanga	3 124 203	34%	1 062 229	3 643 435	28%	1 023 805	3 589 909	28%	1 005 175
Northern Cape	1 011 864	40%	404 746	1 058 060	28%	298 373	1 125 881	27%	303 988
North West	2 936 554	34%	996 428	3 271 948	24%	778 724	3 425 153	23%	787 785
Western Cape	3 956 875	9%	356 119	5 278 585	10%	501 466	5 261 922	9%	473 573
Total	40 580 573	31%	12 580 908	48 502 063	23%	11 009 968	48 687 323	22%	10 711 211

Source: Van den Berg, et al (2009) based on All Media and Products Survey (AMPS) of various years (1993 - 2008), Borat (2009) based on Statistics SA's Income and Expenditure Survey (IES) data and CPI estimates.

The table further reveals that while there has been a significant decrease in the number of people living in poverty from 31% in 1995 to 23% in 2005. However, there has been a slight increase of 1% between 2005 and 2008. It is also worth noting that in 1995 the Eastern Cape had the highest number of poor people, as half of its population lived below the poverty line. In 2008 it has since been surpassed by Limpopo province, where poor people comprise 34% of its population.

In 2005, more than half of the individuals considered poor in terms of both the R322 and the R174 thresholds, lived in female-headed households. In contrast, only about 43% of the population lived in female-headed households. Income poverty experienced by women is associated with insufficient earned income. It reflects the high rate of unemployment of women, or low wages as a result of low skill and education levels and, in some instances, discrimination in the form of a gender wage gap. Income poverty therefore tends to be reproduced as a disproportionately female problem⁹.

South Africa ratified two ILO conventions promoting equal pay, that is; Convention 100 of 1951 and Convention 111 of 1958. Convention 100 addresses issues of equal pay. Statistics reveals that women are generally paid less than men in South Africa. The Gender Status Index demonstrates that this is consistent across different forms of work.

South Africa enacted the Employment Equity Act No 55 of 1998 and the Labour Relations Act No 66 of 1995 to promote equality in the workplace¹⁰, and implemented affirmative action to redress unemployment disadvantages experienced by designated groups, to ensure their equitable representation in all occupational capacities and levels in the workplace¹¹. The Basic Conditions of Employment Act was established to provide for the establishment of the Employment Equity Commission (EEC) which advises the Minister of

⁷ UNDP Human Development Indices 2008

⁸ An overview of Women's Work and Employment in South Africa, Decision for life MDG3 Project country report 2009

⁹ Studies in Poverty and Inequality Institute, "Pro Poor Budget Benefit Incidence Analysis of Five Expenditure Categories of the 2006/07 Budget of the Republic of South Africa", p.73

¹⁰ Nomagugu Hlonwane, Commentary on South Africa's position regarding equal pay for work of equal value: A comparative perspective, December 2004

¹¹ African Gender and Development Index, South African Report 2006

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Labour on minimum wages of vulnerable workers, which could include women workers. Although laws have been passed to seek to promote equal and protect unfair discrimination, structural inequalities mean that women are still under-employed in sectors and jobs that are unequally remunerated.

Convention 111 addresses the question of discrimination, including sex discrimination in the workplace. South Africa has put in place both constitutional and legislative protections against unfair discrimination in the workplace. Despite this, structural inequalities, the sexual division of labour in the home and sexist attitudes mean that discrimination continues. The Convention requires member States to declare and pursue national policy designed to promote equality of opportunity and treatment in respect of employment and occupation, with a view of eliminating any discrimination in respect thereof. While the South African government has put the necessary policy and legislative measures in place, these have yet to be taken up in the workplace at an adequate pace.

The Sectoral Determination on Farm Workers (SDFW) was implemented in March 2003 in terms of the Basic Conditions of Employment Act, following extensive negotiations between government, farmers, trade unions and NGOs in the sector¹². This Sectoral Determination was established to improve working and living conditions of this group of particularly vulnerable and poorly organized workers. The SDFW provides for minimum wages, written contracts, maximum hours worked, regulation of overtime and its pay, night work, working on Sundays and public holidays, annual leave, sick leave, maternity leave, family responsibility leave, wages, notice period, and termination of employment and procedures for termination of employment..

The Department of Labour is supposed to enforce and monitor compliance with the SDFW, but there is no clear information about the efficacy of this enforcement and monitoring. There is no visible and effective expansion of the Department's limited capacity, and it is also difficult to ascertain the number of farm workers, and women workers in particular, who are victimized when they exercise their rights in terms of the SDFW and other legislation.

The Sectoral Determination's provisions also extend to domestic workers. Estimates in terms of the Labour Force Survey of 2002 show that roughly 840 000 women, predominantly African and Coloured, work as domestic cooks and nannies, whilst about 180 000 men work as gardeners¹³. Investigation into whether minimum wage measures have benefited South Africa's domestic workers has not been dealt with adequately. Labour legislation further requires employers to register domestic employees with the Unemployment Insurance Fund (UIF), and to withhold UIF contributions from their pay checks. It is apparent that this too is inadequately monitored and enforced.

These factors indicate that the country still has a long way to go in terms of eradicating women's poverty, since despite the creation of new employment opportunities for women as a result of globalization of the economy, there are also trends that have exacerbated inequalities between women and men. At the same time, globalisation, including economic integration, can increase pressures on the employment situation of women to adjust to new circumstances and to find new sources of employment as patterns of trends changes.

These trends have been characterised by low wages, little or no standard labour protection, poor working conditions particularly in relation to women's occupational health and safety, low skill levels and lack of job security in both formal and informal sectors. Monitoring and evaluation of the implementation of sectoral determinations for farm workers and domestic workers by the Department of Labour remains a challenge, particularly considering the number of these workers who have no knowledge about their rights protected under legislation, or limited ability to enforce these rights, are not registered for UIF, and continue to be exploited by their employers.

Poverty headcount ratio (percentage of population below the national poverty line/poverty gap ratio)

Unemployment continues to be the highest amongst black Africans, who experience an increase in their unemployment rate of about 5% points. It is clear from the rising levels and rates of unemployment that the South African economy has been unable to create enough jobs to accommodate new job seekers. Clearly female-headed households are over-represented among those below the lower-bound poverty line in 2000, with an estimated 750 000 female-headed households estimated to be chronically poor. In 2005-6, the situation did not improve.

An increase in crime presents evidence of the relationship between widespread poverty, high unemployment and social marginalization on the one hand, and increasing levels of violence on the other. According to Stats-SA¹⁴, South Africa's unemployment rate is above 25%, and women comprise the majority of this percentage. The recent recession has made it clear that our current growth path is weakly buttressed. We must highlight the complete waste of human resources implicit in this high rate of unemployment. A country which wastes its human capital ignores a key factor in economic development. There is thus a close link between stubbornly high unemployment rates and the country's continuing failure to embark on a sustainable development growth path.

Education is closely linked to employment and poverty alleviation. In 2006, 13,9% of young girls in the 13-19 years of age category were not in school because of pregnancy, and 38,6% of persons aged 7-24 years were not attending educational institutions because they had no money for fees (GHS, 2006, Stats-SA), as reflected in the social cluster, below. In addition, South Africa has a higher literacy rate amongst men (87%), compared to women (85%).

¹² Basic Conditions of Employment Act /1997, chapter 8

¹³ African Development and Poverty Reduction: the Macro-Micro Linkage forum paper, 2004 by Tom Hertz

¹⁴ Statistics South Africa 2008/9

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Stats SA¹⁵ reveals that there are variations in the educational profile of the working-age population when each of the three relevant components (employed, unemployed and not economically active) are considered. In 2009, a larger proportion of the employed (3,6%) than the unemployed (2,2%) had no education. For every 100 unemployed men there are 113 unemployed women. Among the not economically active in 2009, there were 152 women per 100 men.

The Constitution of South Africa, Act 108 of 1996¹⁶, section 26 provides 'for the right to housing' and section 27 provides for 'the right to have access to health care services, sufficient food and water and social security'. The government's approach to poverty includes provision of basic services and other non-financial transfers, including free basic municipal services such as water, electricity, refuse removal, education and primary health care for the poor. In addressing asset poverty, the government has sought to accelerate delivery of houses through the Department of Human Settlement. The government's social programmes have improved the asset base of the poor in the form of housing and land. From 1994 to 2008, government expenditure of R48,5 billion supported 3,1 million approved housing subsidies and the completion of 2,6 million housing units. 13 million people benefited, of whom 53% comprised women-headed households. This is outlined in detail in the sustainable development cluster.

Despite the existence of a number of poverty alleviation programmes, such as the Free Basic Services (FBS) programme, which includes a designated supply of water, electricity, refuse removal and sanitation services, there is little evidence of any gender mainstreaming within the planning, budgeting or implementation of these programmes. There is no sex disaggregated data on the beneficiaries of the programmes, yet there are gender policies developed within the department which should guide gender mainstreaming from policy development to implementation and monitoring and evaluation. Only few programmes are able to provide data disaggregated by sex and even locality

In addition, these improvements should be evaluated through a measure of sustainability. Official MDG figures reflect the initial installation. It is not uncommon to allocate a capital budget, but no budget for maintenance, and so in order to properly understand these figures, they should be qualified by a figure clarifying how many installations are still operative two years after installation.

Poverty gap ratio (incidence, times, depth of poverty)

Table: Depth of poverty (in 2008 constant rand)

		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
R524 a month poverty line	IES			26%					31%					21%			21%
R388 a month poverty line	AMPS	24%	24%	27%	26%	25%	25%	26%	25%	26%	24%	23%	22%	21%	20%	19%	19%
R283 a month poverty line	IES			12%					16%					7%			6%

Source: Development Indicators 2009

Using a R283 per month poverty line, the IES data shows that in 1995 the average poor person's income was 12% below the poverty line of R283 per month, while in 2005 the depth of poverty had been reduced by 7 per cent.

Table: Severity of poverty (in 2008 constant rand)

		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
R388 a month poverty line	AMPS	15%	14%	17%	16%	16%	16%	16%	15%	17%	15%	13%	13%	13%	12%	11%	11%

Source: Development Indicators 2009

The table on the severity of poverty (poverty gap) also shows a marked decrease and indicates that the income of even the extremely poor has improved. It does seem, though, that there may have been some stagnation in 2007-2008, possibly due to lower economic performance¹⁷. This should, however, be qualified by the fact that South African census statistics are notorious for undercounting, with estimates of the rate of undercounting varying between 17-25%. Stats SA has pledged to address this in their forthcoming census, so in a year or two we should have a much better grip on the actual incidence of extreme poverty in this country.

¹⁵ Labour Market dynamics in South Africa, 2009

¹⁶ The Constitution of the Republic of South Africa, 108 of 1996

¹⁷ The Presidency, Development Indicators 2009, p.27

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The apparent declining trend in poverty headcount ratios post 2002 (as revealed by the data) can largely be attributed to the increasing social security assistance that the government has embarked on. Social security assistance in the form of social grants has been highly effective in reducing poverty and promoting social development and health. It has been a key driver in reducing poverty, particularly among the targeted groups. Of the 12 million grant recipients in 2007, the Child Support Grant (CSG) accounted for eight million, the Foster Care Grant for 450 000 and the Care Dependency Grant for 100 000¹⁸.

Even though the rate of poverty in SA appears to have decreased through a number of poverty alleviation programmes, there are still a number of factors that contribute towards worsening levels of poverty among women. The gendered division of labour in households, the low value accorded to women's work with the concomitant clustering of women in low-paid jobs contribute to women's poverty. Social grants are inadequate in providing for the whole family, especially for the average women-headed family, where a woman is earning a minimal income, or not working at all. Government poverty alleviation policy and programmes themselves do not specifically target the needs and context of poor women, and as a result, these are not adequately addressed.

Share of poorest quintile in national consumption

South Africa remains one of the most inequitable countries in the world, with the distribution of income highly skewed in favour of the rich, according to Statistics South Africa's Income and Expenditure Survey (IES) 2005/06. The survey found that the poorest 40% of households received only 2% of total income, while the richest 10% obtained over a half of this¹⁹.

In 2007 price terms, the IES reveals that the poorest 10% earn R1 032 per capita real income, while the richest 10% earn R98 639 real per capita income. If one takes the percentages of total income into account, it is apparent that the poorest 10% only account for 0,6% of total income, while the richest 10% account for 55,8% of total income. This clearly highlights the vast disparities that exist. If these statistics were disaggregated on the basis of gender, this would surely highlight the challenges faced by woman in gaining equal access to economic resources.

Domestic labour resource mobilization through the well-designed public employment programmes present an opportunity to achieve multiple developmental policy objectives²⁰. In South Africa, public job creation synergistically creates job and income opportunities, expands physical space, promotes pro-poor growth and contributes to gender equality by substituting paid for unpaid work. Invisibility of unpaid work has resulted in omitting unpaid work inequalities from proper consideration in economic analysis and policy recommendation. In South Africa time spent on unpaid care work is increasingly higher for women, as a result of poverty and unemployment. In contrast to adult men, women perform 75% of the total unpaid work, especially in former homelands and urban slums²¹.

The government's Extended Public Works Programme (EPWP) provides policy space to create job opportunities and skills acquisition for women, extended service delivery to under served communities and substitutes paid for unpaid work. The EPWP recognizes that unpaid work performed primarily by women, children and mostly unemployed and poor volunteers should become paid work. Unpaid work performed by women and young girls includes home based care and early childhood development. In South Africa, the two are interconnected due to the high HIV and AIDS prevalence rate.²²

Positive results were attained in terms of upgrading and empowering women through various integrated programmes. According to the EPWP year report²³, one of the goals was to alleviate unemployment of one million people in South Africa, of which 40% should be women, between 2004 and 2009. The EPWP was initiated as a cross-cutting programme to be implemented by all spheres of government and state owned enterprises. The following sectors were identified as having the potential for creating EPWP employment: infrastructure, environmental, social and economic. This enabled EPWP to have access to varied and much larger resources, and to be taken to a greater scale. It increased sustainability since special poverty relief funds were managed from a short-term perspective.. According to the EPWP 5 Year Report, more than a half of the beneficiaries (58%) were female, while 42% were male. This indicates that the EPWP serves to increase women's participation in the labour market.

While useful on the principle that half a loaf is better than no bread, the problem is that these programmes limit employment to 24-36 months, after which the lack of formal sector jobs often means that people sink back into poverty. Obviously already disadvantaged groups such as women then are put back into the original situation of disadvantage. There should be proper skills training or entrepreneurship follow-up programmes incorporated into the EPWP.

¹⁸ Studies in Poverty and Inequality Institute, “Pro Poor Budget Benefit Incidence Analysis of Five Expenditure Categories of the 2006/07 Budget of the Republic of South Africa”, p.73

¹⁹ Studies in Poverty and Inequality Institute, “Pro Poor Budget Benefit Incidence Analysis of Five Expenditure Categories of the 2006/07 Budget of the Republic of South Africa”, p.34

²⁰ Impact of employment guarantee programmes on gender equality and pro-poor economic development, SA case study 2008

²¹ Ibid

²² Ibid

²³ Extended Public Works Programmes Report 2004/5-2008/9

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In 2006 two policies were launched to address South Africa's chronic problem areas, namely unemployment and the skills shortage. These were the Accelerated and Shared Growth Initiative for South Africa (Asgisa) and the Joint Initiative for Priority Skills Acquisition (JIPSA). Asgisa aims to halve unemployment from 28% in 2004 to 14% by 2014, and halve the poverty rate over the same period. Asgisa also takes into account the women and youth sectors in its second economy interventions, with assertions to intensify policies relevant to these groups. The most recent, 2008 Jipsa annual report, states that by March 2008, 18 879 people had been registered for artisan training over the two years since the founding of the programme. Local placements have benefited at least 4 000 candidates, while international placement has benefited 700 people, most of whom were women.

While these results appear encouraging, it would appear that these programmes have fallen miserably short of their targets. The main problem is that they failed to address the root causes of high rates of unemployment, namely asset poverty (particularly with respect to land), structural adjustment policies and a taxation system which privileges capital investment above labour.

The Department of Labour together with the UIF completed a research project to bridge the gap between unemployment benefits and social assistance. This has introduced income support for the unemployed who do not receive social grants. SASSA has expanded from a net coverage of 2.5 million in 1994 to 13 million in 2009. This has resulted in an increase of uptake of child support grants, foster care grants, care dependency grants and old age pensions, details of which are provided below.

The above findings reveal that South Africa has done much in terms of addressing unemployment, with some of these initiatives prioritising women's unemployment and poverty. Nonetheless, most women still encounter low income in the workplace, particularly in rural and informal economies, and undertake unpaid, unrecognised work. Within the private sector, women continue to face obstacles to their advancement, constituting the minority in managerial positions, experiencing an ongoing gender wage gap and discrimination. The lack of a family-friendly work environment, such as the availability of affordable child care and flexible working hours, further prevent women from achieving their full potential. This issue is further addressed within the political cluster.

Women have made substantive progress within the economy, with the following achievements noted by the Development Bank of Southern Africa:

- International, African, regional and national legislation in economic, social and political spheres, provide for women to enjoy equal access to economic involvement and empowerment as their male counterparts.
- The gender instruments in South Africa were a landmark achievement for securing South African women's rights and are rarely mirrored in the rest of the global South.
- South African companies are increasing the numbers of women in their executive levels leading to more women making decisions about where they invest and how they invest in the economy, although the ratio of women to men is still too low. A recent census on *South African Women in Corporate Leadership*, found that only 7.1% of directors in South Africa are women.
- Women are able to apply for loans and own businesses, unlike in many other African countries.
- More women are entering employment in previously male-dominated sectors, for example, mining and construction. This allows women to work in jobs that are not related to the care industry or categorised as 'women's work'. South African Women in Construction (SAWIC) has made great inroads in supporting women in the construction sector.
- Land rights in South Africa have significantly improved women's ability to survive and prosper economically as smallhold farmers. Many countries in Africa still prevent women from owning land, but women have overcome this constraint in very novel ways. For example, women in Uganda contract men to gain access to land and then work that land for a small fee.
- Girl children have been the target group for professional development and exposure programmes in the economic sector, for example, the “Bring a Girl Child to Work” campaign that has proved to be very popular and successful. This exposes our girls to corporate life and to career opportunities for their future.²⁴

Proportion of girls and boys aged 5-17 years who are working

Working children usually come from poor families, and are likely to remain poor during their adult lives due to lack of education. Child labour may be one of the factors contributing to school non-attendance. The Survey of Activities of Young People (SAYP) conducted by Statistics SA²⁵ showed that when factoring out the activity of fetching fuel and water, 3% or 0,4 million of 13,4 million children aged between 5-17 years in 1999 worked for 12 or more hours per week. While this is a relatively small proportion of the total population of those aged between 5-17 years, engagement in work activities may have an impact on the attendance and completion of primary school. For example, the SAYP revealed that among non-school attendees, 6% of boys and 1% of girls aged between 5-17 did not attend school because of the work they do during school hours.

In conformity with the Convention on the Rights of the Child, children should be protected from economic exploitation and from performing any work that is likely to be hazardous, interfere with the child's education, or be harmful to the child's health or physical, mental, spiritual, moral or social development. It defines a minimum age for a child's admission to employment. South Africa introduced the Children's Act²⁶ to domesticate the CRC, and in addition, protect the girl child from exploitation.

²⁴ A report on SA Compliance with Beijing Declaration and Platform for Action: 2019

²⁵ Statistics South Africa Report 2008/9

²⁶ Children's Act 38 of 2005, as amended, now informed by the Child Justice Act 75 of 2008

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Girl children still face challenges such as the burden of domestic chores, and care, especially in child-headed households. Children are easy prey for human trafficking for labour exploitation. These vulnerabilities indicate that the Department of Labour lacks effective gender sensitive monitoring mechanisms to track and address such incidences.

Target 2: Halve between 1990 and 2015 the proportion of people who suffer from hunger

Indicator: Prevalence of underweight children under 5 years of age and proportion of population below minimum level of dietary energy consumption.

In 2006, South Africa witnessed a low birth-weight rate, according to the District Health Information System (DHIS) and the Perinatal Problem Identification Programme (PPIP), of 9%⁷ and 15.5%⁸, respectively. This means that about one out of every ten babies born alive weighed less than 2,500g. However, as a large proportion of births – and therefore birth weights – are not documented, the exact figures are likely to be underestimated. Sometimes mothers are not told the weight of their babies at birth, or babies are not weighed at birth.

According to the South African MDG country report for 2005, a national study conducted by the South African Vitamin A Consultative Group (SAVACG) in 1994 revealed that 9% of South African children aged between 6 and 71 months were underweight and 1% was severely underweight²⁷. Five years later, the National Food Consumption Survey conducted among a different group of children, those aged between 12-71 months, showed that 11% were underweight. Stunting remained approximately the same across two groups: at 22,9% of children aged 6-71 months in 1994, and 23,3% of children aged 12-71 months in 1999.

In addition, there is severe malnutrition incidence for under-five children averaged over the period 2001 to 2010, according to the data provided by the District Health Information Systems in the Department of Health. It shows that on average, the highest incidences of severe malnutrition were witnessed in KwaZulu-Natal (13,3%), Northern Cape (9,8%) and North West (9,4%) provinces.

The prevalence of wasting also remained approximately the same at 26% in 1994 and 3,6% in 1999. The Northern Cape Province had the highest rate of low birth-weight babies (24%), followed by the Western Cape (17%), and Free State (14%). These rates are higher than the national average. Six of South Africa's nine provinces have low birth-weight rates compared to the national average. These figures raise serious concerns about the health status of infants, their chances of survival and their quality of life, particularly in provinces with a high incidence of low birth weight. They also indicate that many pregnant women may be undernourished or of poor health, which may result from high levels of poverty among women of child-bearing age²⁸.

The South African Social Security Agency (SASSA) is listed as a schedule 3A public entity in terms of Public Finance Management Act 1 of 1999²⁹. The agency was established in terms of the South African Social Security Agency Act of 2004³⁰. The key functions of this agency include the payment of social assistance grants which include the following: older person's grants, war veterans, child support, care dependency, foster child, disability, grant-in-aid and social relief distress.

The Social Development Department, through SASSA, expanded the social safety net in the country, with over 13 million individuals benefiting from this. Over 8,7 million children are allocated a child support grant, while over 474 000 benefit from the Foster Care Grant. Over 2.3 million elderly individuals benefit from the old age grants. Of these, over 70 000 were men aged between 63 and 64, who started receiving their grants for the first time, this following the amendment of the Social Assistance Act to achieve parity in the qualifying age between male and female grant applicants³¹.

Poor households with pensioners are on average significantly less poor than households without pensioners³². Extension of the Child Support Grant to children until their 15th birthday, as from January 2009, seeks to ensure that the country alleviates child poverty in the context of the high rate of unemployment nationally.³³

According to the Department of Social Development, South Africa has made the following achievements towards poverty alleviation:

- The government has reallocated public spending in favour of programmes and projects aimed at empowering women.
- The government has adopted a micro policy framework as a base for poverty alleviation through the following programmes:
 - Funding non governmental organisations (NGOs) through the National Development Agency³⁴ (NDA)

²⁷ South African Millennium Development Goals Report 2005

²⁸ <http://www.childrencount.ci.org.za/indicator>

²⁹ Public Finance Management Act 1 of 1999

³⁰ South African Agency Act 9 of 2004.

³¹ DSD Annual Report 2009

Ibid p.21

³² Anne Case, 2000

³³ Department of Social Development Annual Report 2008/9

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- Transforming the non-profit sector to create an enabling environment for non-profit organisations³⁵, although with great backlogs and challenges experienced in the disbursement of NDA funds to the non-profit sector, and many NPOs struggling to fundraise to address service delivery gaps, many would dispute the veracity of these claims.

Access to land

In 2005/06, men comprised 92% of land reform beneficiaries, and women a mere 8%. These figures adjusted marginally to 90% as opposed to 10% in 2009/10. Women have, however, been able to increasingly gain access to land through the implementation of programmes such as the Land Redistribution for Agricultural Development (LRAD) and Comprehensive Agricultural Support System (CASP) programmes. Land restitution and land reform are crucial elements in redressing apartheid dispossession, ensuring transformation and addressing asset poverty³⁶.

The LRAD initiative aims to generate black commercial farmers, and makes explicit mention of gender in its programme. LRAD aims to “expand opportunities for women and youth in rural areas”, as well as to “overcome the legacy of past racial and gender discrimination in land tenure”. The programme hopes to achieve this by “encouraging women-only projects, and by ensuring that at least one third of transferred land resources accrue to women. A review of the statistics across the review period indicate that a total of 18 284 women benefited from the redistribution and tenure reform across the review period, against a backdrop of 50 877 total beneficiaries, constituting 36% of the total beneficiaries of land reform during the review period. However, this figure is yet to be verified by the Monitoring and Evaluation Unit of the Department of Rural Development and Land Reform, as duly acknowledged in the course of the research project.

LRAD has seen the initiation of several programmes designed to address issues of poverty. One of those programmes includes food safety-net projects that will give participants the opportunity to access land for food crop and/or livestock production to improve household food security. Another, comprising equity schemes, is aimed at aiding participants to receive equity in an agricultural enterprise equivalent to the value of the grant plus own contribution. Agricultural initiatives in the communal areas constitute a further sub-programme of LRAD. These programmes are meant for people living in communal areas, who have access to agricultural land but may not have the means to make productive use of that land. A review of the statistical data retrieved from the Monitoring and Evaluation Unit, DRDLR, indicates the following with regard to beneficiaries' profiles in the redistribution and tenure reform initiatives:

Number of Beneficiaries for Redistribution and Tenure Programme by province from 2005/2006 to 2009/2010

PROVINCE	2005 /2006	2006 /2007	2007/ 2008	2008/ 2009	2009/ 2010	Total N-Beneficiaries
EC	1472	1092	548	772	1033	4,917
FS	586	477	218	144	338	1,763
GP	203	252	169	54	70	748
KZN	5745	1729	4442	4,589	2810	19,315
LP	334	354	82	550	509	1,829
MP	620	91	505	1,243	1053	3,512
NC	362	474	188	164	94	1,282
NW	966	7805	638	238	3078	12,725
WC	747	320	1966	1,463	290	4,786
TOTAL	11,035	12,594	8,756	9,217	9,275	50,877

As indicated in this table, a total of 50 877 people have benefited from redistribution and tenure reform. Across the provinces, the North-West province recorded the highest number of beneficiaries (12 725), with the Gauteng Province recording the lowest (748) for the period under review. An interesting trend to note is that since 2005/06, the number of beneficiaries per year has consistently decreased from 11 035 in 2005/06 to 9 275 in 2009/10. This could be attributed to the Department's decision to limit the number of grant applicants per project, which has in the past created group dynamics that have tended to impact on governance of these projects. These statistics are disaggregated by provincial allocation, and by gender in the tables below.

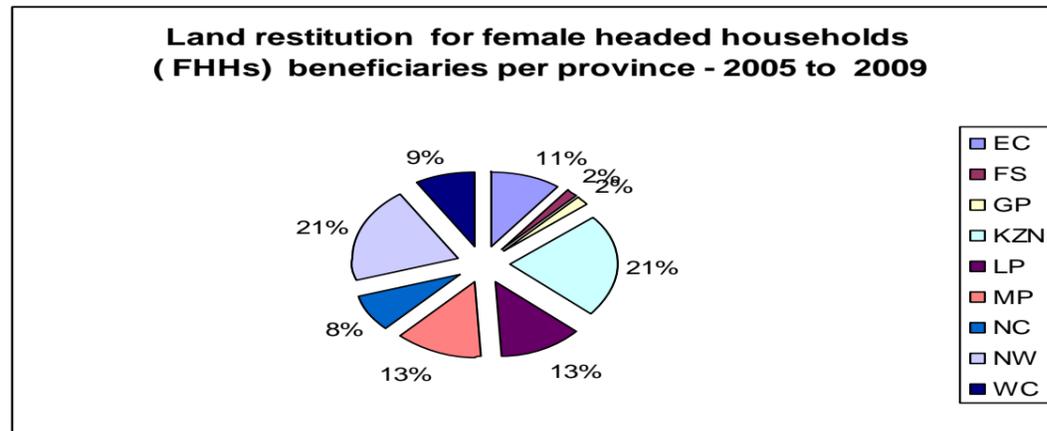
³⁴ Based on the National Development Act 108 of 1998

³⁵ Based on the Non Profit Organisation Amendment Act 17 of 2000

³⁶ The Presidency Annual Report 2008-2009

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Table : Land Restitution for Female-headed Households (FHHs) beneficiaries³⁷



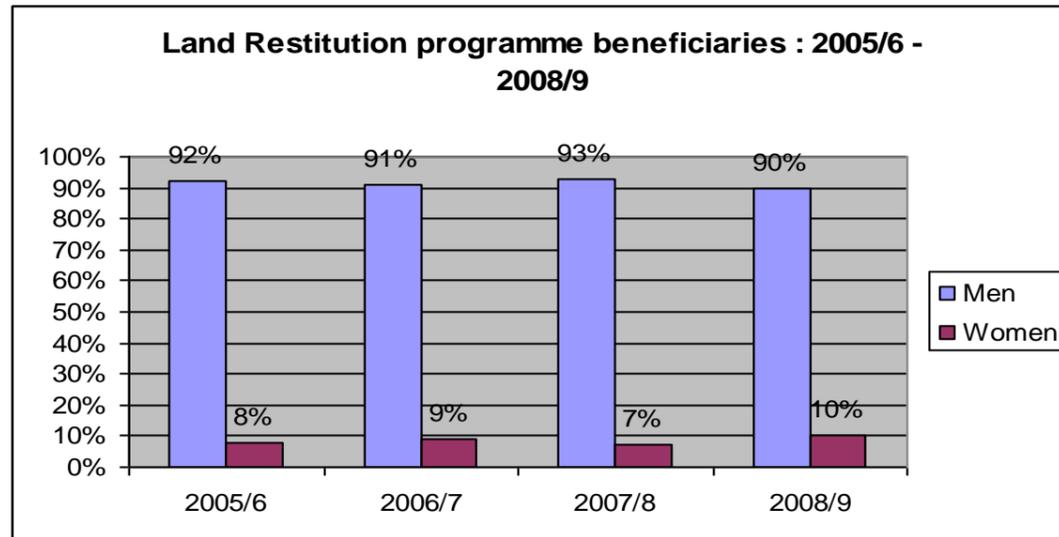
When comparing the nine provinces in terms of which provinces have seen women benefiting from land reform programmes, the data in the above table reveals that both KwaZulu-Natal and Eastern Cape are leading provinces in this regard, while urban-based provinces such as Gauteng and the Western Cape have benefited comparatively less. It can therefore be concluded that rural women have benefited more than urban women through land reform programmes³⁸.

³⁷ CGE Gendered Analysis of Land Reform Policy and Implementation Outcome in South Africa, 2006-2009

³⁸ Ibid

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Table : Land Restitution Programme Beneficiaries³⁹



...with women climbing to a mere 10% in the 2008/09 period. The restitution programme has been expanded to reach out to a broader range of beneficiaries,

In pursuit of mainstreaming gender in land reform, the Department of Rural Development and Land Reform in collaboration with the Department of Agriculture, Forestry and Fisheries, jointly facilitated the launching and establishment of provincial and national structures of Women in Agriculture and Rural Development (WARD). This structure is aimed at providing organized discussion forums for women to participate in land reform programmes. The purpose of WARD is to mainstream gender issues in agriculture and land policies, programmes and projects locally and nationally, to raise the profile of rural women and their communities, and to ensure the sustainable growth of agriculture. Women, especially in rural areas, still experience problems in accessing finance and land, and information regarding agriculture and land reform rights. The programme was launched in 2006 and data on the outcome of this programme is yet to be generated by the programme. Access to land is fundamental in relieving poverty, not just in terms of providing food for the land reform beneficiaries, but in reducing unemployment and contributing to national food security.

Challenges in addressing Goal 1:

The government faces critical challenges in implementing the policies and strategies developed to alleviate extreme poverty and hunger:

- There are programmes to address poverty, but these do not specifically target women, and as a result the programmes do not disaggregate the beneficiaries by sex and location.
- Land reform interventions are not tailored to ensure that women benefit.
- There is lot of corruption in terms of allocation of programme benefits, which further disadvantages women.
- Industrial policies do not provide security to those industries where women are the dominant labour group, for example, the services sector.
- Most women are employed in the informal sector – there are still numerous challenges faced in moving women into the formal economy.
- Community discussions are largely male dominant. Decisions taken are not informed by women's inputs and therefore do not target their specific needs and circumstances.
- Moving women from subsistence-level economic activities to growing their businesses and improving their liquidity is still a challenge, and requires designated skills programmes and support interventions, and the allocation of funds.
- There is inadequate enforcement of companies' and institutions' compliance with gender equality legislation, and a resulting slow pace of gender transformation.
- While national studies on the effect of global warming on agriculture are complete, current land reform and agriculture policies are not addressing the impact of climate change on agriculture. As a result there is no policy preparing emerging farmers – those most vulnerable to adaptation problems – for what is coming.

³⁹ Ibid

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Recommendations

- Poverty alleviation strategies should prioritise women, especially poor women living in rural areas and informal settlements.
- The government should accelerate infrastructural development in rural areas, where the majority of women are still affected by inadequate access to housing, water and electricity.
- There is a need for specific programmes to encourage women to use land for commercial farming so that they substitute unpaid work with income generating work.
- Government departments need to take on board gender analysis and budgeting for all programmes.
- Women should be encouraged and enabled to access financial means by government and private sector stakeholders, to start their own businesses.
- Government departments should immediately commence to disaggregate their data on the basis of sex and locality.
- Policies that are pro-poor and gender sensitive should be promoted, and existing policies reviewed to this end. Women, and especially poor women, should be incorporated fully in policy processes, so that participatory governance is not just a paper notion.
- Government departments should encourage an inter-sectoral approach when dealing with gender, in order to coherently address patriarchal inequalities.
- There should be monitoring of legislation dealing with gender and poverty to be able to assess the impact it has on women empowerment.
- Government must ensure decentralisation of poverty alleviation and *sustainable* food security programmes.

1.2 International partnerships

GOAL 8: DEVELOP GLOBAL PARTNERSHIPS FOR DEVELOPMENT

This goal requires governments, NGOs, and the private sector worldwide to work together in partnership to ensure the complete fulfilment of the MDGs. A gendered review of this goal requires states to seek out international partnerships and development assistance to support the development and implementation of gender-responsive rights-based policies and programmes, including accessing technical assistance to improve gender-responsive and sex-disaggregated data. It is apparent from the analysis contained in the previous chapters that this is an area where the South African government is failing.

Addressing gender equality within international partnership agreements remains a challenge. Although many international agencies, institutions and non-governmental organizations have endorsed progressive gender policies, such policies are often not translated into gender-sensitive programming, and budgets are rarely tied to activities aimed at changing the status of women. Current development strategies should promote women's ability to participate as full social, economic and political partners.

International partnerships and collaboration

South Africa is still playing a leading role in championing the New Partnership for Africa's Development (NEPAD), which is Africa's primary socio-economic development programme through which the MDGs are addressed.

The United Nations (UN) system as a whole co-ordinates programmes of action on the continent within the framework established by the NEPAD. The UN system includes the following entities, all of which are operational in South Africa:

- The Food and Agriculture Organisation (FAO)
- The United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Industrial Development Organisation (UNIDO)
- United Nations Children's Fund (UNICEF)
- United Nations Development Fund for Women (UNIFEM)
- United Nations High Commissioner for Refugees (UNHCR)
- Office of the High Commissioner for Human Rights (OHCHR)

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South Africa has endorsed the 2005 Paris Declaration on Aid Effectiveness. The Paris Declaration was developed as a follow-up to the Monterrey agreements and the G8 Summit. It calls for donors to increase aid and to adopt concrete actions that can be monitored while aid delivery and management is reformed. The declaration establishes global commitments for donors and partner countries to support more effective aid in a context of significant scaling up and harmonization.

South Africa is also a member of the India Brazil South Africa Dialogue Forum (IBSA), which serves as a mechanism for political consultation and coordination, as well as strengthening co-operation in sectoral areas, and improving economic relations between Member States and the countries of the South.

South Africa has been at the forefront of international efforts to promote much-needed reform of the international financial architecture. The IMF and the World Bank have placed an increasing emphasis on the importance of democratic governance and participatory development (the involvement of all stakeholders in the development process), if developing countries want to meet the MDGs.

South Africa has continued to participate actively in meetings of the G20, which brings together twenty major players in the global financial system, in both emerging and developed economies, to discuss international financial and development issues and promote the need for reform of the international financial system. The country has also participated as a guest in previous meetings of the G8, referred to as the 'Outreach Five', 'G8+5' or 'Plus Five', which includes countries such as South Africa, India, Brazil, China and Mexico.

South Africa also continues to extend economic linkages amongst African countries, within the context of ongoing efforts to shape the international development agenda. Regional integration remains a key policy focus area. This includes South Africa's participation in SADC (Southern African Development Community) and the SACU (Southern African Customs Union).

Official Development Assistance

The target for least developed countries calls for more generous Official Development Assistance (ODA). Donor programming in South Africa consists mainly of technical assistance for transformation processes and financial disbursements in support of these processes. South Africa as a middle income country has a strong internal revenue base and therefore ODA makes up just less than 1% of the South African national budget. However, ODA is important in assisting South Africa to achieve its overall developmental agenda, and an engendered approach to policy and budget formulation, and programme implementation.

The European Commission is the largest ODA partner in South Africa. Overarching ODA agreements between South Africa and the European Union envisage gender as a cross-cutting issue to be mainstreamed into all programmes to be developed. There are specific programmes that address gender issues and women's rights, rights such as the Victim Empowerment Programme (VEP) between the European Commission (EC), UN Office on Drugs and Crime, and the Department of Social Development. There is also a programme on Human Trafficking with the EC, the National Prosecuting Authority (NPA) and the International Organization for Migration (IOM).

The National Treasury's International Development and Co-operation (IDC) Unit also strives to ensure the optimal utilization of ODA in support of South African, regional and African development priorities, including gender related matters.

South Africa continues to play a key role in negotiations with donor countries to ensure that their commitments to the African Development Fund and the World Bank's International Development Association (IDA) to fund low-income countries are considerably increased compared to previous rounds. The National Treasury engages actively with multilateral institutions including the International Monetary Fund (IMF), The World Bank, the G20, the G24 and the United Nations in this regard.

The National Treasury has put in place systems to track aid flow into the country, but does not monitor the outcomes and impact of such aid in relation to gender equality and women's empowerment, because donors providing such aid have their own gender policy commitments and at times this aid is directed to civil society organizations.

One problem is that there is currently no clarity on how ODA for measures to cut carbon emissions is going to work at a national level. This is of concern, given the amount of funding likely to be needed in converting South Africa, currently 17th in the world in terms of carbon emissions, to a low carbon economy. The only national system in operation at present is the Clean Development Mechanism which is administratively heavy, needlessly bureaucratic, and therefore inaccessible to vulnerable groups such as women.

Access to affordable drugs

A further target under this goal is initiating interventions with international pharmaceutical companies to ensure access to affordable essential drugs, which constitutes both a health and a trade matter. Access to essential drugs is fundamental to all health MDGs, including Goal 5. In this regard, the Medicines and Related Substances Control Amendment Act No. 90 of 1997 is an important piece of legislation for the provision of cheap ARV drugs.

The Act gives our government a legal framework to:

- Import cheaper brand name medicines from countries where the product is sold for less (Parallel importing)
- Introduce a transparent pricing mechanism to make pharmaceutical companies justify the prices they charge

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- Compel pharmacists to prescribe cheaper generic substitutes of medicines no longer under patent (generic substitution).

This is a key intervention to ensure people living with HIV and AIDS, of whom women constitute the majority, have access to necessary medication.

On 18 February 1998- The Pharmaceutical Manufacturers Association (PMA) instituted legal proceedings against the government as a result of this legislated amendment, and gained an interim interdict prohibiting the Minister of Health from using certain sections of the Act including Section 15(c) which allowed for compulsory licensing and generic substitution. The PMA based their argument on their “constitutional right to property”.

The Treatment Action Campaign (TAC) entered the court case in 2001 as an *amicus curae* (Friend of the Court). The TAC's main argument against the PMA was that “access to health is a human right that trumps rights to private property – particularly when these rights are being abused.” In April 2001, after three years of delays, the PMA withdrew its case against the South African government following local and international political and public pressure. This was an outstanding victory and achievement for the struggle to ensure access to necessary treatment, particularly for the poor.

Access to ICTs

A gendered component of this particular goal requires interrogation of states in terms of the cooperative relationships established with the international private sector to ensure the benefits of new information and communication technologies, such as computers, internet, telephone and cell phones, are made more accessible to women, particularly in the rural areas. The South African government has put in place policies to create a supportive investment climate, and balanced this with universal service obligations placed on operators to achieve greater access and uptake. Government's broader policy objective is to make ICTs accessible and affordable to the majority of our population. In the case of South Africa, the ICT contribution to GDP has exceeded the 7% mark as early as 2005. The government's broadband policy which is driven by the Department of Communications demonstrates a clear intent to grow the sector more aggressively and expand the market to areas where access is limited or not prevalent at all.

The Annual Meeting of SADC (Southern African Development Community) Ministers responsible for Telecommunications, Postal and ICT undertook in 2010 to facilitate a policy dialogue to ensure the implementation of regional programmes in Communications and ICT contributes meaningfully to socio-economic development and the attainment of the MDGs in the SADC region. The strategic focus of the SADC Ministerial meeting was on Home and Away Roaming, ICT Consumer Rights and Protection Guidelines' Frequency Band Plan, Communication Regulators' Association of Southern Africa (CRASA) and the Southern African Postal Regulators' Association (SAPRA) merger, reform of the Postal Sector and Broadcasting Digital Migration. The ministers' decisions are binding not only on the Member States but also on multinationals that conduct business in those member state countries.

The Ministers received a report on the study undertaken on “Best Practices in Utilization of Universal Service/Access Funds in SADC” which called for a review of the existing regulations and guidelines, the development and enactment of policies and laws that will ensure viable and sustainable business models. The Ministers recommended that further work be undertaken to review existing regional guidelines, and SADC should develop a tool kit for member states. The recommended ICT consumer Protection Guidelines in SADC were also adopted and would be expanded to include issues relating to elderly people and consumer education.

Urbanisation has led to the majority of men migrating to the cities in search of employment, leaving women behind in the rural areas. It is these women in general and the rural areas in particular that the SADC Ministers aim to target in the implementation of their decisions. SADC Ministers have introduced regulatory frameworks and decisions that compel multinationals to reduce the cost to communicate particularly in rural areas and through the Universal Access Funds, encourage the provisions of ICT in the most rural areas at an affordable price.

Challenges in addressing Goal 8

- Departments are not actively seeking international partnerships and technical capacity to deepen internal capacity to develop engendered policy, programmes and budgets, or develop data disaggregated management systems. As a result, they are unable to effectively track the impact of programmes on women.
- It is not possible to access centralised data on international partnerships designed to address issues relating to gender equality and women's empowerment, and there are no systems in place to track their impact and the extent to which women benefit from these programmes.

Recommendations

- Gender equality needs to be made more visible in international partnership agreements, and capacity, data collection and monitoring systems developed to ensure effective implementation and track impact.
- Treasury should inform, encourage and assist departments to access ODA loans and grants to support the development and implementation of gender-responsive, rights-based policies and programmes, including accessing technical assistance to improve gender-responsive and sex-disaggregated data.
- Government needs to integrate a gender-responsive, rights-based perspective in the national monitoring of aid effectiveness.
- Government should encourage international partnerships to promote synergy amongst programmes which address economic empowerment.

Chapter 2: Social Cluster

2. 1 Education

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

This chapter will assess the extent to which MDG education targets have been met by using the following three indicators:

- Net enrolment rate in primary education
- Proportion of pupils starting Grade 1 who reach Grade 7
- Literacy rate of 15 -24 year olds

The learner drop-out rates for primary and secondary education levels are important to consider, as studies have shown that girls tend to drop-out earlier than boys as a result of numerous socio-economic factors, such as teenage pregnancy, lack of access to safe transport, domestic responsibilities, and orphanage due to HIV and AIDS. Tertiary enrolment is assessed as a separate indicator because at this level, gender discrimination is far more pronounced due to the high cost of education. It is also important to factor in the gender-based roles of girls and women, namely care in the community as well as household management, making it more likely that women and girls will be pulled out of the education system to care for the sick and elderly within the home.

South Africa's compliance with primary and secondary education set targets

Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

a) Net enrolment rate in primary education

The Constitution of South Africa gives everyone the right to basic education including adult basic education, and to further education which the state, through reasonable measures, must make progressively available and accessible⁴⁰. As such, every child of school-going age has a right to primary education irrespective of whether their parents are able to afford school fees or not. To enrol in a school a child must have been immunized, and have proof of his or her parents' right to live in South Africa, if they do not hold South African identity documents. If the family does not have access to a clinic, or if the parents are unaware of the need for South African documentation, this could bar the child's access to education.⁴¹

The country net enrolment rate statistics indicate that by 2007 South Africa was already close to reaching universal primary education. This is according to a community survey which shows that "95.8 percent of children of primary school-going age (seven to 13 years) were enrolled in school at the time of the survey, with a slightly higher proportion of females (96%) than males (95.6%)"⁴². This is solely based on enrolment however, and does not take into cognisance attendance. According to UNICEF, primary school attendance rates stood at 80% (male) and 83% (female) in South Africa (2003-2008). This rate drops at secondary school level, where the attendance rate stands at 41% (male) and 48% (female) (Household Survey 2003-2008). These statistics are daunting and raise concerns relating to state social development services and interventions to keep children in schools, or provide transport for children to attend local schools, if these are far away.

At a national level, it is positive to note that a high proportion (96.5%) of children of school-going age (7 – 17 years) attended some form of school or educational facility in 2007. However this does not necessarily signify that there is universal primary education; these numbers relate to children attending any school at any time, for any period of time, and as such cannot indicate reliably whether Goal 2 has been successfully addressed.

⁴⁰ The Constitution of the Republic of South Africa, 1996

⁴¹ SA Yearbook 2009/2010)

⁴² Pali Lehohla, Community Survey Shows Progress on Millennium Development Goals", http://www.statssa.gov.za/news_archive/08November2007_1.asp

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Since 2002, the national attendance rate has seen a 1 percentage point increase, reflected in increases among both the primary (7-13 years) and secondary school (14-17 years) age groups. According to the General Household Survey, school attendance for those aged 7-13 has increased from an already high level of 96.7% (boys 96.4% and girls 97.0%) in 2002 to 98.6% (boys 98.4% and girls 98.8%) in 2009. It is also encouraging to note that there has been a significant increase in attendance among both the previously disadvantaged African and Coloured population groups. Despite these positive trends over the past five years, attendance rates among African (97%) and Coloured (94%) children remain significantly lower than those for Indian (99%) and White children (99%). Of a total of 11.2 million children aged 7-17 years, nearly 400,000 are reported as not attending school⁴³.

Table: Comparing gross enrolment ratio (GER) and gender parity index (GPI) in the ordinary school sector, by province, from 2006 to 2008

Province	Gender	Primary and Secondary (Gr. 1-12)						School Bands (Gr. R-12)					
		GER (%)			GPI			GER (%)			GPI		
		2006	2007	2008	2006	2007	2008	2006	2007	2008	2006	2007	2008
Eastern Cape	Female	104	106	104				101	105	104			
	Male	95	97	97				93	96	97			
	Total	99	102	100	1.09	1.09	1.07	97	100	100	1.09	1.09	1.07
Free State	Female	90	89	88				85	85	84			
	Male	91	90	90				86	86	86			
	Total	90	89	89	0.99	0.99	0.98	86	85	85	0.99	0.99	0.98
Gauteng	Female	92	90	87				86	85	83			
	Male	92	90	87				86	84	82			
	Total	92	90	87	1.00	1.00	1.00	86	84	82	1.00	1.01	1.01
KwaZulu-Natal	Female	92	95	91				89	92	88			
	Male	93	95	92				89	92	89			
	Total	93	95	91	0.99	1.00	0.99	89	92	89	1.00	1.00	0.99
Limpopo	Female	104	108	106				102	105	104			
	Male	98	101	101				96	99	99			
	Total	101	104	103	1.06	1.07	1.05	99	102	101	1.06	1.06	1.05
Mpumalanga	Female	103	100	98				99	95	94			
	Male	103	100	100				98	95	96			
	Total	103	100	99	1.00	1.00	0.98	99	95	95	1.01	1.00	0.98
Northern Cape	Female	86	86	86				81	82	82			
	Male	86	86	86				81	82	82			
	Total	86	86	86	1.00	1.00	1.00	81	82	82	1.00	1.00	1.00
North West	Female	87	83	87				82	78	82			
	Male	93	90	93				87	85	88			
	Total	90	87	90	0.94	0.92	0.94	84	81	85	0.94	0.92	0.93
Western Cape	Female	82	81	79				78	76	75			
	Male	82	80	79				78	76	75			
	Total	82	80	79	1.00	1.01	1.00	78	76	75	1.00	1.00	1.00
South Africa	Female	95	95	93				91	91	90			
	Male	94	94	92				89	90	89			
	Total	94	94	93	1.01	1.01	1.01	90	91	90	1.02	1.01	1.01

Source: Education Statistics in South Africa 2008

The table above shows that the total national average gross enrolment rate for Grades 1 to 12 stayed almost the same for the three-year period 2006 to 2008 – namely, 94% in the first and second years and a slight drop to 93% in the third year⁴⁴. According to the table South Africa's Gender Parity Index (GPI) for Grades 1 to 12 was at 1.01 between 2006 and 2008. This indicates that the GPI is slightly skewed in favour of girls.

Although legislation in South Africa provides for compulsory education, education is not free for all children due to two reasons:

- Parents who can afford to pay school fees should do so, so that this private funding could, in turn, release more money for public education.
- If government were to prevent parents from paying school fees, this would result in the lowering of the quality of education currently enjoyed by learners.⁴⁵

⁴³ <http://www.childrencount.ci.org.za/indicator>

⁴⁴ Department of Education, “Education Statistics in South Africa 2008”, p. 18

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The South African Schools Act 84 of 1996 stipulates compulsory attendance of school for children from the age of seven to the age of 15, or ninth grade. However, from the attendance statistics above, it is apparent that this Act is not adequately enforced, as clearly, not all children between the ages of six and 17 are attending school. This is also linked to whether social care professionals and healthcare professionals have an effective referral system with local teachers in local schools. Education is widely recognised to be a vehicle for empowerment, economic growth and general improvement in welfare. With regard to school attendance statistics for 2009, nearly 14 million students were attending school. Most of these scholars were studying in KwaZulu-Natal (23,9%) and Gauteng province (15,4%).

The Education for All country report indicates that the Department of Education focused on ensuring increased access to Grade R for all 5 year olds. At the beginning of 2009, some 700 000 learners were registered at public and independent schools, and at community centres⁴⁶. The Department's plan is to gradually phase in public provisioning of Grade R as part of the primary level education, so that by 2010 all 5-6 year olds have access to grade R, mostly in the public sector⁴⁷. Grade R has so far been phased into primary schools, a provision that eases the burden of poor parents having to pay for their children to complete grade R in privately-funded crèches. This intervention enables equal access to grade R (amongst boys and girls), especially in no-fee paying schools.

The Education White Paper on Early Childhood Development (2000) further provides for the expansion and full participation of five-year olds in pre-school reception grade education by 2010, as well as for an improvement in the quality of programmes, curricula and teacher development for 0-4-year-olds and 6-to-9-year-olds⁴⁸.

b) Proportion of pupils starting grade 1 who reach grade 7

Attendance rates among learners aged 7–15 years show that enrolment rates for 2008 are higher than 97% in all provinces. It was the lowest in Western Cape (97,0%) and the highest in Gauteng (98,5%), Free State (98,2%) and Mpumalanga (98,2%). When comparing 2007 and 2008 figures, enrolment levels for the 7–15-year age group have remained stable in the country as a whole. Slight increases in enrolment can be noted in Gauteng, KwaZulu-Natal, North West and Mpumalanga provinces. In all the other provinces there were slight decreases with a large degree of fluctuation in the Western Cape. Since 2002 the largest increases in enrolment took place in KwaZulu-Natal (from 95,3% to 97,9%), Northern Cape (from 94,9% to 97,5%), North West (from 95,3% to 97,3%) and Eastern Cape (from 95,8% to 97,6%)⁴⁹. Stats SA could not provide sex-disaggregated statistics for these figures.

Education is central to the development of young people as it prepares them for the world of work and for life. In line with global trends, it is encouraging to note that young people in South Africa are spending more years acquiring the requisite levels of education. There are however various socio-economic factors which impede learners' education process and cause them to drop out of schooling, such as teenage pregnancy and poverty. The Education White Paper 6 on Inclusive Education of 2002 speaks to the intention to implement inclusive education at all levels by 2020. This seeks to improve participation and retention levels of learners in the education system, particularly learners prone to dropping out.⁵⁰

Teenage pregnancy

In 2008, the Department of Education in collaboration with the United Nations' Children's Fund (UNICEF), commissioned the Human Sciences Research Council to conduct a study on prevalence of learner pregnancy in South African schools. The study revealed that learner pregnancy was high. However, a subsequent study by the Human Science Research Council (2009) has revealed that teenage pregnancy in South Africa has been declining over time. The decline in fertility has been attributed to amongst others, increased access to information on reproductive health and rights and improved contraceptive use. This trend will need to be monitored to assess whether the trend has in fact been reversed.

The following features were observed:

Learner pregnancy

- Provincial trends show a concentration of learner pregnancies in the predominantly rural Eastern Cape, KwaZulu-Natal and Limpopo provinces.
- Learner pregnancies are predominant in schools that are poorly resourced, those located in poor neighbourhoods, no fee schools and schools located on land independently owned (farm schools), as well as in schools that involve considerable age mixing (combined schools). Pregnancy rates are lower in specialised schools.

Termination of pregnancy

⁴⁵ Education for All (EFA) Country Report: South Africa 2008 p.20

⁴⁶ Ibid p.20

⁴⁷ Ibid p.5

⁴⁸ Annual Report 2008/9, Department of Education p.16

⁴⁹ Statistics South Africa, General Household Survey, July 2008, p.14

⁵⁰ Ibid p.16

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- A few teenagers report using legal services for termination of pregnancy in both quantitative (3%) and qualitative data, despite the legalisation of abortion in 1996 and the progressive increase of service availability in public and private facilities.
- Although termination is viewed by some as objectionable on moral or religious grounds, young people apply a “relative morality” to abortion to circumvent both social and financial hardships and to protect their educational opportunities.

Determinants

The following factors contribute to teenage pregnancy;

- When young people drop out of school early on, often because of economic barriers and poor school performance, they are at significantly heightened risk of early pregnancy.
- When young people grow up in residential areas where poverty is entrenched (predominantly informal areas and rural areas), they are at risk of experiencing early pregnancy.
- When both parents, and in particular the mother, is present in the home, risk for early pregnancy is decreased.

Role of education

- The rise in access to education since the 1970s, particularly for young women, has been met with a decline in teenage fertility.
- School drop-out often precedes pregnancy. Incomplete education has been identified as a significant risk factor for negative reproductive health outcomes, including early pregnancy and HIV.

However, according to the HSRC study, despite the reported decline in teenage fertility rates, the high proportion of unintended pregnancies for teenagers in South Africa remains a serious problem. The best available figures indicate that roughly 25-30% of births in this country are likely to be due to GBV. Most shocking is perhaps the figure revealed in CGE's Gender barometer, that 37% of teen age girls' first sexual experience was under force or threat of force. The link between GBV and high rates of teen age pregnancy are therefore clear.

Pregnant teenagers face serious health, socio-economic and educational challenges. One teenage learner pregnant is one too many, and the Department therefore does not take comfort in the reported decline of teenage fertility, but seeks to strengthen efforts towards addressing this challenge. To this end, the Department will develop a comprehensive strategy towards addressing learner pregnancy in South Africa, outlining definitive interventions for implementation through the schooling system. At this stage, the Department of Education reports that they have programmes in place to prevent teenage pregnancy⁵¹, with the primary focus on promoting abstinence through the curriculum itself.

In a rights-based society, young girls, who fall pregnant, should not be denied access to education, and this is entrenched in law in South Africa through the Constitution, and the Schools Act of 1996. In 2007, the Department of Education released guidelines in this regard, entitled *Measures for the Prevention and Management of Learner Pregnancy*. The guidelines advocate for the right of pregnant girls to remain in school, but suggest up to a two-year waiting period before girls can return to school, in the interests of the rights of the child. Any proposed shift in policy and practice needs to be informed by a well-rounded understanding of the context of teenage pregnancy⁵².

Gender in the curriculum

According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO), a gender sensitive curriculum promotes equal treatment between men and women and between girls and boys, and it encourages them to achieve their full potential. This includes how teachers interact with learners in and outside the classroom, and how boys and girls are depicted in textbooks. Gender sensitive attitudes and learning materials promote non-stereotyped images of men and women.

The Girls Education Movement (GEM)⁵³ was initiated by the Minister of Education and encourages girls to choose abstinence. The Boys Empowerment Programme teaches learners about gender based violence, masculinity, responsible sexuality, substance abuse and loving relationships. In the Western Cape, the Department has put in place an intra-departmental body called “the Teenage Strategic Committee”. This committee monitors social behaviour and teenage pregnancy-related issues. By March 2007, the GEM programme was rolled out in all provinces, in accordance with the planned implementation of programme sites in each of the nine provinces by 2006.

It is also critical to focus on gender in learning areas. In its Gender in the Curriculum project (2007)⁵⁴, the CGE revealed the crucial role that learning areas can play in encouraging and promoting gender equity in education. Life Orientation is the vehicle for gendered learning outcomes in the South African school curriculum. This addresses a broad range of aspects of gender stereotyping, and every learner has the opportunity to take this learning area. The Life Orientation programme is supported by a Life Skills programme, which addresses issues relating to gender based violence, HIV and AIDS, teenage pregnancy, peer pressure, discrimination and bullying, and alcohol and drug abuse.

⁵¹ www.education.gov.za/dynamic

⁵² Teenage Pregnancy in South Africa-with a specific focus on school-going learnersreport.2008

⁵³ www.education.gov.za/dynamic

⁵⁴ CGE: Gender in Curriculum, 2007

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The Gender Equity Directorate has raised questions regarding the effectiveness of the Life Orientation learning area, as a result of the high incidence of rape and teenage pregnancy in schools reported in the media. It was acknowledged that this programme needs to address sexual relationships and sex education, to reduce teenage pregnancy.

Addressing poverty

The Minister of Education adopted a strategy of declaring schools in poor communities as ‘no fee’ schools, to reduce the financial burden of school fees on poor parents. This also improves access to education, especially in poor communities. There is an inverse relationship between provinces where the main reason for non-attendance at school is listed as lack of money for fees (Mpumalanga and North West), and where learners are the least likely to benefit from the ‘no fee’ system, once again Mpumalanga (33,6%) and North West (37,8%). Pupils currently attending public schools are the biggest beneficiaries of this system. Forty-eight per cent of these do not pay school fees and for 93% of the non-payers, the reason for not paying school fees is because the school is a ‘no fee’ school. In 2009, 93,4% of surveyed pupils were attending public schools.

Through the National Schools Nutrition Programme (NSNP), approximately 6 041 primary learners in 17 899 schools are fed daily. This programme also enhances learning capacity via good nutrition⁵⁵. Quintile 1 secondary schools have started receiving the service as well. Both the ‘no fee’ schools and National Schools Nutrition Programme serve to retain learners in schools, who might otherwise have been denied the opportunity to attend school as a result of their family's socio-economic status. Sixty-two per cent of public school attendees receive food at school. Pupils in the Northern Cape (86,6%), Eastern Cape (70,0%), Limpopo (68,6%) and Mpumalanga (67,3%) are the most likely to benefit from this programme.

According to the Department of Education, the National Education Infrastructure Management Unit gathers information on public schools' infrastructure needs, and seeks to improve this and enhance safety. The number of schools without water has been reduced from 8 823 in 1996 to 3 152 in 2006. The number of schools without on-site toilets has been reduced from 3 265 in 1996, to 1 532 in 2006. This is also an achievement that is conducive to learning, and therefore the retention of learners, particularly among girl children, who are more affected by sanitation services at schools than boys.

With the adoption of the right to sanitation as part of the UN Declaration of Human Rights in 2010, it is important to highlight the role of adequate sanitation in promoting the school attendance of girls. Studies show that, with the onset of puberty, girls will typically not attend school during menstruation where there are no or inadequate sanitation facilities. To be missing school for a week a month from about the age of thirteen severely impacts on their academic performance and therefore their life chances. In addition, as the domestic burden of fetching water rests largely on girl children as a result of gendered roles, installation of water pipes in schools is advantageous in providing a point for water collection, which enables girls to complete a day's schooling.

Gender-based violence at schools and tertiary institutions

An educator-training manual called *Opening Our Eyes*, a cartoon-designed manual for learners called *Stopping Sexual Harassment in Schools*, and *Guidelines for the Prevention and Management of Sexual Harassment and Violence in Public Schools* have been produced by the Department of Education. These are used to address the issue of sexual harassment of female learners, which impacts hugely on the physical and mental well-being of girl children, as well as their education. There does not appear to be a comprehensive training programme for teachers on using these resources however, making these undertakings difficult to enforce.

In 2001, a provincial Sexual Harassment Network⁵⁶ was launched at the University of Stellenbosch to formalise networking between the five tertiary institutions in the Western Cape to combat sexual harassment and gender based violence. The provincial sexual harassment network is affiliated to the network of Southern African Tertiary Education Institutions Challenging Sexual Harassment and Sexual Violence. It was expected that all provinces would follow suit. Some of the strategies of the network include:

- The creation of support opportunities for cross-contextual individual and institutional alliances
- The adoption of a proactive position on the need to eliminate sexual harassment and sexual violence at all levels of education
- The development of and implementation of connections between work on challenging gender based violence and other areas of transformation within institutions.
- The initiation of strategic alliances both with those involved in other levels of education and with those involved in combating sexism and gender based violence outside the formal education sector.

Evidence of the extent of the effectiveness and uptake of this network, and its interaction with the education sector is not readily available.

c) Education and literacy rate among 15-to-24 age group

⁵⁵ Annual Report 2008/9, Department of Education p.17

⁵⁶ www.uct.ac.za/agi/pubs

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Analysis of attendance among discrete age groups is revealing, with the General Household Survey (GHS) showing a significant drop in attendance amongst children older than 14. Whereas 98% of 14-year-olds were reported to be attending an educational institution in 2007, this dropped to 95% of 15-year-olds, 88% of 17-year-olds, and by age 19 the attendance rate was down to 59%. No sex-disaggregated data was available for these statistics.

In terms of educational attainment amongst individuals aged 20 years and older, there has been an upward trend since 2002. The percentage of persons with a highest level of education of Grade 12 has increased from 21,5% in 2002 to 26,1% in 2009. In addition to that the percentage of persons with a tertiary qualification increased from 9,2% in 2002 to 10,9% in 2009. The percentage of persons with no formal education decreased significantly from 10,8% (2002) to 7,4% (2009), and the percentage classified as functionally illiterate (highest level of education lower than Grade 7) decreased from 27,9% to 19,7%. Provinces with the highest percentages of persons without a formal education were: Limpopo (13,7%), Mpumalanga (11,7%), North West (11,3%) and Northern Cape (11,1%). None of these statistics is available disaggregated by sex.

The Adult Basic Education and Training Act (ABET) No. 52 of 2000 provides for the establishment of public and private adult learning centres, funding for ABET, governance of public centres as well as quality assurance mechanisms for this sector. According to the Department of Education Annual Report (2008/9)⁵⁷, South Africa has embarked on a mass literacy campaign and formal ABET programme: The *Mass Literacy Campaign* was launched by the Minister of Education in February 2008. The campaign was aimed at meeting the MDGs, by enabling 4, 7 million adults to become literate between 2008 and 2012. No sex disaggregated data is available on women's participation in ABET programmes.

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015⁵⁸

In South Africa, girls – by and large – do not experience discrimination with regards to access to education, as is commonly seen in other parts of the world. The GPI for total school enrolment (Grade 1 to Grade 12) indicates that for 2008, gender parity was achieved. Generally there are more girls participating at primary school level than boys, although the differences are barely significant.

This pattern shifts at a secondary school level, as there are more male than female learners in this phase. This may indicate that more females than males are inclined to drop out of secondary school. However it is unclear in this statement whether this includes enrolment or attendance. As indicated earlier, the difference between attendance and enrolment is substantial and an important indicator of whether children are being educated or not.

In terms of gender disparities, significant progress has been made since 2002. Generally the percentage of persons with no education decreased from 10,8% in 2002, to 7,4% in 2009. The provinces with the highest proportion of persons without education were Limpopo (13,9%), Mpumalanga (11,7%) and North West (11,3%). The percentage of females with no education decreased during this period from 12,2% to 8,7%, whilst the percentage of males in this category dropped from 9,1% to 5,9%. However gender parity in literacy has not yet been reached amongst adults⁵⁹. According to the 2005 General Household Survey, 72.1% of women were functionally literate as compared to 76.6% of men.

Gender Parity for Levels of Education

As noted above, South Africa has attained gender parity⁶⁰ from pre, primary and secondary school although:

- Primary education reflects disparity in favour of female learners
- For secondary education, more male learners attend school than female learners

In terms of gender parity in Further Education and Training, the 2008 report indicated the national highest GPI was reflected in the FET band and the lowest in the primary phase and in the GET band (0.97), confirming that relative to the appropriate school age population, there were more female learners in the FET band than there were in the primary phase and the GET band.

The report further revealed that 77,4% of students enrolled were Black (Black African, Coloured, and Indian/Asian), and 56,4% of all students were female. The majority of students (42.5%) were enrolled in humanities-related programmes (education and social science), compared to 29,3% in business and management programmes, and 28.1% in science, engineering and technology. These statistics are not disaggregated by sex.

With regard to women's occupation of posts in higher education institutions, the following table demonstrates welcome progress in this regard:

⁵⁷ Annual Report; Department of Education 2008/9 p.19

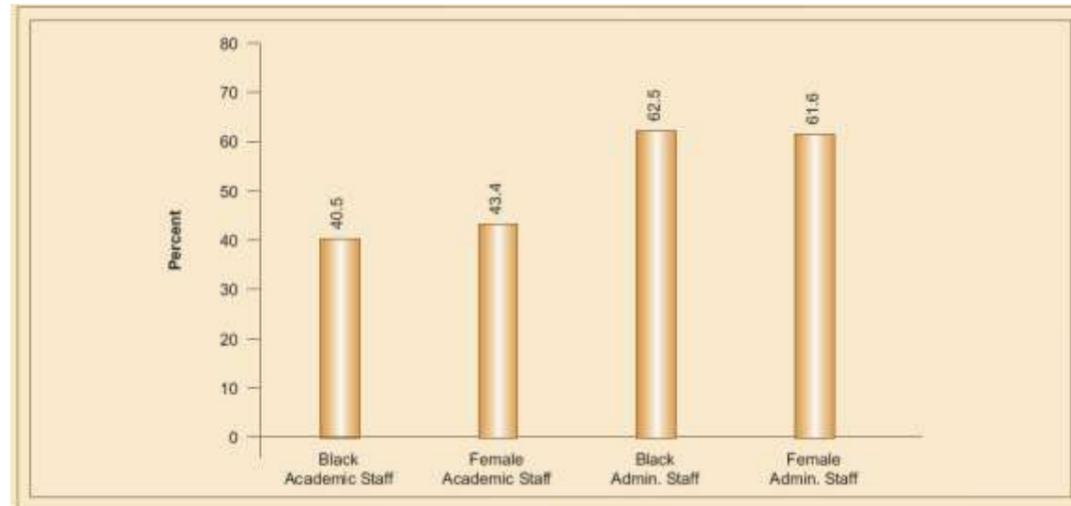
⁵⁸ The Gender Parity Index (GPI) is used to indicate the level of access to education that females have, compared to the level of access that males have. For example, a GPI of more than 1 indicates that, in proportion to the appropriate school-age population, there are more females than males in the school system. GPI is defined as GER for females divided by GER for males.

⁵⁹ General Household Survey, 2005 p.26

⁶⁰ Education for All (EFA) Country Report: South Africa 2008 p.16

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Figure 22: Percentage distribution of Black and female staff in public higher education institutions, as a percentage of total permanent staff, in 2008



The above figure shows that in 2008, Black staff at tertiary institutions, comprising African, Coloured, and Asian/Indian groups, held a 40,5% share of permanently appointed academic staff (instruction and research) posts, while female staff held a 43.4% share of permanently appointed academic staff posts.

Challenges in addressing Goal 2

- South Africa has not yet achieved gender parity in literacy amongst adults.
- Gender-based violence is still rife in South African Schools.
- The comprehensive treatment of gender in the curriculum is still questionable. Although through the new curriculum, as reflected in the National Curriculum Statement (NCS), teaching materials have improved only in Life Orientation, there are still several challenges, including the fact that the criteria used in choosing teaching materials are not homogenous throughout the provinces.
- Gender training for educators is not properly implemented in a comprehensive manner, and is non-existent in most cases.
- There is a lack of gender disaggregated data that properly reflects males and females in terms of educational enrolment and attendance
- School infrastructural needs, such as access to sanitation and water remain an impediment to access to learning, particularly for girl children.

Recommendations

- The Department of Education needs to introduce a comprehensive gender equality and sex education programme in schools to counter entrenched unequal gender power relations and challenge gender inequality at an early stage.
- The Department should review the application of its teenage pregnancy policy, to enable girls to return to school sooner after the birth of a child, should they so wish, or provide for a supported home schooling system, for those teenage mothers who have no choice but to stay at home to care for newborns.
- The Department of Education, together with strategic departments such as Social Development and Human Settlement and partners in civil society should craft programmes to understand and address learners' social conditions beyond the classroom and school environment, to deal with issues impacting on child-headed household, school attendance and drop-out rates.
- The Department needs to develop and implement a comprehensive gender education programme for educators, which equips them to address gender based violence in schools.
- The Department should undertake a thorough audit of training materials to ensure these are gender sensitive and promote gender equality.
- The Department needs to put in place a system to collect and analyse data on the basis of gender, to enable it to track school attendance and literacy rates among girls and women.
- The Department needs to fast-track school infrastructural improvement.

2.2 Health

2.2.1 GOAL 4: REDUCE CHILD MORTALITY

In mid 2008, South Africa's total population was estimated at 48, 7 million people, of whom 18, 7 million were children under 18 years. Children therefore constitute 39% of the total population. Half of the children live in three of South Africa's nine provinces: KwaZulu-Natal (22%), Eastern Cape (15%) and Limpopo (13%). In 2008 35% of children are between the ages 0-17years.⁶¹

Children's right to health

Children's health rights are protected under both international and national laws. Internationally, children's health rights are outlined in documents such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) (as yet not ratified by South Africa), the African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of the Child (CRC) (both ratified by South Africa). The MDGs represent the most recent global commitment to revive efforts to improve child health⁶².

Article 24 (2) of the CRC obliges states to "pursue full implementation" of children's rights to the highest attainable standard of health. It obliges states to take the necessary measures to achieve this, including diminishing infant and child mortality rates⁶³.

The South African government has articulated the rights of the child within the Bill of Rights in the Constitution. In addition, South Africa has adopted the following laws that have a direct impact on the realisation of children's health and socio-economic rights:

- National Health Act 61 of 2003
- Water Services Act 108 of 1997
- Social Assistance Act 13 of 2004
- Housing Act 107 of 1997
- Children's Act 38 of 2005

The right to health care services is addressed by the National Health Act 61 of 2003. The government has implemented the following key programmes to ensure the realisation of this right⁶⁴:

- Free primary health care for all
- Free health care for pregnant women and children under the age of six years
- Free health care for social grant recipients
- Integrated Management of Childhood illnesses
- Prevention of mother-to-child transmission of HIV (PMTCT)

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Under-five mortality rate

The global community has adopted the following indicators as a means to assess the attainment of the target:

- Infant mortality rate
- Under-five mortality rate
- Proportion of one-year old children immunised against measles

⁶¹ 2008 General Household Survey

⁶² Kibel M, Lake L, Pendlebury S, Smith C 2009/2010

⁶³ Ibid

⁶⁴ Kibel et al 2009/2010

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- Life expectancy at birth

The World Health Organisation's (WHO) minimum target for infant mortality is ten deaths per 1000 births. South Africa's target is 20 per 1000 live births, or less, by 2014. There has been a recent spate of babies' deaths in the different provinces of South Africa, painting an alarming picture of deteriorating health services:

- In May 2010, six babies died at the Charlotte Maxeke hospital in Johannesburg (Gauteng Province), due to diarrhoea
- 54 premature babies died at the Nelson Mandela Academic hospital in Umthatha (Eastern Cape province) in January 2010; 31 died in February 2010; and 46 died in March 2010.

That these deaths should occur despite the Department of Health setting the following objectives in 2005 is of grave concern:

- Reducing neo-natal mortality rate (NNMR) from 20 to 14 per 1000 live births
- Reducing infant mortality rate (IMR) to 45 per 1000 live births
- Reducing under five mortality rate (U5MR) to 59 per 1000 live births

Indicators related to child mortality

Goal and Indicators	1994	2010 status or nearest year		2015 MDG Target	
Infant mortality rate (per 1000 live births)	54 (2001)	53 (2007)		18	
Under-five mortality rate (per 1000 live births)	59 (1998)	104 (2007)		20	
Proportion of 1 year-old children immunized against measles	68.5 (2001)	98.3 (2009)		100	
Life expectancy at birth for males and females	57.6 (2001)	64.8 (2001)	55.3 (2007)	60.4 (2007)	70

Source: South African Demographic and Health Survey (1998) Department of Health cited from South Africa's 2005 MDG Report, MDG 2010 Draft Country Report

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The above table represents the under five mortality rates, and demonstrates that this has nearly doubled from the 59 deaths per 1000 live births recorded in 1998. The country is currently seeing 104 deaths per 1000 live births, which is five times higher than the target of 20 deaths per 1000 live births sought to be attained by 2015. It is unlikely that SA will meet this target. On a positive note, the table reflects a drastic increase in the proportion of one year-olds who have been immunised, standing at 98.3% coverage compared to the 68.5% attained in 2001. Alarmingly, however, life expectancy for both males and females has dropped, with the chances of reaching 70 years of age in 2015 limited due to the impact of HIV and AIDS.

Age specific mortality rate by sex, per 1000 births CS 2007

Age group in years	% of Male mortality rate	% of Female mortality rate	Total
0-4	18,1	17,1	17,6
5-9	1,8	1,9	1,8
10-14	1,4	1,2	1,3
15-19	3,2	2,9	3

Source: Stats SA, 2007 Community Survey

The above table reflects that from an early age, boys have significantly higher mortality rates than girls. It is not possible to distinguish between neonatal and infant mortality rates, as these are clustered in the same category of 0-4years, yet deaths of neo-natals contribute substantially to under-five deaths⁶⁵. In addition, causes of death are only classified as either natural or unnatural. This makes it difficult to develop strategies to counter this rate, when the causes of death are not clearly stipulated.

Status and trends of under-five mortality rate per 1000 live births

1998 (SADHS)	2001	2007	Target
59	97	104	20

Stats SA MDG Draft Report 2010

Evidence from various sources indicates that there is considerable uncertainty about the levels of infant mortality in South Africa. What is clear is that there are no signs of improvement, and instead an alarming increase in the number of deaths, and no indication that MDG targets will be met.

Monitoring South Africa's progress in reducing the under-five mortality rate has proved to be complex and challenging. The most reliable estimates of child mortality are to be found in the mid-2003 National Demographic Health Survey, which is somewhat dated by now. There is a clear need for a drastic improvement in statistics collection and disaggregation for this category.

In addition, South Africa's infant mortality has been characterised by inequalities based on population group, urban/rural residence, province and socio-economic status. The mortality rate in the predominantly rural provinces of KwaZulu-Natal, Eastern Cape, Mpumalanga and Free State is two to two-and-a-half times higher than that in the Western Cape, the province with the lowest rate. HIV is the leading cause of child deaths in every province, accounting for 21,5% of child deaths in the Western Cape, and 50,1% in KwaZulu-Natal⁶⁶

It has been evident that 97% of pregnant women attend ante-natal clinics during their pregnancy; 76.7% of children under two years of age were born in hospital; 94% of those delivered were attended by a skilled attendant. However, the level of infant mortality and under-five mortality is increasing. This brings us to question the quality of health care that is provided in these health facilities⁶⁷.

Although gender disaggregated data is sometimes available for infant mortality rates it appears to be an insignificant factor, as mortality rate differences between boys and girls only commence from the 5-14 years category. The government response to child mortality is the provision of nutrition and immunisation programmes. This assumes a proactive approach that focuses on prevention of diseases rather than treatment.

⁵ (Bradshaw, D and Nannan, N; Kibel et al)

⁶⁶ Bradshaw, D and Nannan N 2006

⁶⁷ HSRC 2010 SA National HIV Prevalence

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Causes of death among infants under five

The leading ten causes of death nationally for children younger than five years of age, in 2000, were as follows⁶⁸:

- HIV related illnesses - 35,1%
- Low birth weight - 12,1%
- Diarrhoeal diseases - 11%
- Lower respiratory infections - 6,3%
- Protein-energy malnutrition - 4,7%
- Neonatal infections - 4,7%
- Birth asphyxia and trauma - 2,6%
- Road traffic accidents - 1,3%
- Congenital heart disease - 1,3%
- Fires - 1,2%

According to the above findings, HIV and childhood infections (most commonly diarrhoea and lower respiratory infections) are the highest causes of death among infants in South Africa. A Child Healthcare Problem Identification Programme audit of child deaths in participating hospitals found that about 60% of under-fives who died were underweight for their age, and one third were severely malnourished.

Leading ten causes of death for children 5-14 years, 2000

Cause of death	% for boys 5-14yrs, SA	Cause of death	% for girls 4-14years, SA
Road Traffic Accidents	20	HIV	17.8
HIV	10.5	Road Traffic Accidents	15,6
Drowning	5.7	Lower Resp Infections	5.4
Homocide/ violence	5.4	Homocide/Violence	4.4
Diarrhoeal Diseases	4.7	Diarrhoeal Diseases	4.3
Lower Resp Infections	4.3	Bacterial Meningitis	3.6
Epilepsy	3.9	TB	2.5
Bacterial Meningitis	3.8	Epilepsy	3.5
Fires	3	Septicaemia	2.5
TB	2.6	Fires	2.3

Source: Bradshaw et al, 2005

⁶⁸ Bradshaw, D and Nannan N; MRC; Kibel et al 2006

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The table above clearly distinguishes the differences in the causes of death for boys and girls. The major killer for girls in this age category is HIV, responsible for 15,6% of deaths of girls, compared to 10,5% for boys. This is a significant finding, which should influence HIV prevention and intervention programmes by the Department of Health, targeted specifically at girls in this age group.

The apparent trend of rising infant mortality and under-five mortality rates may be due to improved registration of births and deaths. Nevertheless, it is very clear that South Africa is not moving in a positive direction as far as infant and under-five mortality is concerned⁶⁹.

Child Immunisation

As indicated, child immunisation is a means and strategy by the South African government to reduce child mortality and illness from vaccine-preventative diseases. Findings from children research reveal that South Africa has an up-to-date immunisation programme, in keeping with world standards⁷⁰. Three new vaccines, targeting pneumonia and diarrhoea, were recently added to the schedule, as part of the government's Expanded Programme for Immunisation.

The majority of children receive their vaccinations through public sector clinics. Due to the care of children being predominantly assigned to women, it is important to factor in the accessibility of clinics from various villages and towns, as this impacts on the time it takes from a woman's day to travel with her child to a clinic. It is also important to factor in the opening hours of these clinics to assess whether women are able to take their children after school and work. If they are not, these facilities are not practical for the most high risk, marginalised groups in communities.

Levels of awareness among women regarding the importance of vaccinations is also a determining factor. The Department of Health has embarked on mass media campaigns to inform the public about vaccinations. This seems to have been effective, as more and more children are being vaccinated in clinics, hospitals and schools. Of concern, however, is the fact that these do not appear to be reaching the rural areas as much as the urban areas, as demonstrated in the table below:

Immunisation coverage for children under one year by province

Province	2003/04	2004/05	2005/06	2006/07	2007/08
Eastern Cape	68,9	67,9	73,4	75,7	78,9
Free State	74,8	78,9	86,8	88,1	86,6
Gauteng	79,2	78,6	88,9	91,1	91,6
KwaZulu-Natal	76,9	77,0	82,6	84,5	82,1
Limpopo	74,9	74,4	79,5	84,9	78,6
Mpumalanga	73,9	79,2	83,4	81,4	78,5
North West	71,1	70,6	78,2	73,5	77,9
Northern Cape	83,2	87,5	92,9	96,2	82,6
Western Cape	91,2	90,0	91,6	101,8	100,5
SOUTH AFRICA	76,4	76,8	82,9	85,4	84,2

Department of Health (2008) District Health Information System Database. Cited in: Day C, Barron P, Monticelli F & Sello E (eds) District Health Barometer 2007/08. Durban: Health Systems Trust.

The 2007/8 District Health Information System (DHIS) statistics demonstrate good national immunisation coverage of 84%. The provincial coverage rates range from 78% in North West province to 100.5% coverage in the Western Cape. The statistics reveal that immunisation coverage in six of the provinces remained similar or had steadily improved since 2003/4. However the immunisation rates of three provinces had decreased from the 2005/6 level. The most-marked decrease was in the Northern Cape, where the 2005/6 coverage had dropped from 96% to 86% in 2007/08⁷¹.

While it is encouraging to note government's achievements in striving to curb the infant mortality rate through the provision of immunisation to children, inequalities revealed through discrepancies between urban and rural-based provinces give cause for concern. Provinces that are predominantly rural, such as the Eastern Cape, have lower immunisation coverage than those that are predominantly urban, such as the Western Cape.

⁶⁹ Proudlock P, Dutschke M, Jamieson L, Monson J & Smith C (eds) (2008) South African Child Gauge 2007/2008. Cape Town: Children's Institute, University of Cape Town. P.77

⁷⁰ Kibel et al 2009/2010

⁷¹ <http://www.childrencount.ci.org.za/indicator>

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Almost all children in South Africa should benefit from free basic health care, given the fact that they are supposed to complete their immunisation. During consultations, other issues such as nutrition are also taken into consideration. There is no gender difference in this area, apart from the rural/urban divide, which shows that rural people are still at a disadvantage in accessing facilities.

Clearly, great improvements have been made in the provision of this basic health care intervention to children. But inequities still persist, and coverage is the least in areas where poverty and health needs are greatest. In addition, a further cause for concern is the shortage of vaccinations at vaccination points. Likewise, while the government has undertaken to provide free health care in public health facilities for pregnant women and children under the age of six years, severe challenges have been experienced in the form of shortages of medication in public hospitals and clinics. In 2008 the Free State province experienced a shortage in the supply of antiretroviral drugs, a matter which sparked an outrage among health NGOs.

Malnutrition

Malnutrition is considered to be one of the key causes of infant mortality, with statistics revealing that 60% of all deaths of children between 1-4 years of age are as a result of malnutrition. Mortality audits show that more than 60% of children who died in hospitals between 2005 and 2007 were underweight⁷².

ChildGauge distinguishes between the immediate causes of malnutrition and proposed interventions as follows⁷³:

Immediate causes

- Inadequate food intake and illness
- HIV/AIDS (40%)
- Low birth weight
- Diarrhoea
- Low respiratory infections (30%)
- Malnutrition (15,5%)

Underlying causes

- Poor household food security (80%)
- Inadequate maternal and child care
- Poor access to basic health services
- Unhealthy environment with limited access to clean water and safe waste disposal
- Reside in informal dwellings (71%)

⁷² Health news: 27 July 2010 SA failing in children health

⁷³ Kibel et al 2009/2010

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Table: Focus areas of the Integrated Nutrition Programmes

Disease-specific nutrition support, treatment and counselling	<p>Nutrition Supplement Programme</p> <ul style="list-style-type: none"> • children with faltering growth, or underweight • At-risk pregnant and lactating women <p>- Guidelines for children with under nutrition, over nutrition, tuberculosis and HIV</p> <p>- DoH guidelines on the management of children with severe under nutrition</p>
Growth monitoring and promotion	Growth monitoring and promotion guidelines on the management of children with severe under nutrition
Control of micronutrient deficiencies	<ul style="list-style-type: none"> • Vitamin A supplementation policy • Iodisation of salt • Food fortification • Dietary diversification • Parasite control (<i>including de-worming</i>) • Immunisation
Promotion, protection and support of breastfeeding	<ul style="list-style-type: none"> • SA Breastfeeding guidelines for Health Workers • Baby-friendly hospital initiative
Nutrition education, promotion and advocacy	<ul style="list-style-type: none"> • Nutrition and health promotion materials
Contribution to household food security	<ul style="list-style-type: none"> • Integrated Food Security and Nutrition Programme • National School Nutrition Programme
Food service management	<ul style="list-style-type: none"> • Meals in public institutions • Technical support for dieticians in public institutions

Source: Kibel et al (2009/2010) p 48 South African ChildGauge

This table represents an approach proposed by UNICEF and adopted by government to address malnutrition. This seems to be comprehensive in nature in that it commences before a child is born, by provision of vitamin supplement to pregnant women. It progresses to education of mothers and extends to public institutions such as schools through the provision of meals in schools. It further proposes fortification. This approach reflects a move away from treatment to prevention through community based approaches, which is welcome. The efficacy and reach of the roll-out of this programme must be questioned, however, and the extent to which there is sufficient access for women and children in rural areas, and adequate skilled medical practitioners and supplies.

The table below provides an example of what such discrepancies between rural and urban reach can produce:

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KZN NUTRITIONAL STATUS COMPARED TO NATIONAL STATUS

INDICATOR	PROVINCIAL STATUS	NATIONAL STATUS
Infant mortality rate (IMR)	60/1 000 ⁷⁴	45/1000
Child mortality rate (U5MR)	95/1 000	59.4/1000
Maternal Mortality Rate	150 /100 000	150/100 000
Low birth weight	16.1%	8%
Stunting	18.3% ⁷⁵	21.6%
Wasting (1-9 years)	0% ¹	3.7%
Severe Malnutrition	0.5% ¹	2.8%
Underweight 1-9 years	5%	
VAD	44.7%	33.3%
Iron deficiency:	16.5%	21.4%
Iodine deficiency	4.2%	10.6%
Obesity & Overweight Adults (>15 years)		
• Female	51.4%	29.4%
• Male	10.4%	9.1%
Adolescents (15 to 19 years)		
• Females	3.1% ⁷⁶	5.9%
• Males	2.2%	2%

Source: KZN 2010/11 DoH strategic plan report

The table above depicts the difference in mortality and malnutrition status in the province of KwaZulu-Natal, compared to the national perspective. From this, it is evident that the province is being left behind. Furthermore, it is clear that obesity is higher for females than males. Yet the government develops a single solution for health problems, without developing specific programme tailored to address the particular needs of women.

2.2.2 GOAL 5: IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

Maternal deaths are defined by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) as “deaths of women while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accident or incidental cause”. South Africa only commenced recording and analysing maternal deaths for the first time, in 1997. The goal set by the National Department of Health in 2005 was to reduce maternal mortality by 25% from 150 to 100 deaths per 100 000 live births, and by 50% to 75 per 100 000 births by 2015, when excluding deaths due to HIV and AIDS.

Maternal mortality ratio

Table: Maternal deaths / 100 000 live births

	1997	1998	1999	2000	2001	2002	2003	2004	2005
1	80.69	84.25	93.19	97.64	116.18	123.71	165.50		
2		73.60					165.50		
3			88.40	116.80	114.50	135.60			
4									400.00
5				230.00					400.00
6					578.00				

⁷⁴ Saving Children 2006 & Annual Report 2007

⁷⁵ National Food Consumption Survey: Fortification Baseline - 2005

⁷⁶ SA National youth risk behaviour survey 2002, MRC & National Dept of Health

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Data source 1) Statistics SA's calculations based on 'Causes of Death' reports from Department of Home Affairs; 2) DOH: 1998, 2003 Demographic survey; 3) Saving Mothers, 3rd report on Confidential Enquiries into Maternal Deaths in SA, 2002-2004, Department of Health 2006; 4) UNICEF Maternal and Newborn Health, 2009; 5) www.MDGmonitoring.org, UN estimates; 6) Population Health Metrics, 2008 (6)4

Source: *Development Indicators 2009*

Statistics SA and the Department of Health have both calculated maternal mortality rates, and, although drawing from different sources, these calculations have shown a consistent pattern of an increase in maternal death. Recent studies from sites with high-quality data provide support to the increase in the mortality ratio. This may be impacted on by an increase in levels of reporting, but is still cause for great concern.

Ninety-two percent of women are able to access ante-natal and deliveries care as a result of free health care for pregnant women. However, The Confidential Enquiry into Maternal Deaths initiated by the Department of Health revealed that at least 37% of maternal deaths were avoidable.⁷⁷ As Dr. Mickey Chopra, an official of the Medical Research Council notes: "Ninety-five percent of women come for antenatal care in our country – more than 85% of women are delivered by a skilled attendant in a facility in South Africa. And yet we still have increasing maternal mortality and increasing child mortality. What it says is that we have this gap: people are coming to our services, but they're not getting the improvements they should be getting."

Despite the fact that 97% of pregnant women are reported to access ante-natal care during their pregnancy, maternal mortality has not been reduced. Current statistics reveal that 2500 women in this category are dying each year⁷⁸. Department spending on budget is based on scientific formula, with no evidence to suggest that health issues affecting women inform budget allocation, despite evidence that deaths could largely have been avoided. In contrast to Department of Health findings cited above, NCCMEMD (2008) found that 60% of maternal deaths were avoidable. Of these 55% were attributed to health systems failures. Challenges lie with the quality rather than quantity of health care provided in facilities⁷⁹.

The leading five factors contributing to maternal mortality are as follows:

- Lack of blood transfusion (19%)
- Lack of ICU facilities (9.2%)
- Lack of appropriately trained staff (8.9%)
- Lack of specific health care facilities (8.6%)
- Transport problems between institutions (8.4%)

Inequalities here are as a result of structural and service inequalities, and poverty, with inequalities more visible between urban and rural areas, and affected by the socio-economic status of women and girls. The above factors are more common in rural areas, since the majority of the population of women resides in rural areas. High unemployment rates among women are a contributory factor to late attendance at clinics, although primary health care is free. Women in rural areas still need to travel to the health care centres. As a result of the perceived lower status of women and girls in society they are often denied access to nutritious food.

In addition, help for post-birth depression, a common mental health issue related to maternal health, is not addressed in any healthcare policy in South Africa. Mental health is integrated within the main healthcare system, yet there are no records of the number of young mothers referred to mental health services, or the number suffering from this illness.

Illegal abortions

The Choice on Termination of Pregnancy Act of 1996 is supposed to reduce the high number of 'backstreet abortions', estimated at about 44,000 per year. About 425 women are thought to die each year as a result of unsafe abortions, accounting for about 3% of deaths among 20-29 year old women⁸⁰. This legislation has seen decreased morbidity associated with unsafe abortions, although the clinical differences observed in hospitals are not that substantial.⁸¹

Despite abortion being legal in South Africa, certain aspects influence women and girls to seek abortion services at unsafe facilities. This begs the question as to why women are not using the facilities provided by the state, particularly as before 12 weeks, there is no need for any consent for the procedure, bar that of the woman herself. It is unclear whether women know about the service available, or indeed if these primary healthcare facilities are widely available. Influencing factors include the waiting list in public

⁷⁷ Public Inquiry: Access to Health Care Services , p.47. SAHRC

⁷⁸ HSRC2010 study cited in Health news May 30, 2010

⁷⁹ *ibid*

⁸⁰ An overview of Health and Health care in South Africa 1994-2010: Priorities, Progress and prospects for New Gains.

⁸¹ *Ibid* p.15

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hospitals and the negative attitudes displayed by health staff, especially towards young girls who seek terminations. This needs to be addressed to promote gender equity within South Africa's healthcare, to ensure that women seeking terminations are provided the appropriate level of care.

Counselling services are also crucial to the mental health of women who have undergone a termination of pregnancy. Such termination can cause women and girls to become disconnected from their usual support network leading to a deterioration in their mental health. It is important mental health and counselling services are made available, as reflected in the Choice of Termination of Pregnancy Act 1996, which requires that these should be provided, by law, at abortion facilities.

Primary causes of maternal mortality

The causes of maternal mortality are classified as primary, direct and indirect, as follows:

A comparison of primary obstetric causes of death

Primary obstetric cause	No. of cases 2005-2007	%
Direct	1819	45.9%
Hypertension	622	15.7
• Postpartum haemorrhage	383	9.7
• Antepartum haemorrhage	108	2.7
• Ectopic pregnancy	55	1.4
• Abortion	136	3.4
• Pregnancy Related Sepsis	223	5.6
• Anaesthetic related	107	2.7
• Embolism	57	1.4
• Acute collapse	128	3.2
Indirect	1966	49.7
Non pregnancy related infections	1729	43.7
AIDS	915	43.7
Pre-existing Maternal Disease	237	6

Source: National Committee on Confidential Enquires into maternal deaths: p 12

The above findings reveal that there has been a 20.1% increase in the number of deaths reported, compared with the previous findings. The “big five” causes of maternal death have remained the same, namely: non-pregnancy related infections – mainly AIDS (43.7%); complications of hypertension (15.7%); obstetric haemorrhage (ante partum and postpartum haemorrhage (12.4%); pregnancy related sepsis (9.0%); and pre-existing maternal disease (6.0%).

The following challenges have been observed:

- Non-attendance and delayed attendance at the health institutions were the most common patient-oriented problems
- Poor transport facilities, lack of health care facilities and lack of appropriately trained staff were the major administrative problems
- Failure to follow standard protocols and poor problem recognition and initial assessment by health practitioners

The number of births attended by health personnel in the rural areas is 85%, compared with 94% in urban areas⁸². There is no uniform national health system, resulting in different provision of human resources in the public and private sector, driven by the willingness of the wealthiest to pay for better health care. The National Department of Health identifies the following as effective strategies that have been implemented and have achieved significant progress since 1994⁸³:

⁸² WHO, 2010, 2

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- Free primary health care
- Essential drugs programme
- Choice on termination of pregnancy
- Anti-tobacco legislation
- Community service for graduating health professionals
- Greater parity in district expenditure
- Clinic expansion and improvement
- Hospital revitalisation programme
- Improved immunization programme
- Malaria control

It is clear that conditions impacting on maternal health outcomes are worse today than in the 1990s. Inequalities continue to persist between rich and poor, black and white, and urban and rural areas⁸⁴. It is further evident that despite mothers and children having increased access to healthcare facilities, the poor quality of care received is leading to unnecessary deaths⁸⁵.

CHALLENGES IN ADDRESSING GOALS 4 AND 5

- The Department of Health does not adequately collect and disaggregate data on the basis of gender, making it difficult to discern impact on boy and girl children.
- Equity gaps are hidden in data on national coverage, which fails to reflect the disparities in coverage between the rich and poor, public and private sectors, between provinces, and among rural urban and peri-urban populations
- Where sex disaggregated data on causes of child mortality is available, this does not appear to have informed the development of programmes in response – all state responses are generic.
- The continued inequitable distribution of resources between urban and rural health facilities remains a significant challenge, with poor access to facilities for women and children in rural areas.
- Quality of health care and access to resources remain an impediment to decreasing the maternal mortality rate.
- There are no significant health interventions targeting men to combat child and maternal mortality, to bring them into primary health care.
- The absence of studies demonstrating the relationship between exposure to dangerous chemical substances at work, and subsequent child and maternal health rates.

RECOMMENDATIONS FOR GOALS 4 AND 5

- The Department of Health should address data reliability and management. Regular, reliable population based surveys are required to track neonatal, child and maternal mortality rates. Data analysis should be disaggregated by province, district and urban/peri-urban/rural populations; age and gender. This will allow focusing of programmes and budgets on the disadvantaged areas of the population.
- The Department of Health should develop programmes to respond to the causal factors impacting on girl and boy mortality rates.
- The Department of Health needs to develop an effective monitoring system, with engendered indicators, to enable it to track the impact of its health interventions on women and girl children.
- Access to quality health care and the supply of adequate resources, particularly in rural areas, and specifically in relation to addressing causal factors of maternal mortality, needs to be prioritised.
- Outreach and awareness programmes targeting men are needed, encouraging them to assume responsibilities for primary health care.
- The Department of Health needs to implement monitoring systems to gather data on the coverage, impact and quality of care provided in terms of the free health care for pregnant women and children under the age of six.
- Clinics or hospitals where infant and maternal mortality are predominant, which is currently concealed in provincial reporting, need to be audited and overhauled, and such information made available to the public for more effective monitoring.
- Further research is required to establish the relationship between a range of causal factors and the ensuing infant and maternal mortality rates. These include the provision of maternity benefits for pregnant women; exposure to dangerous chemicals at work; certain types of employment; and working conditions for pregnant women; marital status of women; and gender-based violence.
- Outreach and awareness programmes are required to encourage men to accompany their partners to ante-natal clinic visits and become involved in child care, which appears to be discouraged by nursing staff at state clinics.

⁸³ Harrison D 2009 National Department of Health

⁸⁴ Health news 27 July 2010 “SA failing in child health”

⁸⁵ Babies dying because of poor care: www.inat.co.za 2010/05/14

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2.2.3 GOAL 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

Target 7: Have halted by 2015, and begin to reverse the spread of HIV and AIDS

As part of its response to HIV and AIDS, one of the targets of South Africa's National HIV and AIDS and STI Strategic Plan (NSP) is to reduce HIV incidence by half from 2007 to 2011. HIV incidence can be defined as “the measure of how many new HIV infections there are over a period of time”⁸⁶. A study by the Human Sciences Research Council (HSRC) has revealed no statistically significant decline in incidence in people aged 15 to 49 from 2005 to 2008, compared to the period 2002 to 2005. However it does show a significant decline in HIV incidence in women aged 15 to 24 over these same periods⁸⁷. There is also more evidence showing that HIV incidence in South Africa may be decreasing, albeit that it remains very high. Mathematical models that have been based on measurements of HIV prevalence over time show that HIV incidence peaked in 1999 and has declined since then⁸⁸.

HIV prevalence among 15-to 24-year-old pregnant women

HIV prevalence refers to the proportion of the population that is living with HIV at a given point in time, regardless of when they were infected. Therefore, prevalence is influenced by the incidence (the number of new cases) and the length of time that people with HIV live⁸⁹.

Early in 2007 the Minister of Health reported a 1% decline in HIV prevalence in women attending antenatal clinics in the public health sector. This declining trend was also supported by the preliminary results of the 2007 HIV antenatal survey. “The 2007 survey found that the HIV prevalence has decreased from 29.2% in 2006 to 28.0% in 2007. HIV prevalence in the 15-19 year age group dropped from 13.7% in 2006 to 12.9% in 2007; as well a decrease was observed in the 25-29 year age group from 38.7% in 2006 to 37.9% in 2007. The rate in the 20-24 year group was stable from 2006-2007”⁹⁰.

There are substantial differences in HIV prevalence between the provinces: KwaZulu-Natal has consistently had the highest prevalence of HIV – in excess of 35% since 2002. In contrast, the Western Cape has had an HIV prevalence of around 15% in recent years. Other provinces with relatively low HIV prevalence are the Northern Cape and Limpopo, with HIV prevalence levels in recent years around 17% and 20% respectively⁹¹. According to Varga, this is due to gendered power relations in KwaZulu-Natal, where men have all the power within the relationship, and women are subordinate to them.

Table: HIV Prevalence

%	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1 Youth 15-24								10.7	10.3	10.0	9.8	9.6	9.4	9.3	9.1	9.1
2 Adult women 15-49								18.5	18.9	19.1	19.3	19.4	19.4	19.5	19.5	19.7
3 Adult women 20-84								18.4	18.8	19.1	19.3	19.4	19.4	19.5	19.5	19.7
4 Adult men 20-84								13.6	13.7	13.7	13.6	13.5	13.5	13.4	13.4	13.5
5 All adults 15-49								15.3	15.6	15.9	16.1	16.2	16.4	16.5	16.7	17.0
6 All adults 20-84								16.1	16.4	16.5	16.6	16.6	16.6	16.6	16.6	16.7
7 Total Female Population								10.7	11.1	11.3	11.5	11.7	11.8	12.0	12.1	12.3
8 Total Male Population								7.8	7.9	8.1	8.1	8.2	8.3	8.4	8.5	8.7
9 Total Population								9.3	9.6	9.7	9.9	10.0	10.1	10.2	10.4	10.6
10 Women attending antenatal care	7.6	10.4	14.2	17.0	22.8	22.4	24.5	24.8	26.5	27.9	28.5	30.2	29.10	28.00		

Source: Development Indicators 2009

⁸⁶ Joint statement by Centre for Infectious Disease Epidemiology & Research, School of Public Health and Family Medicine, University of Cape Town; Medecins sans Frontieres; Treatment Action Campaign and SECTION27, “HIV incidence in South Africa: what is really happening?”, July 2010

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ “Minister of Health Budget Speech : National Assembly”, <http://www.pmg.org.za/briefing/20080605-minister-health-budget-speech>, 5 June 2008

⁹¹ <http://www.childrencount.ci.org.za/indicator>

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Some of the reasons behind the success in prevalence reduction include the following: the introduction of voluntary counselling and testing, and prevention of mother to child transmission services which are provided in more than 95% of health facilities; the distribution of condoms; provision of antiretroviral therapy to more than 630 775 patients by November 2008; and the introduction of a new dual therapy policy in February 2008 for the prevention of mother to child transmission.

South Africa demographics are heavily influenced by the high incidence of the HIV and AIDS pandemic. Various reports emphasize in South Africa young girls' vulnerability to HIV infection in the face of gender power inequalities, compounded by the fact that they increasingly have older partners, are targeted by older men for sex and in general find very little support and guidance. As UNAIDS/WHO (2008b) argues, girls' subordinated status with regard to boys and men is a critical factor influencing greater risk to infection, placing gender issues at the centre of the HIV prevention challenge.

Contraceptives prevalence rate

Issues of reproductive health and sexual behaviour were addressed in the 2003 South Africa Health and Demographic Survey [SADHS 2003]. This data showed that marriage levels among South Africans were low, while sexual partnerships outside marital and cohabiting relationships were common. It was accordingly adjudged that almost all sexually active women (95%) and men (99%) in the 15-19 year age group were engaging in high risk sex. Condom use at last higher risk sex⁹² was reported at higher levels among men (68%) than women (46%). Higher condom use at last higher risk sex was seen in urban areas compared to non-urban areas among men (71% vs 62%) and women (49% vs 39%) [SADHS 2003].

The use of condoms at last higher risk sex increased with education level for both sexes. Only 16% of women with no education used a condom at last higher risk sex, compared with 63% of those with higher education; and condom use at last higher risk sex for men with no education was 54% increasing to 80% for men with higher education [SADHS 2003]⁹³.

In South Africa the Department of Health provides free condoms and a social marketing programme provides Lovers Plus condoms at a highly subsidised rate. Dedicated condom distribution vans that used to dispense outside of clinic settings have, however, been discontinued, and it is possible that this has lowered access to the service. Oral and injectable contraceptives are also available, as are emergency contraceptives, free of charge, at government run family planning clinics. Female condoms are not widely available⁹⁴. This is problematic when gender roles dictate that men are more likely to hold the power in a relationship and determine condom use. The availability of female condoms, and other female-controlled barrier methods would be more effective to reduce the spread of HIV and AIDS within this context.

Supply of female condoms is at a lower rate as compared to male condoms, an issue that disadvantages women and girls to take charge of using condoms. Recently, the Minister of Health made an announcement that the department aims to supply the public with more female condoms in order to enable women and girls to have greater control over reducing HIV-infection. Anecdotal evidence reveals that as a result of the inadequate supply of female condoms, some women have had to wash and reuse these. During the 2008/09 financial year the government distributed 3,6 million female condoms. This falls far below the distribution of male condoms, at 309 million in the same period. NGOs such as LoveLife have reported that in rural areas one rarely finds female condoms. In certain instances even the clinic staff who are supposed to show communities how to use the female condom, have not even seen these themselves.

Condoms appear to be the most popular form of contraception amongst teenagers. Factors that prevent condom use include: lack of perceived risk; peer norms; gender power relations; lack of availability and access; fear of adult attitudes to contraceptive usage – especially those of family planning nurses – and the economic context of adolescent sexuality. Oral contraception has decreased in popularity. Reasons for non-use include parental disapproval, ignorance, fear of weight gain or infertility, and partner disapproval. Access to condoms is especially difficult for young women due to local clinic nurses' negative attitudes, the discontinuation of dedicated condom distribution vans, and social norms. While contraceptives are available from many sources, teenagers mostly visit family planning centres after several sexual encounters. Reasons include financial resource constraints, stigmatisation by service providers, travelling distances to clinics, and difficulty in getting to clinics during school hours.⁹⁵

It appears that in the battle against HIV and AIDS, instead of targeting women, the most effective approach would be to target men and take advantage of gendered power relations in this regard. The focus on mother to child transmission is indeed important; however the expectation that women have the necessary power and authority to have control over their reproductive rights at this moment in time is not likely. There is a need for more awareness and social norm changing interventions, targeted at men.

Due to gender roles in South Africa it is also more likely that women will be responsible for caring for the sick, therefore bearing the brunt of HIV and AIDS. This will affect their mental health and well-being due to many already having dependent children of their, working and then in addition needing to take care of their sick partners and relatives. This is not conducive to their well being and their ability to be economically productive, and needs to be addressed alongside the HIV and AIDS epidemic.

⁹² Condom use at last high-risk sex is the percentage of young people ages 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner in the last 12 months.

⁹³ South African Health Review, 2008, p.316

⁹⁴ Department of Health Report on the review of South African Current Research and Interventions on Teenage Pregnancy. March 2009

⁹⁵ Ibid p.3

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The recent breakthrough in microbicide research will go a long way towards enabling women to protect themselves against HIV infection. In what some are calling a historic moment in HIV prevention, a microbicide gel has been found to help prevent HIV transmission to women during sexual intercourse⁹⁶. Microbicides are gels that women can apply inside their vaginas, without requiring their partners' knowledge or consent. This gives women some power to control their contraceptive use and sexual safety.

The study, a clinical trial called CAPRISA 004, shows that while microbicides have a 39% overall efficacy rate, women who strictly adhered to the instructions on using the gel had a 54% efficacy rate. This was revealed in July 2010 at the 18th International Aids Conference in Vienna.

The development of microbicides has not, however, been without controversy, since despite extensive education and counselling, a significant number of women participating in the trials, where either the gel being tested, or a placebo, was provided to them to use in sexual intercourse, were infected with HIV. Critics claim that women are being used as guinea pigs to test microbicides. We also question the utility of seeking technological solutions to problems caused by human behaviour, noting that nations who have successfully turned the tide of new infections, such as Uganda, have done so through programmes aiming at promoting behavioural change.

Number of children orphaned by HIV/AIDS

UNAIDS estimates that in 2008, there were 1 800 000 children under the age of 17 living in South Africa, whose mothers had died due to AIDS⁹⁷. This figure is reported to be higher than for any other country. More than 10% of children in South Africa are orphaned and from those orphaned, in 2005, 49% of these were AIDS orphans⁹⁸. Where the cause is AIDS, there is a greater likelihood of vulnerability due to the probability of the child concerned being infected with HIV⁹⁹.

National Health Budget

The country's health budget has significantly increased over the years. In 2001/02 the total public sector health budget was R29.3 billion, increasing to R53.2 billion in 2007/08. For the 2010/11 financial year, the Department of Health was allocated R102.1 billion. This has also translated into an increased budget for HIV and AIDS, which has been welcomed by NGOs in the HIV sector, including the AIDS Law Project (ALP) and Treatment Action Campaign (TAC). According to the ALP, “the announcement that the Medium Term Expenditure Framework (MTEF) now provides sufficient funds to put 2.1 million people onto ARV treatment by the end of the 2012/2013 financial year (on the basis of the new ARV treatment guidelines), seems to be proof that this government is taking the targets of the NSP seriously. The previously announced addition of R5.4 billion to the Conditional Grant for HIV and AIDS has resulted in an increase of over 30% to prior MTEF allocations for the 2010/2011 and 2011/2012 financial years”¹⁰⁰.

While there is satisfaction with the national health budget, there have been concerns however with provincial spending on health, and the lack of proper monitoring of expenditures within provincial health departments. The ALP has also noted discrepancies between provincial expenditure and national priorities. While the national health budget allocation reflects the health needs in the country to a large extent, it still remains unclear as to how far the health budget is gender-sensitive.

Funding for HIV is expanding through increased allocations for the Comprehensive HIV and AIDS grant. In financial year 2009/2010 provinces also spent part of their equitable share for health on HIV and AIDS, but, until the provincial budgets are tabled, the actual amounts spent remain unclear. The MTEF allocation for the Comprehensive HIV and AIDS grant in 2010/2011 in the 2009/2010 budget was R4.3 billion - this has now been increased to R6.0 billion. For 2011/2012, the previous Medium Term Expenditure Framework (MTEF) reflected an allocation of R4.6 billion, which has been increased to R7.4 billion in the new MTEF¹⁰¹.

In his 2009 budget speech, Trevor Manuel said “the budget will also extend screening of pregnant mothers coming into the public health system and phase in an improved drug regimen to prevent mother-to-child HIV transmission”¹⁰². More than 90% of public health facilities provide Voluntary Counselling and Testing (VCT) and the Prevention of Mother to Child Transmission (PMTCT) Services, with a recorded uptake of 60%. By the end of February 2008, the Health Department had cumulatively brought more than 450 000 patients into antiretroviral treatment, in more than 310 accredited sites across the nine provinces. This number makes South Africa's ARV programme the largest in the world.

⁹⁶ Joe DeCapua, CAPRISA 004 Discovery Marks Historic Day in HIV Prevention Research
<http://www1.voanews.com/english/news/africa/decapua-aids2010-caprisa004-20jul10-98825884.html>, 20 July 2010

⁹⁷ www.avert.org/aidsorphans.htm

⁹⁸ www.aids.org.za/hiv.htm

⁹⁹ AIDS foundation South Africa, 2005).

¹⁰⁰ “South Africa: Aids Bodies Welcome the Budget”, <http://allafrica.com/stories/201002221922.html>, February 2010

¹⁰¹ Ibid.

¹⁰² Trevor Manuel, 2009 Budget Speech.

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However, activists believe that the rate of progress in rolling out free ARVs has been slow and riddled with problems. Furthermore, it is believed that “to be HIV positive and living in South Africa is to be part of a national lottery that puts your current chances of accessing antiretroviral (ARV) treatment at about 25 percent”¹⁰³. This seems to be especially true for those who are poor and live in rural areas.

Mpumalanga is ranked second to last of the nine provinces in terms of treatment coverage, where few HIV-positive pregnant women receive drugs to reduce their chances of passing the virus to their babies. The head of the Health Department's HIV/AIDS and TB unit, Dr Nomonde Xulu, admitted that the current reach of the ARVs does not meet the need and demand, and that there is a lot of work that still needs to be done in this regard. There are also gender imbalances when it comes to accessing ARV treatment, with the scales tending to favour women. NGOs claim that around 7 out of every 10 adults accessing treatment are women, and that the government should do more to draw men into treatment.

Women's greater vulnerability to HIV and AIDS

It is encouraging to see the National HIV and AIDS and STI Strategic Plan for South African 2007-2011 (NSP) acknowledging the fact that women are one of the groups that are at high risk of being infected by HIV. The NSP has done well in detailing how the HIV and AIDS pandemic affects the two sexes differently, and further distinguishes between sub-groups such as younger and older women, girls and pregnant women; reflecting an understanding that women are not homogeneous and have different needs. The NSP also explains how gender roles and stereotypes contribute to the spread of HIV and AIDS and how they expose women to higher risk and vulnerability. Most notably is the constant emphasis on women being identified as one of the priority groups in terms of interventions. This is clearly stated by the assertion that “the NSP commits to prioritising interventions focussing on the causes of gender inequality, and the horrific impact that HIV has on many women and girls”¹⁰⁴. This thorough gender analysis is to be welcomed, and any resulting programme design should be monitored.

The existence of the South African National AIDS Council (SANAC) and the subsequent provincial, district and local multi-sectoral AIDS councils ensures that there is ongoing consultation and engagement with the various stakeholders in this sector. This also ensures that the country's AIDS response takes into cognisance the needs of the various sectors, including women and youth.

Awareness-raising on HIV and AIDS

The government's strategy emphasises HIV and AIDS prevention by promoting public awareness and delivering life skills and HIV and AIDS education. Both government and NGOs have numerous awareness campaigns in this regard. The education sector continues to provide HIV and AIDS lifeskills prevention education to learners funded via conditional grants. Budget Review 2005 reports that “the HIV and AIDS (Lifeskills) programme is now fully integrated into the schooling system with learner and teacher support materials provided for grades 1 to 9 learners”¹⁰⁵. The Education HIV and AIDS Lifeskills grant has been allocated R432 million over the next three years (R136 million for 2005/6, R144 million for 2006/7 and R152 million for 2007/8).

During 2007/08, the government re-launched the *Khomanani* (Tsonga word meaning ‘caring together’) campaign that focuses on increasing awareness and the need for behaviour change under the theme: *Zithande* (an *isiZulu* word meaning people should love and take good care of themselves). *Khomanani* is a government-led communication campaign that provides an awareness-raising drive to mobilise individuals and organisations to respond to the challenges of HIV and AIDS, tuberculosis (TB) and STIs. Besides a national media campaign, it works through outreach programmes to organisations, towns and villages. Between 2004 and 2006, the government invested R165-million in *Khomanani*¹⁰⁶.

There are various other awareness campaigns implemented by NGOs such as Soul City, LoveLife and the Scrutinize Campaign, which target the community in general. A best practice model, however, for campaigns that seek to address men's behavioural change is the Brothers for Life campaign.

This is a mass-media HIV prevention campaign targeting South African men. The campaign seeks to reinforce positive behaviour and asks men to stand up and take action to prevent HIV and AIDS. It also tackles gender-based violence and helps men improve their own health – and, by extension, the health of their families and communities. It is said that “the beauty of this campaign is that it addresses gender and power relations in a new way...Instead of just talking to women about protecting themselves against HIV, Brothers for Life seeks to reach boys and men in an engaging way that makes them understand the importance of doing the right thing – not just for themselves, but for women and their families.” Brothers for Life seeks to address the risks associated with having multiple and concurrent sexual partnerships, men's limited involvement in fatherhood, and the widespread lack of knowledge of one's HIV status¹⁰⁷.

¹⁰³ PlusNews, South Africa - The world's biggest ARV Programme?, <http://www.plusnews.org/InDepthMain.aspx?ReportId=70978&InDepthId=40>

¹⁰⁴ Republic of South Africa, “HIV & AIDS and STI Strategic Plan for South Africa 2007-2011”, p. 55

¹⁰⁵ Nhlanhla Ndlovu, “HIV and AIDS Allocations: A First Look at Budget 2005”, Budget Brief No. 152, 2005

¹⁰⁶ HIV/Aids in South Africa, : http://www.mediaclubsouthafrica.com/index.php?option=com_content&view=article&id=103:hivaids-in-south-africa&catid=34:developmentbg#ixzz0wItrTpsn

¹⁰⁷ 'Brothers for Life' media campaign to raise HIV awareness in South Africa, http://www.unicef.org/infobycountry/southafrica_53793.html, June 2010

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Burden of Care

The NSP undertakes to recruit and train new community care givers, with an emphasis on men. The inclusion of men in care giving is a gender-transformative intervention, in that it challenges the prevalent gender stereotypes and notions of care work being a woman's duty. The challenge of care giving being mostly unpaid work is addressed in the NSP by the provision of nationally determined stipends for all community care givers. Furthermore, the NSP also seeks to “develop standards and career pathways for community care givers as mid-level workers according to National Qualifications Framework...and strengthen support, mentoring and supervision of community caregivers”¹⁰⁸.

The budget for the Department of Social Development's HIV and AIDS sub-programme which caters for the provision of support and care services to individuals and households infected and affected by HIV and AIDS has been growing steadily over the years. Under this sub-programme there is the Youth and Gender sub-programme, which receives substantial amounts of money. These have increased from an initial allocation of R688 000 in 2004/5 to R37 million in 2005/6, R41 million in 2006/7, and R42 million in 2007/8. This sub-programme “develops and monitors prevention and other HIV and AIDS-related services targeted at women and youth.” It is due to the community home-based care and support CHBCS grant and Youth and Gender allocations that the Social Development HIV and AIDS budget has quickly increased¹⁰⁹.

Target 8: Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases

Prevalence and death rates associated with malaria

Table: Malaria Prevalence

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Cases	27 035	23 121	26 445	51 444	64 622	26 506	15 649	13 459	13 399	7 755	12 163	5 210	7 727
Deaths	163	104	198	406	458	119	96	142	89	64	89	48	44
Fatality Rate	0.60%	0.45%	0.75%	0.79%	0.71%	0.45%	0.61%	1.06%	0.66%	0.83%	0.73%	0.92%	0.57%

Source: *Development Indicators*

As per the table above, a 48% increase in the number of malaria cases was observed in 2008, a total of 7 727 reported cases, compared to a reported 5 210 cases in 2007. Forty-four malaria deaths were reported during 2008, compared to 48 in 2007, which reflects an 8% decrease. This was almost consistent with the 2008/09 target of a 10% reduction in deaths annually. However, the 10% target in the reduction of malaria cases was not met. South Africa continues to collaborate with neighbouring countries on malaria control. In February 2006, the Department of Science and Technology allocated R11 million to the South African Malaria Initiative.

Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures

The South Africa Demographic and Health Survey (SADHS) 2003 also provides some data on the prevention measures taken by households. Of the 3 005 households surveyed in provinces of KwaZulu-Natal, Mpumalanga and Limpopo, only 17 reported owning bed nets. In 13 of these households, there was only a single bed net, and nine reported that the nets were not in use at the time of the survey. Of those households that had been sprayed, the majority (82%) had been sprayed by a government official. Where other measures were taken, these included the use of mosquito coils and repellents¹¹⁰.

Malaria Treatment Guidelines were issued in 2008 by the national Department of Health and replaced all previous guidelines. With the reintroduction of dichlorodiphenyltrichloroethane (DDT) vector control coupled with the introduction of artemisinin-based combined therapy and cross border control initiatives in 2000, malaria cases were reduced by 90% in Kwazulu-Natal.¹¹¹

It is important to note the importance of targeting women in this endeavour against malaria, as they are the most likely to be responsible for the home. The effect of gender roles on malaria is important to note for future awareness building, noting in particular the increased vulnerability of pregnant women to malaria, as discussed below.

¹⁰⁸ Republic of South Africa, *Op.Cit.*, p. 97

¹⁰⁹ Nhlanhla Ndlovu, *Op.Cit.*

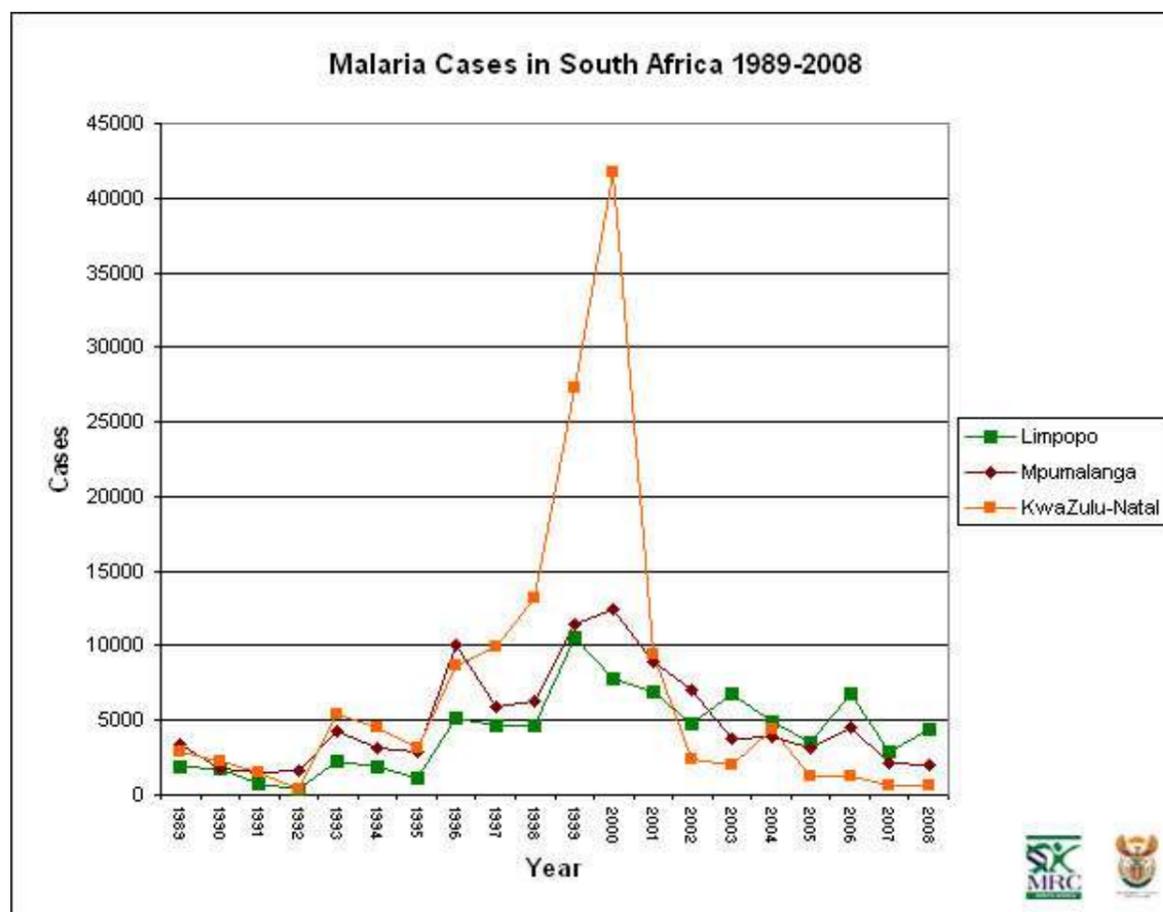
¹¹⁰ South African Health Review 2008, p.307

¹¹¹ Ibid p.18

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Although DDT dramatically decreases malaria cases and malaria-related deaths, the negative effects of the chemical on humans, wild life and the environment remain the topic of hot debates and scientific studies.¹¹² Christiaan de Jager, head of Environmental and Occupational Health at the University of Pretoria, studied the effects of long-term exposure to DDT among young men in South Africa's Limpopo Province. Replicating an earlier study he conducted in Mexico, de Jager found that DDT exposure led to a decrease in semen quality and fertility in most men¹¹³. According to the [National Institutes of Health](http://www.nih.gov) (NIH), young girls who have been exposed to high levels of DDT are more likely to be diagnosed with breast cancer in their later years¹¹⁴.

Pregnant women, young children, the elderly, splenectomised and immuno-compromised individuals are particularly vulnerable to malaria¹¹⁵. In most endemic areas of the world, pregnant women are the main adult risk group for malaria. They are four times more likely to suffer attacks of symptomatic malaria than other adults. Pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anaemia and death. Plasmodium falciparum is generally accepted as a leading cause of anaemia in pregnant women. It is estimated that anaemia causes as many as 10,000 maternal deaths each year. For the unborn child, maternal malaria increases the risk of spontaneous abortion, stillbirth, premature delivery and low birth weight - a leading cause of child mortality¹¹⁶. In addition, women have a higher likelihood of having HIV or AIDS, placing them at an even higher risk of contracting TB. Included within this is a higher likelihood of women being out gathering firewood and water, and out in the fields working, further increasing their exposure to malaria. It should be noted that global warming is extending the malaria frontier south. The lack of preparedness for this factor is likely to worsen rates of malaria infections over the next decade.



¹¹² Nicholas Brulliard: Malaria: The view from South Africa, Published June 11 2009.

¹¹³ Ibid Nicolas Brulliard. <http://www.globalpost.com/dispatch/health/090506/south-africa-malaria?page=0,1>. Accessed 28 May 2008

¹¹⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2022666/>>

¹¹⁵ Guidelines for the treatment of malaria in South Africa. 2009

¹¹⁶ Roll Back Malaria Partnership website: http://www.rollbackmalaria.org/docs/advocacy/gm_guide-en.pdf Accessed: 28 May 2010

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South African Department of Health Malaria case Statistics¹¹⁷

Prevalence and death rates associated with tuberculosis

The Global Tuberculosis Control 2008 report noted that “[t]reatment success rates in South Africa remain low, with death and default the most common negative outcomes” (Global TB Control 2008). The report however recorded that the 70% case detection rate target was reached for the first time in 2006. On the negative side, the point was made that, in 2005 at least, only one third of patients with TB were tested for HIV, and that no information was available on the proportion tested for multi-drug resistance¹¹⁸.

Table: TB Prevalence

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
1 TB case notification	90 292	73 917	109 328	125 913	142 281	148 184	151 239	188 895	224 420	255 422	279 280	302 487	341 185	338 328	340 559
2 Successful treatment rate	73	73	73	73	73	72	83	61	83	83	68	71	73	71	
3 Cure rate	54	57	54	57	60	60	54	50	50	51	51	58	62	63	
4 Defaulter rate	18	19	18	19	19	17	13	11	12	11	10	10	9	8	

Source: Development Indicators

One of government's priorities was to increase the national tuberculosis cure rate from 60% in 2008 to 70% in 2010, by improving interventions for tuberculosis control and management. Tuberculosis tracer teams are being appointed and placed in districts across South Africa to help reduce the defaulter rate, resulting in a decrease in the defaulter rate from 10% in 2005 to 7.9% in 2008. One of the challenges faced is the lack of reliable data on community prevalence of tuberculosis and multi-drug resistant and extensively drug resistant strains. A national prevalence survey of tuberculosis will be conducted in 2009/10¹¹⁹. Government has declared tuberculosis a top national health priority and the Department of Health has stepped up treatment and support programmes as a result.¹²⁰ The tuberculosis control programme reflects a steadily improving cure rate, from 57,7% in 2005 to 64% in 2008.

Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)

Progress against the tuberculosis epidemic in South Africa is likely to be constrained over the next few years due to HIV and AIDS. tuberculosis is a major public health problem in South Africa, with the country ranked fifth on the list of 22 high-burden tuberculosis countries in the world. According to the World Health Organization's (WHO's) Global TB Report 2009, South Africa had nearly 460,000 new cases in 2007, with an incidence rate of an estimated 948 cases per 100,000 population – a major increase from 338 cases per 100,000 population in 1998. Since South Africa adopted DOTS (the internationally recommended strategy for TB control) in 1996, all districts have implemented the core DOTS components, although coverage varies widely within and among districts. Despite South Africa's investments in tuberculosis control, progress toward reaching programme objectives has been slow. However, new data suggests that for the first time, in 2006, South Africa reached (and surpassed) the DOTS case detection target of 70%, which increased to 78% in 2007. DOTS treatment success increased from 65% in 2001 to 74% in 2006, somewhat lower compared with other African countries that have high HIV/AIDS prevalence rates and few resources¹²¹.

A study conducted in South Africa revealed mother-to-child tuberculosis transmission rates of 15% among infants born to a group of pregnant women, 77% of whom had HIV. Unfortunately, little attention has been paid to women's vulnerability to tuberculosis, despite widespread media coverage of the resurgence of the disease around the world and in Africa. Despite the availability of anti-TB drugs, women's socio-economic status and assigned gender roles put them at an elevated risk of contracting both tuberculosis and HIV. The social stigma attached to tuberculosis and the disease's association with HIV encourages many men and women to delay being tested. In some cases married men who test positive for tuberculosis withhold the information from their families, increasing the likelihood of the disease spreading to their partners and children¹²². According to the Department of Health Annual Report (2008/2009), the key challenges during 2008/09 included poor access to tuberculosis laboratory services in the remote areas. This resulted in the following: a delay in the initiation of treatment due to long turnaround times for results; high mobility of patients resulting in loss of follow-up, particularly in the urban areas; poor functional integration of provincial and local government services; and inadequate social mobilisation and community engagement.

Challenges in addressing Goal 6

- Female condom supply is still not satisfactory and this disadvantages women and girls in taking care of their sexual health
- Poor access to tuberculosis laboratories in remote areas accelerates deaths
- Reintroduction of DDT as a malaria prevention method is a cause for concern

¹¹⁷ http://www.malaria.org.za/Malaria_Risk/Cases/cases.html Accessed:30 May 2010

¹¹⁸ Ibid, p.302

¹¹⁹ Development Indicators 2009, p.42

¹²⁰ Ibid p.18

¹²¹ http://www.usaid.gov/our_work/global_health/id/tuberculosis/countries/africa/safrica_profile.html Accessed 31 May 2010

¹²² <http://healthdev.net/site/post.php?s=1643> Accessed 31 May 2010

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- There are not sufficient outreach programmes targeting men to bring about changes in behaviour in relation to HIV infection.
- The Department of Health does not develop specific programmes tailored to address the gendered vulnerabilities of men and women to HIV, malaria and tuberculosis.
- The burden of care for HIV-infected persons is imposed on those with least access to resources and support, endangering health and livelihoods.
- While there is generally an increase in condom use in the country, there is still a challenge with consistent use of condoms, as people do not use them consistently and correctly.

Recommendations

- Provincial health budgets should be closely monitored so that their expenditure reflects national priorities.
- Monitoring and evaluation systems should include gender indicators to track the implementation of health interventions and their impact on women and girls' health needs.
- The Department of Health needs to ensure that specifically tailored programmes are developed and budgeted for to address gendered vulnerability and health needs.
- Much still needs to be done to make the female condom as widely accessible as the male condom, and provide greater education to health workers and communities on the use of the female condom.
- Research efforts into microbicides need to be reviewed to ensure that ethical issues relating to exposing women to infection are adequately addressed, and to ensure eventual safe use by and broad distribution to women.
- The state needs to acknowledge the danger of imposing the burden of care for HIV-infected people on the most marginalised and vulnerable community groups, and develop support programmes and allocate resources to alleviate this burden.
- There is a need for more awareness and social norm changing, targeted at men, especially by the government. These should include encouraging men's involvement in care-giving.
- The government should consider innovative approaches to attract more men into the ARV treatment programme.
- There should be regular monitoring and evaluation of awareness campaigns to assess their impact.

Chapter 3: Sustainable Development Cluster

3.1 Environmental sustainability

The concept of sustainable development has been adopted across the globe by a broad range of stakeholders, from governments and multinational businesses, to local authorities, NGOs and community groups. An acceptable definition of this term is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. In recent years, sustainable development has become a central priority in South African government policy, to address environmental needs and the impact of climate change, and transform an approach to development. The government has taken steps to reduce the country's negative impact on the environment, including efforts to improve energy efficiency and lower carbon emission, and support more environmentally advanced technologies in power generation, as well as programmes to reduce electricity demand at residential and municipal level.¹²³

Section 24 of the South African Constitution¹²⁴ provides for ‘a right to an environment that is not harmful to everyone's health or wellbeing; to have the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that- prevent pollution and ecological degradation; promote conservation; and secure ecologically sustainable development and use of natural resources while promoting justifiable economic and social development’. In 2002, 10 years after the Rio Earth Summit, South Africa hosted the World Summit on Sustainable Development, bringing the MDGs into the sustainable development arena, and seeking to find an effective balance between development on the one hand, and economic, social and environmental objectives on the other. A significant outcome of the summit was the adoption of the Johannesburg Plan of Action, which outlined actions for further implementation of Agenda 21.

Women's empowerment and gender equality are key ingredients for sustainable development. Through their management and use of natural resources, women ensure the livelihood and sustainability of their families and communities. As consumers and producers, caretakers of their families and educators, women play an important role in sustainable development through their concern for the quality and sustainability of life for present and future generations. Governments, including South Africa, have expressed their commitment to a new development paradigm that integrates environmental sustainability with gender equality and justice within and between generations, as addressed in chapter 24 of Agenda 21. Women remain largely absent at all levels of policy formulation and decision-making in natural resource and environmental management, conservation, protection and rehabilitation, and their experience and skills in monitoring of proper natural resource management remain largely untapped.

Women are rarely trained as professional natural resource managers with policy making capacities, such as land-use planners, agriculturalists, foresters, marine scientists and environmental lawyers. Even where women have received such training, they are often underrepresented in formal institutions with policy-making capacities at the national, regional and international levels. Often women are not equal participants in the management of financial and corporate institutions whose decision-making most significantly affects environmental quality. The successes and challenges in addressing these issues demonstrate clearly the extent to which the country is able to comply with Goal 7 and ensure environmental sustainability.

In South Africa, the interaction between socio-political circumstances and environmental conditions and change determines the vulnerability of people. The major causes include deepening poverty, unemployment, HIV and AIDS, poor levels of disaster readiness, susceptibility to climate change and variability, and people's inability to cope with extreme weather events, including floods and droughts¹²⁵. These issues mostly affect vulnerable categories of people, including those who are marginalised and who lack access to land, capital, literacy and other assets. The majority of people in this category are women, the young, and those who are sick or disabled¹²⁶.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

This goal is measured through targets which seek to integrate the principles of sustainable development into country policies and programmes; reverse the loss of environmental resources; halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; and by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers. These targets are allocated indicators to guide their achievement.

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

This target is measured by the following indicators: Proportion of land area covered by forestry; ratio of area protected to maintain biological diversity to surface area; energy use per 1\$ GDP; carbon dioxide emissions per capita and consumption of ozone-depleting CFCs; and proportion of population using solid oils.

¹²³ The Presidency Report 2008/9

¹²⁴ The Constitution of the Republic of South Africa, 108 of 1996.

¹²⁵ Ibid

¹²⁶ Ibid

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Indicator: Proportion of land area covered by forestry

South Africa has a history of conservation with a well developed protected area network. Protected areas were often proclaimed on land deemed marginal for agriculture or other use. Rivers in particular are poorly conserved and where they are included in a protected area, this is often a boundary. About 6% of the land surface is formally conserved through the system of national and provincial protected areas and 17% of the shoreline is formally conserved through proclamation as Marine Protected Areas. South Africa's 2005 target was to expand the terrestrial to 8% and marine to 20% by 2010¹²⁷. Half of South Africa's wetlands have been lost through transformation to other land uses, and ecosystems have been transformed by human activities¹²⁸. More than 90% of the country falls within arid, semi-arid or dry sub-humid zones and is vulnerable to land degradation and desertification, which is a serious threat to rural livelihood in that the natural resources available to households are degraded¹²⁹.

Women are impacted by environmental degradation as well as by measures such as restriction of access to forests, leasing or sale of common lands to private entrepreneurs and conversion of communal land to other use. These factors impact on land available for crops, and collection sites for fuel.

The National Afforestation Programme was developed in response, with a view to expand timber resources and maximise enterprise development opportunities in the timber production and processing sector. This programme is expected to create 7 500 direct jobs in timber growing and 45 000 indirect jobs in timber processing, thereby contributing to the Asgisa objective to halve unemployment and poverty by 2014¹³⁰.

In addition, an area of critical importance with respect to climate change is access to reproductive health care. Uncontrolled population growth, coupled with increases in the middle class in countries such as India, Brazil, China and South Africa, are becoming major drivers in global warming. While overall rates of population increase appear to have slowed, this may be a temporary trend. Moreover, the key factor is not absolute population growth rates, but growth rates relative to speedily diminishing natural resources. At present population growth in the context of carbon intensive development is outpacing the ability of earth's ecosystems to cope. Already three of the nine major ecosystem services structures on earth are said to be beyond the point of no return. Despite these considerations, women in Sub Saharan Africa have the world's lowest rate of access to contraception (measured by the rate of married women desiring contraception who cannot access). It is therefore a matter of deep concern that there is so little state attention paid to this critical MDG goal.

Indicator: Energy Use per 1\$ GDP

South Africa is rich with energy resources. Fossil fuels such as coal, uranium, liquid fuels, and gas play a central role in the socio-economic development of the country. They also provide the necessary infra-structural economic base for the country to become an attractive host for foreign investments in the energy sector¹³¹. Biomass forms the main energy source in the rural domestic sector, while other renewable energy development opportunities are already being explored in the fields of solar power, wind power, pumped storage and in hydropower schemes. Successful tapping of all possible energy carriers in South Africa is vital for sustainable economic growth. Various economic sectors that contribute to the GDP are practically driven by energy carriers. The manufacturing sector accounts for 25% and the mining industry accounts for 10%, and both are reliable on electricity¹³².

Energy use causes significant environmental change, in the form of air pollution. Coal is the predominant fossil fuel for energy, accounting for approximately 75% of the total energy used. The burning of fossil fuels for energy releases approximately 80% of all human-induced greenhouse gas emissions in the country, and more than 40% of South Africans are exposed to this. Approximately 209 tonnes of carbon is burnt for every US\$ equivalent of GDP produced in South Africa, compared with 164 tonnes for the United States of America¹³³.

Indicator: GDP per unit of energy use/proportion of population using fuel

In 2000, 70,8% of South Africa's energy supply was provided for by coal, followed by 17,8% by oil, 8,7% by biomass, 1,2% by natural gas, and 0,7% by hydropower and nuclear power¹³⁴.

Table: Greenhouse gas emissions for six gases under Kyoto protocol

¹²⁷ South African Millennium Development Goals, mid-term country report 2007

¹²⁸ Department of Environmental Affairs and Tourism, 10 year review report, 1994-2004

¹²⁹ Ibid

¹³⁰ Department of Water Affairs and Forestry Annual Report 2008/9

¹³¹ South African Millennium Development Goals country report 2005

¹³² Ibid

¹³³ Department of Environmental Affairs and Tourism, a report on the state of the environment, South African Outlook, 2007 revised edition

¹³⁴ Ibid

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(Mt CO ₂ -eq)	1990	1994	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. National Inventory	347.3	379.8												
2. Estimates LTMS			442.1	453.4	466.5	477.7	494.7							
3. Future projections								510.7	562.2	542.6	540.8	559.7	579.7	605.8
4. Emissions per person	9.87	9.92	9.59	9.73	9.90	10.03	10.29							
5. Emissions per GDP	451.1	487.3	436.5	427.0	418.3	406.5	400.4							

Source: Development Indicators 2009

South Africa's greenhouse gas emissions have been increasing with higher economic growth. Long-term mitigation scenario projections suggest that this trend may continue for the next few decades if there are no significant interventions. It is however worth mentioning that emissions per unit of economic output are declining, as South Africa's economy diversifies away from energy-intensive industries. Despite the increased electrification of households, the use of other fuels for heating, cooking and lighting has persisted. In 2006, approximately 31,6% of households used paraffin or wood for cooking, compared to 37,9% in 2002 (General Household Survey, 2006, Stats-SA).¹³⁵ Solar power and animal waste are also used to generate energy, but this constitutes a small proportion of the total household energy consumption. Population growth, reduced household income levels and increased numbers of unserved households are expected to exacerbate household fuel burning emissions.

Collection of fuel to manage domestic energy consumes a large portion of women's time, as well as that of girl children, impacting on women's ability to participate in other productive process, and often on girl children's ability to remain in school or focus on their studies. The non-availability of cheap and clean fuel forces them to rely on wood, dung, and biomass fuels, impacting on their health and that of their children. The need for clean, renewable energy is a matter of priority, both to alleviate this burden and risk to which women are exposed, as well as address this sustainable development target.

Target 10: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

This target is measured by the following indicators: Proportion of population with sustainable access to an improved water source, urban and rural; and proportion of population with access to improved sanitation, urban and rural.

Indicator: Proportion of population with sustainable access to an improved water source, urban and rural

Access to basic water services has increased from 59% in 1994 to 96% at the end of 2009. In South Africa, basic service levels for water are defined by demarcation, largely affecting rural communities. This currently stands at a minimum of 25 litres of potable water per person per day, within 200 metres of a household, not interrupted for more that seven days in any year, and a minimum flow of 10 litres per minute for communal water points¹³⁶. Nonetheless, the rural area population depend much on rainfall and groundwater as primary sources of water.

Table illustrating affordable access to Free Basic Water (FBW)¹³⁷

Period	Total population	Water Supply Average providing free basic water	Total population with free basic water
2008/9	49.7 million	165 (97.6%)	85.6%
2007/8	49.5 million	165 (97.6%)	84%

Nationally, even although there have been annual fluctuations, the percentage of households who receive piped water supplies from their local municipalities increased from 78,2% in 2004 to 83,3% in 2009. Municipalities have been provided with electronic water management systems to monitor access to safe drinking water. The available information reveals that the general quality of South African tap water is of good quality and therefore is generally safe for human consumption. A large proportion of the users of water services (58,0%) said that the quality of the water related services that they received was good. However, there has been a steady decline in levels of satisfaction since 2005 and 2007, when the percentage of users who rated the services as good were 76,3% and 72,0% respectively. The percentage of users who rated water services as average increased from 15,8% in 2005 to 31,9% in 2009.

Given the large proportion of women in rural areas who depend on natural resources for their families' livelihood, and are affected by poverty, access to this resource is a fundamentally a gender issue. In large measures, women still struggle to access this increasingly scarce commodity. Women are responsible for supplying and managing their family's water needs, and either have to accommodate the cost of water within their household budget, or use a large portion of their time and that of girl children to walk long distances to get water from free – but often unsafe – sources.

¹³⁵ Presidency Annual Report

¹³⁶ South African Millennium Development Goals country report 2005

¹³⁷ Ibid

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The Department of Water Affairs has initiated the inclusion of women in its planning and implementation strategies, predominantly in community water committees. The Department's regulations stipulate that women should constitute 30% of the representatives of all water boards and other water committees, to entrench women's participation in decision-making regarding this resource, and improve women's access to water. Afforestation programmes, dam building projects and other environmental programmes have adopted a similar approach. However, the challenge remains that water schemes tend to favour houses which are easy to connect to the water supply, and this disadvantages women who live far from this network.

Indicator: Proportion of the population with sustainable access to an improved sanitation, urban and rural

Universal access to water and sanitation services in South Africa has increased from 59% in April 1994 to 96% at the end of March 2009. Similarly access to basic sanitation services increased from 49% to 75%¹³⁸

Table illustrating access to basic sanitation infrastructure/population¹³⁹

PERIOD	CENSUS POPULATION	BASIC LEVEL OR HIGHER	NO ACCESS TO INFRASTRUCTURE	% ACCESS TO SERVICES
Current (2008/2009)	49.7	37.6	12.1	76%
People served 2008-2009		1.35		
Previous year 2007-2008	49.5	36.1	13.4	73%
People served 1994-2008	39.8	19.4	20.4	49%

The establishment of settlements prior to the 1994 democratic dispensation resulted in the introduction of the bucket system for sanitation. December 2007 was declared as a national target for the eradication of the bucket system. At the end of March 2008, the remaining backlog was 23 083, reduced during 2009 to 9 044¹⁴⁰.

Table illustrating eradication of bucket system¹⁴¹

Backlog in February 2005	Backlog at March 2008	Removed in 2008/09	Province & Number	Removed since commencement of programme
252 254	23 083	14 039	Free state= 7 279 Eastern Cape = 438 Northern Cape = 1327 Total = 9 044	97%(243 210)

There is a clear rural/urban difference with regard to sanitation in that 28% of rural households did not have access to any type of toilet facility compared to 5% of urban households¹⁴². Women are disproportionately impacted by the lack of sanitation facilities. Poor sanitation is a major cause of water-borne diseases which are directly responsible for most infant deaths in developing countries. In the absence of sanitation close to their homes, women are forced to forego privacy and security and are often rendered vulnerable to infection, harassment and abuse. Lack of separate toilets in schools has been identified as a cause for girls dropping out when they reach puberty.

¹³⁸ Department of Water Affairs and Forestry Annual Report 2008/2009

¹³⁹ Ibid

¹⁴⁰ Ibid

¹⁴¹ Ibid

¹⁴² Ibid

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Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Nearly 58% of South Africa's population live in urban areas. The housing types in South Africa that conform to the UN definition of a slum with respect to secure tenure, range from sub-let inner city tenements to informal settlements, and include poor neighbourhoods, townships and informal settlements. These are not necessarily found in the inner cities. The proportion of South African's urban slum households declined from 32% in 1996 to 28% in 2001, with the Department of Human Settlement, formally known as the Department of Housing indicating that nearly 2, 6 million new houses were built with the assistance of a state subsidy between 1994 and 2004¹⁴³.

Settlements across the country vary in terms of the quality of life and social amenities that they offer. Depending on the type of settlement that people live in, they enjoy greater or lesser measures of health, access to schooling, services, housing, water, electricity, employment and safety¹⁴⁴. An increasing number of urban households in most developing countries are sustained exclusively or primarily by women's labour. Women's vulnerability to sexual and physical harassment in urban environments constrains their freedom of mobility and limits their work opportunities. The low representation of women in urban governance in many countries contributes to their invisibility in urban planning.

Indicator: Proportion of households with access to secure tenure

Access to land is one of the region's most socially and politically sensitive issues. An estimated 28% of the population of South Africa (13 million people) is crowded into the former homeland areas, where land rights are often unclear or contested, and the system of land administration is disordered. Overcrowding continues to put pressure on terrestrial resources including soil productivity and biodiversity, where unsustainable land use practices and lack of basic services contribute to increased land degradation and desertification. Where there is no electricity, wood is harvested for energy which causes deforestation. Where there is no sanitation, soil and water can be contaminated¹⁴⁵.

On private farms, workers and their families face continued tenure insecurity and inadequacy or absence of basic services. It is estimated that nearly one million people have been evicted from farms since 1994, 75% of these are women and children with little education and work experience¹⁴⁶. The percentage of households living in formal dwellings, whose dwellings were fully owned, increased from 53,1% in 2002, to 57,8% in 2007, but then decreased again to 56,0% in 2009. The dip between 2007 and 2009 was most likely caused by the recession which impacted severely on households' liquidity during most of 2009. The decrease in full ownership between 2007 and 2009 was accompanied by a growth in partial ownership and other forms of tenure status, such as occupying the dwelling rent-free¹⁴⁷. The provinces with the highest percentage of households whose main dwelling was informal, in 2009, were Gauteng (22,3%), Western Cape (17,1%), North West (16,0%) and Free State (14,8%). Of these provinces, North West has shown the least progress relating to housing provision, as there has been a significant increase in the percentage of shack dwellers from 12,2% in 2002 to 21,5% in 2007. This may partially be attributed to changes in the housing policy of several mines, which entitled workers to a housing subsidy if they lived in their own dwellings. Since 2007 this has improved again to 16,0% in 2009 which is till above the 2002 levels¹⁴⁸. The provinces where most progress was observed in terms of reducing the proportion of households who live in informal dwellings are Mpumalanga, KwaZulu-Natal and the Eastern Cape. Dwelling sizes varied significantly between population groups with 83,9% of white-headed households and 73,5% of Indian/Asian households living in dwellings consisting of 6 rooms or more as opposed to 27,6% of Black African and 41,5% of the coloured population groups¹⁴⁹.

At the time of the survey, 12,8% of South African households were living in a 'RDP' (former state Reconstruction and Development Programme), or state-subsidised dwelling. Female-headed households were significantly more likely (11,5%) than their male counterparts (8,2%) to receive a government housing subsidy. Sixteen per cent of those occupying RDP or state-subsidised housing said that the walls were weak or very weak and 14,9% regarded their roofs as weak or very weak. More than 30% of households in the Western and Eastern Cape reported problems with the quality of their walls and roofs¹⁵⁰. As stated in the White Paper on Land Reform, the purpose of the land redistribution programme is to provide the poor with access to land for residential and productive uses, in order to improve their income and quality of life. The programme aims to assist the poor, labour tenants, farm workers, women, as well as emergent farmers. Redistributive land reform is largely based on willing-buyer willing-seller arrangements. Government assists in the purchase of land, but in general is not the buyer or owner. Rather it makes land acquisition grants available and supports and finances the required planning process as expressed through the Land Redistribution for Agricultural Development Sub-Programme (LRAD), a sub-programme of the redistribution policy. With respect to gender, as noted in the Economic Cluster above, LRAD aims to “expand opportunities for women and youth in rural areas”, as well as to “overcome the legacy of past racial and gender discrimination in land tenure”. The programme hopes to achieve this by “encouraging women-only projects and, by ensuring that at least one third of transferred land resources accrue to women. As far as gender issues are concerned, LRAD notes that the new initiatives provide an excellent vehicle for redressing gender imbalances in land access and land ownership, and thus, in improving the status of rural women. Under the Agricultural Development sub-programme, adult individuals can apply for grants in their own right, rather than as members of households. This means that women can apply for grants to acquire land individually, or can pool their grants with whomever they choose, thus augmenting their control of the manner in which they benefit from the sub-programme. Results and statistics generated through land reform and restitution programmes however demonstrate that these policy objectives are not being met, with women not benefiting from these interventions at the same pace as men.

¹⁴³ Department of Environmental Affairs and Tourism, 10 year review report 1994-2004

¹⁴⁴ Department of Environmental Affairs and Tourism, a report on the state of the environment, South African Outlook, 2007 revised edition

¹⁴⁵ Department of Environmental Affairs and Tourism, a report on the state of the environment, South African Outlook, 2007 revised edition

¹⁴⁶ Ibid

¹⁴⁷ Department of Environmental Affairs and Tourism, 10 year review report 1994-2004

¹⁴⁸ Ibid

¹⁴⁹ Ibid

¹⁵⁰ Ibid

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Women and environmental management

In its Plan of Implementation submitted to the Commission on Sustainable Development, the South African government asserts that the outcomes of the World Summit on Sustainable Development should benefit all, particularly women, youth, children and vulnerable groups¹⁵¹. The National Environment Management Act¹⁵² recognises the role played by women and the youth in environmental management. The policy framework prioritises support for the involvement, amongst others, of women and persons with disability in the design, planning and implementation of environmental education and capacity building projects. The transformation strategy of the fishing industry has made some progress towards women empowerment by supporting women entrepreneurs in this industry¹⁵³. Of particular concern has been the lack of access by women to policy making in the area of climate change. The development of a national climate change policy has so far been elitist and heavily dominated by male experts. In view of the fact that women, and in particular poor rural women, are those likely to be most vulnerable to the effects of climate change, and most disempowered to adapt, this remains a matter of deep concern. In the Poverty Relief Programme, the Department of Environmental Affairs and Tourism projects focus on community-based tourism projects. By 2004, 34 632 temporary jobs had been created with 45% going to women, 22% to youth and 2% to people with disability. The government has intended to create more jobs using the protection of biodiversity and ecological sustainability to provide income for poor and unskilled people, of which half of the beneficiaries will be women¹⁵⁴. The Working for Water Programme aims to create employment opportunities through the clearing of invading alien plant species, to enhance water security and promote downstream economic activities. Annually, it employs about 24 000 people from poor rural communities, of whom 54% are women and 26% are youth.

Health and Medicinal plants:

AIDS, tuberculosis, cholera and malaria are significant threats to human health in South Africa and have strong environmental links¹⁵⁵. Women, more than men, possess indigenous knowledge about medicinal plants and are involved in natural resource use, so infection with HIV and death due to AIDS results in the loss of this knowledge and has a detrimental effect on the natural resource base¹⁵⁶. Research on the impact of HIV and AIDS on the environment in Africa has shown that illness reduces women's capacity for sound resource stewardship in that they have less time available as a result of having to care for the sick. In addition, they are forced to harvest medicinal plants unsustainably to treat the side effects of AIDS, such as diarrhoea and pneumonia. Where women are infected themselves and become ill, they may not be able to pass on this knowledge to their children.

Challenges in addressing Goal 7

- Policies designed to ensure women's equal participation in and benefit from development interventions are not being adequately funded or implemented.
- Programmes relating to access to clean water and renewable energy are not gender responsive, and no gendered policies are available for this sector.
- There are inadequate measures in place to ensure the involvement and participation of women as decision makers on issues relating to the environment.
- Development interventions do not address "soft issues" such as capacity building or conflict resolution, critical to empowering women.
- Gendered power relations have resulted in the climate change discourse becoming a male domain. Women are sidelined in policy and decision-making because it is assumed that they do not have knowledge of the subject.
- There is no education available for harvesting of medicinal plants and sustainability of renewable sources.
- In rural areas, people are still exposed to poor living conditions which increases women and children's vulnerability to diseases posed by polluted environment and water.

Recommendations

- The Department of Water Affairs and Forestry and the Department of Environmental Affairs should ensure the inclusion of women as active participants and decision makers in matters involving the environment and local resource management initiatives.
- Environmental sustainability projects should actively seek to build the capacity of women and young girls.
- The Department of Agriculture should empower and involve more women in their agricultural and irrigation projects.
- There is a need for recognition that women and men have different gender-based roles, as well as different levels of access to, and control over, natural resources.
- The government needs to accelerate, promote and encourage women's access to sustainable sources of energy.
- Access to safe drinking water and adequate sanitation facilities needs to be accelerated, particularly within rural communities, and policies and monitoring systems guiding the implementation of such programmes need to be gender sensitive.
- Government should encourage the use of biodegradable products in order to sustain the environment and curb pollution.

¹⁵¹ South African CEDAW progress report 1998 to 2008

¹⁵² National Environment Management Act 107 of 1998

¹⁵³ Ibid

¹⁵⁴ Ibid

¹⁵⁵ Ibid

¹⁵⁶ Department of Environmental Affairs, a report on the state of the environment, South African Outlook, 2007 revised edition

Chapter 4: Political Cluster

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Indicator: Proportion of seats held by women in national parliament

Women and political representation

Women's equality of opportunity to participate in politics is a human right as well as a basic requirement for genuine democracy.¹⁵⁷ Taking into consideration Oxfam's emphasis to link the MDGS to women's rights, the following provisions are applicable in South Africa:

- The Beijing Platform for Action (BPFA) recognises that women's full representation and participation in decision making positions in government, policy making and political parties could act as a means to accelerate the transformation of power relations in society. It further states that every member state must establish national machinery for the advancement of women to, *inter alia*, design, promote the implementation of, execute, monitor, evaluate, advocate and mobilise support for politics that promote advancement of women¹⁵⁸. The BPFA set a minimum target for women's participation at both national parliaments and local governments at 30%.
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) outlines significant rights for women.
- The South African Constitution, Section 195 (l), stipulates that the Public Administration must be governed by the democratic values and principles enshrined in the Constitution.
- The Employment Equity Act 55 of 1998, provides for the attainment of equality in the work place through promotion of equal opportunity and redressing the disadvantages experienced by designated groups
- The SADC Gender and Development Protocol of 2008, to which South Africa is a signatory, states that State parties shall endeavour that, by 2015, at least 50% of decision-making positions in the public and private sectors are held by women, including the use of affirmative action measures as provided for in Article 5
- The ruling party, the African National Congress' (ANC) committed itself to achieving 50/50, and implemented this in its 2009 election lists, significantly transforming women's representation in political structures.¹⁵⁹

South Africa has come a long way in ensuring full participation of women in politics and public life. The majority of voters in South Africa are women, accounting for almost 55% of registered voters.¹⁶⁰ This is indicative of the fact that women in South Africa are active participants in shaping the country's democratic dispensation. For the 2004 elections, women outnumbered men in all age categories in registration figures, where they comprised 11.3 million voters compared to 9.3 million men¹⁶¹. South Africa also witnessed an increase in the number of female electoral candidates in municipal elections, which has increased from 28,5% in 2000, to 34,8% in 2006. South Africa currently has two major opposition political parties that are led by women: the Democratic Alliance (DA) and the Independent Democrats (ID).

South Africa does not have national legislation establishing quota or requiring the equal representation of men and women in decision-making posts or positions. The Electoral Act¹⁶² encourages but does not oblige political parties to ensure equal representation of men and women in their election lists to the national and provincial legislatures, although this has never been enforced. The Public Service Act¹⁶³ also does not make it mandatory for government departments to ensure equal representation of men and women at senior management level. Presently, the equal representation of women on party political lists depends largely on optional measures adopted by each political party.

Women in national Parliament and provincial legislatures

In the absence of a legislative requirement for political parties and government to implement the equal representation of women in decision-making positions, the achievement of *de jure* and *de facto* equality of men and women will be difficult to attain.

The table below provides an indication of the progression of women's participation in the national parliament since the first democratic elections in 1994.

¹⁵⁷ Making MDGs Work for All: Gender-Responsive Rights-Based Approaches to the MDGs. UNIFEM

¹⁵⁸ African Gender and Development Index

¹⁵⁹ Gender Links, 2009, Gender in the 2009 South African Elections

¹⁶⁰ Gender Links, 2009, Gender in the 2009 South African Elections.

¹⁶¹ Independent Electoral Commission, “Report on the 2004 National and Provincial Elections”, p.10

¹⁶² Electoral Act 73 of 1998

¹⁶³ Public Service 30 of 2007, as amended

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Table: Women members of parliament legislatures

	1994			1999			2004			2009		
	Female	Total	%									
	111	400	27.8%	120	400	30.0%	131	400	32.8%	173	400	43.3%

Source: Development Indicators 2009

The progress is notable: from 27,8% in 1994 to 43% in 2009. It must be stated that this transformation has been brought about by a combination of the ANC's voluntarily adopted 50/50 quota system, and the number of seats it holds in Parliament. None of the other parties represented in Parliament have implemented a quota system, and women remain under-represented among their Members of Parliament. Women comprise 36.9% of parliamentary Committee Chairs. However the political will to attaining women's equal representation in the political arena is not as encouraging when a gendered view is taken of leadership positions. It is regrettable to note that South Africa no longer has a woman deputy president, as was the case before the 2009 elections, as the incumbent was replaced by a man. The same applies to the position of Speaker of Parliament: this position was occupied by a woman, who was replaced by a man after the 2009 elections. This trend appears to be replicated when one considers the growing replacement of women Ministers, Mayors and councillors by men. Through this means, the gains that appear to have been made are undermined.

Table: Women members of provincial legislatures

	1994			1999			2004			2009		
	Female	Total	%									
Eastern Cape	13	58	22.2%	15	63	23.8%	21	63	33.3%	28	63	44.4%
Free State	7	30	23.3%	7	30	23.3%	8	30	26.7%	12	30	40.0%
Gauteng	25	88	28.1%	28	73	38.6%	31	73	42.5%	33	73	45.2%
KwaZulu-Natal	11	81	13.6%	22	80	27.5%	21	80	26.3%	30	80	37.5%
Limpopo	11	40	27.5%	18	49	32.7%	16	49	32.7%	23	49	46.9%
Mpumalanga	8	30	20.0%	8	30	26.7%	9	30	30.0%	12	30	40.0%
North West	9	33	27.3%	9	33	27.3%	11	33	33.3%	14	33	42.4%
Northern Cape	7	30	23.3%	8	30	26.7%	9	30	30.0%	13	30	43.3%
Western Cape	10	42	23.8%	11	42	26.2%	13	42	31.0%	14	42	33.3%
Total	210	828	25.4%	242	830	29.2%	270	830	32.5%	352	830	42.4%

Source: Development Indicators 2009

The representation of women in provincial legislatures has increased from 25.4% in 1994 to 42.4% in 2009. The 2009 female representation in Parliament as well as in provincial legislatures puts South Africa amongst the leading countries in the world in terms of the number of women in important political leadership positions.

Women in the Executive

In the case of appointments to national and provincial executive councils, the President and the premier have a final say on the appointments. In exercising of this power, the President, the premier and the political parties concerned, are not in any way bound to consider equitable representation of women, but follow political considerations. Such discretion held by the President, premier or political party is not subject to judicial review in terms of the provisions of Promotion of Administrative Justice Act 3 of 2000 until such time that Parliament passes national legislation providing for the equitable representation of men and women at the national and provincial legislatures and cabinets. Once again, as a result of the 50/50 quota system voluntarily adopted by the ANC, women's representation in Cabinet stands at 41%. In 2004 there were 16 male and 12 female cabinet ministers, compared to 8 female and 27 male cabinet ministers after the 2009 elections. This has taken the total cabinet representation of women to 43%. Five of nine provincial Premiers, and 40% of provincial cabinet members, or Members of the Executive Council, are women. This is due to the ANC's holding the majority in eight of the nine provinces, and living up to its commitment to 50/50. The poor representation of women at this level was single-handedly brought about by the failure of the Western Cape premier, a woman, to appoint a single woman to her provincial Executive Council.

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Women in local government

Local government is also showing signs of progress in terms of gender transformation. According to the gender audits carried out by the South African Local Government Association in 2004 and 2006, the representation of women in local government stood at 29% in 2004 and rose to 42% in 2006, following the introduction by the ANC of a voluntary, 30% quota system. With the ANC likely to implement the 50/50 system for its candidate lists in the 2011 local government elections, this proportion is set to rise. The picture is not as promising within the local government administration, with women still under-represented in senior management positions.

The database of the Municipalities of South Africa¹⁶⁴ indicates that of a total of 283 Municipal Managers, only 26 (8, 48%) are female, and that of a total of 7 968 councillors, only 3 122 (40%) are female. In addition, despite the increase in numbers of women's representation, according to a study undertaken by the Commission for Gender Equality¹⁶⁵, women councillors continue to experience marginalisation and withholding of resources by male colleagues who do not approve of women leadership, leading many to opt not to stand for a second term.

4.1 Goal 3: Women in the Public Sector

The state is not performing so well when it comes to appointment of women in senior posts within the state bureaucracy, where they remain largely under-represented. The Commission for Employment Equity (EEC) Report¹⁶⁶ indicates the persistent white male domination of top management positions in the workplace. State departments are still behind targets in placing women in middle and senior management. According to the Public Service Commission Report¹⁶⁷, the proportion of women in senior management positions (director level and above) has exceeded the 30% target set. However this could have a negative effect, in that departments may assume that no further transformation is required.

From the table below, it is evident that enabling policies, strategies and programmes need to be put in place to enable and accelerate women's advancement to positions in the public sector:

Figure 2: Workforce population distribution for Top Management for government employers only

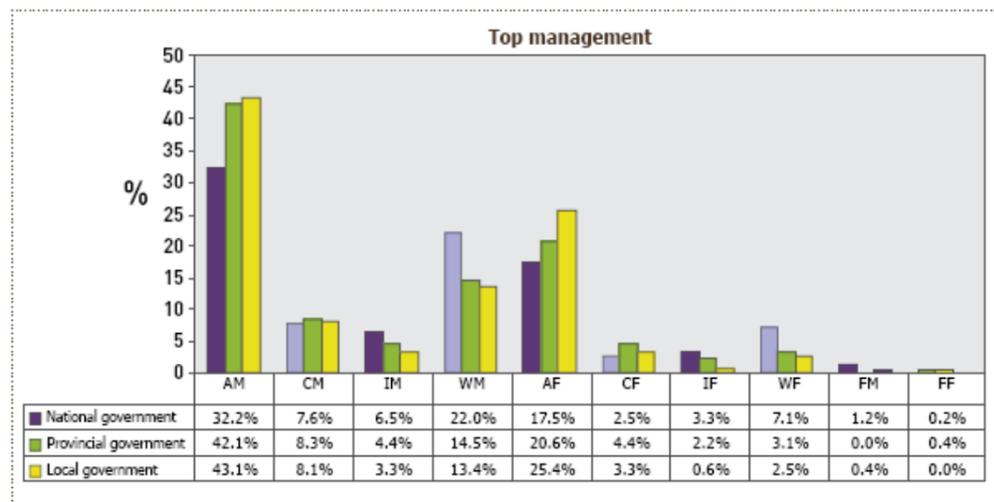


Figure 2 indicates that all levels of government are generally performing well against the EAP of the various racial groups. However, much more still needs to be done to increase the representation of females at this level.

Source: 10th EEC Annual report

¹⁶⁴ Municipalities of South Africa November 2007

¹⁶⁵ Commission for Gender Equality, 2006: Gender Equity in Local Government.

¹⁶⁶ 2010 Report

¹⁶⁷ Gender Mainstreaming Initiative in the Public Service, 2006.

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Women in Business

It is apparent that the gender transformation witnessed in the political realm has not been replicated within the private sector, where women remain grossly under-represented in senior management positions, as reflected in the EEC findings:

Figure 3: Workforce population distribution for Top Management for private sector employers

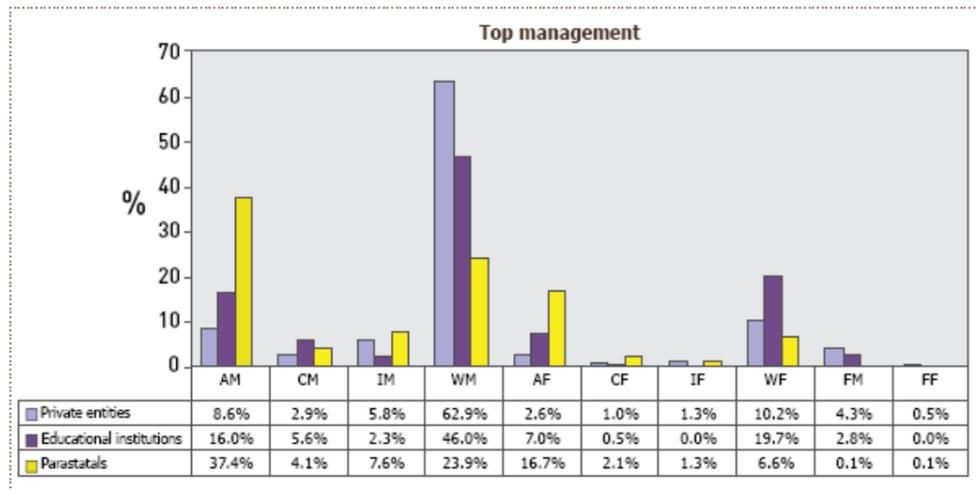


Figure 3 indicates that parastatals are more representative in terms of race and gender than other entities in the private sector. White representation continues to dominate at all other entities, except for parastatals. Apart from parastatals, Black female representation at this level is almost non-existent.

Source: 10th EEC Annual report

Politically and socially, there is a constitutional imperative for gender transformation in the workplace, to promote equality and non-discrimination, reinforced by measures such as Employment Equity legislation.

It is clear from the findings outlined in the EEC's 10th Annual Report, as well as recent Businesswomen's Association and Business Union South Africa survey findings, that South African businesses are performing dismally with regard to gender transformation in the workplace. The EEC's Report reveals that women are more represented in administrative as opposed to decision-making and senior managerial functions. Black women in particular comprise a mere 6% of those recruited and 2% of those promoted to top management positions, and constitute 5% of those benefiting from skills development programmes.

In addition, the CGE 2008 study on the promotion and protection of gender equality in the private sector indicated that:

- most companies are ignorant of national and regional treaties and country commitments to gender equality;
- employment equity plans are developed, but not implemented;
- there are no focused gender equality strategies or women's empowerment programmes

The CGE is also concerned at the invisible elements that continue to marginalise working women, related to the institutional culture within a demonstrated male-dominated environment. These relate to internal policies and practice regarding recruitment and promotion, sexual harassment in the workplace, and access to skills training, coupled with the sense that men are taken more seriously and women have to “earn their stripes” – a situation that is even harder for black women. It is a reality that the gender wage gap remains critical – in South Africa, this stands at 33.5%, while globally the average is 22.4%. Revealingly, the gap is much higher for women with children.

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Women's representation in the Judiciary

South Africa has not made significant progress in ensuring that women are sufficiently represented in the judiciary. The education and training programmes for recruitment of judges does not seriously address the need for women empowerment and equitable representation. The country still does not have a woman Judge President in any of its Divisions of the High Court. The 2009 statistics of the Department of Justice and Constitutional Development¹⁶⁸ show that out of 205 judges in South Africa, of whom 112 are black and 93 white, only 42 are women. Of these 42 women judges, 28 are black and 14 white. The Minister of Justice has undertaken to place gender representation in future appointments of judges as a priority for transformation of the judiciary, but that this move will not overlook the application of male, and white, applicants.

4.2 Goal 3: Women representation in civil society

Trade unions and Non-Profit sector

The majority of trade unions' national office bearers are men, with men occupying the role of presidents of trade unions. The majority of the few women elevated to office bearers, occupy positions as deputies. The text box below indicates that in the main, there is gender parity in the NGO sector. However, most senior positions in this sector are dominated by men.

Overview of GSI for political power¹⁶⁹

The GSI for political power (0.769) is lowest of the three power blocks, reflecting that the public space remains that part of South African society that is most dominated by men. Although some of the scores will improve when they reflect the results of the 2004 elections (better representation in Parliament and local government), this is unlikely to change the overall picture of a substantial gender gap in political power. Gender parity (predominantly in favour of women) is only found in the NGO sector on the basis of a single study. This is a fact to be applauded, although we also know that the most senior positions in that sector, as well as the trade unions, and the political and advocacy NGOs are often dominated by men. The fact that the study does not distinguish between professional NGOs and community based organizations is a worry as it suggests that women might be clustered in the organizations that are poorly funded and resourced. In the public sector, the gender gap is highest amongst judges (0.134) and lowest amongst cabinet ministers (0.607). The latter signifies a President committed to the inclusion of women in decision-making. The former reflects women's position in the legal profession as a whole. The score of 0.235 for senior positions in the civil service is disappointing, suggesting that the advancement of women in this sector has really taken place at lower management levels. Women's senior positions in political parties, (0.338) the professions (0.436) and trade unions (0.353) is disappointing, suggesting that much work needs to be done to promote women to leadership levels.

Challenges in addressing Goal 3

- The lack of electoral policy or legislative measures regarding 50/50 representation of women on party candidate lists is impeding South Africa's progress in bringing about parity in women's political representation, and their representation in senior positions in the judiciary, trade unions and political parties.
- South Africa is still grappling with the ineffective implementation of the National Policy Framework for Women's Empowerment and Gender Equality and Employment Equity Commission regarding gender transformation in the workplace, in both the public and private sectors, where some companies merely opt to pay negligible penalties rather than comply with employment equity provisions.

¹⁶⁸ The latest statistics as in 2008/9 from the Department of Justice and Constitutional Development, SA

¹⁶⁹ The Gender Status index is a measure of relative gender equality that captures those issues related to women's empowerment that can be measured quantitatively. The Status Index is based on three blocks: social power, economic power and political power. It is one part of the African Gender and Development Index which measures gender equality, and the changes in gender relations and the effects of gender policies in African countries.

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- Institutions established to support and promote gender equality, such as the CGE and the Department of Women, Children and Persons with Disabilities are undermined in that they receive inadequate budgets to implement their mandates.

Recommendations

- The state should undertake amendments to the Electoral Act 73 of 1998 to enforce 50/50 representation in political party lists.
- In the absence of legislative enforcement, political parties need to be encouraged to apply a 50/50 quota system for women at all levels of political representation, and they should be held to account once the envisaged Equality Bill, and proposed electoral legislation amendments have been put in place.
- Political parties, trade unions and civil society institutions need to put in place mentorship programmes to encourage and support women to advance to leadership positions within these sectors, and put in place measures to bring about transformation to this male-dominated environment.
- There is a need for the National Policy Framework on Gender Equality to be legislated, to impose on the public and private sector responsibilities with regard to promoting gender equality, and establish accountability in this regard
- There is a clear need to enforce legislative requirements regarding equality in the workplace, and establish accountability for gender transformation in the private sector. There should be gender auditing and monitoring of the private sector, and trade unions should assume a greater responsibility here.
- The inadequate budgets of entities tasked with promoting gender equality, including the Commission for Gender Equality and the Department for Women, Children and Persons with Disabilities, should be addressed.

Chapter 5: Security and Human Rights Cluster

5.1 Gender-Based Violence (GBV) and Human Rights

As outlined in the background to this report, in addition to the three clusters recommended by the African Gender Development index, the CGE identified the need for the inclusion of security and human rights as an additional cluster having a bearing on Goal 3 in relation to gender equality and the empowerment of women. Recommended targets and indicators for this cluster are adapted from UNIFEM. As this component typically does not form part of state reporting on MDGs, there are significant challenges experienced in accessing reliable data on GBV. As a result, the CGE has drawn on research and statistics developed by NGOs and research institutions. Despite 98 years of celebrating International Women's Day, and the adoption internationally of appropriate legislation, GBV, and violence against women in particular, continues unabated. Brutality against women and girls is rampant in South Africa despite its progressive and responsive legislative framework. The 2001 Human Rights Watch report indicated that girls, independent of economic status or race, were encountering sexual violence in spaces where they theoretically, should be safest, namely the home and in schools¹⁷⁰. This demonstrates a widespread patriarchal norm which perpetuates a harmful expression of masculinity.

According to CEDAW, the term GBV is used to distinguish violence that targets individuals or a group of individuals on the basis of their gender from other forms of violence. It includes any act which results in or is likely to result in physical, sexual, psychological or emotional, and economic abuse of gender relations. This includes acts of rape, sexual harassment and assault, domestic violence, human trafficking, and harmful cultural practices like female genital mutilation, *ukuthwala* (abduction of future bride, which is termed differently according to the cultural group practicing it), and virginity testing. GBV is one of the greatest obstacles to women's achievement of equality, development and dignity. This violates women's human rights and undermines the overall attainment of the MDGs¹⁷¹. Historically, the criminal justice system was perceived as not regarding GBV as a serious crime, as was reflected in low conviction rates and sentences for rapists and abusive partners. As a result, the South African government took steps towards the eradication of GBV, and violence against women and children in particular, by committing itself to international, regional and national legal instruments geared towards the protection of women against violence, and ratified key legal instruments in this regard, including: The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); The Beijing Platform for Action (BPA); and The Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa¹⁷².

Target: Reduce the incidence of violence against women and girls by 5% each year until it is eliminated

This target includes the following five indicators: number of cases of violence against women reported to the police; number and/or proportion of reported cases prosecuted in the courts; number of perpetrators sentenced and length of sentence; number of women/girls seeking shelter in safe houses for protection from violence against women; and proportion of the population that knows GBV is a crime.

Number of cases of violence against women reported to the police

- *Rape*

At present the true extent of sexual violence in South Africa is unknown. Stats SA found that one in two rape survivors reported being raped to the police, while the Medical Research Council (MRC) found that one in nine women reported being raped. Both studies clearly find rape to be under-reported, although their findings differ as to the extent of such under-reporting¹⁷³. In compliance with Constitutional provisions, CEDAW and BPA obligations, South Africa introduced the Sexual Offences Act, which makes it an offence to have sexual intercourse with a girl under the age of 16. In order to integrate gender equality and prioritise GBV in the prosecution of crime, the Sexual Offences and Community Affairs (SOCA) Unit was established in the National Prosecuting Authority (NPA). The purpose of this unit is to focus on sexual offences, domestic violence, human trafficking, enforcement of child maintenance, managing of child offenders and other issues involving victimization of women and children. This unit has succeeded in establishing *Thutuzela* Care Centres and Sexual Offences Courts. The *Thutuzela* care centres are responsible for providing victims of sexual abuse with access to police, counselling and health services and support, court preparation and prosecution. South Africa has developed a Victim Empowerment Business plan to include policies such as the Victim Empowerment Charter, Victim Policy Framework and a policy for Compensation for Victims of Crime.¹⁷⁴ The Victims' Charter is a project falling under the Victim Empowerment Programme, (VEP), which aims to provide services to victims of crime to enable them to deal with the associated trauma of crime. The Victims' Charter clearly articulates the legal framework for victims to assert their rights in the criminal justice system, and seeks to provide a comprehensive and integrated response to victims of crime. Its aims are to:

- Eliminate secondary victimisation in the criminal justice process
- Clarify the service standards that can be expected by and are accorded to victims, whenever they come into contact with the criminal justice system
- Make provision for victims' recourse when standards are not met
- Ensure that victims remain central to the criminal justice process.¹⁷⁵

¹⁷⁰ Violence Against women in Africa- Alook at Gender-based violence in South Africa and Nigeria. http://subsaharanafricanaffairs.suite101.com/article.cfm/violence_against_women_in_africa#ixzz0pgTNhu12 Accessed 2 June 2010

¹⁷¹ Beijing Declaration and Platform for Action: 2005

¹⁷² The CGE report on Victims Charter: 2009

¹⁷³ Lisa Vetten. Addressing domestic violence in South Africa: Reflections on strategy and practice

¹⁷⁴ SOUTH AFRICA'S IMPLEMENTATION OF CEDAW: A critique of the South African Government report for 1998-2008:2010

¹⁷⁵ CGE Report on Victims Charter: 2009

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The following government departments are responsible for implementation of the commitments made in the Five Year Implementation Plan of the Victims' Charter:

- Department of Justice and Constitutional Development
- National Prosecuting Authority
- South African Police Service
- Department of Correctional Services
- Department of Social Development
- Department of Health

Recent research conducted by the CGE however reveals significant shortcomings in the implementation of the Victims' Charter, related to inadequate budgeting, inadequate training for and entrenched attitudes and perceptions of police officers towards GBV, and inadequate access to resources such as counselling and safe houses.

- *Domestic Violence*

Domestic violence is prevalent in South Africa society, with women the overwhelming majority affected, regardless of race, class, and geographic location. Although a comprehensive review of the criminal law in relation to sexual violence is required, the South African Police Service (SAPS) has succeeded in establishing VEP units in their areas, responsible for investigating sexual crimes in terms of the Victims Charter. The SAPS is reported to have received 43 330 cases of domestic violence during the period July to December 2006, whilst in January to June 2007, they received 45 454 cases.¹⁷⁶ Community-based prevalence studies find that domestic violence, in one form or another, affects as many as one in two women in some parts of South Africa. A 1997 study conducted in three of South Africa's nine provinces found that 27% of women in the Eastern Cape, 28% of women in Mpumalanga and 19% of women in the Northern Province had been physically abused in their lifetimes by a current or former partner, excluding instances of child abuse. The same study also investigated the prevalence of emotional and financial abuse experienced by women in the year prior to the study. This was found to have affected 51% of women in the Eastern Cape, 50% in Mpumalanga and 40% in the Northern Province¹⁷⁷.

A study of 1 394 men working for three Cape Town municipalities found that approximately 44% of these men admitted that they had abused their female partners¹⁷⁸, and approximately 15,3% had committed acts of sexual violence against their partners in the previous 10 years¹⁷⁹. The SAPS report for the period 1 April 2007 – 31 March 2008, indicates that 182 588 violent crimes were committed against women. These included 91 534 crimes of common assault, 62 368 crimes of grievous bodily harm and 2 606 acts of indecent assault. Although the relationship to the perpetrator in these categories is not specified, it is more than likely that most of these attacks were perpetrated by intimate partners or family members (SAPS, 2008). Legislators placed particular obligations in the domestic Violence Act (DVA) upon the police, in an effort to challenge their long history of neglect of domestic violence. In essence, the police are required to explain to complainants that they are there to provide whatever assistance the circumstances require, which may include helping the complainant to find suitable shelter or obtain medical treatment¹⁸⁰. A study into the implementation of the DVA revealed through interviews with women who had obtained protection orders, varying degrees of police negligence and impotence. Women had experienced difficulties such as finding the money for documents to be served on the respondent, and lack of information regarding due court process, as impediments to their access to justice. Some women withdrew their applications because they experienced the process as “too overwhelming”. Others experienced the courts as being unable to cope with the administrative requirements of the Act¹⁸¹. While South Africa has eleven official languages, the application forms for the protection order are available in only two of these languages. Over and above language, the written completion and reading of the application forms poses challenges women with varying degrees of literacy. Further, the forms are not available in Braille, and sign language interpreters for hearing impaired women are not readily available at courts¹⁸².

- *Trafficking In Women*

In 2000 South Africa signed the Protocol to Prevent, Suppress and Punish Trafficking in Women and Children, and has also ratified the Protocol. By so doing it has committed to criminalising trafficking and developing legislation to combat it. The Prevention and Combating of Trafficking in Persons Bill is currently before Parliament.

¹⁷⁶South Africa 's implementation of CEDAW: *A Critique of South African Government Report for 1998-2008*; 2010

¹⁷⁷CGE Report on Victims Charter:2008,

¹⁷⁸ Abrahams, Jewkes and Laubsher, 1999

¹⁷⁹ Abrahams et al. 2004

¹⁸⁰ Ibid

¹⁸¹ (Mathews and Abrahams, 2000).

¹⁸² Ibid. p. 6

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According to the South African Law Reform Commission (SALRC), poverty and lack of economic opportunities, war and political instability are some of the main causes of trafficking in persons. Persons are trafficked for sexual exploitation, forced labour or slavery, forced marriages, adoptions, or removal of organs or parts of the body. The Criminal Law (Sexual Offences and Related Matters) and the Children's Act contain transitional provisions relating to trafficking in persons. The Sexual Offences Act criminalises acts of trafficking for sexual exploitation only, while the Children's Act addresses more comprehensively the trafficking of children¹⁸³. A study conducted by South African NGO *Molo Songololo* on Trafficking of Children for Purposes of Sexual Exploitation (2008), states that in 2000, approximately 30 000 children were trafficked for prostitution. The International Organisation for Migration (IOM) in a 2003 report on trafficking for purposes of sexual exploitation in South and Southern Africa estimated that at least 1 000 women were trafficked into South Africa. UNESCO's 2007 Policy paper on Human Trafficking in South Africa found that while trafficking in humans for sexual exploitation and for forced labour constitutes the vast majority of incidents, there is an increase in the trafficking of humans for body parts or organ harvesting.

- *Harmful Cultural practices*

There are several cultural practices that violate the rights of women and girl children. The challenge of cultural practices in a country as diverse as South Africa is that there is a vast difference in terms of how these practices are experienced and expressed on the ground. These may range from a particular cultural practice being experienced positively in one tribe or village, while a similar practice in another tribe or village may be extremely oppressive to the rights of women or girls. The secrecy with which such cultural practices are performed usually renders information difficult to source and verify. The following overview provides a general analysis of some of these practices, articulating the experiences of the majority of women and girls within certain communities. Some of these practices are termed differently, according to the language or clan where this is found.

Ukuthwala (abduction of young woman by an intending bridegroom)

Initially apparently conducted by a consenting couple to initiate family marriage negotiations, this practice appears to have become distorted, with increasingly younger girls being abducted by significantly older men, without their or their family's consent, prejudicing their education and future, violating a significant number of their rights, and exposing them to HIV infection.

Ukuhlolwa (virginity inspection or testing)

A lapsed traditional practice revived as a means of encouraging virginity and reducing HIV infection and pregnancy in young girls, this practice has been criticised for its violation of a significant number of the rights of the girl child and numerous legislative provisions, exposing them to potential ostracisation and vulnerability to targeted sexual assault, and raising questions about imposing a value on a girl's virginity, as well as the burden of abstinence and safe sex practices on young girls. That the practice is performed on girls often as young as six years of age, in clear violation of regional protocols on harmful traditional practices and the rights of the girl child, to make them 'get used to it', is particularly condemned.

Female genital mutilation

Not traditionally practiced in South Africa, following increased patterns of migration and inclusion of different ethnic groupings in particular geographical regions of South Africa, the extend of the practice in South Africa is not clear. As a result there is limited awareness and no policy or programmatic response from the South African government.

Ukungena (the forced marriage of a widow to a male relative of her husband's family, upon her husband's death)

This practice originated with the purpose of producing a male heir for a man's clan, a child subsequently regarded as that of the deceased husband. This practice is linked to the payment of *ilobolo* (bride price), entitling a man's family to the reproductive capacity of his wife upon his death, or failing which, the forfeiture of the *ilobolo* by the woman's family, and her subsequent return to her family home.

Smanje (Forced sexual intercourse between a bride and her father-in-law)

Upon the marriage of a young man and woman, in some families the practice continues whereby the family of the husband will organise a function in a secret room where either the father in law, or other men in the family who are already married will have sexual intercourse with the newly married woman, in the presence of her husband. The purpose of this practice is to instruct the young man in how to have sexual intercourse with his wife.

¹⁸³ South Africa implementation of CEDAW: A critique on the South African government report for 1998-2008: 2010

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In many of the above instances, despite clear evidence of the violation of a woman's rights, these practices are vehemently defended as part of a community's' culture, the notion of harm caused strongly rejected, and any criticism labelled as 'western', or a denial of the Constitutional right to culture. Women who undergo these practices are either forced to tolerate these through family or peer group pressure, or through fear of reprisal, or have internalised and claim to support the patriarchal notions behind the practice. The CGE critique on South African country CEDAW report 2005-2009 correctly states that the Equality Act, 2000 was promulgated to ensure the protection against practices that infringe on the rights of women and girls, such as the right to life, health, dignity education and physical integrity. In reality the situation is far more severe and the provisions of the Act fail to render protection to women and girls when confronted with these practices. In many instance, local authorities and provincial government departments either support the practices, or refuse to implement criminal measures or sanctions, even in cases of clear statutory violation or evidence of a criminal act. With the politicisation of the right to cultural practices – ironically, particularly those practices related to a young woman's sexuality – state departments appear reluctant to intervene, and these practices continue unabated.

Number and/or proportion of reported cases prosecuted in the courts

- Rape

The prevalence of GBV is reflected in stark statistics: between April 2004 and March 2005, 55 114 cases of rape were reported to the police. The number of actual cases was likely much higher, considering only an estimated one in nine women report cases of sexual assault, according to the Medical Research Council (MRC). The MRC also estimates that a woman is killed by her intimate partner every six hours.

Table: Rape in the RSA per Province - Rape cases reported to SAPS (For the period April to March 2001/2002 to 2006/2007)

PROVINCES	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Eastern Cape	6 759	6 066	7 027	7 405	8 960	7 796
Free State	3 839	3 733	3 828	3 983	3 709	3 589
Gauteng	12 576	12 091	11 926	11 923	11 562	11 114
KwaZulu-Natal	9 346	9 489	9 230	9 614	9 731	9 587
Limpopo	4 795	4 472	4 158	4 780	4 416	4 573
Mpumalanga	3 687	3 534	3 714	3 942	3 991	3 871
North West	5 046	5 038	5 004	5 074	5 007	5 065
Northern Cape	1 460	1 472	1 531	1 559	1 405	1 300
Western Cape	6 785	6 530	6 315	6 6834	6 145	5 722
RSA Total	54 293	52 425	52 733	55 114	54 926	52 617

A random, representative study of 2 068 rape cases reported in Gauteng in 2003 found that half of these reports led to arrests (50,5%), but only 42,8% of suspects appeared in court. Trials commenced in less than one in five cases (17,3%) and a conviction on any charge resulted in just over 1 in 20 cases (6,2%). However, some of these convictions were for lesser charges, so that overall only 4,1% of all cases reported as rape resulted in convictions for rape¹⁸⁴. Research conducted at ten magistrates' courts in the provinces of Mpumalanga, Gauteng and the Western Cape found that between 12-79% of protection orders in terms of the Domestic Violence Act were made final. However, at seven out of ten courts, fewer than 50% were made final¹⁸⁵.

Number of perpetrators sentenced and length of sentence

The criminal justice system, in the form of the police and courts plays no small part in aggravating women's experience of GBV. This may be through insensitive, judgemental behaviour that deters victims from reporting. It may also be through their inability to arrest and convict offenders, or through the reinforcement and perpetuation of gender stereotypes demonstrated in sentencing¹⁸⁶.

In a recent study, 15,6% of rape convictions received less than the mandated 10 years' minimum sentence. The alternative prescribed sentence for rape, life imprisonment, was very rarely invoked. Thirty-four (or 41%) of men convicted of rape were eligible for life imprisonment. This was handed down in only three cases. This begs the question as to why judges are not upholding the law and whether they are receiving training or awareness raising about the reasons for rape and domestic violence, and their obligations in this regard. This research found that one in three (36,4%) rape suspects arrested were granted bail, which, on average, was set at R2 000(US\$273), or four months' imprisonment¹⁸⁷.

¹⁸⁴Vatten et al, Tracking Justice: The Attribution of Rape Cases in Gauteng: 2008

¹⁸⁶Roots of a Rape Crisis. [CSVF](#) 2010

¹⁸⁷ Vatten et al, Tracking Justice: The Attribution of Rape Cases in Gauteng: 2008

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The information captured in the table below, reflecting minimum sentencing in relation to 83 rape cases in the Gauteng province, provides an indication of how sentencing is being implemented:

Table: Length of sentence overall

Sentence	n = 83
> 10	13 (15.6%)
10	26 (31.3%)
11 – 15	26 (31.3%)
16 – 20	9 (10.8%)
21 – 25	6 (7.2%)
Life	3 (3.6%)

In 13 cases (15,6%), the minimum sentence of 10 years was not applied. The table shows that close to half the cases that resulted in convictions (34 or 41%) were eligible for life imprisonment in terms of the criteria set out in the minimum sentencing legislation. Only three life sentences were handed down, with the victims in all three cases being under 16 years of age. Overall the median average sentence imposed upon those who raped women of 16 years of age and older was 10 years. For girls under the age of 16 who had been raped, the median sentence for offenders was 16,5 years, well below the minimum requirement of life imprisonment¹⁸⁸.

Number of women/ girls seeking shelter in safe houses or from women's groups for protection from violence against women

According to the CGE report on the implementation of the Victims' Charter, most police stations reported that victims of domestic violence and sexual assault are accompanied by police officers to places of safety. The CGE report for Gauteng province, however, highlights that in many instance police officials are unable to secure a vehicle to transport victims to places of safety where they can receive expert medical intervention and support. The report further indicates that safe houses are not always convenient for victims of domestic violence and sexual assault, as they are sometimes not accommodating in terms of age and gender. Eastern Cape findings reveal that there are few places of safety available, and those that do exist are funded by non-governmental organisations who are unable to meet the high demand for this resource. Victims who do not find accommodation in places of safety should be taken to a Victim Support Centre (VSC), but again, access to such centres is uneven in most areas, and impossible in others. Findings for Mpumalanga reiterate that there are no readily available places of safety, and that for the safety of victims and pending the arrest of the perpetrator, temporary accommodation arrangements are in the main made with relatives. As noted, *Thutuzela* Care Centres were established by the NPA as one-stop centres, convenient for victims of GBV to receive all the necessary services required following sexual abuse, including shelter, until they are able to return home. Many of these Centres are not yet fully functional as they have only recently been established. Statistics on the number of women seeking or provided with shelter through these Centres are not yet available¹⁸⁹.

Proportion of the population that knows violence against women is a crime

Part of the problem appears to be that many South Africans still have difficulty in defining rape. A 2004 nationwide survey of boys and girls aged between 10 and 19 found that 58% did not view "forced sex with someone you know" as sexual violence; another 30% of all respondents claimed that "girls do not have a right to refuse sex with their boyfriend".

Of South African men who knew somebody who had been raped, 16% claimed that the rape survivor had enjoyed the experience and had "asked for it". On 22 January 2009 while addressing 150 Cape Peninsula University of Technology students Julius Malema, ANC Youth League president, suggested that the woman who accused ANC president Jacob Zuma of rape had a "nice time" with him and said, "When a woman didn't enjoy it, she leaves early in the morning. Those who had a nice time will wait until the sun comes out, request breakfast and ask for taxi money"¹⁹⁰.

Despite sexual harassment being a major problem in schools, it appears that despite the development and introduction of reading material on the matter, as noted previously, there is no mandatory training for teachers and pupils on this topic, to counter gender assumptions and perceptions that perpetuate this form of GBV¹⁹¹.

¹⁸⁸ CGE Report on Victims Charter: 2008

¹⁸⁹ *ibid*

¹⁹⁰ *IBID*

¹⁹¹ *ibid*

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Challenges in addressing Goal 3

- Inadequate implementation of domestic violence and sexual offences legislation by police and court officials, with insufficient training and resources made available to enable them to do so.
- Failure on the part of the state to implement relevant legislation in the instance of cultural practices that violate criminal law or legislated provisions, and failure to develop tailored policy, legislative or awareness responses to these practices.
- Insufficient access to *Thuthuzela* Care Centres, particularly in rural areas.
- Lack of provision of comprehensive health services for survivors of GBV
- Inadequately documented and categorised, and largely unreliable and inaccessible nature of state data on GBV.
- Lack of anti-rape strategies in most police stations. Some police stations have worn-out rape kits which lead to victims having to be sent to hospitals instead.
- Inadequate enforcement of domestic violence protection orders.
- Inadequate awareness and behaviour-change interventions initiated by the state to address attitudes and perceptions and practices leading to violence against women and children.
- Lack of awareness on the fundamental connection between GBV and the attainment of MDGs.
- Residual link between the lack of adequate economic empowerment opportunities for women, and GBV.
- Lack of adequate documentation of and awareness raising on harmful traditional practices.
- Impact of the persistent urban/rural divide and consequent gap in access to services in response to GBV.

Recommendations

- The state needs to identify and take action against harmful traditional practices that violate the rights of women and girl children, engage with traditional leaders to raise awareness for the eradication of these. The Justice system should respond to instances of criminal acts.
- Large-scale awareness interventions are required to surface unlawful practices disguised as custom, to eradicate this, and prosecute offenders.
- The state needs to accelerate capacity building and resource allocation to enable the full implementation of the Victims' Charter, and related legislation.
- The state needs to urgently address its data capture of GBV statistics and incidents, and develop a gender-sensitive monitoring and evaluation mechanism to track the implementation of relevant legislation.
- Local measures need to be implemented to address women's safety, such as the provision of street lighting, and creation of places of safety.
- There is a need for gender-sensitivity training for members of the justice system to counter patriarchal mindsets toward GBV, to ensure appropriate and effective implementation of measures and eliminate the perpetuation of harmful stereotypes
- The state, civil society and business need to come together to develop integrated initiatives to address GBV, including large-scale awareness campaigns, behaviour-change interventions targeting men, and the formalising of working groups to monitor and develop recommendations concerning enforcement mechanisms.
- Government should speedily implement the creation of one-stop access centres in rural communities, as hubs for state services in response to GBV. Best practice models should be identified for police stations and justice stakeholders, and rolled-out.

5. RECOMMENDATIONS AND CONCLUSION

In light of our findings, in addition to the specific cluster recommendations outlined in the previous chapters, the CGE puts forward the following recommendations for the effective engendering of MDGs and their implementation:

- 5.1 South Africa should review our macro-economic policies to ensure these are gender responsive, and accelerate infrastructure development in rural areas, as this would have a huge positive impact on women
- 5.2 There is a need for better, more reliable data capture, accurately classified and disaggregated on the basis of gender
- 5.3 Government departments need to tailor their responses in terms of programmes and budgets to respond to the disparities in vulnerability, needs and access of women
- 5.4 State departments should draw women into local resource planning, management and monitoring structures and processes
- 5.5 South Africa needs to address the rural-urban disparity as a matter of urgency. This is a key factor in the access to necessary services impacting on women's quality of life
- 5.6 We need to see more outreach and awareness programmes for men, and bring them into the care net
- 5.7 We need to address the skills and attitudes of state employees tasked with ensuring access to services and justices – these entrench discrimination against women and poor access to services
- 5.8 Government departments need to strengthen monitoring and evaluation interventions – with particular engendered indicators – to assess implementation and determine the impact of policies and programmes designed to address gender inequality and women's empowerment. We need to see more funds allocated within departmental budgets for the necessary resources, training and awareness for effective implementation
- 5.9 We need to see the introduction of a quota system in our electoral legislation to bring about 50/50 targets.
- 5.10 We need enforcement of legislative measures to address discrimination in the workplace, as well as the particular vulnerabilities of farm and domestic workers addressed.
- 5.11 There is a need to considerably improve the performance of the state in coordination and allocation of responsibilities between the spheres of government, regarding the implementation of the MDGs.

The Millennium Declaration identified peace, security and development, including the environment, human rights and governance, as key global development challenges. The Declaration resolved amongst other things, to promote gender equality and the empowerment of women as an effective way to combat poverty, hunger and disease, and stimulate sustainable development.

While state commitments to gender equality and women's empowerment, and the development of ground-breaking policy and targeted programmes in this regard must be acknowledged and welcomed, unless the South African government takes decisive steps to ensure that its policies, programmes and interventions designed to give effect to the implementation of *all* the MDGs, speak to the particular vulnerabilities and needs of women and girl children, we will not see a full realisation of these goals and targets.

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7. ANNEXURE:

Millennium Development Goals Gender Analysis Tool

MDG Cluster, Goals and Targets	CEDAW Articles	Beijing Critical Areas and Strategic Objective	Gender indicators
ECONOMIC CLUSTER			
<p>Goal 1: Eradicate extreme poverty and hunger</p> <p>Target: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</p> <p>Indicators:</p> <ul style="list-style-type: none"> Proportion of population below \$1 (PPP) per day Poverty gap ratio (incidence x depth of poverty) Share of poorest quintile in national consumption <p>Target: Halve between 1990 and 2015, the proportion of people who suffer from hunger.</p> <p>Indicators:</p> <ul style="list-style-type: none"> Prevalence of underweight children under 5 Proportion of population below minimum level of dietary energy consumption 	<p>Article 11: State parties shall take appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular</p> <ul style="list-style-type: none"> the right to work as an inalienable right of all human beings the right to the same employment opportunities, including the application of the same criteria for selection in matters of employment the right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training including apprenticeships and recurrent training the right to equal remuneration, including benefits and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave <p>Article 13: State parties shall take appropriate steps to eliminate discrimination against women in other areas of economic and social life in order to ensure, on the basis of equality between men and women, the same rights in particular:</p> <ul style="list-style-type: none"> the right to family benefits, the right to bank loans, mortgages and other forms of financial credit. <p>Article 14: 1. State parties shall take into account the particular problems faced by women and the significant roles which they play in the economic survival of their families, including their work in the non-monetized sectors of the economy and shall take all appropriate measures to ensure the application of this Convention to women in rural areas.</p> <p>2. State parties shall take appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on the basis of equality, that they participate in and benefit from rural development and in particular, shall ensure to such women the right:</p> <ul style="list-style-type: none"> to participate in the elaboration and implementation of development planning at all levels, to organise self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment or self-employment, to have access to agricultural credit and loans, marketing facilities appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes. <p>General Recommendation No.16</p> <ul style="list-style-type: none"> State parties should include in their reports information on the legal and social situation of unpaid women working in family enterprises State parties to collect data on women who work without payment, social security and social benefits in enterprises owned by family members 	<p>Review adopt and maintain macroeconomic policies and development strategies that address the needs and efforts of women in poverty</p> <p>Revise laws and administrative practices to ensure women's equal rights and access to economic resources</p> <p>Provide women with access to savings and credit mechanisms and institutions</p> <p>Develop gender-based methodologies and conduct research to address the feminization of poverty</p> <p>Promote women's economic rights and independence, including access to employment, appropriate working conditions and control over economic resources</p> <p>Facilitate women's equal access to resources, employment, markets and trade</p> <p>Provide business service, training and access to markets, information and technology, particularly to low-income women</p> <p>Eliminate occupational segregation and all forms of employment discrimination</p> <p>Promote harmonization of work and family responsibilities for women and men</p>	<p>Are macro-economic policies gender responsive and pro-poor? Do they promote employment opportunities for educated women?</p> <p>What country investment in time-saving infrastructure – water, electricity, access to energy and transport, particularly in rural areas and informal settlements?</p> <p>What access do women enjoy to paid employment? How is gender discrimination and transformation in the workplace being addressed? What investment in women's promotion and skills training? Is there a gender wage gap and how is this being addressed?</p> <p>What programmes are available to provide support to women in the agricultural sector, and to what extent do women benefit from these?</p> <p>What access do women enjoy to housing subsidies, land and finance?</p> <p>What empowerment programmes are being implemented for women girl children?</p> <p>To what extent do women benefit from poverty alleviation programmes? What discrimination is experienced?</p> <p>To what extent do women and children benefit from food security and nutrition – programmes, and what impact do these have?</p> <p>What initiatives have been implemented to reduce the unemployment rate of young women?</p>
<p>Goal 8: Develop a global partnership for development</p> <p>Target:</p>	<p>Article 8: State Parties shall take all appropriate measures to ensure to women, on equal terms with men and without any discrimination, the opportunity to represent their Governments at the international level and to participate in the work of international organisations.</p>		<p>Is Treasury informing departments and assisting them to access Official Development Assistance (ODA) loans and grants, to support the development and</p>

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MDG Cluster, Goals and Targets	CEDAW Articles	Beijing Critical Areas and Strategic Objective	Gender indicators
<p>Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction both nationally and internationally</p> <p>Target: Address the special needs of the least developed countries. Includes: tariff and quota-free access for least-developed countries' exports; enhanced programme of debt relief for HIPC's and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Address the special needs of landlocked countries and small island developing States(through the Program of action for Sustainable Development of Small Island Developing states and 22 General Assembly Provisions)</p> <p>Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Net ODA, total and to least developed countries, as a percentage of OECD/DAC donors' gross national income • Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) • Proportion of bilateral ODA of OECD/DAC donors that is untied ODA received in landlocked countries as proportion of their gross national incomes • ODA received in small island developing States as proportion of their gross national incomes <p>Market access</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duties • Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries • Agricultural support estimate for OECD countries as a percentage of their gross domestic product. • Proportion of ODA provided to help build trade capacity <p>Debt sustainability</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) • Debt relief committed under HIPC Debt Initiative 14 • Debt service as a percentage of exports of 			<p>implementation of gender-responsive rights based policies and programmes, including accessing technical assistance to improve gender-responsive and sex-disaggregated data?</p> <p>To what extent do UNDP and other international agencies provide support to government departments to develop and implement gender-responsive rights based policies and programmes, including accessing technical assistance to improve gender-responsive and sex-disaggregated data?</p> <p>Has government integrated a gender-responsive rights based perspective in the national monitoring of aid effectiveness?</p> <p>To what extent is the Department for Economic Development building capacity for integrating a gender-responsive rights-based perspective into economic policy?</p> <p>To what extent is the Department for International Cooperation collaborating with neighbouring states in ensuring the protection of the rights of migrant and trafficked women and children?</p> <p>What partnerships have been established with the international community to develop and implement strategies for decent and productive work for young women?</p> <p>What interventions have been initiated with international pharmaceutical companies to ensure access to affordable essential drugs for diseases to which women are predominantly vulnerable (HIV; TB; Malaria)?</p> <p>What cooperative relationships have been established with the international private sector to ensure the benefits of new information and communication technologies are made more accessible to women, particularly in rural areas?</p>

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<p>goods and services</p> <p>Target: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p> <p>Indicators:</p> <ul style="list-style-type: none"> Unemployment rate of 15- to 24-year-olds, male and female and total <p>Target: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p> <p>Indicators:</p> <ul style="list-style-type: none"> Proportion of population with access to affordable essential drugs on a sustainable basis <p>Target: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p> <p>Indicators:</p> <ul style="list-style-type: none"> Telephone lines and cellular subscribers per 100 people Personal computers in use per 100 people Internet users per 100 people 			
SOCIAL CLUSTER			
<p>Goal 2: Achieve universal primary education</p> <p>Target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.</p> <p>Indicators</p> <ul style="list-style-type: none"> Net enrolment ratio in primary education Proportion of pupils starting grade 1 who reach grade 5 literacy rate of men and women between 15-24 years old ratio of girls to boys in primary, secondary and tertiary education <p>Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education not later than 2015</p> <p>Indicators:</p> <ul style="list-style-type: none"> Ratio of girls to boys in primary, secondary and tertiary education Ratio of literate women to men ages 15-24 Share of women in wage employment in the non agricultural sector 	<p>Article 10: State parties shall take appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on the basis of equality of men and women:</p> <ul style="list-style-type: none"> the same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas, this equality shall be ensured in pre-school, general, technical, professional and higher education, as well as in all other types of vocational training access to the same curricula, the same examinations, teaching staff with qualifications of the same standard and school premises and equipment of the same quality the elimination of any stereotyped concept of roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education the same opportunities to benefit from scholarships and other study grants the same opportunities for access to programmes of continuing education, including adult and functional literacy programmes, particularly those aimed at reducing at the earliest possible time, any gap in education existing between men and women the reduction of female student drop-out rates and the organisation of programmes for girls and women who left school prematurely access to specific educational information to help to ensure the health and well-being of families including information and advice on family planning 	<p>Ensure equal access to education</p> <p>Eradicate illiteracy among women</p> <p>Improve women's access to vocational training, science and technology and continuing education</p> <p>Develop non-discriminatory education and training</p> <p>Allocate sufficient resources for and monitor the implementation of educational reforms</p> <p>Promote life-long education and training for girls and women</p>	<p>What programmes have been initiated by the Department of Education and civil society promoting the value of education of girl children among parents and communities?</p> <p>What engendered enrolment and attendance statistics are available?</p> <p>What synergies are being created with time-saving infrastructure to reduce time girls spend on domestic work, impacting on their attendance?</p> <p>What support is provided to ensure girls have access to schools, including location of schools in walking distance, and girls' access to safe and affordable transportation</p> <p>Have education content and teaching methods been reviewed to remove gender stereotypes, and to promote a rights-based approach?</p> <p>What statistics are available on women teachers and women in senior positions at each level of education?</p> <p>What measures have been implemented to reduce the cost of education for girls, such as access to no-fee schools, and subsidizing uniform and material costs for poor communities</p> <p>How is policy on teenage pregnancy being applied?</p>

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			<p>How is gender-based violence in schools and at tertiary institutions being addressed?</p> <p>What are the literacy rates among women, what ABET interventions are being put in place, and to what extent do women benefit from these?</p>
<p>Goal 5: Improve maternal health</p> <p>Target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio • Proportion of births attended by skilled health personnel 	<p>Article 5(b): State parties shall take all appropriate measures to ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.</p> <p>Article 12(1): State parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health services, including those relating to family planning.</p> <p>Article 12(2): Notwithstanding the provisions of paragraph 1 of this article, State parties shall ensure to women appropriate services in connection with pregnancy, confinement and post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.</p>	<p>Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services</p> <p>Strengthen preventive programmes that promote women's health</p> <p>Promote research and disseminates information on women's health</p> <p>Increase resources and monitor follow-up for women's health</p>	<p>Are there reliable statistics on maternal mortality rate, and demonstrated understanding of causes and programmes in response?</p> <p>How efficiently is the free basic health care for pregnant women programme being implemented? What challenges are being experienced?</p> <p>What measures are being put in place to address transport and communication infrastructure Challenges in addressing ensure greater access to health care, particularly for rural women?</p> <p>What measures are being put in place to ensure that all births are attended by a skilled practitioner? What access is there to emergency services? What measures have been implemented to bring on board and support traditional midwives?</p> <p>What interventions have been undertaken to promote the involvement of men in maternal health care?</p> <p>What measures have been put in place to enable women to have access to termination of pregnancy? What challenges are experienced?</p>
<p>Goal 6: Combat HIV/AIDS, Malaria and other diseases</p> <p>Target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS and other diseases</p> <p>Indicators:</p> <ul style="list-style-type: none"> • HIV prevalence among pregnant women ages 15-24 • Condom use rate of the contraceptive prevalence rate • Condom use at last high risk sex • Percentage of 15 to 24 year olds with comprehensive correct knowledge of HIV/AIDS • Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 <p>Target: Have halted by 2015 and begun to reverse the incidences of malaria and other diseases</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Prevalence and death rates associated with malaria • Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures 	<p>General Recommendation No.15</p> <ul style="list-style-type: none"> • States parties to intensify efforts in disseminating information to increase public awareness of the risk of HIV/AIDS, especially in women and children, and of its effect on them • State parties to ensure that programmes to combat AIDS should give special attention to the rights and needs of the women and children, and to the factors relating to the reproductive role of women and their subordinate position in some societies which make them especially vulnerable to HIV infection • State parties to ensure that active participation of women in primary health care and take measure to enhance their role as care providers, health workers and educators in the prevention of HIV infection 	<p>Undertake gender-sensitive initiatives that addresses sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues</p>	<p>What percentage of the national budget is allocated to health? What measures are taken to ensure that the health budget adequately addresses health issues impacting on women?</p> <p>What sex-disaggregated statistics are available on HIV infected persons, people living with and AIDS, and people accessing ARV treatment?</p> <p>What information interventions have been put in place to raise community awareness about women's greater vulnerability to HIV infection?</p> <p>What measures are in place to raise awareness around STIs and ensure access to treatment?</p> <p>What education and awareness measures have been put in place for girls and women, and boys and men, on sexuality and reproductive health, to reduce women's vulnerability to HIV infection?</p> <p>What measures have been put in place to raise awareness and protect the human rights of women living with HIV and AIDS, including confidentiality, stigmatization and discrimination?</p>

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<ul style="list-style-type: none"> Prevalence of death rates associated with tuberculosis Proportion of tuberculosis cases detected and cured under directly observed treatment Short-Course(DOTS) 			<p>What measures are in place to reduce exposure to HIV for vulnerable groups of women, such as care workers, sex workers, and women in polygamous marriages?</p> <p>What measures are in place to improve and ensure women's access to treatment for HIV? What support measures are in place for HIV positive mothers, such as access to infant formula?</p> <p>What measures are in place to alleviate the burden of care for people living with AIDS, and caring for children orphaned by AIDS, traditionally imposed on women? What means have been put in place to include men in such care roles?</p> <p>Are funds made available to undertake research into measures to reduce HIV transmission to women, such as microbicides and female condoms, and what measures are implemented to raise awareness and make these widely accessible?</p> <p>What measures are in place to enable greater awareness of women's vulnerability to and access to treatment for malaria and TB? What are the gender implications for the reintroduction of DDT?</p>
SUSTAINABLE DEVELOPMENT CLUSTER			
<p>Goal 7: Ensure Environmental Sustainability</p> <p>Target: Integrate principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>Indicators:</p> <ul style="list-style-type: none"> Proportion of land area covered by forest Ratio of areas protected to maintain biological diversity to surface area Energy use (kg of oil equivalent) per GDP (PPP) Carbon dioxide emission per capita and consumption of ozone-depleting chlorofluorocarbons(CFCs) (ODP tons) Proportion of population using solid fuel <p>Target: Halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation</p> <p>Indicators:</p> <ul style="list-style-type: none"> Proportion of population with sustainable access to an improved water source, urban and rural Proportion of population with access to improved sanitation, urban and rural <p>Target: By 2020 to have achieved significant improvement in the lives of at least 100 million slum dwellers</p> <p>Indicators:</p>	<p>Article 14(h): State parties shall take appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on the basis of equality, that they participate in and benefit from rural development and in particular, shall ensure to such women the right: To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communication.</p>	<p>Involve women actively in environmental decision-making at all levels</p> <p>Integrate gender concerns and perspectives in policies and programmes for sustainable development</p> <p>Strengthen or establish mechanisms at the national, regional and international levels to access the impact of development and environmental policies on women</p>	<p>What measures are taken to involve women in environmental initiatives as active participants and decision-makers? What consultation measures?</p> <p>What measures are undertaken to raise awareness among women, and ensure that environmental sustainability projects build their capacity?</p> <p>What measures are in place to promote and encourage women's access to sustainable sources of energy?</p> <p>What measures are there to ensure that communities' right to safe drinking water is promoted in economic policy, and not undermined by industrial activity?</p> <p>What measures are undertaken to ensure that water and sanitation policies and programmes are gender sensitive?</p> <p>What measures are in place to ensure that women farmers have access to irrigation water?</p> <p>What measures are in place to incorporate traditional health practitioners in education on harvesting and sustaining renewable resources?</p>

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<ul style="list-style-type: none"> Proportion of households with secure tenure 			
POLITICAL CLUSTER			
<p>Goal 3: Promote gender equality and empower women</p> <p>Indicators:</p> <ul style="list-style-type: none"> Proportion of seats held by women in national parliament 	<p>Article 7: State parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and in particular, shall ensure to women, on equal terms with men, the right:</p> <ul style="list-style-type: none"> to vote in all elections and public referenda and to be eligible for election to all publicly elected bodies, to participate in the formation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government, to participate in non-government organisations and associations concerned with the public and political life of the country. 	<p>Take measures to ensure women's equal access to and full participation in power structures and decision-making</p> <p>Increase women's capacity to participate in decision-making and leadership</p> <p>Create or strengthen national machineries and other governmental bodies</p> <p>Integrate gender perspectives in legislation, public policies, programmes and projects</p> <p>Generate and disseminate gender-disaggregated data and information for planning and evaluation</p>	<p>What do statistics demonstrate regarding women's representation in Parliament, provincial legislatures, local government, and in government departments?</p> <p>What policy provisions are in place to ensure equality in representation, in the absence of a compulsory quota system?</p> <p>What do statistics reveal concerning women's representation in the judiciary?</p> <p>What do statistics reveal concerning women's representation in business, political parties, trade unions and civil society organisations?</p>
SECURITY AND HUMAN RIGHTS CLUSTER			
<p>Target: Reduce incidences of violence against women and girls by 5% each year until it is eliminated.</p> <p>Indicators:</p> <ul style="list-style-type: none"> Number of cases of violence of women reported to police Number and/or proportion of reported cases prosecuted in court Number of perpetrators sentenced and length of sentence Number of women and girls seeking shelter in safe houses or from women's groups for protection from violence against women Proportion of population that knows violence against women is a crime 	<p>Article 5(a): State parties shall take all appropriate measures to modify social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.</p> <p>Article 6: State parties shall take all appropriate measures including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.</p> <p>General Recommendation No.12: Considering the articles which require the State parties to act to protect women against violence of any kind occurring within the family, at the workplace or in any other area of social life, taking into account Economic and Social Council resolution 1988/27, recommends to the State parties that they should include in their reports information about:</p> <ul style="list-style-type: none"> the legislation in force to protect women against the incidence of all kinds of violence in everyday life, including sexual violence, family abuses, sexual harassment in the workplace, and others, other measures adopted to eradicate violence, the existence of support services for women for women who are victims of aggression or abuses, statistical data on the incidence of violence of all kinds against women and on women who are victims of violence. 	<p>Take integrated measures to prevent and eliminate violence against women</p> <p>Study the causes and consequences of violence against women and the effectiveness of preventative measures</p> <p>Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking</p>	<p>What measures have been put in place to eliminate violence against women and girls?</p> <p>What resources and measures have been put in place for the effective implementation of legislation addressing GBV?</p> <p>What do statistics reveal concerning the number of reported cases vs number of convictions?</p> <p>What do statistics reveal concerning the application of minimum sentencing regulations?</p> <p>What awareness raising and resources are made available for the effective implementation of the Victims' Charter, including gender awareness training for police officers and justice officials?</p> <p>What provision of counselling and support services is made available for women affected by GBV?</p> <p>What measures are being put in place to ensure the state is ready to implement the pending Trafficking in Persons legislation?</p> <p>What measures are in place ensure access to rights and treatment by migrant and refugee women suffering GBV and the effects of xenophobic attacks?</p> <p>What traditional practices constitute a violation of the rights of women and the girl child, and what measures are being taken to address these?</p>

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Commission for Gender Equality

A society free from gender oppression and inequality