

**CHILD YOUTH FAMILY & SOCIAL DEVELOPMENT
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**A RIGHTS-BASED APPROACH TO MONITORING CHILD
WELLBEING AND PROTECTION¹**

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A RIGHTS-BASED APPROACH TO MONITORING CHILD WELLBEING AND PROTECTION

In this contribution I seek to achieve two aims:

1. To introduce you to a model for incorporating children's rights into systems for monitoring the situation of children
2. To demonstrate the model using two examples from my own experience in the field of child protection in South Africa and more widely on the continent.

This paper is based on a number of studies we have conducted over the past few years and in particular a forthcoming volume (Dawes, Bray & van der Merwe, in press).

RIGHTS FOUNDATIONS AND INDICATOR DEVELOPMENT

An approach to monitoring that forefronts children's rights, has the advantage of consistency with broader national development frameworks based on empowerment and human rights, as well as with the international momentum around the Convention on the Rights of the Child (CRC).

Unlike monitoring based purely on notions of wellbeing or quality of life, rights-based monitoring places the measurement of outcomes within the context of legal and moral authority. The interest is therefore not only on the wellbeing of children, but in the services and protections to which children have a right, and *on those who are duty bound to ensure that these rights are upheld*. Apart from being an instrument to improve children's access to their rights, particularly when they are very vulnerable, a rights-based approach strengthens the hand of those acting on behalf of children to demand from these duty bearers the provision of sufficient good quality services that make a difference to child wellbeing and protection (Theis, 2003, p. 3).

A further advantage of a rights-based approach to monitoring is its consistency with broader development goals (see also Melton, 2005). Increasingly, both international and national macro development goals are tied to human rights goals.

According to Bentley (2003; 2005), rights-based monitoring requires three stages of measurement:

1. **Specification** of rights to children (what the state and other duty-bearers are committed to deliver);

2. **Provision** for delivery of these rights (policies to allocate resources or provide protection, and the programmes or processes in place to honour these commitments through distribution and/or law enforcement);
3. **Child outcomes** (measured through scientific analysis in relation to a set of minimum standards and/or with reference to proven models of cause and effect, as well as through the opinions of children and their carers/service providers).

Each of these stages has implications for the design of a monitoring system for children.

However, matters are not simple.

For a start, the nature of the state's obligations to children must be clarified. For example, South Africa has constitutional obligations to children in Section 28 of the Bill of Rights. However, careful scrutiny of the wording reveals that the government's duty to fulfill certain social and economic rights is conditional on the availability of resources (limitations of this kind also apply in the CRC). For example, the "right to have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance" (Section 27 (1)(c)) is dependent on the resources of the state at the time. In addition, South Africa has stated its commitment to children within the Bill of Rights (Section 28 of the Constitution). In contrast, to other sections, there are no limitation clauses here, which implies that the state has a duty to allocate resources towards the realisation of *children's* rights to nutrition, shelter, basic health care services, and social services *immediately* rather than progressively (Cassiem & Streak, 2001; Streak & Wehner, 2004)

In addition, monitoring of child outcomes within a rights-based framework demands the *measurement of concrete and observable phenomena to assess whether minimum standards are being upheld*. This is easy to realise and Ben-Arieh et al. (2001) warn that certain indicators used to measure children's wellbeing may not be powerful enough for the purpose of rights monitoring.

Some principles

A rights perspective incorporates a number of *foundational principles* laid down in the Convention on the Rights of the Child that are not normally considered within a wellbeing framework and which have practical implications for the development of monitoring systems (adapted from Melton, 2003).

When working with the Convention, it is important that the *Preamble* be taken into account. This section of the CRC provides the context within which the rights are framed. In its several clauses, the *Preamble* makes mention of certain key points that are relevant to the present discussion (and :

1. The inherent dignity and equality of “all members of the human family”;
2. That United Nations members (through international legal instruments) seek to “promote social progress” (which recognises the need to take steps to *improve* living conditions, and promote the wellbeing and developmental outcomes of children);
3. By virtue of their immaturity, children require special care and protection, and should “grow up in a family environment , and in an atmosphere of happiness” (and recognises that families require support if they are to be able to carry out their responsibilities);
4. Also by virtue of their immaturity children need special safeguards “including appropriate legal protection, before as well as after birth”.

The first point lays down the principle of non-discrimination, and suggests that data should be disaggregated in ways that permit monitoring of discrimination on grounds of, for example, gender, race, religion and disability (Ennew, 1999). The second point indicates that monitoring systems should be designed to provide regular reports on the same phenomena over time so that the progress of the state in improving the situation of children can be tracked. The third takes into account developmental timing. The fourth point is particularly important because the law provides the enabling environment for rights. States have a responsibility to enact law that will give effect to all these points.

The Convention seeks to bind ratifying states to a body of international law with which local law must be aligned. To this end, the first five Articles lay the foundation principles that flow through the rest of the provisions:

- Article 1 defines a child as under 18 years of age;
- Article 2 ensures that no child shall be discriminated against in the application of the Convention (and local law);
- Article 3 seeks to ensure that the best interests of children are considered in all decisions that affect them;
- Article 4 relates to the final point in the list above, and obliges State parties to enact legislation and take other steps to give effect to the rights in the Convention, “to the maximum extent of their available resources”.
- Article 5 recognises the responsibilities of parents (widely defined) and communities in regard to the care and development of children, but also provides for “appropriate direction” to these duty bearers.

We would also draw attention to Article 6 (the right to life, survival and development), as is Article 12 which states that it is the right of children to *participate* in decisions that affect them and express their views in this regard (in

accordance with their capacities). The implication of this Article for child rights and wellbeing indicators' research is that children's perspectives on indicators should be taken into account.

The foundation articles have been received attention from the Committee on the Rights of the Child (the implementation body of the Convention) because when taken together they provide an implementation guide for states in the implementation of rights-based approaches to implementation and monitoring.² For example, the Committee has determined that States are required to identify individual children and groups of children whose rights may demand special measures. For this to be possible, data must be disaggregated to describe the situation of vulnerable groups (e.g. the disabled) and to enable discrimination or potential discrimination to be identified (van Bueren, 1999)³.

Rights-based indicators should therefore go further than counting provision of services, or identifying the extent to which needs are fulfilled (i.e. sufficient provision to maintain the wellbeing of general child population). They should distinguish groups of children who cannot gain access to a particular service owing to other aspects of their lives (e.g. disability; having to work long hours – the firewood collection example before us at the seminar; discrimination).

A rights-based system to monitor children's wellbeing and their outcomes should have three core features.

First, the indicator system should identify *particular groups* of children for whom rights could be compromised, rather than solely providing a general description of proportions of all children for whom certain criteria of wellbeing apply (obvious groups are girls, the disabled and ethnic minorities).

Second, therefore, monitoring systems should be designed to track these groups using *disaggregated* data. Stratification of population data allows one to identify which groups of children are not having their natural rights fulfilled, and to show inequalities between them.

Third, in order to be rights-based, there should be an explicit link between articles of the CRC (and other relevant instruments in the case of emergencies), and relevant Articles of national law (where the state is intact) so as to focus on factors that are likely to promote children's access to their rights.

² Committee on the Rights of the Child, General Comment No. 5, "General measures of implementation of the Convention on the Rights of the Child", (Thirty-fourth session, 2003), U.N. Doc. CRC/GC/2003/5 (2003) at paragraph 12.

³ Committee on the Rights of the Child, General Comment no. 5 op cit note 7 at paragraph 12.

However, international provisions and local law are by no means clear as to the precise meaning of certain rights for children. For example, the CRC in Article 18(3) states that *all appropriate measures should be taken to ensure that children of working parents have the right to benefit from child care services*. Does this mean that every child of a working mother has the *right* to attend a crèche or Early Childhood Development Centre? Few countries in the world would be able to ensure such a right. The point though is that under the Convention, all should *strive* to make some provision for such children, or at least take steps to ensure that they are not at risk while their parents are working. Other Articles rights are more specific regarding services, particularly those that apply to health care (24) and Education (29).

When countries strive to implement rights in relation to services, and when countries seek to set up a rights-based monitoring system, it is useful to be guided by the first five CRC Articles and the recommendations of the Children's Rights Committee, while noting the provision in Article 4 that states should strive to give effect to the rights in the Convention, "to the maximum extent of their available resources." In effect this gives leeway for progressive realisation of rights. Of course Article 4 can be used in mischievous ways by governments who seek to avoid responsibilities that they are well able to afford.

Finally, it is necessary to establish empirical links between children's rights and their status (well-being).

The rights framework, as with any set of principles, provides the broad context for monitoring and one that must be interpreted where provisions are not absolutely clear. For example, the principles do not give rise to the detail that might be included in local law and services provision. These would be guided by the first five Articles and the 12th, but would depend fundamentally on resources, as well as evidence (for example in health and education services) in regard to what is best for children (wellbeing) and their development (their well-becoming). In particular, Article 3, acting in the child's best interests (all other constraints considered) would be a key consideration.

United Nations agencies have been central in advancing systems for monitoring both the status of children and the performance of duty bearers. One example is the set of core indicators for global monitoring of child rights that were considered at a meeting convened by the UNICEF Division of Evaluation, Policy and Planning (UNICEF, 1998). Those present recognized the many challenges of such a process – particularly as regards measurement and data sources. Nonetheless the domains constructed are a useful point of departure in pointing to the areas that should be measured in a rights-based system.

The responsibilities of duty bearers

A rights-based system should not only be concerned with the rights accorded to the child, but to their reciprocal – the duty-bearer’s responsibility to enable the child’s access to her rights. As noted in the CRC and for example the African Charter on the rights and Welfare of Children, children’s enjoyment of and access to their rights is made possible by actions of duty-bearers. These persons range from those closest to the child (parents or other legal guardians), to more distant personalities and systems (e.g. clinic staff or teachers, local governments, ministers and finally the president).

In complex emergencies it is the field staff who are particularly responsible for children, and are hence key duty bearers. Where government has broken down, it is presumably agencies such as UNHCR and local institutions constructed during periods of conflict (e.g. camp committees) who would fulfill this role.

The various papers for this seminar and in particular the “*CPC Discussion Paper on Programming Principles and Effectiveness Criteria*” as well as the “*Assessment and evaluation of psychosocial programming*” paper (Newman et al)” touch on a number of these points.

Rights related key words one can extract from them include:

Child participation (in design and implementation); *inclusivity* (equality of access to programs); *resources* (the necessary human and financial supports to be effective and sustainable); *effective* (in improving children’s *wellbeing* and *protection* in terms of their: social connectedness, survival, development, health, health and psychosocial status); *culturally appropriate*; *holistic*; and *ethical*.

The eight UNICEF protective environment domains also draw on a number of the principles above, providing child protection content to the more general statements (see Newman et al for this seminar p.52).

LINKING RIGHTS AND CHILD WELL-BEING

A linkage of rights and wellbeing concepts is particularly useful because it encompasses a “concern for the whole child” and is familiar to the different policy sectors. A well-being approach permits one to focus on key areas of children’s health, capacity development and participation that are known to be essential for the child’s overall positive development. A wellbeing approach also benefits from being informed by theory and empirical research on the factors that promote or threaten child development in different domains (Huston, 2002). For this reason, the wellbeing approach lends itself to the development of evidence-

based indicators and measures for policy implementation and programme monitoring. Huston's schema is presented in Figure 1.

Figure 1: Goals for child wellbeing and well becoming, and their indicators.

Goals for Development and Indicators	
Goal	Indicators
"Health and physical comfort, including shelter, nourishment, freedom from pain and abuse, and medical care."	"Housing stability versus homelessness; food sufficiency and nutrition; freedom from child abuse, use of foster care; health care and immunization; absence of physical disability."
"Family or adults who care, are reasonably constant and reliable, and who provide love and encouragement. Consistency of caregivers and settings"	"Child living out of home; parent-child relationship; parenting warmth; social supports from other adults"
"Development of intellectual and other capabilities to their fullest, such as language skill; school achievement; and skill in athletics, music, or art."	"language; cognitive ability; literacy; school achievement (short- and long-term); achievement in other domains."
"Emotional well-being and mental health, including self-worth, sense of personal control, and freedom from depression and anxiety."	"low internalizing problems and anxiety; high perceived self-worth; low referrals for mental health problems."
"Skills in relating to others, both adults and peers, including, for example, assertiveness without violence, sociability, co-operation, understanding others' perspectives, complying with adult expectations, and leadership."	"positive social behavior; low externalizing or behavior problems; social skills with peers; social skills with adults; social cognitive skills."
"Responsibility and morality, including the ability to guide one's own behavior and act in accord with societal standards of right and wrong."	"absence of delinquency and antisocial behavior; conformity to social expectations; sexual responsibility."

<p>“In adulthood, ability to support self and family, be a good parent, contribute to society, be mentally and physically healthy, and not commit crimes or abuse substances.”</p>	<p>“educational and occupational attainment; absence of criminal activity or substance abuse; mental and physical health.”</p>
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{Source: Huston, A.C. (2002). Reforms and Child Development. In Children and Welfare Reform, *The Future of Children*, 12(1), 59-77. Available: <http://www.futureofchildren.org>}.

The inclusion of rights-based thinking in a wellbeing orientation adds a crucial contextual (and political) dimension to the measurement of child outcomes because it focuses on both the rights-holders (children) *and* the duty-bearers, for example their legal guardians, local authorities, service providers, and the state. A set of key criteria for effective indicators for rights-based monitoring of child wellbeing is presented in Box 1 below. In order to construct the entries, we have drawn on a range of sources.

Box 1: Characteristics of effective indicators for child rights and wellbeing

Child Rights and Wellbeing indicators should:

- be valid in terms of: *face validity* (the indicator's ability to measure what it says it measures); *content validity* (the indicator takes into account the qualities that its definition implies); *construct validity* (that the indicator demonstrates an expected empirical relationship with other related indicators);
- be clearly defined (both the indicator and the measures);
- be consistent – that is the measures must be reliable;
- use the same valid, reliable, sensitive and robust measures over time;
- feasible – that is measures should be accessible, the data should be relatively easy to collect;
- strive for comprehensive coverage of child outcomes *and* child development contexts;
- assess both positive and negative outcomes for children and their situation;
- offer comprehensive baseline data for tracking future trends that is of relevance to the diversity of the population;
- be age-appropriate and consistent with developmental theory;
- be comprehensible to laypeople, useable at community level and cost-efficient to collect;
- be collected at regular intervals and at the most appropriate geographical level possible;
- reflect population demographics of importance, and account for spatial differences, for example geo-political differences between urban, peri-urban, rural and deep-rural settings;
- include both *direct* and *indirect* measures. Child mortality is a direct measure of child wellbeing, while child poverty level is an indirect measure of known risks to child wellbeing.

STEPS IN THE DEVELOPMENT OF A RIGHTS-BASED INDICATOR SYSTEM

Step 1

As will be evident, the first step in designing a rights-based system should be to identify the rights and protections for children by drawing on three bodies of law and policy. The first includes international instruments and protocols; the second is relevant national law, policy and regulations, and the third might include agreements made in the context of a particular emergency situation. Duty bearers are also identified at this point. We call this step the specification of children's rights (see the top of Figure 2).

In the case of child protection, the foundation rights of the CRC apply. Box 2 below contains Articles of the CRC that are particularly relevant to the care and

protection of children from abuse, neglect, commercial sexual exploitation, trafficking, harmful labour, and armed conflict.

A range of other international instruments are relevant. Most obvious is the Optional Protocol to the CRC on the involvement of Children in Armed Conflict. Clearly the Protocol is aimed at preventing the involvement of children in combat forces, but most pertinent to this discussion is Article 7, which speaks to the responsibility of states Parties to assist in the social reintegration of child soldiers

Children affected by armed conflict face a number of other hazards that are addressed in other Optional Protocols to the CRC such as that on the sale of children, child prostitution and child pornography. Further instruments include the UN Protocol to Prevent Trafficking in Persons', the UN Convention against Transnational Organised Crime. Various provisions of the International Labour Organisation & International Programme on the Elimination of Child Labour (IPEC) are important, particularly ILO Convention no. 182 on the Worst Forms of Child Labour (WFCL). Article 7 of this instrument requires states to prevent the engagement of children in the worst forms of labour, to remove and rehabilitate, and to provide children removed from these labour circumstances with education.

Box 2: Relevant Articles of the Convention of the Rights of the Child (CRC) and the African Charter of the Rights and Welfare of the Child (AC)

CRC Articles: **3, 6, 19; 23; 24; 26, 27, 34, 36 which ensure the survival, health and development of the child; provision of an adequate standard of living; protection from violence, abuse, neglect and exploitation detrimental to the child's welfare. Article 19(2) of the CRC refers to the obligation of States Parties to support carers in their duty to protect children (particularly in times of serious threat to children). Disabled children require particular protection (CRC article 23; AC Article 13).

CRC Article 39 specifically addresses treatment of children exposed to maltreatment of any kind in order to promote their recovery and reintegration.

CRC Article 28 speaks to the right to an education

CRC Article 32; requires states to protect children from 'all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's physical, mental, spiritual, moral, or social development' (in both formal and informal sectors).

CRC Article 38 addresses children affected by armed conflict and inter alia speaks to their care and protection.

CRC Article 19 requires states to protect against 'torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse'

CRC Articles 7 and 9 provides for the right to parental care and protection and, where possible, to live with parents. CRC Article 18 and AC Article 20 state that parents have the primary responsibility for the care of their children. The state must render appropriate assistance to families that are stressed – a measure that reduces the risk of children being exploited.

CRC Articles 10 and 22 address the situation of unaccompanied refugee children or children internally displaced and requires them to be reunited with families or, where no parents are present, to be afforded state protection. CRC Article 20 states that where children deprived of their family environment to be afforded special protection.

CRC Article 21 states that adoption should take place only when legal, and inter-country adoption only when no suitable care is available in the country of origin. Specifically, that inter-country adoption' does not result in trafficking or improper financial gain', and that bi-lateral or multilateral agreements regarding trafficking are sought.

CRC Article 34 requires states to take measures against a) the inducement, coercion or encouragement of a child to engage in sexual activity, b) the use of children in prostitution or other sexual practices, and c) the use of children in pornography.

CRC Article 33 requires states to prevent the use of children in the production or trafficking of drugs.

CRC Article 35 requires states to prevent the abduction, trafficking or sale of children by any persons (including their parents), and the use of children in begging.

Step 2

In Step 2, it is necessary to identify ways of monitoring the allocation of resources and provision of services to children in need of protection.

Step 3

The next component of the system requires identification of appropriate domains into which child rights can be clustered. Arguably the most important and the most challenging, this step involves organising the rights and wellbeing in a way that fits into existing understanding and practice (for example, as reflected in the organisation of policy documents). Then there is the challenge of ensuring that the data are available and can fit the parameters for indicators.

Internationally, children's rights are usually grouped into four domains: survival, protection, development and participation (Ennew, 1999) as illustrated in Figure 2 below under 'Child Outcomes'.

In this discussion, protection is the foremost, but should never be seen in isolation from other rights.

A rights-oriented approach is as much concerned with changes in equality, non-discrimination and participation, as it is with the expected areas of change in child survival (Theis, 2003). The challenge is how to measure these dimensions of children's environment and experience, a point that relates to the last step in the framework.

Step 4: Indicator design

The approach to indicator development is outlined in Figure 2, below. The indicators draw on evidence as to what children need to survive, be healthy and protected; to develop their potential; to be economically secure; and to participate in society. The model is rights-based, drawing on international and national legal provisions and policies.

Our approach is based on a framework developed by Bray and Dawes (forthcoming), and contains five distinct types of indicators. They take into account the need to measure child outcomes as well as the contexts that support or challenge children's development, and the provisions for children through law, policy and, ultimately, services.

There are five types of indicator in the model. It is very important to note that the same indicator may be included under more than one type, depending on the purpose. For example, immunisation is a Type 1 indicator that measures the health status of children. However, it can also be used to point to children's access to services and then it is a Type 4 indicator. This is because the immunisation coverage of the population reflects the extent to which they have been provided with the necessary service.

Type 1: Child Outcome Indicators measure the status of the child. In the complex emergency situation, these indicators would be of the kind mentioned in several of the papers for this meeting – rape or abuse incidence; adequate nutrition; enhanced coping; psychological status; knowledge of protective strategies (e.g. in the case of the child soldier re-integration papers in the seminar – Boothby et al; Starke, Meyer; Wessells etc.).

Type 2: Family and Household Environment Indicators measure the structure and quality of the child's primary home-care setting. Examples include children's access to services such as sanitary excreta disposal and potable water; the health status of the caregivers (e.g. a low CD 4 count for AIDS); food security; shelter. Structural variables could include whether the household is headed by a child; and whether the children are cared for by an elderly person or a single mother. All may apply to the complex emergency situation.

Type 3: Neighbourhoods and Surrounding Environment Indicators measure specific geographical spaces such as neighbourhoods, refugee camps etc. They are the spaces outside the home where children that children use for various purposes. Carrinne Meyer's paper on rape during firewood procurement is a good example of a space within which women and children are vulnerable and of the measures that can be taken once the space is identified in conjunction with women and children (the participation principle). This indicator set permits small area indices of child risk and wellbeing to be constructed in order to provide information for intervention targeting. Several papers in the seminar series identify techniques such as resource mapping which are very participatory methods for obtaining local perspectives on risks and supports in high risk environments (of course homes may also be high risk). Duty bearer successes and failures in protecting children may be identified through sound design of Type 3 indicators and measures (e.g. the number of assaults in children when fetch water or wood in a specific area at a particular time of day). Type 3 indicators would also include cultural orientations to healing and reintegration of former combatants.

Type 4: Service Access Indicators describe children's access (or lack thereof) to child protective services. Indicators in this group can refer to all levels of the child protective system from access to information as to what services might be available right through to therapeutic services for those returned from conflict – both trauma model and community 'traditionally' based.

Type 5: Service Quality Indicators measure service inputs and their quality. Earlier we noted the responsibility of duty bearers to resource services to children who need protection, and to ensure that these are sustained. Without commitment and without money there is no service. Among the eight UNICEF

protective environment elements are “Government commitment to fulfilling protection rights” and “Protective legislation and enforcement” (see the Newman et al paper for this seminar, p. 52). Of course governments may not exist as such in many of the situations we are dealing with, but where that is the case alternative duty-bearers in the form of the NGOs and other bodies arguably act ‘in loco parentis’. An indicator system for children in armed conflict and complex emergencies should be monitoring these elements.

Commitment to and provisioning of monitoring and evaluation systems to track both the situation of children and the impacts of service provision on target populations and settings including children, caregivers, communities and neighbourhoods, statutory services, children’s institutions, schools, clinics and therapeutic services, court facilities and procedures, and police procedures.

Key indicators of commitment to child protection would include measuring:

- Political will, policy and financing, which would be demonstrated by:
 - policy provisions, policy implementation and inter-sectoral collaboration;
 - budgetary provision for child protective services including human and technical resources associated with provisioning for child protection structures, services, staffing and technical resources.
 - Service and programme provision, in terms of access and quality (across all relevant sectors);

Much of this seminar concerns models of good practice. How do we know that what we are doing makes any difference (various papers address the question). This is the quality question. It refers to the quality of the service rendered to children and of course to the child outcomes we measure along the road.

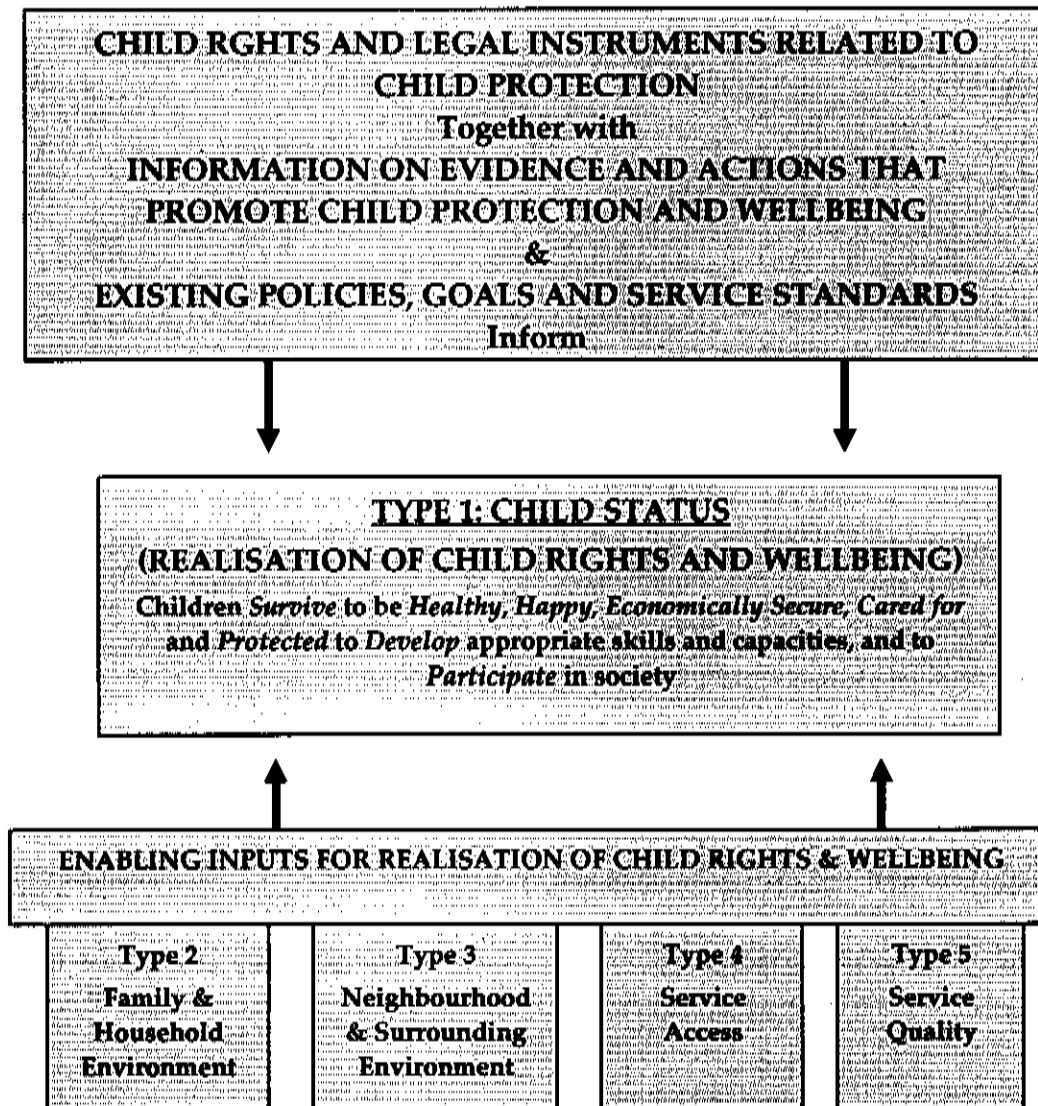
Another element of quality in the service could of course be the design of the studies and the measures used to measure whether or not the service is effective.

These indicator types are pulled together in Figure 2, below. The model was developed for a national South African rights-based approach to monitoring child wellbeing, but can readily be applied in the complex emergency or armed conflict situation. It has been applied to the design of indicator systems for child protection in my own country as well as a range of other domains (e.g. ECD; Child mental Health; Juvenile Justice etc). It has also been used to design a child protection information system for the Provincial Government of the Western Cape in South Africa (Dawes, et al forthcoming; Dawes et al, 2006).

In the figure, indicators are informed by rights that are granted to South African children that draw on three bodies of law. The first includes international instruments ratified by the country (e.g. the Convention on the Rights of the

Child (CRC)), the second is the South African Constitution, and the third includes Acts and regulations that speak to the situation of children. Indicators are also informed by bodies of research evidence, and, finally, by the specific policies and programmes of the child protection sector.

Figure 2: A Conceptual Framework for a rights-based approach to monitoring child wellbeing.



RECOMMENDATIONS FROM PRACTICE

What follows is based on my experience in a country that is at peace but which has a major child protection emergency on its hands. The recommendations and indicator examples are provided to illustrate the model described above.

Information for monitoring child protection, whatever the contexts, is only going to be helpful if it is collected for the primary purpose of making a difference to children through better service planning and improvement of intervention quality through helping us to understand what works and what does not.

Recommendation 1: Improve the quality of child protection information by meeting the minimum requirements of a good information system.

Basic requirements are contained in Table 1.

Table 1: Attributes of a good data system for child protection

Simplicity	The system should yield the data needed in the simplest and most straightforward manner possible.
Flexibility	The system should be able to adapt to changing operating conditions and data needs with minimal costs.
Acceptability	People whom the system will rely on to record information should be willing to participate and believe in the benefits of the system. Satisfaction of suppliers of data and end users will critically influence the system's quality and success.
Reliability	Users of data yielded by the system should have confidence in its accuracy and reliability.
Utility	The system should be practical, affordable and improve knowledge of the problem.
Resources & Sustainability	The system should be easy to maintain and update, with adequate human and financial resources allocated to assure its ongoing operation.
Ethical Compliance	All systems should comply with the ethical standards set for access to, data capture, storage, and management of confidential administrative databases.
Timeliness	The system should generate up-to-date information as needed with minimal delays.
Integration	The system should enable easy accessibility to child protection information from <i>all</i> relevant role players in the child protective system.

The table is informed by the World Health Organisation (WHO) Centre for Disease Control (CDC) Injury Surveillance Guidelines and Canada's conceptual

and epidemiological framework for child maltreatment surveillance (Trocme et al, 2005).

Recommendation 2: Improve the quality of child protection data at source.

Often it is the case that many terms and concepts used in the child protection area are understood differently by persons completing the documentation, which ultimately results in unreliable data. All personnel involved in completing documentation should therefore be provided with training that highlights their roles and responsibilities with regard to data collection.

End users need to be made aware of the need for precision and accuracy in completing documentation and the importance thereof for ensuring the integrity of data in the information system.

Without good data from the source, an administrative data system is immediately compromised.

Users at every level, particularly those 'on the ground' need to buy into the system if they are to realise its value and comply with data capture and reporting requirements. This cannot be stressed enough, and it is also why data capture must be as simple and useful as possible.

People are usually reluctant to fill in forms and data sheets if they do not have the time to do it, if they do not understand the purpose and if they do not see the value of the activity.

Apart from training in data capture, definitions etc, if the people who collect the data (e.g. nurses, field staff) never get any feedback on what happened to the information they will not be enthusiastic data collectors! These problems can be addressed by the provision of regular reports based on information supplied by service providers.

Recommendation 3: Ensure that all staff that provide reports and enter data are familiar with procedures and use the same definitions of abuse, neglect and related constructs as required by their sector.

A fundamental component of a child protection surveillance system must be that all those who are capturing information about crimes to children, abuse, neglect and other child protection domains are thoroughly familiar with the definitions used in their sector.

These definitions must be clear and should be attached to all relevant forms. Staff should be trained to use them.

Recommendation 4: Indicators for child protective services must be aligned with obligations in terms of International, National and local law and policy.

Child protective services, wherever they are established, must take into account the following factors, and indicators should be aligned accordingly:

1. The existence of provisions that outlaw all forms of violence to children in all settings;
2. The ratification of international agreements;
3. The existence of mandated reporting (where it exists); and
4. The provision of social, medical and psychological services for child survivors of abuse and violence.

Recommendation 5: Child Protection Information Units should be established in emergency contexts where possible.

The idea here is that an integrated database on available child protection information is constructed and maintained and housed in an appropriate structure by an appropriate authority. The Unit would provide and enable rapid access to key information on children and services in the child protection system. I close with two examples from recent work. The first is a sample of indicators developed using the 5 indicator type model. The second is a field tool we are developing for the Regional Psychosocial Initiative for Children affected by HIV and AIDS (REPSSI), which also draws on the framework.

EXAMPLES FROM PRACTICE

Example 1: Child Protection Indicators based on the 5 indicator type model.

This example is illustrated in Appendix 1. The table of recommended indicators includes the following components (working from the left hand column):

- Column 1: A suggested policy goal for each indicator;
- Column 2: The type of indicator (e.g. child outcome), and the reason for its use;
- Column 3: A description of how the indicator is measured (including definition and measure – these are sometimes blended), and the source where data can currently be obtained (if data is available).

It is essential to stress that an indicator system is 'live' and never fixed. Indicator systems must be adjusted as the need arises and in relation to the data availability as well as the changing service environment.

Example 2: The HSRC- REPSSI 5 X 10 approach to monitoring children affected by HIV and AIDS.

REPSSI is an organisation that provides support for partners that use psychosocial programming in a number of East and southern African countries. They contracted us to undertake the development of a Monitoring and Evaluation (M&E) framework for REPSSI. An element of that system includes 10 simple but solid indicators stratified into five levels that monitor activities from the field up to REPSSI itself.

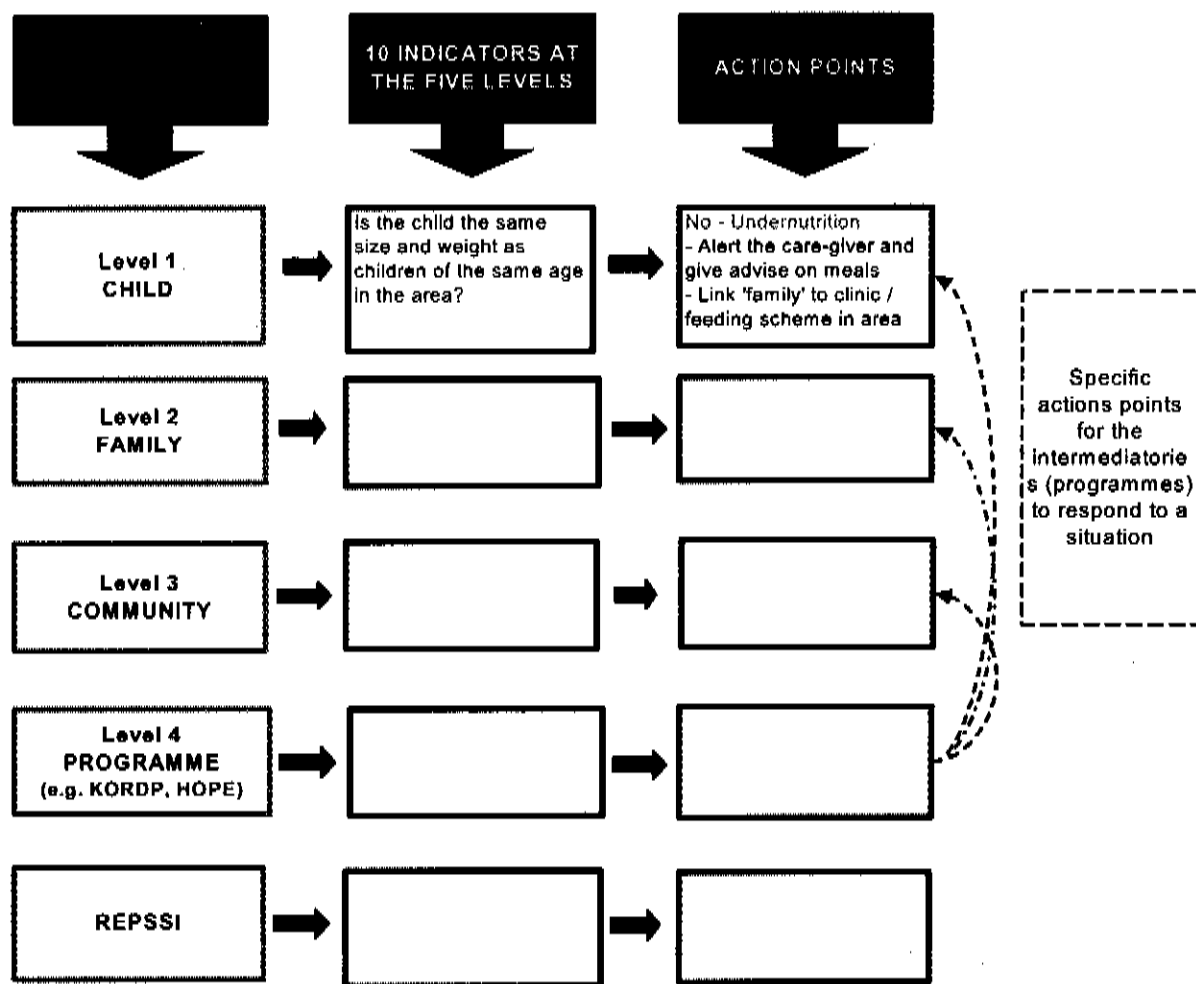
What is perhaps unusual about this system is that the evaluation indicators are not add on's to programmatic activities but the drive programme activities and feedback to staff. At the same time, they provide vital information for an evaluative assessment of outputs and impacts. Some parts of the 10*5 system pertain principally to implementing organizations (Levels 1, 2 and 3), and others to REPSSI's support to organizations (Level 4), and to REPSSI itself (Level 5). In this sense this approach to M&E is unique in that it is inductive (bottom-up), as opposed to many standard M&E systems, which are deductive (top-down).

An illustrative format for this approach is included in Appendix 2 and will be presented at the meeting. The REPSSI Information and Action Tool for supporting children, families and communities is currently being piloted on some 500 children in households in Southern African communities seriously affected by HIV and AIDS. It will be revised following piloting.

The intention is for the tool to be simple enough for use by field staff with limited education. Simultaneously it provides information on vulnerable children (Type 1 indicators) and their home care and community contexts (Type 2 and 3 indicators), as well as service provider responses and the overall responsibilities of REPSSI. The tool provides data that can be used to track the kinds of problems found on the ground, the actions taken and REPSSI's reach. All of this information can be aggregated for M&E purposes.

It is important to stress that this is a psychosocial initiative, but as you will see, it is holistic and ecologically grounded. It does not include constructs that are difficult to measure and uses local understandings and resources for children.

A similar approach could no doubt be devised for children in emergencies.



CONCLUSION

The model I have presented in this paper has not been developed in the context of a complex emergency or war zone. It has however been assembled in a country with emergencies of another kind: a rampant HIV/AIDS pandemic and a child protection crisis in which upwards of 20 000 children are reported raped each year.

The model is driven by a set of principles that take into account children's rights, inputs for wellbeing and development and the child outcomes we wish to track. It addresses children's lived contexts such as their family and socio-economic situation and the quality of their community life.

In spite of the desire to use a rights-based approach, in many instances the data environment makes this extremely difficult. There is little point in designing a

system for which data is very unlikely to be available for reasons of cost among others. The probable data environment and burden of measurement must be considered. Obviously field surveys and child participatory studies can be designed with rights-based indicators in mind. However they are a costly option. Where possible, strengthening administrative data systems within the child protection system is the most cost efficient way of providing information.

Some protest that the adoption of a 'rights approach' imposes a set of standards developed in socio-cultural, environmental and even ideological contexts far removed from those of many cultural contexts within which children are violated.

These points have validity, particularly when prescriptions for appropriate childhoods are exported (and warranted with reference to the CRC) from the north to other cultural contexts when responding to child survivors of war (Dawes & Cairns, 1998; see also the papers prepared for this meeting). Such unreflective practices may verge on a form of ideological colonialism and may cause unintended harm.

However, while the Convention is a culturally constructed instrument rooted in modernity, and while it must therefore be interpreted with that understanding, it was never intended to provide a blue-print for each and every country to follow. Rather it offers a set of guiding principles to be interpreted locally and used to identify appropriate indicators and measurements.

At the end of the day, ours is not a system for monitoring child rights. Rather, it is a rights-based approach to monitoring child wellbeing. For that reason it goes well beyond monitoring the status of the child to monitoring the context within which the child lives as well as the services available to the child. In that way it is ecologically informed and may be of assistance to the Psychosocial Working Group.

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APPENDIX 1

Table 2 Examples of Indicators for Child Protection developed in South Africa

<p>(From: Dawes, A., & Mushwana, M. Child abuse and neglect. In A. Dawes, R. Bray & A. van der Merwe (Eds.) Monitoring child wellbeing. A South African rights-based approach. Cape Town. HSR Press.)</p>		
Policy Goal	Indicator and Reason for Use	Definition, Measure, Period and Data Source
<p>Protect children from all forms of violence in the home and the community.</p>	<p>Type 1 Indicator Child Status Children's vulnerability to violent crime.</p> <p>Type 3 Indicator: Neighbourhoods & Surrounding Environment Neighbourhood vulnerability of children.</p> <p>Reason for use: Identify areas in which the risk is high. To monitor children's exposure to violent crime and monitor children's rights to safety and protection.</p>	<p>Definition: <i>Violent crimes</i> to children as defined in the Common Law and other Statutes: murder, common assault, assault GBH and ill-treatment of a child reported to the South African Police Service (SAPS).</p> <p>Stratify by gender and age (0-17; 0-12; 13-17).</p> <p>Measure for both indicators: The proportion of children in each province and in each SAPS zone and <i>precinct</i> who are victims of <i>all</i> violent crime (treated per crime category and as a total score based on the sum across all crime categories) per year.</p> <p>Source: SAPS.</p> <p>Note: Age and gender disaggregation is <i>not</i> available in annual SAPS reports or website statistics. These statistics should be provided by the Provincial Commissioner on a routine basis each year to aid service planning in the province and the districts.</p> <p>Period: Annual.</p>
<p>Type 1 Indicator Child Status Abducted, kidnapped and missing children</p> <p>Type 3 Indicator: Neighbourhoods & Surrounding Environment. Neighbourhood vulnerability of children.</p> <p>Reason for use: To monitor areas to</p>	<p>Definition 1: Kidnapping: Use the SAPS definition in terms of the relevant Statutes; only count children (adults may also be kidnapped).</p> <p>Definition 2: Abduction: Use the SAPS definition in terms of the relevant Statutes (only children may be classified as having been abducted in terms of the law).</p> <p>Definition 3: Missing children: Reports of missing children to each SAPS precinct who are <i>not</i> recovered within 48 hours and for whom a case of kidnapping or abduction has <i>not</i> been</p>	

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<p>establish the risk of kidnapping and abduction of children (and also missing children). To monitor children's rights to safety and protection. Identify areas in which the risk is high.</p>	<p>Child Outcome Indicators: 1: Non-circumstantial child neglect incidence. 2: Child abandonment. Family and Neighbourhood Risk indicators: 3. Household and area risks for neglect. Reasons for use: To monitor children's exposure to neglect and to monitor children's rights to safety, protection & social security. Identify areas in which abuse and neglect is prevalent.</p> <p>Definition 1: Non-circumstantial neglect of a child occurs when those responsible for the child fail to meet his/her essential needs <i>despite having the means to do so</i> (DoSD, 2004). Household and area risks would be obtained by stratifications of the data to determine whether or not the abuse occurred in the household or not and in which Social Services District it occurred (based on the CPR). Measure 1: Proportion of children substantiated as having been neglected in the above manner in a specific year (no duplicate children) as recorded on the CPR (when operational). Definition 2: Abandonment is the unlawful and intentional exposure and abandonment of an infant in a place or in such circumstances that death from exposure is likely to result (DoSD, 2004). Measure 2: Number of children under the age of 3 years to have to have been abandoned in a specific year, based on the record of Commissioner's Findings at Children's Court Inquiries. Sources: Department of Justice (for each Children's Court in the province). Measure 3: Proportions of children abused in selected localities (including the home and the suburb).</p>

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<p>Ensure that all provinces have coordinated Child Protective Services. Coordination of system resources is in accordance with National and Provincial policy frameworks for prevention of child abuse, neglect and exploitation.</p>	<p>Definitions: Provincial Child Protection Committees (PCPCs) are required to be established in each province to provide plans for the investigation, prevention and treatment of child abuse and neglect in terms of policy. Further roles and responsibilities are defined in terms of national and provincial policy. Local Child Protection Committees (LCPCs) coordinate plans for the investigation, prevention and treatment of child abuse and neglect at local level. Further roles and responsibilities are defined in terms of national and provincial policy. District Child Protection Officers oversee local functions. Further roles and responsibilities are defined in terms of national and provincial policy. Measures: (all apply): Measure 1: A provincial Child Protective Services Plan is in place. Measure 2: The Provincial Child Protection Committee is established and meets at least quarterly (attendance of each sector should be recorded). Measure 3: District Child Protection Committees are established in every District and meet at least quarterly (attendance of each sector should be recorded). Measure 4: The number of Districts with Child Protection Officers and the necessary support staff in posts to support local committees, reporting functions in terms of the CPR, as well as oversight of all District Services (including 24-hour services).</p>	<p>Definitions: Provincial Child Protection Committees (PCPCs) are required to be established in each province to provide plans for the investigation, prevention and treatment of child abuse and neglect in terms of policy. Further roles and responsibilities are defined in terms of national and provincial policy. Local Child Protection Committees (LCPCs) coordinate plans for the investigation, prevention and treatment of child abuse and neglect at local level. Further roles and responsibilities are defined in terms of national and provincial policy. District Child Protection Officers oversee local functions. Further roles and responsibilities are defined in terms of national and provincial policy. Measures: (all apply): Measure 1: A provincial Child Protective Services Plan is in place. Measure 2: The Provincial Child Protection Committee is established and meets at least quarterly (attendance of each sector should be recorded). Measure 3: District Child Protection Committees are established in every District and meet at least quarterly (attendance of each sector should be recorded). Measure 4: The number of Districts with Child Protection Officers and the necessary support staff in posts to support local committees, reporting functions in terms of the CPR, as well as oversight of all District Services (including 24-hour services).</p>

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<p>Improve access to child protective services.</p>	<p>Type 4 Indicator Service Access Access to a 24-hour Child Protection Service.</p> <p>Reason for use: To monitor the implementation of child protection policy. Rapid services access is a requirement of child protection policy and necessary if the child is to receive attention as soon as possible after the incident.</p>	<p>Definitions: Each Social Services District in each province has standardised 24 hour Child Protective Services available within one hour's travel from the child's place of residence (this principle draws on the 'golden hour' principle for medical emergency services).</p> <p>Measure: The proportion of DSD Districts that have a 24-hour service situated so that all children in the province would be able to access the service within one hour's travel time (the measure would be based on the road matrix of the District).</p> <p>Source: Provincial Departments of Social Development; District Offices.</p> <p>Period: Immediately and then every 5 years to monitor progress.</p>
<p>Improve access to child protective services.</p>	<p>Type 4 Indicator Service Access 1. Family Violence, Child Protection and Sexual Offences Units (FCSs) are established in areas identified as high risk for violence to women and children. 2. The Units comply with recommended caseload norms.</p> <p>Reason for use: To be able to respond to areas of greatest need and investigate cases</p>	<p>Definitions: The FCS is a specialized SAPS unit that, among other duties, investigates reports of sexual and other violent crimes to children and prepares matters for criminal prosecution. Staffing should comply with departmental caseload norms for this service of less than 51 cases per officer (see below).</p> <p>Measure 1: The number of FCS Units established in high risk areas for violent crime to and abuse and neglect of children, as identified by the Provincial and District Child Protection Committees in collaboration with SAPS (on the basis of FCS data) and the Department of Social Services and Poverty Alleviation (on the basis of Department of Justice Children's Court Inquiry data) – for each DSD District.</p>

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<p>Type 5 Indicator Service Quality 1. Social worker caseloads for child abuse and neglect are within the norm; 2. Family Violence, Child Protection and Sexual Offences Units (FCS) officer caseloads are within the norm; 3. Precincts are equipped to deal with child abuse at all times. Reasons for use: To monitor resourcing on key services for child protective services. To prevent further traumatising of abused children.</p>	<p>Measure 2: The number of FCS Units that have staffing levels that meet the caseload norm. Source: SAPS; Department of Justice; Department of Social Development in each province. Note: this practice does not currently exist and could be the responsibility of the Provincial Child Protection Committees to implement. Period: Immediately and then every 5 years to monitor progress.</p>	
<p>Ensure access to therapeutic</p>	<p>Type 4 Indicator Access Access to therapeutic services for abused</p> <p>Definitions:</p> <ul style="list-style-type: none"> Sexually abused children who have been raped and who have received Post-Exposure 	

Table 2 Examples of Indicators for Child Protection developed in South Africa

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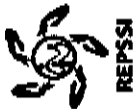
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APPENDIX 2

REPSSI INFORMATION AND ACTION TOOL FOR SUPPORTING CHILDREN, FAMILIES AND COMMUNITIES.

See additional Acrobat file that accompanies this document: Dawes Columbia Appendix 2 REPSSI Tool.pdf



INFORMATION & ACTION TOOL

FOR SUPPORTING CHILDREN, FAMILIES AND COMMUNITIES.



PROGRAMME : _____ COUNTRY : _____ DATE : _____ / _____ / _____
 TOWN/SITE : _____ COMMUNITY WORKER : _____

CHILD DETAILS

Indicate your response to each question by placing an "X" in the relevant block.

NAME : _____ FAMILY/SURNAME : _____
 AGE : _____ YEARS DATE OF BIRTH : _____ (DUMMY - IF AVAILABLE)
 LOCATION / DIRECTIONS TO HOUSEHOLD : _____ GENDER : FEMALE MALE

PROGRAMME INFORMATION

ACTIVITY	NUTRITION	ECD	SCHOOL	PAED. ARV	HBC	COMM. DEV.	C&Y EMP	EMERGENCY
REASON FOR CONTACT	REFERRAL	OUTREACH	OTHER: _____					

FORMAL EDUCATION

EDUCATION CATEGORY: INFANT PRE-SCHOOL PRIMARY SECONDARY NOT IN SCHOOL
 CURRENTLY ATTENDING SCHOOL? YES NO WHAT IS THE HIGHEST STANDARD OR GRADE THE CHILD HAS PASSED ? (IN YRS)

HOUSEHOLD INFORMATION

UNDER 5 YRS		5 TO 9 YRS		9 TO 18 YRS		18 TO 54 YRS		54 YRS & OVER		NUMBER OF PEOPLE IN HOUSEHOLD	
M	F	M	F	M	F	M	F	M	F	M	F

TOTAL NUMBER OF PEOPLE IN THE HOUSEHOLD? _____

WHO IS THE CHILD'S PRIMARY CAREGIVER?

MOTHER	FATHER	AUNT	GRANDMOTHER	OLDER SIBLING	OTHER:
--------	--------	------	-------------	---------------	--------

ARE THE CHILD'S PARENT(S) ALIVE?

MOTHER IS ALIVE	DON'T KNOW WHERE SHE IS	MOTHER IS PRESENT IN HOUSEHOLD
FATHER IS ALIVE	DON'T KNOW WHERE HE IS	FATHER IS PRESENT IN HOUSEHOLD

NUMBER OF SIBLINGS THE CHILD HAS?

NUMBER OF SIBLINGS IN HOUSEHOLD

HEALTH STATUS OF THE HOUSEHOLD MEMBERS

HAS ANY MEMBER OF THE HOUSEHOLD BEEN CHRONICALLY ILL IN THE LAST 3 MONTHS?

PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	SIBLING	OTHER
PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	SIBLING	OTHER

IS ANY MEMBER OF THE HOUSEHOLD DISABLED?

PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	SIBLING	OTHER
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HAS ANY MEMBER OF THIS HOUSEHOLD DIED DURING THE LAST TWO YEARS?

YES NO

HOW MANY MEMBERS OF THIS HOUSEHOLD HAVE DIED IN THE LAST TWO YEARS?

IF YES, WHAT WAS THE RELATIONSHIP TO CHILD?

PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	SIBLING	OTHER
--------	-------------	--------------------------	---------	-------

IS THE FOLLOWING DOCUMENTATION AVAILABLE FOR THE CHILD?

BIRTH CERTIFICATE	IMMUNIZATION CERTIFICATE	IF PARENT(S) DECEASED:	DEATH CERTIFICATE
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INCOME AND EMPLOYMENT

IS ANYONE IN THE HOUSEHOLD EMPLOYED?

RECEIVING REMITTANCE	RECEIVING PENSION/GRANT	DOING OTHER LIVELIHOOD ACTIVITIES? (FOR CASH OR KIND)
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IF YES, HOW MANY ADULTS ARE RECEIVING AN INCOME?

HOW MANY OF THE CHILDREN BRING MONEY INTO THE HOUSEHOLD THROUGH WORK OR BEGGING? (PART-TIME OR FULL-TIME)

NUTRITION & GROWTH	CHILD		FAMILY		COMMUNITY		ACTION		
	CHILD UNDER 5: SMALLER THAN AVERAGE?	Y	N	CHILD UNDER 5: FEED/SUPERVISE AT LEAST TWO MEALS A DAY?	Y	N		FEEDING SCHEME IN COMMUNITY?	Y
	CHILD OVER 5: LOOKS VERY THIN?	Y	N	CHILD OVER 5: AT LEAST ONE MEAL A DAY?	Y	N	FEEDING SCHEME AT SCHOOL?	Y	N
HEALTH	CHILD UNDER 5: NOT OR INCOMPLETELY IMMUNISED?	Y	N	NEAREST HEALTH FACILITY ACCESSIBLE BY FAMILY?	Y	N	OUTREACH/ HOME BASED CARE/COMMUNITY HEALTH SERVICE?	Y	N
	CHILD OVER 5: OBVIOUS HEALTH PROBLEM?	Y	N	WHAT ARE THEY?	Y	N		Y	N
EDUCATION	CHILD UNDER 5: SLOW DEVELOPMENT?	Y	N	CHILD UNDER 5: SOMEONE SHOWS INTEREST/ PROVIDES STIMULATION?	Y	N	FACILITIES FOR AFTER SCHOOL CLASSES/ ASSISTANCE PROGRAMME FOR FEES OR DISABLED STUDENTS SPECIAL NEEDS?	Y	N
	CHILD OVER 5: ATTEND SCHOOL REGULARLY?	Y	N	CHILD OVER 5: SOMEONE SHOWS INTEREST IN CHILD ACTIVITIES/ SCHOOLWORK/HOBBIES?	Y	N		Y	N
AFFECTIONATE CARE	AFFECTIONATE TOWARDS IDENTIFIED CAREGIVER?	Y	N	CAREGIVER AFFECTIONATE TO CHILD?	Y	N	CAREGIVER ASSISTANCE PROGRAMMES?	Y	N
SELF RELIANCE	CHILD UNDER 5: PERSON CHECKS CHILD EATS/ASSISTS WITH MEALS?	Y	N	CAN HOUSEHOLD SUPPLY RESOURCES FOR CHILDREN'S BASIC NEEDS?	Y	N	ENABLE HOUSEHOLD SECURE BASIC NEEDS?	Y	N
	CHILD OVER 5: SEES TO OWN FOOD?	Y	N		Y	N		Y	N
HIV/AIDS KNOWLEDGE	CHILD OVER 5: KNOW AGE APPROPRIATE HIV/AIDS BASICS.	Y	N	CAREGIVER/TEACHER OPENLY COMMUNICATES ABOUT HIV/AIDS?	Y	N	PREVENTION/TREATMENT/ CARE SUPPORT SERVICES?	Y	N
EMOTIONAL SUPPORT	ANY ADULT/CHILD TO RELY ON IN DISTRESS?	Y	N	ANYONE SUPPORT/COMFORT CHILD IN DISTRESS?	Y	N	SUPPORTS FOR CHILDREN IN DISTRESS?	Y	N

CAREGIVER	CHILD		FAMILY		COMMUNITY		ACTION
	CHILD IDENTIFY PERSON AS CAREGIVER?		ONE ADULT IN HOUSEHOLD IDENTIFIES SELF AS RESPONSIBLE FOR CHILD'S CARE?		CAREGIVER ASSOCIATED TO COMMUNITY GROUP?		
WORK	CHILD OVER 3: MORE WORK OR RESPONSIBILITY THAN AVERAGE?	Y	N	Y	Y	N	
PLAY	OPPORTUNITY TO PLAY? (TIME/TOYS/RESOURCES)	Y	N	CHILD UNDER 5: SOMEONE PLAYS WITH CHILD? CHILD OVER 5: ENCOURAGED TO PLAY?	Y	N	
FUTURE ORIENTATION	CHILD OVER 3: EXPRESS FUTURE HOPES/ DREAMS?	Y	N	PLANS FOR CHILD'S CARE/ EDUCATION AND FUTURE?	Y	N	
SPIRITUAL SUPPORT	CHILD OVER 3: SPIRITUAL BELIEFS/ PRACTICES HELP THEM?	Y	N	REGULAR HOUSEHOLD SPIRITUAL BELIEFS/PRACTICES?	Y	N	
DISCRIMINATION STIGMA	CHILD OVER 3: FEEL STIGMATISED/ DISCRIMINATED?	Y	N	FAMILY STIGMATISED/ DISCRIMINATED?	Y	N	
STRENGTHS	CHILD OVER 3: ABLE TO IDENTIFY OWN STRENGTHS/TALENTS?	Y	N	SOMEONE IN HOUSEHOLD APPRECIATES CHILD'S STRENGTHS/TALENTS?	Y	N	
FRIENDS	CHILD UNDER 5: PLAY WITH OTHER CHILDREN? CHILD OVER 5: CHILD HAS ONE GOOD FRIEND?	Y	N	FRIENDS/NEIGHBOURS VISIT?	Y	N	
ABUSE	ANY INDICATION OF ABUSE?	Y	N	ANY INDICATION FROM FAMILY OF CHILD ABUSE?	Y	N	

COMMENTS: