

Children's Policy

<u>POLICY INFORMATION</u>	
<u>DATE OF COUNCIL ADOPTION:</u>	27 MAY 2021
<u>COUNCIL RESOLUTION NUMBER:</u>	CR 1257/27/05/2021
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1. DEFINITION OF TERMS

In this doc. unless the context indicates otherwise

“Act” a statute passed by parliament or law made by parliament. Also means conduct, deed, something that is done, to perform a function

“Age of majority” a child moves on into adulthood, that is turns 18, he or she becomes major.

“Adoptive child” this means a child that can be adopted by parents who are not his or her biological parents, because the child has either been abandoned, abused, neglected, or because his or parents cannot be found or are unable to care of the child.

“Biological parent” father or mother who brought the child into the world, this means they biologically created the child.

“Chronic illness” means an illness or condition that will last a long time. Sometimes there is no cure for chronic illness. Example of chronic illness or conditions are high blood pressure, diabetes, asthma and tuberculosis.

“Circumcision” “to cut off the skin at the end of the penis of a man or boy or to cut off the clitoris or outer sexual organs of a woman or girl. Circumcision is an important rite in some religion.

“Consent” to agree, accept or approve what is planned or done by another.

“Constitution” “sets out the basic rules according to which a country is governed. A constitution may be unwritten or written.

“Court order” an official order by a judge telling someone to do something or to stop doing something.

“Custody by parents” when parents exercise care and control over their children.

“Disability” a condition either physical or mental where someone is unable to function in a normal way due to a lack of ability, power, or fitness to do a certain action. For an example, where a person

cannot walk because their spine was damaged in an accident and now their legs no longer work properly

“Grant” assistance given for a particular purpose, for example, a grant is paid by government to help poor parents who cannot afford to pay for their children’s upkeep.

“Guardian” a person or persons who have been legally appointed to protect and take care of a child or children.

“Heredity” this refers to a person’s inborn characteristics that we inherit from both our biological parents, for example the colour of our eyes.

“Prohibit” to order someone not to use or do something.

“Psychologist” a specialist in psychology, psychology is the science or study of mind and the particular ways in which an individual or group thinks or behaves.

“Social worker” a trained person who is able to help troubled families by providing counselling and advice in order to promote social being.

“Spouse” someone who is married, a husband or wife

2. PURPOSE

2.1. South Africa has made significant progress in fulfilling the rights of children. This is because the country has one of the most progressive constitution in the world including systems of laws and programmes to ensure the realisation of children’s rights and the delivery of services to children. Despite the gains that have been made in expanding services to all groups and regions, the income situation of a child’s family, race, location and to a lesser degree gender, determines the extent of inequalities in the fulfilment of children’s rights.

2.2. The children’s Act recognises the role that the Local Government sphere can play in the care and protection of children by making provision for assignment of partial care services to a municipality if the municipality concerned has the capacity to perform this function. The

Department of Social Development (DSD) is the custodian of the Children's Act No. 38 of 2005, as amended; therefore, it is accountable for its implementation and processes.

- 2.3. Care and protection of children is one of the priorities of the MLM's IDP agenda. More and more children, because of family circumstances are exposed to abuse, neglect and other forms of deprivations. The Children's Act has provided a number of temporary care options for children by persons other than their parents. Although the number of parents are in the workplace and there is a relatively high number or proportions of single parent household.
- 2.4. The number of children who are left without visible care during certain hours of the day, and the increased number of parents who have become economically active remain to be a challenge to be addressed by the municipality. There is also limited policy option available pertaining to temporal respite care, hospital and after-school programmes in the municipality.
- 2.5. The figures show that there is a high drop rate of children up to school going age. The case is therefore made for after school programme to play a key role in reducing violence, gangsterism and substance abuse among adolescence and youth. Given that children are victimised at more than double rate of adults in our area, there is a need to upscale after school programmes especially in the rural and poor areas should be a priority in order to increase prevention efforts which in the final analysis is the most cost effective both economically and in terms of life quality.

Thus, MLM is committed:

- 2.5.1. Towards children of the municipality to develop the institutional mechanism, mainstreaming and advocacy strategies on child rights realisation.
- 2.5.2. To develop a close collaboration with government departments to ensure that the existing priorities, programmes and commitments are included as part of this overall policy.
- 2.5.3. To create an environment that will ensure the children survival development, care and protection and their participation in matters that affect them.

3. LEGISLATIVE REQUIREMENTS

3.1 INTERNATIONAL LEGISLATIONS

- Convention on the Rights of the Child.
- African Charter on the Right and welfare of the Child.

3.2 NATIONAL LEGISLATIONS

- Child Justice Act (No. 75 of 2008).
- Constitution, Act No. 108 of 1996.
- Children's Act, No. 38 of 2005.
- Domestic Violence Act (No. 116 of 1996).
- Maintenance Act No. 4 of 1998.
- National Development Plan.
- National Health Act No. 61 of 2003.
- Intergovernmental Relations Framework Act, No 13, 2005.

4. SCOPE OF APPLICATION

- 4.1.** The children's participation should be the core in the Children's Rights Policy and MLM has the obligation to ensure that the voice of children is heard.
- 4.2.** Children should be consulted in the development and finalisation of the Child policy in meaningful and appropriate manner.
- 4.3.** This policy seeks to safeguard children's right to participate in matters affecting them as a core principle in the implementation of Children's Rights Strategy.
- 4.4.** The involvement of the public should promote the development, the content of children's right strategy so that it is published and is accessible to the public as such, the public should always remain informed of the progress made in the implementation of the strategy.

5. STRATEGIC OBJECTIVES

- 5.1. To ensure the provision of adequate resources for children.
- 5.2. To develop a communication process for the partial care strategy.
- 5.3. To ensure that partial care facilities and programmes are compliant with the requirements of the Children's Act in terms of registration and the norms and standards.

6. VISION

A range of developmental, child centred partial care services that care and protect children in all communities.

7. INSTITUTIONAL ARRANGEMENT.

7.1. CHILD PARTICIPATION

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- 7.1.2. Children should be consulted in the development and finalisation of the Child policy in meaningful and appropriate manner.
- 7.1.3. This policy seeks to safeguard children's right to participate in matters affecting them as a core principle in the implementation of Children's Rights Strategy.
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8. KEY FOCUS AREAS

8.1. CAPACITY DEVELOPMENT

- 8.1.1. The municipality shall create an environment for the successful implementation of the strategy by capacitating all local structures in order to understand, mainstream and implement children's right.

8.1.2. Training should also be extended to civil society organisation towards the implementation of this strategy.

8.1.3. The Children's committee should develop a capacity development and institutional support programme that will amongst others ensure that capacity enhanced in terms of understanding of children's rights within the municipal context.

8.1.4. The municipality shall develop an advocacy and mainstreaming strategy to ensure the protection, promotion and fulfilment of children's right in all the local municipalities.

8.2. STANDARD OF LIVING

8.2.1. POVERTY

8.2.1.1. MLM shall facilitate the provision of subsidies for basic housing and the access to free water.

8.2.1.2. MLM shall ensure that children living in poverty and rural areas have access to early childhood development programmes, basic education and health care and other social services.

8.2.1.3. The municipality should also provide capacity development and material support relating to food security programmes.

8.2.1.4. The municipality shall assist in the prevention services and responding to child involved with child labour activities.

8.2.1.5. To ensure (through ANDM) that all children have access to safe drinking water and safe sanitation facilities.

8.3. CHILDCARE AND PROTECTION

8.3.1. MLM should ensure all children within the municipality have access to social security.

8.3.2. The municipality should also work with relevant departments to identify children in need of care dependency grants.

8.4. CHILD SURVIVAL

- 8.4.1.** In order to improve child, youth and maternal health, the municipality should facilitate the provision of comprehensive HIV/AIDS services and promote access to friendly adolescent youth family planning services.
- 8.4.2.** The municipality in partnership with DSD should assist in the provision of nutritional support particularly to that is relating to Vitamin A deficiency provided to improve the health status of children.
- 8.4.3.** MLM shall provide support services and create awareness to children and families on the importance of health services.
- 8.4.4.** This policy should ensure the provision of and raising awareness on health services at ECD and Youth Care Centres
- 8.4.5.** The municipality should collaborate with the department of health and other departments on the mainstreaming of children's rights.
- 8.4.6.** This policy shall enforce the promotion of awareness raising on health related matters in collaboration with other relevant stakeholders.
- 8.4.7.** The municipality shall ensure access to targeted nutritional programmes for children with nutritional needs.
- 8.4.8.** The municipality in partnership with Department of Social Development shall facilitate the provision of food parcels to households or children who are in need.
- 8.4.9.** The municipality shall also assist the communities to conduct healthy life style campaigns

9. LEADERSHIP

- 9.1** The Children's Rights Strategy should be co-ordinated from the office of the Mayor.

9.2 This office shall respond to the need of equity and access to development opportunities for the vulnerable children in the society.

9.3 The Mayor and SPU Portfolio Head should ensure that there is political leadership in the implementation of Children's Right Strategy.

10. CIVIL SOCIETY ORGANISATION

10.1. Strategic partnership with civil society organisation should be formalised in order to promote, protect and fulfil the Children's right and to network with small community based organisation in the rural areas.

10.2. The civil society organisation has the responsibility to seek to engage with respective government departments on matters pertaining to children.

10.3. The provincial steering committee shall determine the involvement of civil society organisations at a regional level and sub-structures.

11. MLM CHILDREN'S ADVISORY COMMITTEE

11.1 The members of this committee shall consist of representatives from all the directorate of government departments, local municipality and members of the community.

11.2 The role of this committee shall serve as a mechanism for coordinating, facilitating and monitoring broad framework of protections for children.

11.3 The MLM Children's Advisory committee shall operate on a clearly outlined Terms of Reference (TOR) that shall not be limited to include the following:

- Fostering of participation of children
- Consultation and broader participation
- Reporting and accountability
- Frequency of meetings
- Communication and involvement of civil society organisation.

11.4 The MLM Children’s Advisory Committee shall serve a period of five years or be reviewed as and when there is a need

12. IMPLEMENTATION, MONITORING & EVALUATION

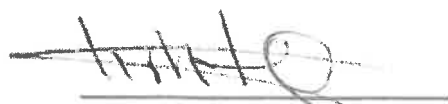
12.1. The MLM should submit an annual report on the progress made with the implementation of the Child Strategy for the presentation to the Council.

12.2. The report shall be made available to the public and shall also be available in a child friendly version that can be easily accessed by children of different ages.

12.3. Children Committee shall establish a mechanism to ensure that reports by the different local structures are submitted timeously.

12.4. Opportunity will also be created for children and adults from the general public to contribute to the monitoring and evaluation of the strategy.

12.5. There should be a MLM child rights research agenda in Collaboration with Provincial Department of Social Development where this research will be accessible to the public as well.


MR. L. MATIWANE
MUNICIPAL MANAGER

19/10/2021
DATE


CLLR. M.M. MBELA
MAYOR

20/10/2021
DATE


CLLR. N. MSUQWANA
SPEAKER OF COUNCIL

21/10/2021
DATE