

**University of Cape Town
Faculty of Health Sciences
Department of Paediatrics and Child Health**



Advocacy Committee

**TERMS OF REFERENCE
2022**

1. NAME

1.1 The name of the Committee is the Advocacy Committee of the Department of Paediatrics and Child Health (DPCH).

2. PURPOSE OF THE ADVOCACY COMMITTEE

2.1 To advise the DPCH EXCO on matters pertaining to children's rights - including departmental policies and procedures to ensure they promote, respect, protect and fulfil the rights of the children we serve.

2.2 To promote the education of staff on the rights of children and to advance understanding of the importance, meaning and practice of children's rights within the DPCH.

2.3 To provide a platform for discussion and coordinated action on issues relating to children's rights within the DPCH and the hospitals in which we work. This includes connecting with various care teams and existing child health advocates in response to specific challenges.

2.4 To harness the expertise and resources of the DPCH to challenge inequities and child rights violations and champion child health in South Africa.

2.5 To ensure that children's voices are heard and used to enhance the research, teaching and care provided by the DPCH.

3. SCOPE OF AUTHORITY

3.1 The Advocacy Committee of the Department of Paediatrics and Child Health is established through the head of department and consultant staff within the Department of Paediatrics and Child Health, Faculty of Health Sciences, University of Cape Town.

3.2 The Chair of the Advocacy Committee will be a member of the departmental EXCO and will participate in all decisions to fulfil the mandate of giving effect to child rights within the department.

4. POLICY FRAMEWORK

4.1 The Advocacy Committee upholds children's rights as outlined in:

4.1.1 United Nations Convention on the Rights of the Child

4.1.2 African Charter on the Rights and Welfare of the Child

4.1.3 The Constitution of the Republic of South Africa (No. 108 of 1996), and

4.1.4 The Children's Act 38 of 2005

4.2 The Advocacy Committee is guided by the following institutional frameworks and policies:

4.2.1 The Vision and Mission statements of the University of Cape Town, Faculty of Health Sciences and Department of Paediatrics and Child Health.

4.2.2 The Conceptual Framework for Social Responsiveness (as approved by Senate 14 September 2012).

4.2.3 (As joint staff) the policies of the Western Cape Department of Health

5. GOALS

The Advocacy Committee aims to:

- 5.1 Advocate for the realization of children's rights within the DPCH, the hospitals in which we teach and practice, and the wider community that we serve. This includes evaluating the health care we provide, advocating for change, and addressing the upstream determinants of child health.
- 5.2 ensure that the DPCH respects, promotes, protects and fulfils the rights of children through our advocacy, research, teaching and clinical practice.
- 5.3 highlight and challenge the persistent inequities in children's health, living conditions and access to health care services, and harness the resources at the DPCH's disposal to actively address the social determinants of health.
- 5.4 promote and support the active participation of children in decisions that affect them and ensure that children's best interests are actively considered by those responsible for the design and delivery of policies and programmes.

6. SCOPE:

6.1. Education and training

To encourage our students, teachers and supervisors to look beyond the narrow clinical focus of paediatrics and address the broader social determinants of health by advocating for a critical approach to child health and child rights across the curriculum, including undergraduate and postgraduate programmes, registrar training, continuous professional development, and Departmental Clinical Meetings.

6.2. Responding to immediate challenges

To respond and engage proactively with challenges that impact on children's rights that arise within DPCH and its associated academic hospitals, services and catchment area.

6.3. Advocating around child health priorities

To mobilise resources and expertise from within the DPCH to address child health priorities in the metropole, province and country.

7. COMPOSITION

7.1 The Departmental Advocacy Committee should endeavour to include members of the DPCH who prioritise the best interests of children and who represent the wide diversity of our department.

7.2 The Departmental Advocacy Committee should have a core membership who are responsible for the functioning and outputs of the advocacy committee; supported by a broader group of contributing advocates.

7.3 The core-membership should come from the DPCH and child advocacy structures/advocates embedded within the Department, including, but not exclusively, Western Cape Department of Health and RX Radio.

7.3 Members may be a) invited or coopted by the advocacy committee; b) nominated by the HOD or designated representative, or c) apply for membership on the grounds that they want to be involved in child advocacy.

7.4 The advocacy committee will also endeavour to actively engage and enlist the support of a broader group of advocates within the University and the hospitals within which we work to address emerging challenges. For example, this may include other departments e.g. Department of Child and Adolescent Psychiatry or the Social Work Department, or the Western Cape Children's Commissioner.

7.5 The Chair and Deputy Chair of the Departmental Advocacy Committee will be appointed following nomination by the advocacy committee and with the approval of the HOD of the DPCH.

7.6 Decisions that are not by consensus will require a two-thirds majority of core-committee members.

7.7 Decisions or voting can be done using electronic means if not taken during a committee meeting.

7.8 TERMS OF OFFICE: Five years from the date of appointment. In the final year of the sitting Chair's leadership, the Deputy Chair will attend all advocacy committee EXCO meetings to facilitate transfer of responsibilities.

8. MEETINGS & REPORTING

8.1 The advocacy committee will meet once a month.

8.2 Minutes from meetings will be recorded and distributed to members within 14 days of each meeting held.

8.3 Minutes of advocacy committee will be made available to all DPCH staff on request.

8.4 The chairs of the advocacy committee will provide a standing monthly report to the DPCH meeting.

8.4 A copy of the membership and TORS will be sent to the HOD, and the medical and nursing managers of RCWMCH.

Current Membership (July 2022)

- Chairs: Ms Lori Lake, A/Prof Di Gray (completing service as chair September 2022)
- Deputy Chair (elect): TBC

Core Members (in alphabetical order)

- Sr Jane Booth (Nursing)
- Ms Carla Brown (Social Work)
- Prof Michael Hendricks (Medical: Community and General Paediatrics)
- Sr Inger Hendry (Medical: Nursing)
- Dr Max Kroon (Medical: Neonatology)
- Dr Michelle Meiring (Medical: Palliative Care)
- Dr Sashmi Moodley (Postgraduate: Senior registrar)
- Prof Rudzani Muloiwa (HOD)
- Ms. Noluyolo Ngomani (RXRadio)
- Mr. Sameer Rahim (Physiotherapy)
- Dr Louis Reynolds (Professor [ret])
- Prof Chris Scott (Medical: immediate past chair)
- Dr Jawaya Shea (Child Health Unit)
- Prof Tony Westwood (Professor/Postgraduate education)
- Dr Gabriel Urgoiti (RXRadio)
- Representative Paediatric Student Society

Contributing members

- Dr Maresa Botha
- Ms Shihaam Cader
- Prof Minette Coetzee
- Dr Thandi DeWit
- Dr Rowan Dunkley
- Dr Samah El-Boraei
- Ms Juliet Evans
- Sr Mitzi Franken
- Ms Chantal Groenewald

- Dr Lucy Jamieson
- Dr Tamara Kerbelker
- Prof Mignon McCulloch
- Mr Wandile Mhlongo
- Mr Quma Nakisa
- Dr Kirsten Reichmuth
- Dr Natasha Rhoda
- Prof Marion Jacobs
- Dr Shamiel Salie
- Dr Gill Schermbrucker
- A/Prof Maylene Shung King
- Dr Graeme Spittal
- Dr Raffaella Stander
- Dr Ben Van Stormbroek
- Dr Petula Wicomb