

23 October 2006

English only

**United Nations Children's Fund**  
Executive Board  
**First regular session 2007**  
16-19 and 22 January 2007

## **Revised country programme document**

### **South Africa**

#### *Summary*

The revised country programme document (CPD) for South Africa is presented to the Executive Board for final approval. At the second regular session of 2006, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. Any changes have been indicated in red. A summary results matrix is presented separately.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2007 on a no objection basis, unless at least five members have informed the secretariat in writing by 6 December 2006, of their wish to bring the country programme before the Board.

Basic data † (2004 unless otherwise stated)	
Child population (millions, under 18 years)	18.4
U5MR (per 1,000 live births)	67
Underweight (% , moderate and severe, 1999)	12
Maternal mortality ratio (per 100,000 live births, 1992-1998)	150
Primary school enrolment (% net, male/female, 2002-2003)	89/89
Primary school children reaching grade 5 (% , 1999-2000)	65
Use of improved drinking water sources (% , 2002)	87
Adult HIV prevalence rate (% , end 2003)	21.5
Child work (% , children 5-14 years old)	-
GNI per capita (US\$)	3 630
One-year-olds immunized against DPT3 (%)	93
One-year-olds immunized against measles (%)	81

† More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

## The situation of children and women

1. The situation of children and women in South Africa continues to be shaped by the legacy of apartheid. The Government is committed to the long-term challenge of transforming the country into a non-racial, non-sexist, democratic nation. This includes safeguarding human rights, addressing disparities (primarily along rural/urban and racial lines), aggressively growing the economy and efficiently implementing programmes that address inequitable services. Children remain at the margins of social transformation. UNICEF needs to build strong partnerships with the Government and civil society in addressing critical issues for orphans and vulnerable children (OVCs).

2. The population of South Africa is estimated at 46.9 million, approximately 18 million of whom are children. Two thirds of the nation's children live in households with an income of less than \$200 per month (Stats South Africa 2005). The national unemployment rate is estimated at 40 per cent - 8.4 million people.

3. South Africa's economy has grown at around 5 per cent annually, with decreased inflation, lower fiscal deficits and a greater proportion of expenditure to poorer households. The middle class is increasing and infrastructure such as electricity and water now cover much of the population. Regrettably, socio-economic disparities exist and certain indicators for children and families have dropped since 1994. The under-five mortality rate worsened from 60 to 67 per 1,000 live births and life expectancy stands at 47 years, down from 62 in 1990. To assist South Africa to meet the Millennium Development Goals by 2015, greater alignment of the UNICEF programme with the Government's priorities for children's rights will contribute to the closure of the gap between the cash-rich and poor environments and address declining childhood indicators.

4. Equitable social development aimed at transforming South Africa is a major long-term challenge. A 2004 review of the achievements of 10 years of democracy highlighted the vast disparities that exist between rich and poor and between different provinces, and led to a National Plan of Action to achieve specific goals laid out in *Vision 2014*. South Africa is committed to democratic governance, with a child-friendly Constitution, progressive legislation and significant budgetary allocations for education, social development and health. The government-led Accelerated and Shared Growth Initiative for South Africa (ASGI-SA) supports better-focused policies and public administration. To ensure facilitation, coordination and oversight of children's rights' activities within all spheres of government, the Office on the Rights of the Child was established in 2004 in the Presidency and offices of Premiers in the provinces. A similar mandate with municipalities is underway. World-class research institutions are examining children's issues, providing a platform for collaboration with UNICEF.

5. The Government remains resolute in the fight against poverty. Poverty relief programmes are designed to foster self-reliance and poverty eradication. However, gaps in operational capabilities make it difficult to transform this commitment into results for the poor, especially children. For instance, in 2005 the provincial Departments of Health cumulatively underspent about 570 million rand while the provincial Departments of Education underspent about 1.3 billion rand. Although solid national legislative and policy frameworks exist, not all of the policies are fully operationalized in part because of a shortage of skilled labour at the level of provincial and local governments to plan and monitor service delivery. Many units need to better coordinate and integrate services with related units or departments. The Government is addressing this through developing national integrated plans, but needs assistance in identifying and unclogging bottlenecks to service delivery. The Government and UNICEF will focus on the linkages between poverty alleviation, child protection and the development of South Africa, as a basis for increasing service delivery to children.

6. The Government has a functioning health system with increasing per-capita expenditure on primary health care. The Free Health Care Policy (1994) increased access for children and pregnant women to hospitals and clinics. The challenge is to ensure that services reach the most vulnerable. While 40 per cent of deaths of children under age five years are caused by AIDS, only 11,000 children are currently receiving antiretrovirals (ARVs) due to inadequate testing procedures and treatment services being concentrated in hospitals instead of decentralized to primary health units. Some 30 per cent of deaths of children under age five result from neonatal problems. Indications are that post-neonatal mortality is increasing, especially up to six months of age. Although 80 per cent of births take place in an institution, little home-based follow-up care is provided. Malnutrition remains the underlying cause of many childhood diseases. The maternal mortality ratio is 150 per 100,000 live births. Keeping mothers alive is critical to ensuring child survival and development. The HIV sero-prevalence rate among pregnant women at the antenatal clinics is almost 30 per cent. The mean duration of exclusive breastfeeding is less than one month. While there are over 200 sites providing prevention of mother-to-child transmission of HIV (PMTCT) services, only 13 per cent of HIV-positive pregnant women receive ARV therapy. New HIV-prevention methods such as male circumcision have been tested and will require further research.

7. The Government developed policies and legislative frameworks to increase access to education, improve quality and efficiencies and foster an African identity. It has streamlined the Department of Education; overhauled the curriculum; implemented a school nutrition programme; worked towards greater equity in spending; increased the budget for life skills; and decreased the number of underqualified teachers from 36 per cent in 1994 to 8 per cent in 2004.

8. Including disadvantaged children in school and ensuring a high-quality learning environment challenge the education system. Despite an 89-per-cent net enrolment rate in primary school for both girls and boys, approximately 687,000 children remain out of school. The Gender Parity Index for primary and secondary schools is equal to 0.96 and 1.10, respectively. Barriers to schooling include the long and hazardous journey between home and school; domestic and agricultural chores; hunger; school uniforms and fees; ill health; HIV and AIDS; violence in schools; disability; sexual harassment; and teen pregnancy. The Department of Education describes gender-based violence as the greatest threat to girls' education. Quality is affected by poor sanitation facilities, inadequate buildings and lack of safety in schools. The increasing number of South African children on ARV therapy necessitates adequate research to ensure that HIV-positive children develop appropriately.

9. South Africa has adopted a life-skills curriculum which has been rolled out through grade 10. It includes information on relationships between men and women and on HIV and AIDS. However, the effectiveness of the programme needs to be reviewed, as younger boys are committing sexual offences and the HIV prevalence rates among girls are increasing. In 2005, the sero-prevalence rate among young people aged 15-24 years was 16.9 per cent for females and 4.4 per cent for males, whereas among 10-14 year-olds it was 1.8 per cent for girls and 1.6 per cent for boys. Consequently, a window of opportunity exists with 10-14 year-olds to influence their behaviour.

10. South Africa has set up child protection units and 62 specialized courts for sexual offences. The rule of law is respected, the time between reporting and finalizing a case is decreasing and conviction rates are improving. Tested initiatives to provide integrated care to survivors of sexual violence (Thuthuzela Care Centres) operate only in 12 sites, and the number needs to be scaled up to 80. Key legislation on sexual offences has not been passed. The Deputy President initiated a 365-day campaign against violence, and UNICEF needs to assist in translating this idea into action.

11. Data on violence against children are startling. Forty per cent of reported rapes (22,500 out of 55,000 total) were against children during the 2004-2005. A 2005 study showed that the mean age of the survivor is younger (now 10 years); the average age of the sexual offenders who use brutal force is decreasing; and most offenders (90 per cent) are known to the abused. In 33 per cent of cases of rape of children under 15 years, educators were responsible (Demographic and Health Surveys, 1998). Non-sexual child abuse is also thought to be prevalent.

12. The social grant system reaches 7 million children and is a key part of the safety net system for OVCs. Within the grant system, children without birth certificates, those aged 15-18 years and child-headed households are not eligible for the grant. Effective models of community- or school-based care for vulnerable children exist, but need to be scaled up. Systems to identify, register and track OVCs need standardization and coordination for district, provincial and national data. There are approximately 2.5 million orphans in South Africa, and the number is rising annually.

13. In 2000, the Committee on the Rights of the Child recommended prioritizing budgetary allocations and distributions to ensure implementation of the economic, social and cultural rights of children; adequate support for child-headed families; and reinforcement of training programmes for youth on HIV and AIDS, based on gaining knowledge, acquisition of competencies and life skills. South Africa has not yet submitted its second report to the Committee, which was due in 2003.

## Key results and lessons learned from previous cooperation, 2002-2006

### Key results achieved

14. Due to the fluid nature of the country programme, targets set in 2002 were not measurable and they changed as UNICEF and the Government updated the programme. Nonetheless, important gains have been made in strengthening legislation and policies for children, including the Policy Framework and National Action Plan for OVCs; the early childhood development (ECD) guidelines; the micronutrient fortification policy; the National Child Abuse Strategy; and the Children's Bill. "Children's desks" are being established at municipal level. Initiatives such as Project Consolidate have been introduced to improve service delivery. UNICEF has funded studies and research, many of which were the foundation for these policies.

15. UNICEF and the Joint United Nations Programme on HIV/AIDS (UNAIDS) supported the implementation of a comprehensive plan for treatment of tuberculosis, HIV and AIDS, including placing over 170,000 people on ARVs by December 2005. Advocacy and technical support resulted in an integrated ECD approach for young children at household level that embraced issues of protection and health. The Community Integrated Management of Childhood Illness (C-IMCI) strategy has the strong commitment of the Government and is implemented in 49 of 53 districts. Flour and other basic commodities are fortified and salt iodization has improved markedly. Baby-friendly certification has been given to 178 hospitals.

16. A social security programme supports 7 million children through child support grants, foster care grants and care dependency grants. There are 62 sexual offences courts and 12 comprehensive Thuthuzela Care Centres to provide survivors of abuse with care and justice. UNICEF contributed to the grant system by introducing new technology for birth registration and was a major partner for the Thuthuzela Care Centres, in collaboration with the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Office on Drugs and Crime. Gender parity has been achieved, even in secondary school. The National Department of Education has adopted the UNICEF-promoted Girls' Education Movement.

### Lessons learned

17. Following internal consultations, the Government and UNICEF determined that the results of interventions have not had an adequate impact on children's lives; successes were defined by programme objectives but not within the context of fulfilling the rights of children. The programme of cooperation needs to improve targeting of resources and interventions, leveraging resources from government sources and supporting scaled-up programmes. Through programmes such as the ARV roll-out, the Government has the proven resources to fund large-scale interventions, but needs assistance to identify bottlenecks, allocate and expend resources and monitor impact.

18. True government ownership of the country programme is crucial. In the past, a lack of clear understanding of the roles of the United Nations and the Government led to difficulties. Substantial efforts were undertaken in 2005 and 2006 to overcome these misunderstandings. The partnership between the Government and UNICEF must be consistently aligned to the national *Vision 2014* and programmes to support children's rights.

19. The need for better monitoring and evaluating the impact of UNICEF support to the Government at all levels of programme planning and implementation is another lesson learned. From inception, baseline indicators for interventions on children's lives must be identified and a monitoring mechanism planned. Partnerships with relevant government structures and Statistics South Africa will provide consensus on information in research initiatives.

20. The shifting focus of the country programme to leveraging resources, advocacy and multiplier interventions, combined with the sophisticated level of South Africa's academic and policy community, requires more senior staff in key areas.

## The country programme, 2007-2010

### Summary budget table

<i>Programme</i>	<i>In thousands of United States dollars</i>		
	<i>Regular Resources</i>	<i>Other resources</i>	<i>Total</i>
Social transformation and strategic leveraging	508	3 440	3 948
Child survival and development	330	9 200	9 530
Education and adolescent development	350	5 940	6 290
Protection for orphans and vulnerable children	240	5 500	5 740
Programme planning, monitoring and evaluation	1 160	2 000	3 160
Communication/external relations	900	1 500	2 400
Cross-sectoral costs	500	420	920
<b>Total</b>	<b>3 988</b>	<b>28 000</b>	<b>31 988</b>

### Preparation process

21. The country programme is based on the Common Country Assessment, written by the Government, and the United Nations Development Assistance Framework (UNDAF), prepared by the Government and the United Nations, in a process led by the Department of Foreign Affairs. It supports three out of the five priority clusters in the Government's Plan of Action, namely governance and administration; justice, crime prevention and security; and the social cluster. Programme discussions were held with UNICEF and line departments such as health, education, and social development, and with the national Office on the Rights of the Child. Dialogue and partnership-building for greater programme synergy will continue with the national children's rights initiatives and other national mechanisms.

### Goals, key results and strategies

22. In the new country programme, UNICEF will support efforts by the Government and non-governmental organizations (NGOs) to reach the underserved through better targeting of programmes, scaling up proven initiatives and supporting increased access for OVCs to basic social services. The country programme goal is to support the full realization of the rights of OVCs, regardless of the cause of orphanhood or vulnerability.

23. Key strategic results include a contribution to: (a) governance competencies enhanced to design and implement legislation, policies and programmes; (b) service delivery for children improved through better resource allocation, expenditure and monitoring; (c) U5MR reduced by 30 per cent through improved health services especially, neonatal care and paediatric ARV treatment,

care and support; (d) coverage of PMTCT increased to 80 per cent; (e) the rate of exclusive safe infant feeding increased from 7 to 20 per cent for first six months of life; (f) education services supported to ensure that 40 per cent of schools are child-friendly and support access and retention of OVCs; (g) coverage of health-enhancing lifeskills increases to 50 per cent of children and adolescents; (h) coverage of community- and home-based care, support and protection increased to 70 per cent of OVCs; (i) Department of Social Development assisted to better coordinate and monitor OVC services; and (j) government structures (e.g., Inter-Departmental Management Team, National Prosecuting Authority) strengthened to target integrated prevention and response to abuse and sexual violence.

24. In line with *Vision 2014*, the country programme's central strategy supports the Government to fulfill its obligations to OVCs. This will focus on: (a) advocacy for the first call for children in national, provincial and municipal allocation and utilization of human and financial resources, engaging in strategic partnerships with civil society and research institutions for communication and social mobilization to target decision makers, opinion leaders and others at all levels; (b) strategic use of UNICEF resources to leverage substantial national resources to support scaling-up of service delivery and related monitoring systems; (c) identification of multiplier interventions that, even with a proportionally small input, will result in large-scale access to social services; and (d) identification of blockages in implementing child-related policies and legislation and capacity gaps of duty bearers that hamper service delivery.

25. Emphasis is placed on the promotion and protection of girls and women's rights. Particular attention will be given to preventing and responding to violence against girls and women and to helping keep mothers alive to reduce child mortality. Strengthening family and community capacities for the survival, development and protection of children remain a priority strategy.

### **Relationship to national priorities and the UNDAF**

26. The country programme duration is four years, in line with the Government's Plan of Action. The programme fully supports the implementation of the national Legislative and Policy Framework for OVCs and the National Plan of Action for OVCs. The programme supports the improved health system using the catalyst provided by the Comprehensive Plan for Treatment of Tuberculosis, HIV and AIDS, is strongly aligned to *Vision 2014* and contributes to country programme outcomes and outputs in three of the five UNDAF outcomes.

### **Relationship to international priorities**

27. The country programme contributes to all areas of the UNICEF medium-term strategic plan. It contributes to Millennium Development Goal 1 aimed at reducing child poverty, Goal 2 on primary school completion, Goal 4 on reducing under-five mortality, Goal 5 on improving maternal health, and Goal 6 on HIV/AIDS. The programme is fully in line with the outcomes of the General Assembly Special Session on HIV and AIDS and with the goals of *A World Fit for Children*, adopted by the General Assembly Special Session on Children

### **Programme components**

28. Programme implementation with respect to policy and scaling-up of successful activities will be on a nationwide basis, while other initiatives and improvement of service delivery will take place in areas of greatest need, jointly identified by the Government and UNICEF. Strategic support

to the Government's ongoing initiatives for children will be provided through four programme components.

29. **Social transformation and strategic leveraging.** The programme will advocate for better resource allocation, expenditure and monitoring of services for children, and for policies that improve children's lives through: (a) the social policy component, which will support review of the national legislative and policy framework, analysis of the impact of child-related policies on children, and national- and district-level advocacy for policy improvement; (b) children's budgets, which will strengthen child rights-based budgeting processes, assisting departments to use data to substantiate their requests for funding to provide effective services to children; (c) implementing and monitoring programmes of action for OVCs, to ensure integration of activities that measure the effects of interventions on children's lives, and collect and analyze reliable data demonstrating effectiveness and cost-efficiency. Through presenting key policy changes to provincial and national authorities at executive and legislative levels, bottlenecks to effective service delivery, especially at provincial and local level, will be reduced. Support to the Government's two major poverty alleviation strategies will include improving the social grant system's targeting mechanisms and assisting the social aspects of the Expanded Public Works Programme; and (d) child participation, which will support effective participation of children in formulating legislation, policies and programmes and will ensure that children's views are used to monitor service provision.

30. **Child survival and development.** The programme will contribute to reducing child and maternal mortality through support to the Government's social cluster through two components:

(a) The child survival component will focus on child mortality through three pillars: (i) the first will dramatically increase early treatment for HIV-positive children to at least 80 per cent of eligible children by 2010 through access to laboratory services and increased ARV therapy and skills of health staff. This will include psychosocial services for infected children and their families; (ii) the second aims to strengthen peri- and neonatal health care services to reduce the neonatal mortality rate, including through home-based follow-up in the first week after birth; and (iii) the third focuses on preventing vertical HIV infection through improving access and quality of PMTCT Plus services. These pillars build on achievements in C-IMCI, which includes reducing infection by other diseases.

(b) The nutrition component includes two pillars. The first strengthens the capacity of the Health Department to support mothers in their choice of either exclusive infant formula feeding or exclusive breastfeeding to reduce HIV transmission. Support will be provided to implement the new infant and young child feeding policy, including social mobilization to overcome barriers to exclusive feeding. Community-based growth monitoring to identify, refer and rehabilitate vulnerable children will be strengthened. The second nutrition pillar will improve the nutritional status of mothers, focusing on quality care. Advocacy and social mobilization will be used to increase awareness of the risks of maternal malnutrition on mothers' own health and the progression of AIDS.

31. **Education and adolescent development.** This programme supports the Government's social cluster to redress the legacy of apartheid impeding equitable participation of children in learning. The programme has two components:

(a) Social issues of inclusion and quality uses the child-friendly schools "plus" (CFS+) model to increase access, retention, completion and learning achievement for the most vulnerable

children, particularly girls. It supports comprehensive life skills for HIV prevention; psychosocial programmes; community participation in schools; and improved school environmental health and safety. The “plus” means that school governing bodies and other community structures will ensure that OVCs in the school and community are identified, supported to attend school and provided with access to essential services. Capacity reinforcement will facilitate improved educational quality, effective data collection and impact assessment. The Government will be supported to ensure that all schools have proper sanitation and other infrastructure. School feeding schemes will be expanded to include school gardens and to reach poor children even if their schools do not qualify for a scheme. The fee-free school initiative for the bottom quintile of schools will be implemented. Building on the experience of the previous programme, opportunities will be created for increased participation and achievement of girls, including in math, science and technology. Previous research on the impact of ARVs on the development of HIV-positive children will be continued to assist in establishing systems that support a growing cohort of children on ARVs.

(b) The adolescent development component focuses on life skills for children and young people, including 10-14 year-olds. Community involvement at all levels is central to this initiative to ensure that children and adolescents are equipped with the skills they need to make informed decisions that reduce HIV transmission and sexual violence and improve their livelihoods. Monitoring systems will assess the impact on health-seeking behavior. Male circumcision may prove an effective method of HIV prevention, based on further research.

32. **Protection for OVCs.** This programme is a response to the fact that many children do not receive the care and support necessary to overcome vulnerability caused by poverty, orphanhood, abuse and sexual exploitation. The programme has two components:

(a) Social protection for OVCs supports the Government’s Social Cluster through the National Action Plan for OVCs. This project has two pillars: (i) technical assistance will strengthen government and civil society capacities to implement and monitor quality services for OVCs. This will include developing, disseminating and training on policy guidelines for OVCs. Particular emphasis will be placed on the development of databases to track services and vulnerable children at national and local levels. Data will be used to improve service delivery and targeting; and (ii) capacities will be developed to establish child care forums (CCFs) that support OVCs to access essential services. A CCF is a group of people, including a social worker and community members, who identify vulnerable children, assist them to access services including social grants, birth certificates and health care, organize home-based care for sick relatives and monitor the well-being of the child. The CCF can be based in a school, ECD centre, municipality, etc.. Technical support will be provided to improve data collection and utilization by CCFs, and to streamline provincial and national level coordination of data generated from CCFs. The CCFs will be linked to CFS+ to ensure synchronization between the two services;

(b) The protecting children and women from violence component supports the Government’s Justice, Crime Prevention and Safety Cluster and has five pillars: (i) prevention of violence against children and women focuses on community partnerships, particularly targeting men, traditional leaders, community and faith-based organizations and integrates interventions from the education and adolescent development programme. Particular emphasis will be given to supporting the 365-day campaign against violence, including a strong communication component; (ii) early intervention integrates family support including capacity-building for parents and other primary caregivers; scaling up neighbourhood-based responses for early detection of OVCs; and referral of OVCs to appropriate services; (iii) statutory response includes up-scaling the Thuthuzela

model of integrated psychosocial, legal and medical services to sexually abused children and women; (iv) after-care and reintegration supports the implementation of the country's anti-rape strategy through capacity development, awareness-raising and advocacy for treating and rehabilitating young sex offenders and reintegrating children without primary caregivers; and (v) cross-cutting areas include technical assistance for legislation, programme communication, monitoring and evaluation and the development of national standards that promote psychosocial care and support to children, including 0-5 year olds.

33. **Programme planning, monitoring and evaluation** costs cover staff and activities aimed at ensuring effective programme coordination. They also address the need for data to enhance evidence-based programming.

34. **Communication and external relations** costs cover private sector fund-raising, media relations and publicity on children's issues in South Africa.

35. **Cross-sectoral costs** will cover the management and support of the overall country programme including operating costs such as staff and logistics, administration and finance.

### **Major partnerships**

36. The Office on the Rights of the Child in the Presidency is the central partner for planning, coordinating and monitoring the country programme. Specific components of the programme will be implemented with government line departments including health, education, social development, justice and the Department for Provincial and Local Government. Partnership with provincial government structures, particularly the provincial Offices on the Rights of the Child and district mayors, will be the basis for implementing community activities. Cross-sectoral activities, such as ECD and prevention of violence against children and women, will be implemented collaboratively with government structures including the Inter-Departmental Management Team and the Inter-Departmental Committee on ECD. UNICEF will work closely with relevant parliamentary committees on legislative development for child rights. Dialogue with bilateral and multilateral donors is also critical.

37. Under government leadership at national, provincial, district and municipal levels, partnerships will improve service delivery for children. These partnerships will include the National Action Committee for Children Affected by HIV and AIDS and its sub-structures at provincial and district levels (all sectors of civil society and government are represented on these structures); other United Nations agencies under the umbrella of the UNDAF, particularly the World Health Organization for paediatric care and treatment, and PMTCT; UNDP on governance and budget issues; the Food and Agricultural Organization of the United Nations, ILO, UNDP and the World Food Programme on livelihood support; UNAIDS on the 'three ones' principle and universal access; and UNFPA and the United Nations Educational, Scientific and Cultural Organization on HIV prevention. Other partners will include community-based organizations, faith-based organizations and NGOs to expand and sustain community-level activities to address the impact of HIV and AIDS on children; associations of people living with HIV and AIDS; youth organizations; tribal authorities; consortia of civil society organizations; and **universities. Bilateral institutions such the Dutch Government, Danish Government, US Government, and the United Kingdom's DFID are also key partners**

38. Regional initiatives to which the Government is a party include the New Partnership for Africa's Development, and the Southern African Development Community.

### **Monitoring, evaluation and programme management**

39. Key indicators that will be used to assess progress and monitor results will include: U5MR, percentage of OVCs that receive home-based care, support and protection; percentage of children and adolescents that possess life-skills; percentage of schools that are child-friendly; and percentage of HIV-positive pregnant women receiving ARV treatment. Both an UNDAF monitoring and evaluation plan and a country programme integrated monitoring and evaluation plan will ensure coordinated and strategic monitoring and evaluation activities. Progress towards achievement of the strategic results at outcome and output level will be monitored through tracking of identified indicators in programmatic logical frameworks, and evaluations will be carried out in adherence to internationally agreed standards. Annual programme reviews and a mid-term review will be conducted for the entire UNDAF, including the UNICEF country programme. Participants will include key government departments and United Nations agencies.

40. UNICEF will support the development of an integrated national information management system to provide a basis for timely monitoring of key indicators for the situation of children and OVCs. Community-based monitoring mechanisms, involving a wide range of stakeholders, will be used to evaluate the programme's impact at household level and to enhance effectiveness, participation and sustainability.

41. The country office will monitor programme implementation through meetings of the country management team and the programme strategy group. The level of programme staff will be increased to reflect greater emphasis on high-level engagement with government officials and systems, and four staff members will be out-posted to provinces to improve decentralized capacity development and programme monitoring.

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