

South Africa

Executive Summary

The year 2015 marks the mid-point of the UNICEF Country Programme of Cooperation with the Government of South Africa. In order to more effectively support the national development priorities outlined in the National Medium-Term Strategic Framework for 2014-2019, within the framework of the UN Strategic Cooperation Framework (UNSCF) 2013-2017, UNICEF articulated the overall programmatic vision for UNICEF in South Africa across all sections around three programmatic priorities: early childhood development (ECD), results for adolescents and ending violence against children. These priorities focus UNICEF's efforts and resources on critical interventions to deliver results for children in South Africa.

In December 2015, the Cabinet approved the national ECD Policy, culminating a three-year process, supported by UNICEF and including nationwide consultations. This policy provides the first-ever comprehensive, integrated policy framework in the country from conception to age four, prior to entry into formal education. It is rooted in a rights-based approach, public provision of ECD services, play-based learning and an understanding of the long-term effect of investing in ECD as a public good, targeted at benefiting 5 million children under five years of age.

In regard to adolescents, to meet the 90-90-90 targets for HIV (90 per cent tested, 90 per cent treated, 90 per cent virally suppressed), UNICEF is supporting the District Improvement Planning process with a focus on adolescent HIV-testing, treatment, care and support. This is done using the '3 Feet Approach' (see Acronyms for description) and a range of tools including: data dashboards and cascades, bottleneck analysis, action plans and monitoring dashboards. The first phase of the district planning process was completed in June 2015. To promote the prevention of HIV among adolescents, UNICEF hosted a roundtable discussion with government, civil society, academia, research and young people to generate support and input for the Department of Basic Education draft national policy on HIV, STIs and TB that was gazetted for public comment on 5 May 2015. This draft policy is ground-breaking, as it proposes the provision of condoms to learners in all schools without condition, the availability of HIV testing, and other sexual and reproductive health services for adolescents in schools. This is a first for the country and the region.

Efforts to end violence against children (VAC) included technical assistance to the Government of South Africa in accelerating the formulation and implementation of integrated strategies to address violence against women and children (VAWC). The technical task team (TTT) of the inter-ministerial committee, led by the Department of Social Development, facilitated several institutional analyses: i) a diagnostic review to assess the Government's levels of readiness to address VAWC, led by the Department of Planning, Monitoring and Evaluation in the Presidency; ii) a study to identify the structural determinants of VACW; iii) a mapping and analysis of information management systems utilised by different Government departments to monitor VAWC. These key institutional analyses will be utilised by the TTT to review current strategies - including the Programme of Action 2013-2018 – and prepare a report for Cabinet with recommendations for improving the state response to VAWC.

In addition, UNICEF South Africa supported the development and testing of a school safety framework, which was finalised and approved for implementation by the Minister of Basic Education in April 2015. Thus far, 44 of 83 education districts have conducted workshops, thereby reaching over 1,500 master trainers (68 per cent of them female) to support the implementation of the framework in schools. This framework provides guidance on the development of school safety plans and promotes the engagement of key partners within the school and the community to ensure overall safety in schools.

These results were achieved despite persistent challenges related to insufficient coordination, weak multi-sectoral planning and poor quality monitoring, inconsistency amongst various data sources (especially with regard to violence against children).

To overcome these challenges UNICEF South Africa worked in close partnership with a range of stakeholders, including academic institutions, civil society and the private sector. This included collaboration with the University of Cape Town and the University of Oxford to develop a randomised controlled trial programme to prevent violence among teenagers. UNICEF South Africa also partnered with the South African Human Rights Commission (SAHRC) to promote Child Rights and Business Principles, as well as with Unilever to promote water, hygiene and sanitation in schools.

Humanitarian Assistance

Following xenophobic attacks in 2008 and subsequent ongoing sporadic incidents of violence against foreign nationals, the country experienced wide-spread violence directed against foreign nationals in early 2015. Six people, including a 14-year-old boy were killed in violent clashes. Temporary community shelters (tents) for approximately 7,000 people fleeing the violence were established in suburbs around the city of Durban. Additional temporary places of safety were constructed and subsequently taken down in the province of Gauteng.

UNICEF, in partnership with Save the Children South Africa, directly reached a total of 437 children in KwaZulu-Natal and Gauteng provinces through the following interventions:

1. Established and equipped three child-friendly spaces (CFS) with age-appropriate recreational/learning kits (toys, books, sport materials etc.)
2. Provided psycho-social support through recreational and learning activities in CFSs
3. Provided training on child safeguarding for CFS facilitators and other stakeholders involved in the shelters
4. Identified and registered children attending the CFS
5. Conducted structured age- and gender-appropriate daily activities for children at CFSs.

UNICEF South Africa is compliant with UNICEF's corporate preparedness benchmarks, as evidenced by the updating of the early warning, early action (EWEA) site. Humanitarian capacity was strengthened within the Country Office in 2015 following the xenophobic attacks, and will be maintained in 2016.

Summary Notes and Acronyms

ACERWC - African Committee of Experts on the Rights and Welfare of the Child
AMP – Annual management plan
ASM – All-staff meeting
AU – African Union

BC – Business continuity
BCP – Business continuity plan
BNLSS – Botswana, Namibia, Lesotho, Swaziland and South Africa
BOS – Business operations strategy
C4D – Communication for Development
CEDAW – Convention on the Elimination of Discrimination Against Women
CFS – Child-friendly school/child-friendly space
CMT – Country management team
CPD – Country programme document
CRC – Convention on the Rights of the Child
CRBP – Child Rights and Business Principles
DBE – Department of Basic Education
DCT – Direct cash transfers
DFID – Department for International Development (UK)
DoJ & CD – Department of Justice and Correctional Development
DSD – Department of Social Development
ECD – Early childhood development
EPRP – Emergency preparedness and response plan
EWEA- Early warning, early action
F2F – Faceto-face
GBEM – Girls and Boys Education Movement
GBV – Gender-based violence
HACT – Harmonised approach to cash transfers
HIV - Human immunodeficiency virus
HRC – Human Rights Commission
HSRC – Human Sciences Research Council
HQ – Headquarters
ICT – Information and communication technology
IMC – Inter-Ministerial Committee
IMEP – Integrated monitoring and evaluation plan
JCC – Joint consultative committee
LTA – Long-term agreement
MOSS – Minimum operating security standards
MOU – Memorandum of understanding
MP4R – Managing Performance For Results
NACCW - National Association of Child Care Workers
OIC – Officer in Charge
PAS – Performance appraisal system
PBIS – Positive behaviour interventions and support
PC – Procurement Centre
PCA – Programme cooperation agreement
PCARC – Programme cooperation agreement review committee
PMTCT – Prevention of mother-to-child transmission
PSA – Public service announcement
PSB – Property Survey Board
Risk and Control Self-Assessment
RO – Regional Office (UNICEF)
RR – Regular resources
S4D- Sports For Development
SA – Staff Association
SAA – South African Airways

SABC – South African Broadcasting Corporation
SAHRC – South African Human Rights Commission
SAM – Severe, acute malnutrition
SASSA – South African Social Security Agency
SMS – Short message service
SoP(s) – Standard operating procedure(s)
SP – Standard operating procedures
STEM - Science, technology, engineering and math
STI – Sexually transmitted infections
OIAI – Office of Internal Audit and Investigations
OIP – Office improvement plan
OR – Other resources
OMT – Operations management team
T4D – Technology for development
UN – United Nations
UNICEF – United Nations Children’s Fund
UPR – Universal periodic review
U.S. – United States of America
VAC – Violence against children
VACW – Violence against women and children

3 Feet approach - gives healthcare workers the necessary tools to respond to community health needs in a simplified way. Currently in its pilot phase in selected districts, the 3 Feet Approach supports healthcare workers to provide quality care for mothers and young babies, manage illnesses such as TB and HIV and promote community engagement to improve health care outcomes.

Capacity Development

UNICEF contributes to the implementation of the National Plan for Improving New Born Care outcomes by supporting capacity development initiatives, including training for health care providers. A total of 12,922 health care workers (facility- and community-based) were trained through direct UNICEF support. Capacity-building was focused on STI, HIV, family-planning, antenatal care, PMTCT and paediatric HIV, breastfeeding and handwashing.

In the context of fiscal constraints, expansion of South Africa’s child grant system requires careful consideration of its affordability, sustainability and cost-effectiveness. To contribute towards these reflections, UNICEF organised a three-day training for the Department of Social Development (DSD) and the South African Social Security Agency (SASSA). The training focused on the use of tax-benefit microsimulation modelling tools to assess the impact of policy reforms on household and child poverty as well as on public revenues and expenditures.

“Sinovuyo”, a pilot parenting programme designed to prevent and curb child maltreatment in vulnerable families, was launched with training of seven social workers from Eastern Cape Province. The programme’s effectiveness is currently being tested through a Randomised Control Trial. UNICEF serves on a number of strategic professional and administrative bodies, presenting opportunities for contributing to further capacity development.

A strategic plan for C4D implementation for VAC was drafted. A partnership was established with SABC television (Channels 1, 2 &3) and 28 radio stations, seen or heard by an estimated 70 per cent of the adult population, 90 per cent of the adolescent population and 60 per cent of

the child population of South Africa. C4D support was provided for Child Protection Week and for the '16 Days of No Violence Against Women and Children' campaign.

Finally, UNICEF partnered with the South African Monitoring and Evaluation Association (SAMEA) to build the capacity of over 60 participants in training on results-based programming.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF continued to work with the Government and civil society to generate evidence to inform policy dialogue and advocacy on children's rights. A policy roundtable was held with the Department of Social Development, the SAHRC and the Human Sciences Research Council (HSRC), where five policy briefs were presented and discussed to identify measures to tackle chronic poverty – affecting one in four of South Africa's children. Analysis of the private economic and financial costs of disability for households generated fresh evidence on how to promote the social inclusion of the most disadvantaged groups of children in South Africa. In partnership with the Children's Institute at the University of Cape Town, UNICEF supported the 2015 Child Gauge, focused on adolescents to inform the design of interventions aimed at easing their transition into adulthood.

In collaboration with the Office of the Presidency and the University of Cape Town, UNICEF completed a study on the structural determinants of Violence against Women and Children (VACW), and a diagnostic review of Government's response to VACW across 10 government departments and at the national, provincial and local levels. Both studies were prepared to assist the work of the inter-ministerial committee (IMC) on VACW. The first study recommended strengthening the response to violence, with an emphasis on prevention. The diagnostic review provides the basis for an improvement plan to strengthen the state's response to VACW. UNICEF also supported the Department of Justice and Correctional Development (DOJ & CD) to conduct research on the viability of providing nutritional support to child victims and witnesses in the Sexual Offences Courts. Findings of the research were utilised to issue a national circular to all regional heads, area court managers and court managers ordering the provision of nutritional support to all child witnesses and to increase the allowances payable to witnesses.

Partnerships

The Country Office continued to establish and maintain strategic partnerships for the realisation of children's rights with Government departments and civil society, including academic institutions that have a mandate on issues affecting children. These engagements have kept UNICEF South Africa informed of events happening in the public space, particularly those with a potential to negatively affect children. These partnerships have influenced the strategic thrust of UNICEF's programme and sharpened the focus on removing bottlenecks that impede achievement of children's rights. Partnerships promoted evidence generation and evidence-based advocacy, capacity development, identification and promotion of innovations.

The private fundraising and partnerships portfolio continued to roll out the private fundraising and partnerships strategy (2015-2017), aiming to diversify revenue streams through corporate engagement and individual giving. In 2015, corporate engagement consisted of a three-pronged approach: establishing new partnerships, maintaining existing partnerships and encouraging individual giving. Partnerships were maintained with Santam insurance company (in support of education), Unilever (in support of water and sanitation) and the Westin hotel in Cape Town (in support of ECD). UNICEF South Africa created new partnerships with the following corporates and foundations in order to fundraise, advocate for children rights and leverage resources for children: a) Africa Rainbow Minerals (ARM), b) Titans Cricket, c) Ernest E. and Brendalyn

Stempel Foundation, d) Deutsche Bank. The overall gross pledge revenue increased by 71 per cent compared to 2014. More than US\$166,000 was raised from 2,244 newly acquired donors. UNICEF South Africa maintains contact with pledge donors, keeping them informed about what programmes their funds are supporting.

External Communication and Public Advocacy

UNICEF South Africa's profile grew considerably in 2015 as a result of increased media partnerships, online visibility and general external engagement. Through a partnership with SABC television, an estimated 60 per cent of children, 70 per cent of adults and 90 per cent of the adolescent population of South Africa was able to view UNICEF content, broadcast at no cost to the organisation. Through a new partnership with Ndalo Media, publishers of *Destiny* magazine and the SAA inflight magazine *Sawubona*, an estimated total readership of 1,172,000 was reached. Free editorial space in *Success SA*, distributed with *The New Age* newspaper (with an estimated readership of 1.8 million) was provided. Three PSAs featuring UNICEF celebrity advocates were produced and shown in cinemas nationally and on SABC television and radio. Media monitoring statistics show a 70 per cent increase in UNICEF's media profile in South Africa.

2015 also saw the development, editing and publication of several media articles and programme documents on issues ranging from breast-feeding to violence to ECD. Visits to the Country Office's updated website (26,994), Facebook (48,707), Instagram (2,855), Twitter (10,500) and YouTube UNICEF accounts (63) increased in 2015.

In partnership with the UK National Committee, UNICEF South Africa hosted a clipper race yacht day to highlight the annual global 'Clipper Race' and profile its work in the Sports for Development (S4D) programme. In this regard, a UNICEF-branded yacht is raising funds for the South Africa and other country offices.

UNICEF South Africa organised a youth media conference in which more than 120 girls and boys participated and contributed to the UNICEF-Westin Charity Ball. There were screenings in Pretoria, Durban and Cape Town of a new documentary on Malala Yusefzai as part of a joint UNICEF-20th Century Fox education awareness programme, through which over 600 learners were reached.

South-South Cooperation and Triangular Cooperation

UNICEF facilitated an exchange visit to Washington D.C. by the Department of Basic Education that focused on inclusive education and drop-out prevention. Leading the delegation was the Minister of Basic Education, who was accompanied by senior government officials representing teacher development, curriculum, care and support and strategic planning. The purpose of the visit was to review the early-warning system tools and other intervention protocols that the United States (U.S.) has developed to determine the risk of learners dropping out of school and to better understand how the U.S. is mainstreaming programmes on special education. This experience will be invaluable in further refining the areas of collaboration and identifying the resources (tools, human and financial) necessary to initiate this area of work. A return visit by the U.S. team is planned for February 2016.

The 5th International Conference on Child Indicators took place in Cape Town in September 2015, under the theme: "From Welfare to Well-being: Child indicators in research, policy and practice." UNICEF South Africa was one of the conference partners, along with the African Child

Policy Forum, the University of Cape Town and the International Society for Child Indicators. This was the first time that this conference was held in Africa. It brought together over 200 researchers, policy makers and practitioners involved in child indicator work from more than 40 countries. The gathering served as a high-level forum for learning on how to measure progress in ECD, child poverty and inequality, child protection and violence against children, child-focused indicators of social change and youth transitions to adulthood.

UNICEF South Africa supported the development of the Botswana, Namibia, Lesotho, South Africa, Swaziland (BNLSS) sub-regional Joint Programming Framework and technical exchanges on the Joint Programmes.

Identification and Promotion of Innovation

UNICEF South Africa is creating important opportunities to advance progress towards results for children through promoting various innovations. In partnership with Rhodes University, UNICEF is supporting a three-year project to innovate on mobile test strips that make it possible to assess a person's HIV status and CD4 count within 20 minutes, using a smart phone. In addition, the technology also aims to test for different strains of malaria as well as to detect chromosomal birth defects in pregnant mothers.

Conventional tests require samples to be processed in laboratories using expensive equipment and highly trained technicians to operate and interpret the information. It can also take considerable time for test results to be returned to the site where the sample was taken. During that wait, poverty, distance from clinics and other factors may lead women to lose contact with health workers. This 'loss to follow-up' endangers their lives and puts their children at risk. This cost-effective, open-source based approach strengthens the health system at its base, providing a decentralised, simplified diagnostic process as close as possible to the patient. This shift has positive cost and human capacity implications, as professional lab technicians are more scarce than trained community health workers in resource-constrained environments.

UNICEF concluded its pilot of a five-year innovative SMS-based health programme in select sites across two districts in Kwa Zulu-Natal Province, which addressed bottlenecks in delivering effective PMTCT and overall maternal and child health results. The SMS text alert programme was linked with electronic medical records to enable tailored messages, support trigger alerts and reminders and track women through pregnancy, as well as mothers and babies through the 18 months post-natal period. This supported the design, launch and roll-out of the national Mom Connect programme that currently has over 500,000 pregnant women registered.

Support to Integration and cross-sectoral linkages

UNICEF South Africa has articulated its overall programmatic vision across all sections around three programmatic priorities: ECD, results for adolescents and ending VAC. This has helped to focus action, enhance multi-sectoral collaboration and reinforce alignment across all programme sections to work jointly to deliver results.

Despite the remarkable expansion in coverage of South Africa's child support grants, the promise of linking them with other government programmes and services targeting poor children remains a challenge. To move in this direction, UNICEF supported the Department of Social Development to convene other departments to explore the feasibility of introducing a comprehensive package of benefits for poor pregnant women, comprising both cash grants and services. Also explored was how to strengthen the linkages between the delivery of social

grants and a range of complementary services targeted at children. In addition, UNICEF brought together key government departments and line ministries (including the National Treasury and the Office of the Presidency) to devise ways to remove access barriers and prevent the exclusion of eligible children from the grants that they are entitled by law to receive.

In November 2015 UNICEF, in collaboration with the Children's Institute and the Presidency, launched the 2015 Child Gauge. This publication highlights the precarious situation of children as they transition into young adulthood and the need for interventions that aim to support youth development. In addition, it explores issues associated with poverty and describes the link between poverty and social exclusion, which heighten stress, violence and trauma.

UNICEF has been supporting the Presidency to complete the multi-sectoral Food and Nutrition Security Plan, planned to be finalised in 2016.

Human Rights-Based Approach to Cooperation

UNICEF South Africa continues to strengthen partnerships with organisations to promote the human rights agenda in legislation, policy and service delivery, rooted in the South African human rights-based Constitution. A sustained partnership was established with the SAHRC. UNICEF South Africa collaborated with the SAHRC to convene a round-table on child rights and business principles. UNICEF and SAHRC are also advocating for a multi-party child rights caucus in the national Parliament, currently being considered at a senior level.

ACERWC released its concluding observations on the State Party Report to the AU early in 2015, highlighting key issues pertaining to the realisation of child rights, including child marriage, violence against children, and the age of criminal responsibility. UNICEF reviewed the observations to identify areas of support to the Government in taking these forward.

The Government of South Africa submitted the Combined 2nd, 3rd and 4th State Party Report on implementation of the CRC to the CRC Committee. UNICEF provided informal advice and technical information on the process of alternative reports to the civil society organisations. UNICEF also prepared its confidential report for the Committee on the Rights of the Child taking into consideration previous concluding observations of the Committee on the Elimination of Discrimination against Women (5 April 2011), Committee against Torture (7 December 2006), ACERWC and UPR in 2012. The initial report on the Optional Protocol on Involvement of Children in Armed Conflict is still outstanding (since 25 October 2011). Furthermore, UNICEF continued to advocate for South Africa to ratify the Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure, especially as the country is already party to other related communications procedures, such as the ACRWC.

Gender Mainstreaming and Equality

UNICEF supported the education sector to improve learning outcomes by strengthening the quality of education, reducing inefficiencies and inequity in the system and promoting innovation. Some innovative programmes supported include the Girls and Boys Education Movement (G/BEM) and the TechnoGirl programme.

Currently South Africa has an estimated 13,000 G/BEM clubs with close to 650,000 members nationally, of which 65 per cent are girls. These are school-based clubs made up of girls and boys who promote human rights, dignity for all and mutual respect between girls and boys. The reasons for school abandonment among girls are numerous, but teenage pregnancy, gender-

based violence and poor sanitation are critical factors in South Africa. It is for these reasons that in the Eastern Cape alone over 1,000 G/BEM members (63 per cent girls) were trained on life skills education and over 2,000 sanitary pads were distributed. The Department of Basic Education identified the heads of schools, teachers and district subject advisers to be trained to implement Gender-Based Violence prevention programmes in schools using an updated educators manual “Opening Our Eyes” (a diagnostic and prevention manual for educators). About 2,685 master trainers have been trained to cascade the training to schools.

To ensure that girls have an equal opportunity to excel in fields that the economy requires, they need to be exposed to opportunities, be inspired to succeed and guided regarding their tertiary education. Techno Girl is an innovative job-shadowing programme for girls aspiring to careers in science, technology, engineering and math. In 2015, over 2,000 girls benefited from the programme.

With support from HQ, UNICEF South Africa conducted a gender review of its programmes in the third quarter of 2015.

Environmental Sustainability

In 2015 the UN operations management team (OMT) recommended its business operations strategy, which included “Greening the Blue” as one of the priorities. Accordingly, the OMT established a task force led by OIA/UNDP and responsible for preparing and coordinating the initiative, which is aimed at reducing the environmental footprint of UN offices in Pretoria and Johannesburg. UNICEF actively contributed in the Task force, which met in October and developed a draft work plan for 2016.

The Country Office is housed at the UN common premises located in the central business district of Pretoria. Due to this location, there are very limited possibilities to effectively work on further reducing carbon emission from office activities. UNICEF already uses shared printing, copying and scanning facilities, and in late it decided to focus on coordination of programme visits to ensure optimal travel (road and air). Various options for garbage management/recycling were considered through the UNDP, but no concrete action was taken in 2015. The Country Office will be relocating to new premises in 2016, and will take into account its environmental footprint while deciding on facilities and activities.

Effective Leadership

During 2015 all statutory advisory bodies (including CMT, CRC, PSB, PCARC, and JCC) were in place and effectively supported achievement of programme and management objectives. The TORs of these committees were revised to ensure compliance with global guidelines and standards. In 2015, the CMT met 11 times, JCC met three times, while the PCARC and CRC met as required on a weekly basis.

The CMT ToRs were revised, expanding its composition to enhance national staff participation and providing a standard agenda. The list of management indicators (monitored by CMT) was reviewed and a new CMT dashboard was implemented during the second half of the year. The dashboard includes monitoring of the AMP programme and management priorities, implementation status of audit recommendations, management indicators monitored by the Regional Office (RO), and a set of additional indicators identified by the office.

CMT efforts to improve operations and programme management included a review of the

implementation of the Office Improvement Plan, as well as a review of funding status, and DCTs over six months. Furthermore, the CMT monitored implementation of recommendations from the Peer Review of Operations conducted by the Regional Office.

During the year, the internal control committee, which supported implementation of audit and strengthening of internal controls, was transformed into the risk management committee. Its ToR ensures a transparent, inclusive and structured approach to risk management and supports an environment where strategic as well as day-to-day decisions are risk-informed. During 2015 the Office conducted a risk and control self-assessment, reviewed several risks and identified six priority risks including staff safety and security and fundraising.

Business continuity was one of the management priorities for 2015 and was updated accordingly. The table of authority includes a list of officers in charge and alternates, ensuring continuity of all functions, while the BCP lays out alternate and devolution locations.

Financial Resources Management

The programme budget officer, under the supervision of the Deputy Representative, is responsible for Country Office budget management, including the allocation of funds/budgets and monitoring of their utilisation. The budget officer also provides technical support to programme/operations assistants to ensure effective support for fund management at the section level. A monthly dashboard is sent out to all staff, and includes monitoring of financial data such as: programme funding and utilisation to date, balances per grants expiring within three or six months and commitments (with separate detailed breakdown of commitments per section).

UNICEF South Africa maintains a dedicated bank account for private sector fund raising, which operates to ensure appropriate segregation of duties. In 2015, the office assigned the responsibility of preparing bank reconciliations to an operations assistant who does not perform other roles/transactions in VISION.

Direct cash transfers (DCTs) are also monitored by the programme budget officer through a report generated every two weeks and reviewed by the Deputy Representative. DCT status is also reviewed by the CMT as one of the key performance indicators. As of 31 December 2015, there was a zero DCT balance greater than six months.

The Country Office conducted six micro-assessments and 19 spot-checks in support of HACT implementation, covering 90 per cent of current implementing partners. In addition 15 programme monitoring visits were conducted by the monitoring and evaluation specialist.

UNICEF South Africa achieved 100 per cent implementation of RR funds and above 94 percent rate for OR funds. There was zero unutilised balance on grants that expired at 31 Dec 2014, which was maintained in 2015.

The office was audited by OIAI during the last quarter of the year. The report of the audit is expected to be issued in early 2016.

Fund-raising and Donor Relations

Funds were raised from the private sector, including foundations and individual pledge donors. In addition, the Office received funds from UNICEF National Committees. Many new corporates and foundations were approached, resulting in prospective meetings, new partnerships and

ongoing negotiations with at least eight (prospect) corporates. At least four new partnerships were created, and more will follow in 2016. In addition, the UNICEF South Africa pledge donor programme, which provides flexible funds, has grown. Pledge donors were recruited at sites in Johannesburg and Durban and through events in partnership with corporate partners (e.g. Westin Cape Town). In 2015 more than US\$166, 000 (gross) was raised from pledge donors, representing a 71 per cent increase over 2014. UNICEF South Africa has improved its stewardship of pledge donors and created a new fundraising website.

The Office submitted 100 per cent of its donor reports on time, and used a donor reporting quality assurance mechanism to ensure the quality and timeliness of reports. The process also makes use of a checklist adapted from the ESARO donor reporting standard operating procedure (SoP), which facilitates the compilation of quality reports.

The approved OR ceiling for the country programme cycle (2013-2017) was US\$69.7 million and funding to date totalled US\$39.7 million (57 per cent). The CPD OR ceiling for 2015 totalled US\$13,950,000, and the utilisation rate stood at US\$9.6 million, representing 69 per cent of the CPD OR ceiling.

Evaluation

UNICEF South Africa continued in 2015 to prioritise the planning and implementation of evaluations to learn about the effectiveness, relevance and impact of the programmes and strategies it supports. The Office has an SoP for UNICEF-supported research and evaluations, which establishes procedures for commissioning, producing, disseminating and using reports from studies, surveys and evaluations. Programmes embark on a rationalisation process to assess the purpose of the evaluation, who will use the results and the cost associated with the evaluation. Through the prioritisation process, the Office reflects the research and evaluation activities in the IMEP, which are endorsed by CMT.

The 2014-2015, the IMEP had foreseen four evaluations, two of which were completed and available to the public and two were still being reviewed by the relevant line ministry. UNICEF commissioned an evaluation of the Safer South Africa Programme, a DFID- supported VACW prevention programme. The overall purpose of the evaluation was to learn lessons and make recommendations for future programming in the country and region. The specific objectives were to contribute to the evidence on what does and does not work in addressing gender-based violence prevention across the four programme outputs and the programme as a whole; and to highlight results achieved and wider changes, as well as lessons for regional learning and potential replication.

UNICEF South Africa also commissioned an evaluation of the TechnoGirl programme, with the main purpose of assessing the effectiveness and relevance of the programme and its effect on the beneficiaries. The results are being used to strengthen programme components that were identified by the evaluation as weak.

Efficiency Gains and Cost Savings

In 2015 the Office focused on improving efficiency of key processes, monitoring implementation of some of those processes and effective monitoring of programme and management priorities identified in the annual management plan (AMP). Accordingly, SoPs for DCT/HACT, travel, institutional contracts, individual contracts, and payment were revised to enhance accountabilities, reduce processing time and establish standard benchmarks.

For example, introduction of a payment SoP with a clear timeline of eight days for programme sections to process (pay) invoices and four days for Finance Section to post and pay invoices, significantly reduced invoice processing time. Similarly, introduction of a Routing Slip for processing of DCT payments and liquidations has strengthened accountability and reduced processing time. Moreover, a new CMT dashboard was introduced in 2015 to ensure the effective implementation monitoring of AMP priorities in a structured manner, along with monitoring of key management indicators.

During 2015, work processes for providing administrative support (travel, contracting, etc.) to UNICEF's Africa Support Unit (based in Johannesburg) were also clarified through the Regional Office, which helped to streamline accountabilities and improve the overall efficiency of UNICEF South Africa's support.

UNICEF remained a crucial member of the UN Country Team (UNCT) operations management team (OMT) and continued to benefit from UN common services contracts for travel, insurance, security, building maintenance, internet services, pest control, office supplies and stationery and cleaning services.

In November 2015, UNCT South Africa finalised its first business operations strategy (BOS) based on the baseline analysis, needs analysis and cost/benefit analysis of existing and proposed common services conducted by the OMT in 2014. The BOS identifies priority areas in common services, premises and practices and includes a broad work plan for 2016 and 2017.

Supply Management

The BNLSS Procurement Centre (PC) continued procuring programme-related supplies and institutional contracting, provided technical support and advice on procurement strategy, evaluation of service providers, VISION support and establishment of long-term agreements (LTAs) for the BNLSS countries. Technical support for the procurement service of BCG vaccines (166,000 vials) to the Government of South Africa (US\$517,985) is underway. The total procurement value in 2015 stood at US\$5,764,366; Country Office programme supplies (US\$338,683), services (US\$3,322,609) operational (US\$147,319); for BLNSS countries the totals were: Lesotho (US\$908,336.10), Namibia (US\$435,667), Swaziland (US\$230,720) and for countries outside the BNLSS (US\$343,898).

Key commodities procured for BLNSS included mother-baby packs, vehicles, printing of various programme materials, sanitary towels and ICT equipment. The major services contracted were related to construction of child-friendly multipurpose sport-fields, face to face (F2F) individual giving (pledge fundraising) and ECD, software services, research and evaluation, HIV/AIDS and child protection-related contracts. Twenty valid LTAs mainly serve the BLNSS; 10 LTAs were developed jointly with other UN agencies.

Procurement extended to 10 additional countries outside the BNLSS, mainly: school furniture (Mali US\$60,910), motorcycle ambulances, mailing tubes (Zambia US\$58,032), printing materials, solar lantern, (Benin US\$30,099, South Sudan US\$38,622.86 – including camping equipment – and Ethiopia US\$13,163), chlorfloc water-makers (Somalia US\$81,908), stationery (Zimbabwe US\$36,175.31), HTH and aluminium sulphate (Mozambique \$10,346), ICT software and warehouse shelves (Niger US\$14,637),

Recommendations from a peer review exercise conducted by the regional chief of supply in June 2015 are being implemented. The UN procurement working group continued to be led by UNICEF and a joint work-plan for 2016 was developed. The plan focuses on common services

efforts for establishment of joint LTAs and a common database, with the aim of reducing transaction costs and time, thereby contributing to efficiencies in programme delivery.

Security for Staff and Premises

The main security concern for the UN in South Africa remains criminality, largely attributable to social inequalities and lack of effective deterrence. Crime is pervasive, but the highest levels are recorded in Gauteng Province, which is the most populated, urbanised and industrialised part of the country and also hosts the main UN duty stations (Pretoria and Johannesburg). The security level in most programme areas is low but programmes continued to be delivered without restrictions.

UNICEF South Africa continued to implement measures to enhance staff safety and security and UNICEF premises and assets through active participation in SMT, mandatory security briefing to new staff members, sharing of security alerts and weekly updates with all staff, as well as provision of salary advance to national staff for upgrading their residential security.

The primary security concern has been the location of its offices in Pretoria. Unfortunately, due to a lack of standoff distance, inadequate parking facilities and sharing of premises with other non-UN entities, it is not possible to achieve 100 percent MOSS compliance for the UN House in Pretoria, which hosts the UNICEF office. Efforts by the UN to have the Government allocate more appropriate accommodation have yet to produce positive results, so in early 2015 UNICEF, under the guidance of the Regional Director, decided to move its offices into a building that can be made fully MOSS-compliant.

An appropriate building was identified and the lease signed in November 2015. Preparations for security upgrades have begun and relocation to the new premises is expected to be completed by March 2016. UNICEF South Africa requested funding from the regional contingency fund and the one-time office relocation fund to help cover relocation costs.

Human Resources

UNICEF South Africa continued to build on the outcome of the 2014 structural review to ensure that human capacity gaps are promptly identified and effectively addressed. However, funding challenges coupled with a limited pool of candidates for senior positions hindered effective management of human capacity. The Office responded to these challenges, as well as shifting focus in some programme areas by implementing creative resourcing strategies; mostly around short-term contractual modalities. A total of 367 working-days of stretch assignments and 3,543 working-days of consultants were mobilised during 2015.

Performance management is one of the key indicators monitored by the CMT. The need for effective performance discussions and compliance with the performance appraisal system (PAS) was repeatedly reinforced in various forums, including at all-staff meetings. In addition, priority was given to MP4R training (98 per cent all staff trained), and one-on-one coaching by the HR team for staff and supervisors. As a result, the Office achieved 100 per cent PAS completion for 2014 and for the 2015 planning phase, and 78 per cent for the mid-year review.

UN Cares was reactivated in 2015 through the UNCT, with UNICEF as the chair. UNICEF South Africa has a 74 per cent completion rate for HIV in the workplace training and 100 per cent for ethics and integrity. The Office implements the 10 minimum standards by ensuring access to information and tools for staff and families appropriately. As a medivac hub, the Office supported 19 medivacs from 11 countries – with four repatriations for fatalities.

Management and the Staff Association continued to collaborate for achievement of programme and management results. The Office hosted an all-staff retreat to review and discuss the results of the Global Staff Survey 2014 and draw-up an office improvement plan (OIP). Implementation of the OIP is monitored by JCC/CMT. A perception survey was carried out to measure progress against the plan.

Effective Use of Information and Communication Technology

ICT solutions were provided in accordance with global UNICEF standards and policies, with particular emphasis on four key results: infrastructure maintenance and provision of technical support during change and migration initiatives; promoting and advising on the use of technology for collaboration and programme results; business continuity planning; and general technical user support.

Whilst there were no new roll-outs in 2015, the massive migration to Office 365 in 2014 led to persisting challenges throughout 2015. To maintain effectiveness and efficiency, the Office continued to implement and support Office365, especially in scaling-up the use of MS Lync and then Skype for Business, for collaboration, as well as OneDrive as the preferred option for cloud storage. 2015 also saw the introduction of the UNICEF South Africa Team Site, an MS Sharepoint portal for data and documents sharing that will eventually replace the traditional File and Print Server public shared drives.

The Office's ICT team contributed to promote and support the use of innovative technology for programme results. In 2015 extensive feasibility studies were undertaken in the Eastern Cape for the introduction of the Digital Doorway, a T4D undertaking by UNICEF and the National Association of Child Care Workers (as implementing partner) that aims to introduce computer literacy to hard-to-reach rural/peri-urban and largely disadvantaged South African children. It centres around the concept of 'unassisted learning', whose aim is to provide freely accessible computer equipment and open source software.

For business continuity (BC), the Country Office renewed satellite phone subscriptions and updated the BC document twice in 2015. All staff were given smartphones with full access to official email and Skype for business calling, which also serve as connectivity modems through tethering. The Office procured a portable wireless router to use at the alternate site to provide internet connectivity. Core transactional staff have 3G connectivity modems.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 80per cent of pregnant women, new-borns and children less than five years of age and adolescents access quality maternal, new-born, child and adolescent health interventions, including HIV and AIDS, with a special focus on the most disadvantaged districts and communities

Analytical Statement of Progress:

2015 saw adoption by the Government of the 3 Feet approach towards district health systems strengthening and supporting action for results. The approach emerged from the key recommendations of the mid-term review of the national maternal, new-born, child, women's health and nutrition strategy 2012-2016, completed in 2014 with UNICEF as the lead technical

agency. Innovative approaches to health systems strengthening – including the development of tools at facility level to track achievement of results, complete a bottleneck analysis through the 3 x 4 matrix (across the key domains of enabling environment, quality, supply and demand) and identify key actions as well as track progress with actions through an action dashboard – were highlights of the work done in 2015. The above tools and approach were adopted by the Government for scaling up the 90-90-90 campaign for HIV and TB across the country, leveraging support from implementing and development partners and thereby facilitating reaching every facility and district in the country. The 3 Feet approach reinforces the importance of reaching every individual with a strong emphasis on equity, quality of services and improving demand at the community level. Further work in strengthening implementation and tracking results and specific outcomes will take place in 2016.

The nutrition agenda received priority at the highest political level when the Presidency convened multi-sectoral partners to finalise a national food and nutrition security plan. This plan presents an integrated, comprehensive approach for improved nutrition outcomes. UNICEF supported development of the plan as a lead technical agency; it will be presented to Parliament in 2016. The Government also prioritised addressing the high case fatality rates due to severe acute malnutrition (SAM). Wide disparities are seen across districts, ranging from 8 per cent to 18 per cent, with a national average of 11 per cent. UNICEF is supporting the design and implementation of a comprehensive response programme to address SAM in select districts, and is working closely with the Department of Health to document approaches, lessons learned and best practices to inform national scale-up.

The HIV/AIDS programme also experienced major momentum in 2015 with the roll-out of the 90-90-90 campaign and emphasis on district-level targets and facility targets in 2016, linked to the 3 Feet approach. Revised HIV guidelines have resulted in the country adopting Option B + for all HIV-positive pregnant women, taking treatment for life for their own health, and the PCR testing for infants at birth to ensure early diagnosis and start of treatment early for infants to support better child survival outcomes.

The country is progressing towards meeting targets required to achieve validation for the elimination of mother-to-child transmission of HIV; emphasis was placed on tracking numbers of infants that test positive and bringing down rates of transmission. UNICEF continues to support facilities and districts in implementing the new-born care plan to reduce new-born mortality rates and avoid preventable deaths.

2015 also witnessed the end of the MDG framework and welcomed the SDGs. The Government plans to review targets and ensure the finalisation of an implementation plan for the SDGs in 2016. Work is also being done on developing an Investment case for maternal and child health, with key high-impact interventions implemented at scale. The HIV/TB investment case was completed in 2015, and work is ongoing to support scale-up of interventions through the 90-90-90 campaign. Emerging areas of work include the implications of the latest evidence on pre-exposure prophylaxis for prevention of HIV transmission and exploring the use of PrEP for high risk populations, including adolescent girls.

The national Momconnect SMS text alert program is ongoing and has reached more than 500,000 pregnant women. The women receive messages linked to their stage of pregnancy or age of their babies, and are also able to send text messages to the Department of Health to either compliment the health service they receive or to complain. UNICEF is supporting the alignment of the help desk platform with Rapid Pro and open source solutions, with a view toward linking SMS text alert programs implemented at national scale with the 1,000 days suite of tools and

messages. UNICEF is also supporting the design and implementation of the communication and advocacy plan for Momconnect, linking with key maternal-child health (MCH) messages to improve knowledge and create demand at the community level.

Further work is being done to explore two technological innovations, namely, (i) setting up real-time tracking systems to better understand leaks in the PMTCT cascade, as well as ensuring linkages to treatment for HIV-positive infants and mothers, and (ii) understanding the digital platforms being used by adolescents and young people for sexual and reproductive health (SRH) and HIV information and services and exploring the development of an app to improve anti-retroviral therapy (ART) adherence amongst adolescents. Discussions are also ongoing regarding the digitalisation of the 'Road to Health' booklet for mothers and caregivers to download and be able to access key information about children, including customisation of their child's date of birth and links with milestones and growth monitoring. These areas will be further explored and developed in 2016.

OUTPUT 1 At least 90 per cent of birth delivery (health facility) sites and the linked feeder (PHC) clinics in selected districts provide and monitor a package for improving new-born and under five child health outcomes

Analytical Statement of Progress:

UNICEF continues to work with national, provincial governments and local partners to advance the recommendations of the mid-term review (MTR) for the maternal, new-born, child health and women's health and nutrition strategy completed in 2014. The recommendations are aligned with ministerial committee reports for preventing maternal, new-born and child deaths and the list of high-impact interventions to improve outcomes. This has resulted in major work and progress in select districts towards improving maternal, new-born and child health outcomes through the 3 feet approach to decentralised health systems strengthening. Further, technical inputs and support continue to be given to the national technical committees for new-born coordination, EPI and breastfeeding, responsible for planning, oversight and strategic and technical programme guidance. In 2015, UNICEF assisted in compiling profiles for new-born health to understand key provinces and districts that are struggling and need additional support. These provinces were supported through the Department and partners to develop focused new-born care improvement plans. Provinces and districts also received support to use the new-born quality improvement tool kit and tools to assist facility assessments and dashboards to track progress at the facility, district and provincial levels.

The challenge for scaling-up the progress of new-born care implementation in South Africa is often tied to the lack of focal persons at the National Department and decentralised levels, as well as poor coordination of efforts at provincial and district levels. This is being addressed through regular reviews and support provided by supervisory visits through partners. Capacity-building exercises for skills improvement in managing new-borns were conducted, which included training for healthcare providers in Helping Babies Breathe (1900 nurses, 357 doctors); management of sick and small new-borns (745 nurses, 363 doctors) and emergency medical services training (73 EMS practitioners).

In KwaZulu Natal Province, UNICEF supported workshops bringing facility staff (including CEOs) together to finalise the child health, new-born care plans at decentralised levels; continued monitoring and support for implementation is being provided by District clinical specialist teams and the KZN provincial team.

UNICEF supported the design and dissemination of the key recommendations of ministerial committee reports for maternal, new-born and child health through a poster and pocket card handout for use in facilities and by health care staff across the country.

OUTPUT 2 At least 90per cent of health care facilities and linked community systems in selected districts implement a comprehensive package of high impact child nutrition interventions including WASH programmes to improve key under 5 child nutrition indicators by at least 50per cent

Analytical Statement of Progress:

For the first time, the country is moving forward with the development of a multi-sectoral, integrated, national food and nutrition security plan to improve nutrition outcomes for women and children. This is led by the Presidency; UNICEF is one of the technical leads, along with other agencies and partners. Major efforts were directed in 2015 towards implementing the recommendations of the MTR of the 2014 maternal, new-born, child, women's health and nutrition strategy. This included focusing on nutrition outcomes using the 3 feet approach, working in select districts, at the facility level, to understand the current status of child nutrition, and identify key bottlenecks and solutions. Tools to track the nutrition cascade at facility level, including regular growth monitoring, were designed and tested in one district. Work is also ongoing with the Department of Health to identify priority districts for addressing high case fatality rates for SAM and focusing on improving prevention and curative services. UNICEF is working with a partner in Uthukela district (KZN) to design and implement a comprehensive framework to address child malnutrition that will inform the national scale-up plan for addressing SAM.

UNICEF worked in 2015 with a partner to strengthen the capacity of frontline staff from the Department of Health, NGOs and other government departments to promote and support key family health care practices at the household level. Training for the frontline workers was conducted to focus specifically on handwashing and Infant and Young Child Feeding (IYCF), with an emphasis on promoting exclusive breastfeeding; 7,448 workers received training.

At the national level, as part of the WASH technical task team, along with the National Department of Health, Department of Water and Sanitation, Department of Basic Education, and other stakeholders, UNICEF South Africa has supported the completion of a discussion paper outlining the current status, key bottlenecks and gaps and areas to focus on for improving WASH and related child health and nutrition indicators. A senior-level engagement with stakeholders from different departments was also completed through a WASH Bottleneck Analysis Tool exercise, to better understand issues with cross-sectoral linkages and identify priority actions across sectors.

OUTPUT 3 At least 95 per cent of HIV positive pregnant women, HIV exposed infants access PMTCT services and 80 per cent of HIV positive children access treatment and care and support nationally

Analytical Statement of Progress:

South Africa adopted new HIV guidelines that include lifelong ART for all HIV-positive pregnant women (Option B+) and CD4 500 threshold for general population as of 1 January 2015, and in April 2015, adopted universal HIV PCR testing of all HIV-exposed infants at birth. UNICEF is supporting National Department of Health to monitor field level implementation, documenting

lessons learnt to facilitate expert discussions for quality improvements in service delivery, including guidance on field level mentorship and linking HIV-positive infants to early treatment, care and support.

South Africa adopted the UNAIDS 90 90 90 targets for HIV and TB (HIV testing, treatment and viral load suppression) in March 2015. UNICEF continues to support the district implementation planning process, providing technical expertise for target-setting, bottleneck analysis, action planning and monitoring system using the '3 feet' model and tools. UNICEF also supported the design and development of paediatric HIV cascades and PMTCT cascades linked with the 90-90-90 work.

UNICEF continued to support data quality improvement, data for action at national, provincial and district levels to monitor implementation of the action framework for elimination of mother-to-child transmission, facilitating continuous review of bottlenecks in the PMTCT and MNCH cascade, prioritising action plans.

UNICEF continues to support the engagement of women living with HIV (WLHIV) and the mentor mother programme in four districts (OR Tambo, Amathole, Waterberg and Zululand), working with existing community-level networks to provide peer psychosocial support, counselling and education for PMTCT and infant and young child feeding (IYCF), strengthening facility – community referral and linkage systems, following mothers and infant pairs; and linking HIV-exposed and positive children to early treatment, care and support.

UNICEF continued to provide technical support to the ongoing PMTCT impact evaluation study led by the Medical Research Council, to monitor MTCT rates and guide PMTCT programme focus. UNICEF has been supporting the "Mom Connect" pilot project in KZN since 2011 to follow mothers and infants through SMS reminders and link to client electronic records.

Currently an assessment of the project is being completed; the results will be used to understand the outcomes for linking SMS text alerts with electronic medical record systems. Technical support continues for the HIV spectrum estimates at national and provincial levels and the HIV investment case for South Africa, as technical lead for PMTCT and paediatric HIV care. Support was also provided to conceptualise the operational research on early infant male circumcision (EIMC) HIV prevention.

OUTPUT 4 80per cent of pregnant women, new-borns and children less than five years of age and adolescents access quality maternal, new-born, child and adolescent health interventions including HIV and AIDS with a special focus on the most disadvantaged districts and communities

Analytical Statement of Progress:

In 2014 UNICEF supported the rapid assessment of adolescent- and youth-friendly health services across the country. The results of the assessment contributed towards informing the revisions to the Government Department of Health's Adolescent and Youth Health Policy, which is currently near completion. UNICEF continues to provide technical inputs and support to the policy finalisation and will support development of an implementation plan with field-level implementation in select districts. According to a 2012 HSRC report, only about 14 per cent of eligible HIV-positive adolescents were accessing antiretroviral treatment. UNICEF is in the process of designing a program to identify solutions that will improve access and retention in care for adolescents, including digital and mobile solutions.

Review of available data and information on adolescents is in progress through a number of partnerships as part of preliminary country assessments of the situation regarding adolescent HIV. This includes (1) technical support for an ongoing study on understanding of barriers and facilitators for ART adherence in adolescents; (2) study on communication and counselling needs for voluntary medical male circumcision for adolescents; this is a multi-country study, protocols for which are currently under ethical review.

To meet the 90-90-90 targets for HIV, UNICEF is supporting a district improvement planning process focused on adolescent HIV testing, treatment, care and support using the 3 feet approach and tools (Data dashboards & cascades, bottleneck analysis tools, action plans and monitoring dashboards). The first phase of the process was completed in June. The second phase of facility-level planning is on-going using the '3 feet' tools developed by UNICEF.

Community mentor mother support groups (mentor mothers are mothers living with HIV who are trained to work alongside medical staff in understaffed health centres) are being established through partnership agreement with mothers2mothers in four districts to follow up, conduct peer psychosocial adherence counselling and education targeting adolescent pregnant women living with HIV as part of last mile reach plan for eliminating mother-to-child transmission. Emerging evidence with PrEP has led to technical discussions on adolescent HIV prevention amongst girls; UNICEF is part of the national technical team.

OUTPUT 5 At least 90per cent of health care facilities in selected districts implement facility level planning and monitoring as part of the district and facility based health systems strengthening towards reaching the targets for MDGs 4, 5 and 6

Analytical Statement of Progress:

Improving district health systems was a key recommendation from the mid-term review of the 2014 maternal, new-born, child, women's health and nutrition strategy review. Through consultations with provinces and districts, it was evident that facility-level ownership, accountability and action was needed to improve results along the continuum of care for women and children.

The 3 feet approach was designed to improve systems across levels of health care delivery using simple tools. It includes facility-based planning linked with data review, identification of bottlenecks, priority actions and partner alignment towards results. The model is being implemented across four districts in the country and the approach is being coordinated. The focus is to link the bottlenecks and actions with the district health planning process and facilitate costing and budgeting for health plan financing. UNICEF is leading the work with full technical support for operationalising the 3 feet approach to achieve results for children. The key focus indicators cover the continuum of care for maternal, new-born and child health, including HIV and TB. The tools and methodology were adopted by the country for scaling-up the 90 90 90 initiative for HIV and TB across the country and are being used by all partners.

A process documentation, including an animated video outlining the key components of the approach and a print booklet are available. The finalisation of the tool kit for operationalising the 3 feet work, as well as data and analysis to understand progress on output and outcome indicators, is ongoing and should be available by early 2016.

OUTCOME 2 All boys and girls access improved quality education, with increased school retention, completion and achievement rates

Analytical Statement of Progress:

Access to quality early childhood services for children from birth to school-going age (excluding Grade R) is a challenge, and has been prioritised by Government for intervention through the National Development Plan: Vision 2030. The National Policy for Early Childhood Development (ECD) was approved by Cabinet on 2 December 2015 and is providing strategic direction with measurable indicators for quality ECD services for infants and young children in the country. This is also supported by the implementation of a National Curriculum Framework for birth-to four-year-olds, which will facilitate greater uniformity in early learning child outcomes, as stipulated in the national early learning development standards.

A national audit of all ECD infrastructure, the identification of models of good infrastructure provisioning and the amendment and consolidation of spatial norms and standards for ECD infrastructure were completed and published on the Department of Social Development website.

Steady improvements have been noted in learner performance in the foundation and intermediate phases. However, performance in the senior phase (Grades 7-9) for mathematics has regressed since 2013. The Department of Basic Education is implementing focused teacher training to improve performance. UNICEF has supported the development of teacher training resources for mathematics, based on performance in the Annual National Assessments for Grades, 3, 6 and 9, and 90 master trainers (subject advisors) from all provinces have been trained. Provincial implementation plans were finalised to roll out training to 100,000 mathematics teachers over two years. The gender parity index has remained relatively stable over the years, showing equal opportunity for both genders attending learning institutions.

The safe and caring child-friendly schools (SCCFS) programme is an overarching initiative that promotes the fundamental principles that schools should adhere to in order to provide a safe and caring environment for quality teaching and learning. These principles include; a rights-based and inclusive school; an effective school; a safe, protective and supportive school; a health-promoting and health-seeking school; a gender-sensitive and gender-promoting school; and a partnership-building school. The SCCFS and 'care and support for teaching and learning' programmes were merged at the conceptual and operational levels. Training tools have also been developed for the strengthened care and support programme. As both models have a rights-based, inclusive and child-centred approach, merging the two programmes would allow for coherence in the approach to care and support in all schools, and for a strengthened model to be taken to scale across the country. Consultations on the strengthened care and support programme have taken place with provinces; the programme is due to be implemented in Mpumalanga Province, through direct support to 400 schools, and the province will extend the programme to all 1,800 schools. The national department in collaboration with the National Education Collaboration Trust is supporting the rollout in the eight other provinces, reaching 20 of the poorest-performing districts with a total of 9,000 schools.

OUTPUT 1 Strengthened national capacity to increase access to and utilization of quality integrated early childhood development services, with a focus on the most vulnerable children.

Analytical Statement of Progress:

The 'South African National Development Plan: Vision 2030' prioritises ECD as a key intervention for young children's growth, development and early learning, and an imperative to the long-term sustainable development of the nation. In line with the medium term strategic framework of the Government of South Africa, the national early childhood development policy was approved by Cabinet on 2 December 2015. It provides the country's first-ever comprehensive integrated policy framework from conception to the year prior to entry into formal

school and is rooted in a rights-based approach, public provisioning of ECD services, play-based learning and understanding the long-term effect of investing in early childhood development as a public good. Groundwork continued in 2015, with UNICEF support, to unfold the strategic role that local government must play in the provision and governance of ECD service delivery through strategic advocacy and capacity development. The UNICEF-supported national curriculum framework for birth-to-four (NCF) was rolled out in early 2015 in about 100 early learning sites under the lead of the Department of Basic Education. The NCF is a strategic “tool” to consolidate the approach to early learning linking it to the new early learning standards, and represents a significant catalyst for improving the quality of ECD programmes in the country.

Determinants in the implementation and resourcing of quality ECD programmes are linked to an understanding of the importance of investment in ECD through public funds. UNICEF, in collaboration with the Government, is developing an investment case, linked to the NDP and the premise of ECD as a public good, to increase and prioritise public investment in ECD phased in over the next 15 years. In this respect, required components such as capacity of Government officials relating to ECD governance and implementation is being audited; the feasibility of different options for the coordination and governance of cross-sectoral ECD provisioning is being investigated; and harmonisation between municipal policies and laws and national policy are being assessed as essential components of an investment case.

The introduction of the child support grant, reaching 65 per cent of poor children under the age of six; the provision of free basic health care (94 per cent of children will have completed their primary immunisation course within the first year); with 79 per cent of children having their births registered within the first 12 months of their life (GHS 2015) are evidence of the progress. Challenges remain in that the majority of children receive inadequate stimulation in their formative years; inequality in accessing quality ECD remains at unacceptably high levels: while an estimated 80 per cent of children aged three-to-four years from the richest quintile have access, less than 40 per cent of their peers in the lowest quintile enjoy this basic right.

OUTPUT 2 Strengthened education systems for the delivery of quality education for improved learner progression and performance in at least quintile 1 and 2 schools.

Analytical Statement of Progress:

Although steady improvements have been noted in learner performance in the foundation and intermediate phases, the senior phase (grades 7-to-9) for mathematics have regressed since 2013. Emphasis is placed on an in-service teacher training program to improve content knowledge and teaching methodology. This training and the resource materials developed enable teachers to reflect on their teaching methods to enhance learning. A total of 90 master trainers (80 math subject advisors and 10 teacher union members, 70 per cent female) from all provinces were trained, and will in turn roll out in-service training to an estimated 100,000 teachers nationally through the 147 teacher resource centres established last year. The provincial departments are rolling out this work to all 83 districts, reaching an estimated 4 million children in two years. The training has been accredited through the South African Council of Educators, and UNICEF supported an independent quality assurance process to inform the scaling-up process.

In partnership with Microsoft and Vodacom, during 2015 66 of the 147 teacher resource centres were upgraded with state of the art technologies. All 147 resource centre managers and their assistants (294 in total, 51 per cent female) were trained on the materials developed, including

management/leadership for effective utilisation of the centres.

ukuFUNda, the virtual school, is picking up nationally and continues to support increased access to teaching and learning resources to both learners and educators. There are currently 157,000 learners registered as active users of the system. Additional features will be included on the platform in 2016, including a teacher communication application for smart phones and a whole school evaluation application for feature phones. While the former will allow seamless communication amongst all stakeholders in the education system, including the department receiving real-time information from teachers, the latter will enable the department to rank schools based on functionality and develop school improvement plans accordingly. The Minister of Basic Education also uses the app to reach out to the 480,000 teachers in the basic education system.

A consortium of partners including UNICEF is also supporting the DBE to test three models for early grade reading, using a randomised control trial. UNICEF provided technical assistance to the DBE to define the three interventions that are being tested in 2015/16. The findings will then lead to replicability studies to support evidence-based decisions on national roll-out of the models that work. This focus is related to addressing the challenge that shows poor levels of reading and comprehension among young learners. Plans were finalised to build the capacity of 60 district managers on evidence-based decision making and management. The focus will be on developing skills to interpret system and learner performance data to inform planning, monitoring and reporting. Following last year's post-provisioning exercise for teachers, progress was made in the development of a tool to determine and project the demand and supply of educators. This is critical to ensuring a constant supply of qualified quality teachers in the system

OUTPUT 3 Increased number of schools that meet national quality standards based on 'safe and caring child-friendly schools' (SCCFS) model, with a focus on quintile 1 and 2 schools.

Analytical Statement of Progress:

UNICEF hosted a roundtable discussion to generate support and input for the DBE Draft National Policy on HIV, STIs and TB that was gazetted for public comment on 5 May 2015. The draft policy is ground-breaking as it proposes the provision of condoms to learners in all schools without condition and the availability of HIV testing and other sexual and reproductive health services in secondary schools. This is a first for the country and the region and a necessary intervention in light of South Africa being a hyper-endemic country. The roundtable was attended by key stakeholders from government, civil society, academia, research and young people. The policy won overwhelming support; robust debate was held on providing condoms in schools. It was agreed that the policy needed to further define the mechanisms through which condoms would be made available in schools and that close partnership was needed with the Department of Health to formulate a detailed implementation plan.

The social cohesion toolkit/guidelines were disseminated to identified schools in the Eastern Cape. The guidelines focus on embracing local heritage and positive cultural values, promoting caregivers' involvement in schooling. In the Eastern Cape and KwaZulu-Natal Provinces over 2,500 G/BEM members (605 girls) were trained to disseminate information on prevention of HIV and GBV. In the Eastern Cape, trained G/BEM members reached over 5,000 learners (63 per cent girls), 1,000 parents (67 per cent female), and 250 (87 per cent female) educators through community dialogues. KwaZulu-Natal plans to cascade the training early next year targeting 21,500 learners in 30 schools, progressing gradually over the next four years to 6,000 schools (4.2 million learners, 51 per cent girls). In addition, over 750 learners (505 girls) from 131

schools are now equipped with technology to even the playing field for under-resourced schools in empowering participants to post GBV prevention messages and videos on various social network platforms. Seventeen videos posted on Facebook have had 3,500 hits, and 600 followers have tweeted since the launch of the campaign in June. Other media partners such as Mind-set, Soweto TV, Bay TV, and 1KZN also came on board to increase the exposure of the campaign, and recently over 2 million people viewed the winning video, which was aired by the media partners listed above.

The school safety framework was approved by the Minister on 18 April 2015, followed by 44 district workshops reaching over 1,500 master trainers (68 per cent female) to disseminate the framework to schools. This framework provides guidance on the development of school safety plans and promotes the engagement of key partners within the school and the community to ensure overall safety in schools. Over 5,550 learners benefited (60 per cent girls) and 150 teachers (80 per cent female) participated in a national Music for Development programme, of which 18 schools were from disadvantaged farming communities. About 286 (47 per cent female) coaches from 85 districts and 8,100 (48 per cent girls) learners were trained and are actively involved in the youth leadership programme on Sports for Development.

OUTCOME 3 Children's rights to protection from violence, abuse, neglect, exploitation and discrimination are progressively recognized and fulfilled

Analytical Statement of Progress:

In 2015 UNICEF provided technical assistance to the Government of South Africa to accelerate the formulation and implementation of integrated strategies to address violence against children and women. The technical task team of the inter-ministerial committee led by the Department of Social Development facilitated, with UNICEF support, the following institutional analyses: i) a "Diagnostic Review" of Government's levels of readiness to address VACW. led by the Department of Planning, Monitoring and Evaluation (DPME) in the Presidency; ii) a study to identify the structural determinants of VACW to inform the mandate of the IMC to investigate the root causes of VACW; and iii) a mapping and analysis of information management systems utilised by different Government departments to monitor VACW. These key institutional analyses are nearly completed and will be utilised by the technical task team to review current strategies – including the Programme of Action 2013-2018 – and prepare a report for Cabinet with recommendations for improving the state response to VACW.

Despite these positive achievements, a number of critical challenges continue to hamper an integrated state response to VACW. The Diagnostic Review analysed the state response to VACW across 10 government departments and three levels of government using the WHO's readiness assessment framework for the prevention of child maltreatment and a theory of change for the sector. Preliminary findings revealed that although legislation is generally comprehensive and sufficient to safeguard women's and children's rights to protection, serious implementation gaps remain. The review pointed out that: despite the fact that important progress was registered at the technical level, leadership and political will do not seem to be sufficiently strong to address the magnitude of VACW in the country; integration efforts between departments and across spheres of government need to be strengthened; and current budget allocations across departments are insufficient to fully implement the VACW agenda (amounting to only R2.7bn in 2014/15 for VACW prevention programmes. Between 2010/11-2014/15 the provincial DSD were allocated approximately 3 per cent of total provincial budgets, compared to shares going to health (31 per cent) and education (41 per cent). In the area of monitoring and evaluation (M&E), disaggregation of data on VACW on the basis of gender, age, social origin, ethnicity or disability remains limited, making attempts to analyse patterns of victimisation and

perpetration extremely challenging. These preliminary findings were recently disseminated by DPME with the support of UNICEF and KPMG to the IMC task team on VACW and will be utilised to draft a plan for strengthening Government strategies to address VACW.

Encouraging developments are taking place in the sector to address systemic bottlenecks, including insufficient numbers of skilled social welfare workers, limited availability of evidence-based programmes to prevent VAC, and high level of impunity, coupled with secondary victimisation of child victims of sexual crimes. The DSD has taken a number of steps towards addressing the workforce gap (there are 18,213 registered social workers in South Africa but only 6,655 employed by Government and 2,634 by non-profits), including an investment of R938million for 2014-2016 to expand the number of social workers through bursaries and employment and the professionalisation of the child and youth care workers workforce, including clear standards for education and training and scope of practice for these workers at each level. It is anticipated that this increased investment in the expansion and development of the social welfare work force will lead to a new paradigm of social service delivery with reduced levels of inequality in accessing services and increased demand for services, particularly for prevention and early intervention programmes. Positive efforts are also taking place to generate evidence on what works to reduce and prevent VAC. New programmes for VAC prevention – including parenting programmes, community mobilisation programmes and school-based interventions – are currently being tested. UNICEF has been playing a catalytic role in facilitating the dissemination of new knowledge and evidence in the sector and advocating for increased government investments to scale-up interventions that have proved successful in reducing VAC. UNICEF has also forged and maintained partnerships and alliances with UN agencies, CSOs, academic and private institutions to accelerate different aspects of the VACW agenda, including with: KPMG, Medical Research Council, Institute of Security Studies, Children's Institute, University of Cape Town, National Association of Child and Youth Care Workers, Southern Hemisphere, Children's Radio Foundation, Institute for Child Witness Research and Training and Clowns Without Borders.

To ensure that the Child Protection programme will continue to remain relevant and strategically positioned to achieve key outcomes during the remaining two years of the country programme, a programme review exercise commenced in 2015. The review, facilitated by an external consultancy firm, will assess key results and challenges during 2013-2015 and identify key strategic areas of collaboration with relevant Government (DSD, NPA, DoJCD), academic and civil society stakeholders. Initial findings will be available in February 2016 and the final report in March 2016. The section also initiated the development of a new two-year work plan with the national DSD, which will primarily aim at strengthening prevention and early interventions strategies, with a focus on testing and developing scalability plans for evidence-based programmes (with emphasis on family strengthening and engagement of men and boys in preventing VACW) and facilitating the planning, coordination and monitoring of a multi-sectoral state response to VACW.

OUTPUT 1 National Child Protection System to prevent and respond to violence, exploitation, neglect and discrimination and ensure the care of vulnerable children strengthened.

Analytical Statement of Progress:

UNICEF continued to work with the Department of Social Development to ensure that the VACW agenda is coordinated across key Government departments. At technical level, the TTT of the IMC constitutes an important springboard for coordinating prevention and response strategies and avoiding fragmented, diluted or simply reactive solutions to VACW. Although the

Programme of Action 2013-2017 (approved by Cabinet in 2013) was not officially launched, interventions were mainstreamed in the national planning process and are being implemented. UNICEF supported several interventions, including: implementation of the *Isibindi Model* to provide family strengthening services to vulnerable children and families through home visits; formulation and implementation of the National Strategic Plan for the re-establishment of 57 Sexual Offences Courts; carrying out the diagnostic review (which was included in the 2014/15 national evaluation plan of the DPME; and the formulation of new policies to address VAC in schools, including the school safety framework and the policy framework on gender equality and equity in basic education (supported by UNICEF's Education section). Regarding M&E, a partnership with the Medical Research Council led to the completion of a mapping and analysis of administrative data collected by key Government authorities on VACW and recommendations for improving the capacity of different systems to capture patterns and trends in perpetration and victimisation.

In the area of evidence-generation, both the diagnostic review and the study on the structural determinants of VACW provide a clear navigation chart for guiding a more effective and informed Government response to VACW. Findings from the study on the structural determinants of VACW, which utilised structural equation modelling to construct explanatory models that reflect pathways and sequencing for violence victimisation and perpetration in relation to women and children, confirmed the need to invest in family strengthening interventions (with a focus on home visitation and parenting) to prevent and mitigate those risk factors that continue to place children at risk of becoming victims and/or perpetrators of violence. The DFID-funded Safer South Africa Programme, a £5,194,000 GBV prevention programme implemented over a period of three years, was completed in September. The programme scored "A" for its instrumental contribution to strengthening the national response for GBV prevention through support for a range of national-level policy and legislative changes; capacity building at national, provincial and community level; and providing demonstrative evidence of attitudinal change at the local level. The implementation evaluation conducted over a nine-month period, confirmed that the Programme presented "an innovative, multi-sectoral, multi-level approach to prevention of GBV" and through a number of interventions, contributed to more firmly positioning VACW on the agenda of six different national departments. The final programme completion review compiled by DFID stated: "the business case proposed that UNICEF represented a value for money opportunity to access the technical expertise required for this complex programme through their staff, while avoiding expensive consultancy fees as well as taking advantage of the strong relations with key government departments in South Africa".

OUTPUT 2 Prevention strategies and services strengthened to prevent and mitigate factors that place children at risk of violence, abuse, neglect, exploitation and discrimination

Analytical Statement of Progress:

In line with UNICEF's Global Child Protection Strategy, the UNICEF Strategic Plan 2014-2017 and the WHO approach to preventing child maltreatment, the Child Protection Programme focused primarily on violence prevention, attempting to mitigate those factors at the societal, community, relationship and individual levels, that place children at risk of violence and abuse. In the specific context of South Africa, limited evidence on what works to prevent violence and the capacity to develop and deliver evidence-based programmes have been major barriers to more effective violence prevention and reduction. To overcome this challenge, UNICEF is collaborating with the University of Oxford to conduct the randomized control trial of "*Sinovuyo*", a parenting programme specifically designed to prevent and reduce child maltreatment among vulnerable families and care givers with children 10-17 years old. The programme is linked to

'parenting for lifelong health', a research initiative led by UNICEF and WHO, promoting the development and testing of affordable and effective parenting programmes to prevent VAC in low-resource settings. The pre- and post-test of the *Sinovuyo* Teen program, was carried out by the University of Oxford with UNICEF support in November and December 2014, and showed preliminary signs of effectiveness in reducing child abuse, neglect, adolescent problem behaviour, care-giver negative coping strategies, parenting stress and poor parenting. The randomized control trial commenced in April 2015, working in 40 randomly selected villages in peri-urban township areas with 500 caregivers with 10-17-year-olds, and will be completed in January 2016. Scale-up plans for implementing the programme at an additional 10 sites in the Eastern Cape have been agreed with the provincial DSD and implementing partners, and regular dialogues are taking place with national DSD to assess scalability options (including core requirements; staffing; organisational needs; costs and expected outcomes) in other provinces. UNICEF is also collaborating with provincial DSD and the National Association of Child and Youth Care Workers to implement the Isibindi Model – a community-based child protection programme led by the DSD – in 14 sites of the Eastern Cape Province. To date, a total of 15,742 vulnerable children and 2,218 families were reached with home visits and 590 referrals were made to facilitate access to basic social services, including health services, statutory protection services and social protection schemes. In addition, approximately 4,500 adolescents and youths were reached with life skills to strengthen their capacity to protect themselves against violence, HIV/AIDS and teen-age pregnancy. To accelerate VAC prevention and the use of evidence-based programmes UNICEF forged a partnership with the Institute of Security Studies aimed at creating regular dialogue platforms between Government, academic institutions and CSOs to promote the use of evidence in programming and the scale-up of existing evidence-based programmes for family preservation/family strengthening. Discussions are taking place with the national DSD to transform these "platforms" into formal structures to enhance advocacy efforts for VAC prevention, increase public and relevant sectors' awareness, influence policies and increase accountability in the sector.

OUTPUT 3 Child victims and witnesses of violence and neglect access child- friendly , multi-disciplinary services

Analytical Statement of Progress:

UNICEF continued to support the DOJ & CD's Vulnerable Population Unit to strengthen the capacity of the criminal justice system to reduce and prevent secondary victimisation of child victims and witnesses of violent crime through the full application of international and national norms and standards, and to increase the prosecution and finalisation of sexual offences cases. The National Strategic Plan for the re-establishment of the Sexual Offences Courts was finalised with UNICEF support, formally adopted by the National Operational Inter-Sectoral Committee on Sexual Offences in 2014 and disseminated among the National Sexual Offences Courts Committee in the first trimester of 2015. To date, a total of 37 Sexual Offences Courts have been established in the country, although not all Courts were fully compliant with the model instructed by the ministerial task team on the adjudication of sexual offences matters. From March 2014 to April 2015, the Courts registered 8,457 new cases (of which 7,240 were rape cases), a 22.2 per cent decrease from 2013/14. During the reporting period UNICEF also provided inputs into the development of regulations for Sexual Offences Courts, which will be published during the current financial year for public comments and will aim to make effective the implementation of Section 55A of the Judicial Matters Second Amendment Act, 2013, which makes provisions for the Minister of Justice and Correctional Development to designate a court as a sexual offence court. In addition, UNICEF also supported the DoJ&CD to conduct research on the viability of providing food/nutritional support to child victims and witnesses in Sexual

Offences Courts. Findings of the research were utilised to issue a national circular to all regional heads, area court managers and court managers instructing the provision of nutritional support to all child witnesses and modification of tariff allowances payable to witnesses required to testify in criminal courts in terms of the Government Notice N.391 of Apr 2011, as well as recommending that the tariff to be increased. Furthermore, UNICEF supported the DoJ&CD in conducting an assessment of the training needs of Court intermediaries (section 170A of the Criminal Procedure Act 51 of 1977 makes provision for Courts to appoint intermediaries to enable witnesses under the age of 18 years to give evidence in “camera”). Recommendations for improving training were submitted to the DoJ&CD and the Justice College. Due to lack of funds, activities during the first semester of 2015 had to be significantly reduced. In October, when new funding became available, UNICEF developed a new work plan with the DoJ&CD for the last semester of 2015 and for 2016 that included interventions to measure the effectiveness of the newly established Sexual Offences Courts in reducing secondary victimisation among child victims and witnesses of sexual crimes, identifying gaps and making recommendations for ensuring compliance with the model. Lack of funding also constrained sector capacity to formalise a collaboration with the National Prosecuting Authority to monitor compliance of the existing Thuthuzela Centres with existing standards through institutional analysis and improvement of the monitoring and evaluation system.

OUTCOME 4 Equity-sensitive national policies, programmes and budget allocations are made based on high quality evidence and strengthened oversight

Analytical Statement of Progress:

Progress in achieving the outcomes established in the CPD is proceeding apace, with most outcome indicators deemed to be on track. Child poverty continues to decline, albeit at a slow pace, and thus remains unacceptably high. Income poverty affects more than half of South Africa’s children, higher than among any other age group. Multidimensional poverty rates are only slightly better. Many of these children – one in four – are found to be trapped in chronic poverty, which not only compromises their life chances from an early age but inevitably leads them to transmit their predicament to their own offspring. Although disparities and deprivations affecting children are generally declining over time, they still remain deeply entrenched and closely associated with race and space. Invariably, child outcomes are worse among Blacks than non-Africans, and the former “homelands” continue to be the areas of highest concentration of child poverty and deprivation. Yet child poverty would be much worse if it had not been for the very large investments, sustained over many years, across a range of social sectors (health, education, basic infrastructure and amenities) and the extraordinary expansion of social grants since the mid-2000s. Coverage of the child support grant continued to expand and now benefits almost 12 million children, while two other child grants (the foster child grant and the care dependency grant) were reaching slightly more than a half million children. All combined, South Africa’s grants account for roughly 3 per cent of its GDP.

This extensive system of grants is having a positive impact on child poverty and other dimensions of well-being. They are helping to improve early childhood development outcomes, through increased household expenditures in food, reductions in child hunger, increases in health care utilisation and height-for-age scores, and better educational attainment. By contributing to a reduction in risk behaviours among adolescent boys and girls, South Africa’s child grants are also protecting them from becoming victims of abuse and violence. During this year, UNICEF worked closely with government and civil society partners (DSD, SASSA, Presidency, etc.) to generate high-quality evidence and analysis that could inform the design and expansion of programmes shown to have a positive impact on equity and child outcomes.

Such analysis is being used by SASSA to implement an aggressive action plan, including a door-to-door campaign, to enrol children incorrectly excluded from the grants due to information or other access barriers. DSD, in turn, is moving to introduce a child support grant top-up for maternal and double orphans and set up mechanisms for strengthening coordination with other departments in support of poor pregnant women.

Despite a deteriorating macroeconomic context and mounting fiscal constraints, budget allocations to child-relevant sectors remain high. Yet the quality of expenditures needs improving, and is likely to become a more prominent issue in coming years if the public finance scenario does not change. Strong oversight mechanisms will be needed to ensure that children's priorities do not get relegated to a lower priority in an environment of dwindling resources and stiffer competition for funds. It is in connection with this risk that the recent dismantling of the Government department in charge of children's issues becomes a cause for concern. The absence of a department with a specific mandate on children has the potential to create a vacuum in terms of child rights coordination, monitoring and reporting. This, in turn, could affect the visibility of child rights issues in the country, its prioritisation by Government, and the amount and quality of high-level coordination that is required to make further progress in addressing children's rights in South Africa. Notwithstanding this concern, it is encouraging that, during 2015, South Africa took a major step toward fulfilling its international treaty obligations by submitting the combined 2nd, 3rd and 4th country report on the CRC to the relevant Committee. UNICEF, too, prepared its own confidential report to the Committee, which will meet next year to review the state party report and issue its concluding observations, highlighting areas for future improvement in realising the rights of all South African children.

OUTPUT 1 Child rights governance system strengthened to mobilise and support government, the legislature, civil society and children to advance the realisation of the rights of all children.

Analytical Statement of Progress:

Progress toward this Output was limited, given the absence of a national officer under whose job description fall the bulk of the activities contemplated in the section's work plan. Notwithstanding this, South Africa achieved an important milestone by submitting, after 16 years, its consolidated 2nd, 3rd and 4th state party reports on CRC implementation. The country also received concluding observations from the ACEWRC. With regard to policy advocacy and knowledge dissemination for the advancement of child rights, five policy briefs were developed and launched at a policy round table jointly held with the DSD, SAHRC and HSRC in November 2015. The policy briefs highlight how learning deficits, health disparities, gaps in child protection services, etc. feed into the perpetuation of chronic poverty traps among South African children, and how disadvantages are closely linked to space and race, a legacy of apartheid. Data mining and analytical work took place for the publication of a new review on inequities in the realisation of child rights in South Africa, which will be finalised in early 2016. Support continued to be provided to the PAN Children, a policy action knowledge hub on child rights in South Africa. A situation analysis and a business plan were developed, with the aim of charting a sustainability course beyond 2015, when the current cooperation agreement with UNICEF is due to expire. In addition, work on estimating the economic and financial costs of disability to households was completed, with the final publication ready to be launched during the Disability Rights Summit in March 2016. Success in progressing towards the achievement of the targets set in the CPD in the next two years will largely depend on the availability of adequate funding and staffing to effectively implement the activities delineated in the section's rolling work plans.

Evaluation and Research

Title	Sequence Number	Type of Report
Study on children with disabilities from birth to four years old	2015/004	Research
National Report for the Mid-Term Review of the Strategic Plan for Maternal, New-born, Child and Women's Health (MNCWH)	2015/003	Review
Evaluation of the DFID-funded Safer South Africa Programme	2015/002	Evaluation
Evaluation report of the Technogirl programme in South Africa	2015/001	Evaluation

Other Publication

Title
Mom connect human interest stories sharing experiences from the health systems perspective
New-born and child health implementation plan – KZN (posters and handouts)
Ministerial Committees poster & pocket book version
Integrated Services for Impact and Sustainability (ISIS) to improve Maternal & Child Health (video & Human interest stories)
Best practices for improving IYCF practices and nutrition outcomes
The 3-feet model as an approach to fast track progress towards the 90-90-90 targets in the Nelson Mandela Bay Health District (NMBHD) in South Africa (ICASA poster presentation)
Lessons learnt and best practices in last mile reach for EMTCT goal
The 3 Feet Approach in South Africa: Strengthening District Health systems – Every life counts! (booklet)
The 3 Feet Approach in South Africa: Strengthening District Health systems – Every life counts! (animation video)
Quality healthcare for all children – where are we in achieving the MDGs For maternal and child health?
'How ready are our health systems to implement prevention of mother to child transmission Option B+?
The role of quality improvement in achieving effective large-scale prevention of mother-to-child transmission of HIV in South Africa.
Missed Opportunities along the Prevention of Mother-to Child transmission Services Cascade in South Africa: Uptake, Determinants and Attributable Risk (the SAPMTCTE)
Early (4 - 8 weeks post-delivery) population-level effectiveness of WHO PMTCT Option A, South Africa.
Implementation Research for the Prevention of Mother-to-child HIV transmission in Sub-Saharan Africa: Existing Evidence, Current Gaps and New Opportunities

Lessons Learned

Document Type/Category	Title
Lesson Learned	TechnoGirl Programme: A Job-Shadowing Programme for Girls for uptake of Science, Technology, Engineering and Mathematics (STEM) careers in South Africa