

## **South Africa**

### **Country programme document 2013-2017**

The draft country programme document for South Africa (E/ICEF/2012/P/L.32) was presented to the Executive Board for discussion and comments at its 2012 second regular session (11-14 September 2012).

The document was subsequently revised, and this final version was approved at the 2013 first regular session of the Executive Board on 8 February 2013.

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Basic data<sup>†</sup>

(2010 unless otherwise stated)

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Child population (millions, under 18 years)	18.1
U5MR (per 1,000 live births)	57
Underweight (per cent, moderate and severe, 2008)	9 <sup>a</sup>
Maternal mortality ratio (per 100,000 live births, adjusted)	300 <sup>b</sup>
Primary school enrolment/attendance (% net, male/female, 2009)	89/90
Survival rate to last primary grade (%)	..
Use of improved drinking water sources (%)	91
Use of improved sanitation facilities (%)	79
Adult HIV prevalence rate (% , 2009)	17.8
Child labour (% , 5-14 years of age)	..
Birth registration (% , under 5 years of age, 2008)	92 <sup>c</sup>
GNI per capita (US\$)	6 100
One-year-olds immunized with DPT3 (%)	63
One-year-olds immunized against measles (%)	65

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<sup>†</sup> More comprehensive data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

<sup>b</sup> The reported estimate is 400 deaths per 100,000 live births (2005), as presented in DevIndicators 2010-2011. The Maternal Mortality Interagency Group (WHO, UNICEF, UNFPA and the World Bank) produces internationally comparable sets of maternal mortality data, which account for the well-documented problems of underreporting and misclassification of maternal deaths, including also estimates for countries with no data. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2008 are available at [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

<sup>c</sup> Data differ from the standard indicator definition.

## Summary of the situation of children and women

1. Since the end of apartheid in 1994, South Africa has made much progress in realizing the rights of children. The country has progressive laws and policies on child rights and a well-established social protection system; its Child Support Grant alone reached over 10 million children in 2010.<sup>1</sup> Yet South Africa remains one of the most unequal countries in the world. Poverty is widespread, with 52 per cent of the population and an estimated 65.5 per cent of children living in poverty in 2009. Poverty intersects with other causes of vulnerability, including the country's severe HIV and AIDS epidemic, high unemployment and the inadequate delivery of basic services in several parts of the country. The impact of climate change on poor and vulnerable children and families is not yet well understood but it is likely to exacerbate existing vulnerabilities. All of this creates a web of deprivation for millions of families who struggle to provide the basic necessities for children.

2. South Africa will need to intensify drastic action on ensuring universal coverage of proven high-impact interventions to achieve the Millennium Development Goals targets on child and maternal mortality rates. According to

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<sup>1</sup> South Africa Social Security Agency (SASSA), 2010.

United Nations estimates, the under-five mortality rate was 57 per 1,000 live births in 2010 dropping from 67 per 1,000 live births in 2004. The immediate causes of deaths of children under five are AIDS, neonatal causes, diarrhoea, pneumonia and injuries. The maternal mortality ratio increased from an estimated 230 per 100,000 live births in 1990 to 410 in 2010. The immediate causes of maternal death are non-pregnancy related infections, mainly AIDS, pneumonia and tuberculosis, followed by direct causes, such as complications of hypertension and obstetric haemorrhage. One in five children are stunted and less than 10 per cent of infants are exclusively breastfed up to six months. The quality of care in the public sector remains poor and distribution and access to essential services are unequal depending on a person's poverty status. The total expenditure on health was 8.5 per cent of the gross national product (GDP) (including private and public spending) in 2009. However, spending by the public sector, which serves the majority of the population, was at 3.4 per cent of GDP.

3. With 5.38 million people living with HIV and 380,500 new infections in 2011,<sup>2</sup> South Africa is the most affected country in the world in terms of absolute numbers. In 2010, the HIV prevalence rate was 16.6 per cent in the adult population (15-49 years) and 29 per cent among pregnant women attending antenatal clinics.<sup>3</sup> Prevalence of HIV among girls aged 15-19 years stood at 13.7 per cent nationally with significant provincial variation — highest in Kwa Zulu Natal at 22 per cent and lowest in Western Cape at 6 per cent. The epidemic has stabilized at these very high levels. On average, around 250,000-300,000 newborns are exposed to HIV annually and are thus at risk of being infected through mother-to-child transmission (MTCT) of HIV. An estimated two million children have been orphaned due to AIDS. The HIV pandemic disproportionately affects women. HIV prevalence among children 2-14 years of age decreased from 5.6 per cent in 2002 to 2.5 per cent in 2008 and MTCT rates have declined dramatically. HIV prevalence among youth aged 15-24 years decreased from 10.3 per cent in 2005 to 8.6 per cent in 2008; however, rates are exceptionally high for young girls. An estimated 15 per cent to 25 per cent of the recorded new cases of tuberculosis are among children.

4. There is a growing recognition of the importance of early childhood development (ECD). By 2011, 64.2 per cent of children 0-4 years had been exposed to an early ECD programme,<sup>4</sup> up from 43 per cent in 2009. Quality challenges, however, remain. The need to improve the quality of ECD, as well as access/coverage, is well recognized. The country has achieved the Millennium Development Goal on access to primary education. The gross enrolment rate is 99 per cent in primary schools and 89 per cent in secondary, and the gender parity index is 1.00 and 0.99 in primary and secondary school, respectively.<sup>5</sup> In 2011, 99 per cent of children 7-13 years of age attended school, up from 86.7 per cent in 1996. However, progress in attendance at the secondary school level is much less than at the primary level. Retention, especially for adolescents, remains a concern. Early pregnancy often compels girls to drop out of school; in 2008, 13 per cent of 13-19-year-old girls were out of school because they were pregnant.<sup>6</sup>

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<sup>2</sup> Statistics South Africa, *Mid-year Population Estimates*, 2011.

<sup>3</sup> Department of Health, *National HIV and Syphilis Prevalence Survey South Africa 2010*, 2011.

<sup>4</sup> Department of Education, *The National Audit of ECD Provisioning in South Africa*, 2001.

<sup>5</sup> Statistics South Africa, *General Household Survey 2009*, 2010.

<sup>6</sup> Statistics South Africa, *General Household Survey 2008*, 2009.

5. Learners' achievement in national and international assessments is generally poor. The underlying causes for the poor quality of education include inadequate qualifications and low motivation of educators; large class sizes; poor physical conditions at schools; lack of proper sanitation facilities, especially in rural areas; and widespread violence in and around schools.

6. Violence against children is pervasive in South Africa. Of the 28,128 cases of sexual offences against children reported in 2010/2011, 61 per cent affected children under 15 years of age and 29 per cent under 11 years.<sup>7</sup> Around one third of parents report using severe forms of corporal punishment against their children<sup>8</sup> and 16.8 per cent of learners have experienced physical chastisement at school, in spite of a ban on corporal punishment in schools.<sup>9</sup> A 2010 survey found that 24 per cent of children, 7-17 years of age, were involved in economic activities.<sup>10</sup>

7. Millions of children in South Africa are deprived of adequate parental care. Some 3.92 million children (21 per cent) have lost one or both parents,<sup>11</sup> more than half (2.01 million) due to AIDS.<sup>12</sup> Twenty-six per cent of children are living without either biological parent, and the poorest children are most unlikely to be living with their biological parents.<sup>13</sup> Unaccompanied migrant children are particularly vulnerable to exploitation, abuse and discrimination; they are often denied their entitlements, especially when not accompanied by an adult. The extent of the plight of this socially excluded group remains hidden as lack of knowledge of South African immigration law, and fear of authorities prevents them from seeking assistance.<sup>14</sup> While at the national level, there is legislation and budgetary commitments to child protection, the profound gap between legislation and practice is one of the biggest challenges in ensuring a functional child protection system.

8. Child participation as a civil and political right is safeguarded in the Constitution and in national legislation, though challenges remain in mainstreaming practice. Emphasis need to be placed on ensuring that all children can access information related to policy, legislation and their rights. Statistics South Africa estimates that 91.4 per cent of births that occurred in 2009 have been registered, and that since 2006 over 80 per cent of births were registered within the first year of birth.

## **Key results achieved and lessons learned from previous cooperation, 2007-2012**

9. This section draws upon findings and recommendations of UNICEF programme reviews and evaluations; the 2009 midterm review of the country programme; the 2009 joint evaluation of the role of the United Nations in South

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<sup>7</sup> South African Police Service. *The Crime Situation in South Africa, 2010/2011*.

<sup>8</sup> Human Sources Research Council, South Africa, and Save the Children, Sweden, *Corporal Punishment of Children: A South African National Survey*, July 2005.

<sup>9</sup> Statistics South Africa, *General Household Survey 2009*, 2010.

<sup>10</sup> Statistics South Africa, *Survey of Young People*, 2010.

<sup>11</sup> Children's Institute, *South African Child Gauge 2009/2010*, p. 103.

<sup>12</sup> Statistics South Africa, *Mid-year Population Estimates*, July 2011.

<sup>13</sup> Statistics South Africa, *General Household Survey 2009*, 2010.

<sup>14</sup> International Organization for Migration, *Unaccompanied Children on the Move*, 2011.

Africa by the Government of South Africa and the United Nations Evaluation Group, and the 2010 Strategic Moment of Reflection.

### **Key results achieved**

10. UNICEF supported national efforts to increase the coverage and quality of prevention of mother-to-child transmission of HIV (PMTCT) through decentralization of care and treatment of HIV-positive mothers and their newborns to primary health-care facilities, an approach which is being scaled up nationally. The organization provided technical assistance for the development of an evidence-based National Action Framework for the elimination of MTCT (as part of the global agenda for the elimination of MTCT) and the National Strategic Plan for HIV, Sexually Transmitted Infections and Tuberculosis. UNICEF also supported the development of a framework for accelerating community-based delivery of a package of high-impact maternal, neonatal and child health and nutrition interventions in Kwa Zulu Natal province. UNICEF supported the Department of Health in the training of supervisors and trainers who oversee and train over 10,000 community caregivers on infant and young child feeding and other key childcare practices in the province. More than three million children were reached with immunization, vitamin A supplementation and deworming tablets during UNICEF-supported national integrated campaigns in 2009 and 2010. UNICEF worked with the World Health Organization (WHO) to support the revitalization of the national Expanded Programme on Immunization (EPI). Advocacy and technical support from UNICEF were instrumental in the adoption of the WHO/UNICEF recommendations for exclusive breastfeeding, including for HIV-positive mothers.

11. UNICEF supported the establishment of minimum standards and modelling of innovative community-based approaches in ECD programming to increase access to quality ECD services. UNICEF assisted the Department of Basic Education in the implementation of the Safe and Caring Child-Friendly School Framework (SCCF) in over 800 public schools, reaching over 400,000 children; further, it is supporting the national scale-up of the Girls and Boys Education Movements. The Sports for Development initiative, piloted since 2007 in the SCCF schools, is being scaled up nationally. As part of the revised curriculum, two hours have been allocated for physical education per week in every school.

12. UNICEF supported the realization and operationalization of the two foundational pieces of legislation for the child protection system, namely the Children's Act and the Child Justice Act. It supported the National Prosecuting Authority to establish 12 (out of 52) one-stop facilities known as Thuthuzela Care Centres (TCC). Nationally, the TCCs reached 24,991 survivors of sexual offences during 2007-2012. The TCCs provide professional support and services to survivors of sexual violence. UNICEF provided support to the National Association of Child Care Workers to strengthen and scale up their community-based programme for orphans and other vulnerable children, known as Isibindi. There are now 65 sites, reaching 100,000 children, providing access to all essential services and social security. The Isibindi programme is an example of UNICEF leveraging funds towards child protection — after several years of support from UNICEF and other partners, the Government of South Africa has allocated funds to scale up the programme to reach 850,000 children by 2014. UNICEF provided support to enable all provinces to establish, strengthen and oversee community-based childcare forums for provision of quality services to orphans and vulnerable children. At

present, 400 of these forums serve as an additional safety net for around 200,000 children across the country.

13. UNICEF promoted the use of a child-focused equity lens in the social policy and programming instruments of strategic agencies of the Government of South Africa. This was done through public expenditure reviews to enable reprioritization of resources in favour of programmes that benefit deprived children, including a 25 per cent allocation in the ECD subsidy for children in extreme poverty and funding for social assistance for an additional one million children in poverty, who though eligible for social assistance were excluded due to administrative reasons. Policy advocacy around the UNICEF-supported public expenditure tracking study on ECD and policy discussions on the impact of the economic recession on children played an important role in influencing the policy reform agenda. Evidence was generated and policy advocacy undertaken on the impacts of climate change on the well-being of South Africa's children around the 17th Conference of the Parties (COP17) to the United Nations Framework Convention on Climate Change (Durban, 28 November-9 December 2011) on climate change negotiations. Evidence was also generated to influence policy discussions around the well-being of children with disabilities.

14. UNICEF responded to the 2008 xenophobic attacks in South Africa, which displaced thousands of families and children, through the provision of basic medical supplies, vitamin A supplementation, immunization, counselling on infant feeding, water and sanitation. ECD kits for young children and lap desks for school-age displaced children were provided. UNICEF provided eight mobile classrooms in Limpopo province to support the education needs of Zimbabwean children who crossed the border, as well as national training on education in emergencies. During the recovery phase, UNICEF facilitated the implementation of an Exit Cash Transfer scheme for families and education and protection interventions to promote the return and reintegration process. In 2009, UNICEF supported the control of cholera outbreaks, as well as the care and protection of Zimbabwean migrant children, with about 450 children entered into the Identification, Documentation, Tracing and Reunification database.

### **Lessons learned**

15. To remain an effective and relevant partner in South Africa, UNICEF needs to continue to provide demand-driven support to strengthen national systems and address implementation bottlenecks, such as generation of knowledge to inform policies and programmes; provide technical assistance to strengthen national capacity in monitoring and evaluation; support policy coherence across sectors; and promote South-South cooperation.

16. Factors impeding effective implementation of programmes for children include weaknesses in the prioritization process and gaps in technical and managerial capacity within the public sector. UNICEF therefore needs to provide evidence-based policy advice as well as targeted technical support to remove implementation bottlenecks at operational levels, especially in high child deprivation geographic areas. Innovative approaches will continue to be supported but there will be a need for stronger national ownership to ensure scale and sustainability.

17. UNICEF has demonstrated its comparative advantage in equity-focused knowledge brokering, analysis of policy options for reduction of child poverty, in

particular social protection, as well as budget reform for fulfilling child rights. Lessons learned point to the need for a sharper focus on these niches and on deepening alliances with a few strategic State and non-State actors. In a middle-income country such as South Africa, there is also need to maintain good capacity for high-quality analytical work in support of direct policy advisory and normative roles. Research work addressing institutional bottlenecks in the implementation of national policies and programmes will be supported to inform improvement of the delivery of basic services for children.

## The country programme, 2013-2017

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	—	20 000	20 000
Basic education and adolescent development	—	25 000	25 000
Child protection	1 000	19 000	20 000
Social policy and advocacy	1 550	6 000	7 550
Cross-sectoral	2 000	5 000	7 000
<b>Total</b>	<b>4 550</b>	<b>75 000</b>	<b>79 550</b>

### Preparation process

18. The country programme was developed through extensive consultations with concerned government departments,<sup>15</sup> United Nations agencies, bilateral and multilateral development partners, and civil society organizations. The key results contribute directly to national development priorities, and the outcomes of the 2013-2017 United Nations Development Assistance Framework (UNDAF) whose preparation has been coordinated by the Department of International Relations and Cooperation. The 2010 Strategic Moment of Reflection was the starting point for the development of the new country programme. Further consultations with key partners were held throughout 2011 and 2012 as part of developing the new UNDAF and CPD.

### Programme components, results and strategies

19. The overall goal of the country programme of cooperation is to support national efforts to accelerate the realization of children's rights and the achievement of the Millennium Development Goals, with a focus on bridging the deep-seated inequities and widespread child poverty in the country.

20. To achieve this goal, the country programme will (a) use evidence-based advocacy and policy support to increase public investments in children and improve the effectiveness of national programmes; (b) provide demand-driven support to strengthen national institutions to improve the coverage and quality of basic services

<sup>15</sup> These included the departments of Women, Children and People with Disabilities; Social Development; Basic Education; Health; International Relations and Cooperation; Treasury; and the Presidency, among others.

for children, with special attention to marginalized and disadvantaged children; and (c) assist national institutions with the promotion of social change to support the acceleration of the realization of child rights.

21. UNICEF will strengthen its engagement at the strategic level, establishing itself as a trusted provider of policy and high-quality technical advice on children's issues and promoting South-South policy dialogue and exchange of experience. Child-focused research, knowledge generation and Government-driven pilot projects will inform policy discussions and advocacy. Policy and budget analyses will be supported to influence national planning processes and resource allocation in favour of the two thirds of children who live in poverty and their families. The organization will provide capacity-building support for national monitoring and evaluation systems, including for the tracking and mapping of disparities. UNICEF will promote and enhance strategic partnerships for children, including the promotion of public-private partnerships and the strengthening the partnership with civil society, the media and parliamentarians. Child participation will be actively promoted in the formulation, implementation and monitoring of policies and programmes with the Government and civil society. Advocacy and technical support will be used to ensure that children's issues are adequately addressed in the national climate change and sustainable development agenda. Technology will be used to maximize programme results. Technical assistance will be provided to strengthen the programme development and implementation capacity of government departments, in support of scaling up proven interventions for children.

22. The country programme will contribute to the following programme component results during the period of 2013-2017: (a) improved access of women, children and adolescents to quality high-impact maternal, neonatal and child health and nutrition interventions; (b) improved access to quality education for all boys and girls, and increased school retention, completion and achievement rates; (c) a national child protection system that effectively prevents and responds to violence, exploitation, abuse, neglect and ensures the rights of vulnerable children, mindful of the impact of HIV and AIDS; and (d) equity-sensitive national policies, programmes and budget allocations, based on high-quality evidence and strengthened oversight.

23. **Child survival and development.** This programme component will support national efforts to improve access to and the quality of proven high-impact maternal, neonatal and child health and nutrition interventions, seizing the opportunity provided by the Government's renewed commitment to the primary health-care approach. Using the momentum of the global agenda on the elimination of mother-to-child transmission of HIV, UNICEF will support national efforts to improve the quality and coverage of PMTCT, including care and treatment of children, women and adolescents living with HIV, integrating this more fully within the overall maternal, newborn and child health programme. UNICEF will support evidence-based advocacy and provide technical assistance to improve maternal and child nutrition, in particular the reduction of stunting among young children. It will support national, provincial and district efforts to strengthen the performance of the health system and address key challenges related to maternal, neonatal and child health goals, including planning and preparing for the new National Health Insurance scheme. UNICEF will support national efforts to improve services for adolescents, including HIV testing and counselling (HTC), strengthening HTC service utilization by young people and the quality of post-test counselling and referral. UNICEF will advocate for, and support, a stronger role of the health sector



in the acceleration of the provision of quality integrated early childhood development through better linkages with community-based primary health care and nutrition interventions and strengthened inter and intradepartmental coordination. Hygiene promotion will be pursued as part of the school health programme and broadly at the community level.

**24. Basic education and adolescent development.** This programme component will support national efforts to improve learning achievements through (a) increased access to integrated early childhood development; (b) increased quality of basic education and promotion of social cohesion and safety in and around schools; and (c) improved access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, substance abuse, teenage pregnancy, and violence. Emphasis will be placed on technical assistance for the development of essential quality package for ECD; the improvement of institutional arrangements for comprehensive service delivery and accountability with a focus on poor areas and children with disabilities, and the development of innovative funding norms including for home- and community-based ECD. The Safe and Caring Child Friendly School approach will continue to address challenges in the quality of education and retention. UNICEF will work with partners to scale up “Techno Girl”, an innovative corporate mentorship programme that seeks to promote the advancement of girls in the fields of science, maths and technology. To reduce their vulnerability and risks to HIV, substance abuse and teenage pregnancies, as well as to support adolescents living with HIV, adolescents will gain access to information, life skills education and services through support to the Integrated School Health Programme and youth-friendly outreach services. UNICEF will support national efforts to increase children’s awareness to climate change. It will also support the identification and implementation of a research agenda that addresses the determinants of risk behaviour among adolescents and the multiple vulnerabilities of young girls living in rural areas and informal settlements.

**25. Child protection.** This programme component will support the strengthening of the national child protection system. UNICEF will support the implementation of the Children’s Act, the Child Justice Act, and the Sexual Offences Act by supporting national capacity-building for prevention and early intervention and strengthening child-sensitive social protection measures for vulnerable children. Emphasis will be placed on ensuring equitable access to sustained, reliable and quality services for the most vulnerable children in South Africa, including socially excluded children and unaccompanied migrant children. UNICEF will provide demand-driven support to national institutions in creating a protective environment for children, including effective social welfare services and a child friendly and responsive criminal justice system. UNICEF will work with State and non-State actors to mobilize commitments at all levels and strengthen systems to address the high level of violence against children and adolescents in homes, schools, and communities. Working with partners, children and their families, UNICEF will support an evidence-based communication strategy to address social norms and practices that sustain violence, abuse, exploitation and neglect of children.

**26. Social policy and advocacy.** This programme component will strengthen national capacity for evidence, policy and budget and institutional analyses, with a focus on reducing child poverty and inequality. UNICEF will provide technical advice on consolidation of existing instruments and building stronger links with the broader poverty reduction agenda to ensure that children eligible but excluded from

social assistance are reached. Provision of technical advice will focus on expenditure reviews and expenditure tracking in sectors that have large budgets yet low performance in terms of delivering results for children, and on underlying causes of child poverty and inequality and establishment of a social protection floor. Partnerships with Statistics South Africa and other national partners will be deepened to ensure timely availability of data on all essential components of child well-being. A Knowledge Hub on Child Rights with Equity will seek to provide policymakers with global knowledge on the “how” of improving child well-being. Capacity support for monitoring and evaluation will continue, including institutionalizing of disparity mapping to cover the various dimensions of violations of the rights of children and adolescents. UNICEF will seek to contribute significantly to building the capacity of apex state institutions for strategic policy advocacy and for child rights governance. It will continue to provide demand-driven support to provincial legislatures and municipalities, with a view to enhancing their oversight and accountability roles over child rights. UNICEF will facilitate availability of child-friendly information on government policies and will actively support child participation in the formulation of legislation, policies and programmes and monitoring of service delivery.

**27. Cross sectoral.** This component aims to provide internal and external support through four subcomponents: (a) public awareness and advocacy; (b) communication for development; (c) private sector fundraising and partnerships; and (d) planning, monitoring and evaluation.

(a) *Public awareness and advocacy.* This subcomponent will use innovative alliances and communication to increase awareness and understanding of the inequities preventing the fulfilment of the rights of the country’s most disadvantaged children. To this end, UNICEF will enhance responsible and ethical media reporting of child rights and social issues. It will leverage digital and mobile communication, including social media and online networking, to expand the reach and impact of its work and more effectively disseminate the knowledge it generates.

(b) *Communication for development.* This subcomponent will provide demand-driven support to enhance national capacity to implement evidence-based and well-coordinated communication strategies to advance child rights through positive behaviour and social change. Special attention will be paid to emerging mobile and digital technologies that provide a unique opportunity to improve effectiveness in the delivery of programmes for children and participation of young people.

(c) *Private-sector fundraising and partnerships.* This subcomponent will leverage commitment and resources from the private sector for child rights programming and advocacy. UNICEF will use its convening role in the formation of public-private partnerships in the interest of pursuing key facets on the child rights agenda.

(d) *Planning, monitoring and evaluation.* This subcomponent will support internal programme management processes necessary for effective delivery of the country programme.

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

28. The country programme is aligned to the Government of South Africa's Medium-Term Strategic Framework for 2009-2014, including the 12 priority outcomes and the priorities outlined in the National Development Plan (Vision 2030). It supports the outcomes under the four areas of the 2013-2017 UNDAF: (a) inclusive growth and decent work; (b) environmentally sustainable development; (c) enhanced human capabilities; and (d) improved governance and participation.

### **Relationship to international priorities**

29. The programme will be guided by the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination against Women; the Millennium Development Goals; and other international and regional commitments, such as the global commitments around the elimination of MTCT, the United Nations Girls' Education Initiative, and the African Charter on the Rights of the Child. It will contribute to results in all focus areas of the UNICEF medium-term strategic plan.

### **Major partnerships**

30. In addition to the Government, UNICEF will work in close partnership with United Nations agencies and multilateral and bilateral partners. Strategic partnerships with international and national non-governmental organizations (NGOs), academic and research institutions, media and civil society groups will continue. Recognizing the strong corporate sector, the well-regulated financial, legal and communications framework in the country, UNICEF will continue to build and increase its private sector fundraising and in-country partnerships.

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

31. The country programme will be coordinated by the Department of International Relations and Cooperation in consultation with the National Treasury, and will be implemented in close collaboration with relevant departments. Progress towards the country programme results will be monitored using the indicators stated in the results matrix, which is based upon the UNDAF results matrix as part of the Integrated Monitoring and Evaluation Plan. Regular reviews will be conducted, as well as at midterm to assess progress made and to take corrective measures, as appropriate. Independent programme evaluations will be co-managed by relevant government departments following United Nations evaluation norms and standards and guidelines set by the Organization for Economic Development and Cooperation and the Development Assistance Committee Evaluation Group.

32. UNICEF will work with national institutions, in particular Statistics South Africa, to institutionalize the use of DevInfo for monitoring progress towards national goals and the Millennium Development Goals and track inequities. Programme performance monitoring using the UNICEF Monitoring Results for Equity System (Level 3) will be emphasized in the relevant sectors to ensure a strengthened focus on equity.

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