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**Report of the field visit to South Africa and Lesotho
by members of the Bureau of the Executive Board,
3-10 March 2017****I. Introduction**

1. Members of the Bureau of the UNICEF Executive Board visited South Africa and Lesotho from 3 to 10 March 2017. The delegation comprised H.E. Mr. Walton Alfonso Webson, Permanent Representative of Antigua and Barbuda to the United Nations; H.E. Mr. Yemdaogo Eric Tiare, Permanent Representative of Burkina Faso to the United Nations; Mr. Daniel Gimenez, First Secretary, Permanent Mission of Norway to the United Nations; Mr. Bilal Wilson, Expert, Permanent Mission of Saudi Arabia to the United Nations; and Mr. Nicolas Pron, Secretary of the Executive Board.
2. The field visit allowed the Bureau to gain a first-hand understanding of UNICEF work at the country level. More specifically, the visit was aimed at demonstrating concrete examples of UNICEF cooperation with the Government and other partners, including the United Nations country team. Furthermore, the visit provided an opportunity for the members of the Bureau to better understand the issues and challenges facing children and women in Lesotho and South Africa.
3. The delegation would like to express its gratitude to the Governments of Lesotho and South Africa for the opportunities for substantive dialogue with senior members of the Governments.
4. The delegation would like to thank the UNICEF country teams in Lesotho and South Africa as well as the UNICEF Regional Office for Eastern and Southern Africa for the very carefully prepared and well-organized visit and for the ready availability of staff. The Bureau

* [E/ICEF/2017/5](#).

was particularly impressed by the commitment and dedication of government officials at every level and of UNICEF staff in the two countries.

5. The programme of the visit consisted of two main components:

(a) Visit to Lesotho, 3 to 7 March, including meetings in Maseru with the UNICEF country office, senior-level government counterparts, members of the United Nations country team and key donors;

(b) Visit to South Africa, 7 to 10 March, including meetings in Pretoria; in Soweto, in Gauteng Province; and in Umlazi and Verulen in the Durban area of KwaZulu-Natal.

6. In both countries, the delegation had the opportunity to visit UNICEF projects in the field and meet with local government representatives; civil society organizations; users of health facilities; health workers; teachers; school administrators; students; members of community groups; religious leaders and UNICEF staff.

7. The present report summarizes the briefings received by the members of the delegation and concludes with their own observations.

II. Key issues facing children and women in Lesotho

8. Lesotho is classified as a low-human-development country and ranks 160 out of 187 countries in the Human Development Index. It faces the triple threat of HIV and AIDS, extreme poverty and high levels of food insecurity. Some 58 per cent of its population of 1.88 million is under 19 years of age.

9. Lesotho has seen significant progress in service delivery and social service sectors the last decade. The Ministry of Social Development has established a national and decentralized multisectoral coordination mechanism for social protection in the country and the National Information System for Social Assistance has enrolled 120,000 households in the 64 rural community councils. However, Lesotho faces strong disparities in terms of equity, and poverty is widespread, with 57.1 per cent of the population of 1.88 million living under the poverty line, and a Gini coefficient of 0.54 (as of 2011). The bulk of the poor, 74 per cent, reside in the rural areas. The unemployment rate has also remained high, at 22 per cent, since the economic downturn and is especially high among youth.

10. The Bureau met with the Ministers of Education, Social Development, Health, Home Affairs and Judicial Affairs. The Bureau was informed that social investment has been a priority of the Government of Lesotho. Investments directed at children have increased and national policies are more sensitive to children's well-being. The Ministry of Social Development, with UNICEF and European Union support, recently hired a technical consultant to support the expansion of the National Information System for Social Assistance. However, many significant challenges remain, including the country's slow economic growth and the consequent decline in revenue, which threatens the public capacity to deliver equitable access to social services.

Maternal and child health

11. The underlying causes of the significant challenges that Lesotho faces in maternal and child health are a health system weakened by human resource shortages and a high prevalence of childhood illnesses associated with poor nutrition and sanitation.

12. While there has been considerable progress in lowering the rates of infant and maternal mortality, the current indicators are still disconcertingly high. The maternal mortality rate is 1,024 per 100,000 live births and the infant mortality rate was 59 per 1,000 in 2014, down from 91 per 1000 in 2009. Neonatal mortality rates remain high, at 33 per 1,000 births.

13. Child malnutrition is a cause for concern, and stunting remains a challenge in Lesotho, at 33 per cent of children, with a higher rate in rural districts compared with urban districts. The Cabinet endorsed a national nutrition policy in 2016. In 2015 and 2016, Lesotho was affected by droughts caused by El Niño, which exposed more than 679,000 people to food insecurity. The United Nations family and the humanitarian country team is supporting the development of a national resilience framework to address structural needs and vulnerabilities.

14. There is a lack of coordination in child protection interventions, which leads to poor safety nets for vulnerable children. The Bureau noted that coordination between local, traditional and political leaders is urgently needed to address the laws and customs around child marriage.

15. UNICEF has been providing strategic guidance and technical support in the revision of the National Health Strategic Plan, the national health policy and the national e-health policy, as well as for monitoring and evaluation under the United Nations Development Assistance Framework (UNDAF). Technical and financial support has been provided to strengthen the capacity of health institutions in the delivery of reproductive, maternal and child health services and emergency response.

16. The Bureau's meeting with the Ministers of Health and Social Development, in particular, demonstrated a strong political commitment for the scaling up of successful interventions. The health budget constitutes about 11 per cent of the national budget, and the social sector 32 per cent.

17. The Bureau had the opportunity to visit a UNICEF-supported project under the Child Grant Programme, an unconditional cash transfer programme that UNICEF uses to reach the most vulnerable, identified as the poor, the elderly, people living with HIV and people with disabilities, with a focus on children. The programme, which is a partnership between UNICEF, the European Union and the Government of Lesotho, is administered through the Ministry of Social Development, with Catholic Relief Services acting as the implementing partner, and serves low-income households, including those with vulnerable children and orphans. The beneficiary households receive training on constructing self-sustaining keyhole vegetable gardens and financial education on responsible borrowing through the Savings and Internal Lending Community, which lends the funds for the Child Grant to members of the local community. The Bureau was impressed with the results of the Child Grant Programme and the commitment of the UNICEF team, national and local authorities and the implementing partners to engage with local communities in taking this successful innovative project to scale.

Water, sanitation and hygiene

18. Although progress has been achieved, a UNICEF assessment of schools indicates that 30 per cent of schools are in need of immediate water, sanitation and hygiene (WASH) support. The Bureau was concerned to learn that poor WASH services in schools have resulted in low attendance and high drop-out rates, especially among girls, who do not attend school during menstruation or become vulnerable to sexual assault when latrines divided by gender are unavailable.

19. The Government of Lesotho has begun the plans for the disbursement of the National Disaster Management Fund of \$10 million. UNICEF continues to provide assistance to the Government in this effort and to procure and distribute nutrition and WASH commodities for the Disaster Management Authority.

20. The Bureau had the opportunity to visit a successful WASH-related project at a 355-student primary school in Bakaneng, in which pupils used dilapidated latrines and practised open defecation before the intervention. A larger latrine was reserved for disabled pupils. The UNICEF-supported project installed 10 latrines separated by gender, trained five teachers and implemented water purification measures and hygiene practices for the students. The Bureau learned with satisfaction that the intervention had not only ended open defecation, but also dramatically improved the hygiene practices among students and increased school attendance among girls.

Education

21. The Education Act of 2010 made primary education free and compulsory in Lesotho. However, serious challenges persist, including a high percentage of unqualified teachers and low national and regional achievement outcomes in literacy and numeracy. The inadequate collection of accurate education data remains a concern. Although enrolment and retention in secondary school for both boys and girls are increasing, the overall net enrolment ratio has stagnated at approximately 20 per cent since 2008. A large remaining challenge is to include the 32,000 primary-school-age children who are out of school, and who mainly fall within the lowest income quintiles.

22. Although progress has been achieved in early childhood care and development, several bottlenecks persist, including insufficient capacities of service providers to detect, report on and address cases of violence; insufficient quality standards for institutions; and low sectoral coordination, all areas in which UNICEF has been providing support.

23. The school feeding programme caters to children who are orphaned and vulnerable or from the poorest wealth quintile. Schools provide two hot meals a day; for some children, they are often their only meals. In addition, orphans and vulnerable children receive dry food rations for weekends and holidays.

24. Boys in the rural and mountainous areas have limited access to formal education compared with girls due to factors such as having to herd livestock; there are 66,836 male herders and 3,551 female herders.

25. Among 1,478 primary schools, 1,113 have toilets. The Bureau was concerned to learn that at 365 schools, students still practised open defecation. The lack of toilets causes girls, once they reach puberty, to miss school every month during their menses.

26. In the Maluti Mountains, in the village of Semonkong, which is known for having many herd boys, the delegation visited the St. Leonard Night School for Herd Boys. Numeracy, literacy, English, health and life skills comprised the main subjects on the curriculum, and the boys attended consistently every night. Bureau members interacted with children and teachers and learned that the boys enjoyed going to school and also that several of them had successfully used the programme as a platform to join the formal education system, continuing on to primary and secondary education. The visit showed the positive impact of education for children and adolescents in terms of learning outcomes, attaining life and social skills and promoting self-esteem.

HIV/AIDS

27. Lesotho is one of the countries hardest hit by HIV, with a prevalence among people 15 to 49 years of age of almost 29 per cent. Although new infections among young people have been decreasing, the decrease has not been significant enough to lower the prevalence in the same group.

28. The testing rate among adolescents has improved to 57 per cent for females and 26 per cent for males in 2014, compared with a testing rate of below 10 per cent for both in 2004. Comprehensive knowledge about HIV/AIDS is still very low among adolescents, only 38 per cent among females and 31 per cent among males. Even with knowledge of risks, young people continue to engage in risky behaviours, such as unprotected sex and having multiple partners. Quality prevention of mother-to-child transmission of HIV and paediatric AIDS care services are available to 72 per cent of pregnant women and girls.

29. The rate of antiretroviral therapy (ART) coverage for children, at 57 per cent, is low, with the rate of new infections among adolescent girls especially high. The Government of Lesotho has coordinated multisectoral programmes for the HIV response, for which UNICEF provides technical and financial support, including to the national AIDS Commission and for the orientation of implementing partners. In the area of prevention, partnerships with Parliament, Government, civil society organizations and AIDS development partners, such as the United States President's Emergency Plan for AIDS Relief and the United States Agency for International Development, and other co-sponsors have enhanced the fast-tracking of HIV prevention, including through the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) partnership as well as comprehensive sexuality education and sexual and reproductive health services. This has led to increased uptake of HIV services and momentum for HIV prevention in the country. The Bureau was nevertheless concerned to learn of the increasing rate of infection among adolescent girls.

30. In the province of Maluti, the delegation visited the paediatric HIV-intervention ward of the Scott Hospital of the Lesotho Evangelical Church. Bureau members experienced first-hand how UNICEF had succeeded in its pilot project of early HIV and tuberculosis testing for children under the age of five. Currently, 18 children under the age five are receiving ART through the project. Though impressed with the services for children accessing the facility, the Bureau noted with concern the need to strengthen efforts towards the elimination of HIV transmission to babies and to increase the effectiveness of data collection in order to scale up the response.

Child protection

31. Although Lesotho has seen progress in adapting its legislation to the rights of the child, implementation remains uneven and the coordination of child protection initiatives by formal and informal actors is incoherent. This leads to ineffective safety nets for vulnerable children. Bottlenecks include challenges in the reporting of child abuse cases by Justice for Children, the high-level inter-agency team that deliberates on the effectiveness of child protection services in Lesotho, due in part to disharmony among various pieces of legislation and the inadequate resourcing of child protection programmes by government and non-government partners alike.

32. The legal framework on violence, neglect and the abuse of children has gained some strength with the motion in 2016 to end child marriage and the completion of the Child Protection Rapid Assessment initiative. Inroads have also been made into the sensitization of

communities and schools on violence against children, with 1,150 children and 83 villages addressed. However, harmful social norms and traditions persist and remain a barrier, as 22 per cent of children report having experienced some form of violence in school and one out of five children in Lesotho is married before the age of 18 years.¹

33. The Bureau learned with satisfaction that UNICEF was providing the Government of Lesotho with technical support regarding reform and the harmonization of relevant pieces of legislation for the effective prevention of and response to violence against children, and that it was working with both government and non-government partners to sensitize communities and policy makers regarding child marriage.

UNICEF role in Lesotho

34. UNICEF engagement in Lesotho is based on the four strategic components of the country programme (2013-2017):

- (a) HIV and health;
- (b) Child protection;
- (c) Basic education;
- (d) Social policy, planning, monitoring and evaluation.

The next country programme, which will be launched in 2018, is currently being developed in close dialogue with the Government of Lesotho to ensure that it is aligned with national priorities and the 2030 Agenda for Sustainable Development. UNICEF recently revised the country programme to make it more responsive to the lower-middle-income context of the country.

35. The country programme is further structured to contribute to the achievement of the outcomes of the UNDAF, which are aligned with the objectives of the National Strategic Development Plan 2012/13-2016/17 (the plan has been extended through 2018).

36. UNICEF has been working closely with the Government and development partners to make national policies more sensitive to children's well-being. The main UNICEF strategies include strengthening its partnerships and leveraging more government resources towards investments in children.

37. The Bureau members noted the strategic role that UNICEF has played in strengthening strategic advocacy by using evidence in its dialogue with the Cabinet, Parliament, the media and civil society organizations. Furthermore, UNICEF has effectively supported sector analyses in the education and child protection sectors, for example through the violence against children (VAC) scoping study in 2015, which has led to the national prioritization of the VAC agenda. Increased investment in policy support has also been effective in guiding the Government's decisions. The Bureau members emphasized that several of the projects that they visited could be scaled up nationally and provide models for other countries, especially those in neighbouring regions.

38. The Bureau had the opportunity to meet with provincial and county governors, local officials and technical counterparts. In every instance, the Bureau members were impressed

¹ UNICEF, *The State of the World's Children 2016: A Fair Chance for Every Child*, available from https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf.

by the excellent working relationship between UNICEF and its government counterparts, and by the strong commitment of the authorities to engage with local communities to take successful innovative projects to scale.

III. Key issues facing children and women in South Africa²

39. South Africa has been making great strides in adopting progressive laws and policies in the field of child rights. The South Africa Children's Act is considered one of the most comprehensive and progressive pieces of child rights legislation in the world. In the health sector, free public health care is available to all children under the age of 6 years and pregnant women. It is laudable that the Government of South Africa has started a universal health insurance scheme that aims at overcoming the gaps in the provision of health care, and will help to ensure that all South Africans can access essential health care, regardless of their employment status or ability to make a direct monetary contribution to the National Health Insurance Fund. The country has institutionalized a child support grant that reaches a total of 12 million children, or 55 per cent of the total child population, and is aimed at reducing child poverty rates. However, 20 years after the end of apartheid, the country still faces major challenges: with one of the world's highest rates of inequality, it is ranked 116 out of 188 on the 2016 Human Development Index.

40. Almost 11 per cent of the South African population is younger than 5 years of age. With the enormous economic and social disparities, including poor health and nutrition; inadequate caregiving, early stimulation and learning; exposure to neglect, abuse and violence; and poverty and social exclusion, many of these children could fail to achieve their full developmental potential.

Social inclusion

41. Although there has been a 48-per-cent reduction in the share of children living below the food poverty line³ since 2003, 7 in 10 children are living in households below the upper-bound poverty line. Currently, 12 million children receive a child support grant, 470,000 children receive a foster child grant and 130,000 children with disabilities receive a care dependency grant. However, 18 per cent of eligible children do not receive the child support grant. Uptake rates are especially low among eligible young children under 1 year of age and among those living in urban formal areas.

42. The Bureau visited a Safe Park, a secure, supervised community space to which young children and adolescents can go after school and on weekends. At a Safe Park, children can play sports, receive support with homework, engage in learning activities to develop important life skills and build their social networks, self-confidence and self-reliance as part

² Unless otherwise indicated, the data on the situation of children in South Africa is from the 2016 report of the South African Human Rights Commission and UNICEF South Africa entitled *Global Goals for Every Child: Progress and Disparities among Children in South Africa*, available from https://www.unicef.org/southafrica/SAF_resources_globalgoals.pdf.

³ South Africa has developed a set of three national poverty lines: the food poverty line, the lower-bound poverty line and the upper-bound poverty line. See Statistics South Africa, "Rebasing national poverty lines and development of pilot provincial poverty lines for South Africa" (9 June 2015), available from <https://www.assaf.org.za/files/ASSAf%20news/Events%202015/1%20-%20The%20South%20African%20National%20Poverty%20Lines%20-%20Simelane.pdf>.

of their transition to adulthood. The Bureau encourages the Government to expand the Safe Park initiative to continue to provide a safe space for children.

43. The Bureau also learned about the Isibindi programme, developed in response to the HIV and AIDS epidemic in South Africa, which saw a surge in the number of children orphaned and otherwise made vulnerable. The word “isibindi” means “courage” in the Zulu language. Winner of the Platinum Impumelelo Award, the Isibindi model, which responds holistically to the needs of vulnerable and at-risk children, youth and families, was designed by the National Association of Child and Youth Care Workers and is already reaching over 300,000 children nationwide.

44. Families receive home visits from child and youth care workers, mobilized from the local community, who provide support to vulnerable caregivers and their children for practical household tasks and parenting as well as psychosocial support. When they require additional care and support, the child and youth care workers facilitate referrals and ensure that caregivers are aware of local livelihood-improvement services. They also provide intensive support in the home, to empower families to become more self-reliant and to be better caregivers. The Bureau was encouraged by this programme and hopes that the Government will endorse the cash, care and protection model.

Nutrition

45. Children suffering from hunger declined from 30 per cent in 2002 to 12 per cent in 2014, but children in the poorest and female-headed households were much more likely to experience hunger.

46. Stunting is gradually declining. However, one in five children under 5 years of age is stunted. Children in the poorest households are more than three times as likely to be stunted as children in the richest households.

Health/HIV

47. South Africa has the largest generalized HIV epidemic in the world, with 6.8 million people aged 15 to 49 living with HIV and an estimated 340,000 new HIV infections annually. An estimated 4 million people were receiving ART by the end of 2016 through the South Africa HIV programme, which was launched in 2009. Even though the epidemic is generalized, it is over-represented in adolescent girls and young women and in some key populations, including men who have sex with men and sex workers.

48. In 2013, almost 60 per cent of all new HIV infections among those 15 to 24 years of age occurred among adolescent girls and young women, a rate that was 1.49 times higher than in the male population of the same age group. Overall, an estimated 350,000 adolescents (15 to 19 years) are now living with HIV. In Africa as a whole, AIDS is the leading cause of death among adolescents (10 to 19 years) and the second most common cause of death among adolescents globally.

49. New HIV infections among children in South Africa are declining at an impressive rate, largely due to scaled-up efforts to prevent mother-to-child transmission. The prevalence of HIV among children appears to be decreasing in all provinces, except in KwaZulu-Natal. Access to treatment is growing: nearly three-quarters of children living with HIV are now receiving ART, up from 33 per cent in 2010.

50. Mother-to-child transmission of HIV decreased from 3.5 per cent in 2010 to 2.6 per cent in the period 2012-2013, and reached 1.5 per cent by the end of 2016. HIV prevalence in young women aged 15 to 24 years is twice as high as for young men, and only 14 per cent of adolescents living with HIV receive ART.

51. In Soweto, the Bureau met with brave adolescents who were on pre-exposure prophylaxis (PrEP), a prevention method in which people who are HIV-negative take daily medication that reduces their risk of contracting HIV. The Bureau was encouraged by their stories, in particular their sharing of information about PrEP with their friends and their work to educate the public. The Bureau wishes to continue to provide support to these young people as they face cultural stigmas around PrEP.

52. The Bureau had a chance to visit the Prince Mshiyeni Memorial Hospital in Umlazi. After an opening prayer and a warm song, the Bureau learned of the country's success in the prevention of mother-to-child transmission of HIV (PMTCT). HIV prevalence among children aged 2 to 14 years fell from 5.6 per cent in 2002 to 2.4 per cent in 2012, and to 1.5 per cent by the end of 2016, and the number of new infections among children declined by 79 per cent, from an estimated 78,000 infections in 2004 to 16,000 infections in 2013. There were only an estimated 5,000 infections in infants at the age of 6 weeks in 2016 due to the rapid expansion of PMTCT services. The rate of transmission fell from 8 per cent in 2008 to 2.6 per cent in 2012, and to 1.5 per cent in 2015. Initiatives piloted in the hospital have been taken to scale, including through the MomConnect programme, which uses SMS messages to expectant mothers to remind them of the recommended medical services and to come for checkups until their child reaches one year of age.

Water

53. South Africa has attained high coverage of the use of improved drinking water sources, with access provided to well over 90 per cent of the population, with either water piped into their homes or available from other improved sources. However, disparities related to wealth status and between provinces persist: almost one in five of the poorest children live in households that still rely on rivers, streams and other unimproved sources for their drinking water. Access to piped water is especially problematic in the mountainous areas of the Eastern Cape and KwaZulu-Natal. The country has made modest progress in improving access to sanitation, increasing the share of the population that uses improved facilities, such as flush toilets or ventilated pit latrines, from about half the population in 1990 to two-thirds in 2015. The poorest children are one third less likely to have access to an improved sanitation facility than children from the wealthiest households. Meanwhile, 29 per cent of schools in the country, including 55 per cent of schools in the Eastern Cape, have only an unimproved pit latrine or no sanitation facilities at all.

Education

54. Access to primary education is near universal. The number of out-of-school children decreased from 820,000 in 2002 to 530,000 in 2014, but children from the poorest households are up to nine times more likely to repeat the same grade compared with children from the richest households, while children with disabilities lag farthest behind.

55. Improving the quality of education remains a major challenge, and many children face serious learning difficulties. Data from national assessments indicate that less than 50 per cent of children who reach grade 9 adequately master their home language, while nearly all fail to meet learning standards in mathematics. Large disparities persist in access to and the

completion of schooling, especially by wealth and disability status. For instance, youths with disabilities are on average less than half as likely to have completed secondary schooling as their non-disabled peers.

56. South Africa has made great strides towards achieving gender equality in education. However, despite the noticeable progress, gender differences and inequalities persist. Techno Girl, a collaboration between the South Africa Departments for Basic Education and for Women, the public and private sectors and UNICEF, is an innovative programme for girls, with a particular focus on science, technology, engineering and mathematics (STEM) careers.

57. Through the Techno Girl programme, girls aged 15 to 18 from underprivileged schools who show an aptitude for mathematics and science in grades 9 through 11 are identified and placed in a structured job-shadowing programme with private and public companies. This corporate mentorship provides them with exposure to the workplace and STEM-based careers in the hope that it will motivate them to aspire towards such careers.

58. A 2014 evaluation showed that the project, which had by then reached 10,000 girls, was making a positive impact on the girls' choice to follow STEM-based careers. It was also clear that the participants flourished when given support and a cognitively stimulating environment. Ninety-six per cent of the alumni reported that exposure through job shadowing was the most important opportunity offered by the programme.

59. The Bureau was highly inspired by these young women, and we appreciated that UNICEF had hired some of them. The Bureau encourages the Government of South Africa to help in the job placement of this talent. The Bureau agrees with the strategy of building the capacity of the implementing partners in the identification of talent and placement, monitoring, fundraising and networking. The Bureau also agrees with the goal of bringing on board a total of at least 500 businesses, from the current participating number of 163, to widen the reach of the programme and offer opportunities for more girls.

UNICEF role in South Africa

60. The UNICEF South Africa Country Office has articulated three office-wide programme priorities to focus action and resources and reinforce alignment across all programme sections so that they work jointly to deliver results:

- (a) Early childhood development;
- (b) Ending violence against children;
- (c) Results for adolescents.

The focus areas and critical actions under each of the programme priority areas have been informed by and contribute to the delivery of the Eastern and Southern Africa regional priorities and the goals of the UNICEF Strategic Plan, 2014-2017.

61. The country programme is implemented through five programme components: (a) health and nutrition; (b) basic education and adolescent development; (c) child protection; (d) social policy and advocacy; and (e) cross-sectoral initiatives, including communication, private fundraising and partnerships, communication for development and monitoring and evaluation.

IV. Observations

62. The Bureau welcomed the opportunity to witness the activities of UNICEF in Lesotho and South Africa and appreciated very much the dedication, hard work and efficiency of UNICEF staff and their partners.

63. The Bureau noted with satisfaction the excellent cooperation between UNICEF and the government institutions in the development of norms and standards and the formulation of key policies affecting children.

64. The Bureau welcomed the meeting with the Minister in the Presidency responsible for Women of South Africa. We were encouraged by her statements on improving the situation of children and her acknowledgement of the Bureau's views of the visit to South Africa. The Bureau encourages her to work with the Ministry of Cooperative Governance and Traditional Affairs so that the diverse cultures and traditions of South Africa can be a part of the solution to its challenges.

65. The Bureau noted and appreciated the commitment of the Government of Lesotho to UNICEF and its programmes in spite of the current political situation in the country.

66. The Bureau was impressed with the sharp focus of UNICEF in Lesotho and South Africa on the organization's comparative advantages, namely to provide strategic policy advice on national programmes. The relevance of UNICEF as a partner is possible not least because UNICEF has attracted top-level international staff as well as dedicated and skilled local staff.

67. The Bureau appreciated the clear focus of UNICEF on the most vulnerable population groups and the most disadvantaged geographical areas. Furthermore, the efforts made to strengthen the disaggregation of data to reveal social disparities as a basis for advocacy and programme planning were found to be very important.

68. The Bureau welcomed, as an important strategy for achieving results for children, UNICEF efforts to influence policy, legislation and public spending to focus on the most disadvantaged.

69. The Bureau noted the importance of maintaining a minimum level of core programme resources in order to sustain the capacity of UNICEF to provide high-level technical advice and to influence policies.

70. The Bureau is of the view that the UNICEF programmes in Lesotho and South Africa have had a very effective and meaningful impact, and was encouraged by the political will demonstrated by the ministers with whom it met. The Bureau welcomed the successful emphasis of UNICEF on national ownership, which was evident throughout the visit, and also the deep commitment of the Governments. In Lesotho, this was demonstrated, in particular, by the several cross-ministerial and multisectoral approaches to addressing cross-cutting challenges.

71. The Bureau members expressed concern about the persistent sexual violence against children as well as harmful traditions and practices regarding child marriage, which remain challenges to be addressed further in both countries. The Bureau is also concerned about the severe challenges for disabled children, who are among the most vulnerable, and the lack of services adapted for them. Data collection is difficult in both countries, particularly in Lesotho, where the rugged terrain increases the difficulty of collecting disaggregated and updated data on needs and on the impact and outcome of service delivery in disadvantaged

geographical areas. Regarding data collection in South Africa, we are encouraged by the amount of data that the country has collected. The Bureau recognizes the challenges in the collection and storage of data and will continue to work with both countries to conduct the analysis necessary to establish the best policies for children.

72. UNICEF engagement with partners, civil society, communities and faith-based organizations as well as with the private sector are good examples of the added value and multiplier effect that UNICEF can contribute by acting as a catalyst to bring partners together.

73. The members of the Bureau noted the good cooperation within the United Nations country teams, as evidenced by the large number of joint programmes in the two countries. The Bureau was informed by UNICEF staff that close cooperation among agencies on policy is centralized. The delegation congratulates UNICEF for the partnerships established on the national level with ministries and with the local authorities at the provincial and community levels to achieve results for children through evidence-based advocacy and action.

74. The members of the Bureau appreciated the critical role that UNICEF plays in support of the Government in achieving the 2030 Agenda and in supporting the protection and fulfilment of the rights of children and women in Lesotho and South Africa.

75. The delegation observed that both national Governments were open to new ideas and willing to commit resources for programmes and projects that could have a positive impact and enrich children's lives. Therefore, UNICEF, given its credibility, has ample scope to continue its innovative work and act as a catalyst to initiate pertinent projects and programmes.

76. The Bureau would like to encourage more involvement with young people, so that their views can be heard on how to solve many of the issues that affect them.

77. The Bureau believes that the term "middle-income country" is not an accurate reflection of the current state of South Africa, in terms of the problems it faces. The high Gini coefficient shows that many South Africans are not benefiting from the post-apartheid growth of the economy. We encourage UNICEF, country programmes, the private sector and Member States to recognize the enormous disparities in wealth when developing projects for South Africa.

78. Finally the Bureau would like to thank the secretariat and the country offices for the accessibility of their documents, which allows for the full participation of all members of the Bureau.

Annex

Summary of the programme of the field visit to Lesotho and South Africa

Lesotho

Friday, 3 March 2017

- Visit to St. Leonard Night School for Herd Boys, an alternative opportunity learning centre (non-formal education) for herd boys

Saturday, 4 March, 2017

Makhoarane, Morija and Matsieng:

- Lunch with local Chiefs and Ward Councillors to learn about the Child Grant Programme; interactions with the Principal Chief of Matsieng, Chief Masupha Seeiso, the Ministers of Social Development and Health, local Council members, and representatives of Catholic Relief Services
- Visit to two households that are beneficiaries of the Child Grant Programme and nutrition counselling
- Interaction with members of the savings and internal lending communities programme
- Household visit to observe a keyhole garden
- Visit to the paediatric HIV-intervention ward of the Scott Hospital of the Lesotho Evangelical Church

Monday, 6 March, 2017

- Meeting with Ministers of Planning, Education, Health, Social Development, Home Affairs and Local Government, Police, Correctional Services and Law
- Meeting with the Minister of Foreign Affairs, H.E. ‘Mamphono Khaketla
- Meeting with the Prime Minister, H.E. Pakalitha Mosisili
- Meeting with implementing partners
- Visit to Bakaneng Primary School, including a meeting with the District Administrator and project managers of the World Vision hand-washing facilities and improved pit latrines
- Meeting with the Deputy Prime Minister, H.E. Mothejoa Metsting
- Meeting with King Letsie III

South Africa

Tuesday, 7 March, 2017

- Meeting with UNICEF staff at the UNICEF office in Pretoria

Wednesday, 8 March, 2017

- Visit to Prince Mshiyeni Memorial Hospital, Umlazi, KwaZulu-Natal: child survival and HIV, including innovations to eliminate mother-to-child transmission
- Lunch meeting with civil society partner, the National Association of Child and Youth Care Workers, regarding the Isibindi project
- Visit to a Safe Park in the town of Tholimpilo Ndwedwe, in Verulem, Kwa-Zulu Natal

Thursday, 9 March, 2017

Soweto

- Perinatal HIV Research Unit at the Chris Hani Baragwanath Hospital, HIV prevention and treatment among adolescents
- Mandela House, the Nelson Mandela National Museum

Pretoria

- Meeting with the Minister in the Presidency responsible for Women

Friday, 10 March, 2017

Pretoria

- Meeting with the Deputy Director General, Department of Social Development, Ms. Conny Nxumalo
 - Briefing on the TechnoGirls initiative and meeting with young women alumni of the programme, Ms. Staff Sithole, CEO of Uwesolo, the implementing partner, and Ms. Ntsaki Mkhize, Human Resource Manager from Voith Turbo, corporate partner hosting Techno Girls
 - Meeting with the Deputy Director General, Department of Health, Dr. Yogan Pillay
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