

## CONSOLIDATED RESULTS REPORT

Country: South Africa

Programme Cycle: 2007 - 2012

1. Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)	2. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)	3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
I. Young Child Survival and Development			
<p>1.1 U5MR reduced by 30% through improved health services, especially neo-natal care and pediatric ART care and support. Specific target in this respect is 60% of eligible HIV infected children receiving ART</p>	<p>1.1.1 Under-5 mortality rate U5MR=67 per 1,000 LB (2004) U5MR=59 per 1,000 LB (2007, SOWC); U5MR=57 per 1,000 LB ( 2010, IGME )</p> <p>1.1.2 Percent of newborns and mothers receiving post-natal care within 3 days of delivery</p> <p>1.1.3 Proportion and number of HIV infected children receiving ART</p> <p>Children &lt;15 years on ART, July 2006=14,000 Children &lt;15 years on ART, March 2009=74,664 % of children with HIV who need ART that are on ART =20-54% (2010?)</p> <p>1.1.4 Proportion and number of children on ARVs receiving psychosocial support</p>	<p>UNICEF supported national efforts to increase the coverage and quality of prevention of mother-to-child transmission of HIV. This included the development of models for the decentralization of care and treatment of HIV positive mothers and their newborns to primary health care facilities, which is scaled up nationally as part of the new HIV and AIDS policy and the provision of leadership and 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. UNICEF also supported the development of a framework for accelerating community-based delivery of a package of high impact MNCH interventions, including PMTCT, neonatal care through postnatal visits and infant and young child feeding. More than three million children were reached with immunization, Vitamin A supplementation and deworming tablets during the national integrated campaigns in 2009 and 2010, supported by UNICEF. UNICEF's advocacy and technical support was instrumental in South Africa's adoption of the WHO/UNICEF recommendations for exclusive breastfeeding, including for HIV positive mothers and drafting of the regulations on the marketing of breast milk substitutes.</p>	<p>No national strategic guidance on MNCH, which limits the ability of UNICEF and other development partners to engage more strategically in this area. Restructuring of the NDOH is still not complete and limited technical and managerial capacity at all levels threatens the capacity of the department to lead the child health agenda and PMTCT. Data quality and use of data at local levels remains a bottleneck to results based programming.</p>

		<p>Development of costed provincial MNCH plans in Gauteng and Kwazulu Natal: UNICEF provided technical support to train provincial team of experts on evidence-based planning using the marginal budgeting for bottlenecks (MBB) tool, followed by actual application, which led to the development of the plans.</p> <p>Development and implementation of district MNCH plans in the 18 most deprived districts: In collaboration with CDC, MRC, BroadReach and the University of Kwazulu Natal, UNICEF has supported the 18 most deprived districts to develop and implement plans to accelerate delivery of integrated MNCH package.</p>	
<p>1.2 Uptake in PMTCT+ increased from 13% to 80%</p>	<p>1.2.1 % of HIV+ pregnant women taking ARV at appropriate point in labor</p> <p>PMTCT+ uptake = 13% (2004)  Pregnant HIV+ women taking ART=32% (March 2006)  Pregnant HIV+ women taking ART=88% (2010)</p> <p>1.2.2 % of HIV exposed babies receiving ARV at appropriate point after birth.</p> <p>1.2.3 % of health facilities adhering to all of the PMTCT+ indicators (as established by the Dept. of Health)</p>	<p>Nationally, efforts are being made to accelerate the elimination of mother-to-child transmission of HIV Antenatal client (ANC) first test rates for CD4 count increased from 64% in 2010 to 72% by June 2011. The rate of ANC clients initiated on AZT during antenatal care increased from 79% in 2010 to 84% by June 2011. The PCR positive test rate for babies at 6 weeks decreased from 10% in 2010 to 7% by June 2011. UNICEF provided leadership and technical assistance for the development of an evidence based National ActionFramework for the elimination of MTCT with clear baseline, targets and user-friendly monitoring framework including dashboards and data for action reports down to the district level. The process involved a review of data from more than 4,000 health facilities, participatory bottleneck analysis and micro-planning with all districts.</p> <p>Nationwide, 88% of HIV+ pregnant women get ARVs and 54% of children in need of treatment have access to ART, an estimated 60% of HIV exposed infants were tested for HIV at 6 weeks. A UNICEF commissioned study indicates that six week MTCT transmission was around 5% in 2010; previous programme estimates reported rates of around 9%. UNICEF supported the development and piloting of models of down referral of maternal ART and paediatric ART to community level that are now being scaled up nationally.</p> <p>Revision of the national PMTCT guidelines: UNICEF supported</p>	

the National Department to review the national policy guidelines and include dual prophylaxis and HAART for eligible mothers. At scale, the new guidelines could help avert an additional 16,000 new HIV infections in children. The National department allocated R280million (USD35million) to support the introduction of new ARV regimens.

Development of PMTCT managers' capacity for scale up: UNICEF supported the national PMTCT steering committee to improve programme coordination and strengthen the capacity of the national and provincial PMTCT managers. This was done through regular programme reviews, bottleneck analysis, peer leaning and sharing of best practices

Down referral of PMTCT-Plus to PHC facilities: UNICEF supported the national Department of Health to design a model of providing HAART to eligible pregnant women at PHC level. 30 treatment centers in PHC facilities have been established in Ilembe. The model will be expanded to all the 18 priority districts.

Integration and scale up of comprehensive quality community-based MNCH services, supported in Ilembe district, has led to improved MNCH and PMTCT performance. The framework (C-framework) guiding this, developed with UNICEF support, is being implemented at scale in one province and is tabled for implementation nationwide. Neonatal quality care initiative piloted in Limpopo with UNICEF support is now being rolled out to a national programme.

PMTCT Communication Campaign to increase awareness, reduce stigma and improve demand for services: In collaboration with the South African National AIDS Council and Saatchi and Saatchi, UNICEF supported the baseline assessment and the implementation of a national PMTCT communication campaign using TV, radio and print media to increase awareness and demand for PMTCT services.

Tracking population level PMTCT effectiveness through population-based HIV prevalence, incidence and behavior survey:

		UNICEF has been collaborating with the DOH and the Human Sciences Research Council (HSRC) on two population-based surveys addressing HIV behavior and prevalence; and health and nutrition. Data collection is planned to be finalized early 2012 with reports expected in the third quarter of 2012. UNICEF has been serving on the steering committees of the two surveys and successfully negotiated integration of critical MICS as well as DHS modules into the surveys.	
1.3 Exclusive infant feeding increased from 7% to 20% for 1st six months of life	<p>1.3.1 % of babies who are exclusively breastfed for the first 6 months</p> <p>Exclusively breastfed children &lt; 4 months = 12% (2003)</p> <p>1.3.2 % of babies who receive exclusive formula feeding for the first 6 months</p>	<p>UNICEF's advocacy and technical support was catalytic in South Africa's adoption of the WHO/UNICEF recommendations for exclusive breastfeeding, including for HIV positive mothers. Infant and young child feeding policies were revised in accordance with the new policy and technical support provided to three of the nine provinces with the roll out of the new policy. A training package to improve the knowledge and skills of CHWs and health professionals on IYCF was developed and all eleven districts were reached with more than 1500 CHWs and 300 health professionals trained. UNICEF supported the finalisation of national regulations on the Code on Marketing of Breast milk substitutes to be gazetted in 2012.</p> <p>Roll out of the baby friendly hospital initiative: UNICEF supported the development of BFHI tools, the assessment of health facilities and regular experience sharing among implementing districts.</p>	
II. Basic Education and Gender Equality			
2.1 40% of schools are child-friendly and support access and retention of OVCs	<p>2.1.1. Survival rate (cohort flow) to Grade 5 by gender and other disparity variables</p> <p>2.1.2 % of ECD programmes that contribute to school readiness for young OVC</p> <p>2.1.3 % of orphans who attend school versus non-orphans' school attendance.</p>	<p>Results in the sector are picking up with strengthened planning and monitoring. Grade R (reception year) access is at 77% with primary school access at 99.6%. The finalization of the first sector plan "Schooling 2025" and Action plan 2014 have focused on strengthening national, provincial, district and school level capacity for improved teaching and learning.</p> <p>UNICEF supported the establishment of minimum standards and modeling of innovative community-based approaches in early childhood development programming to increase access to quality ECD services.</p>	Weak capacity persists particularly at district level with challenges in filling key vacancies with qualified candidates. Provinces, districts and teachers are still getting to grips with the revised national Curriculum and Assessment Policy Statement (CAPS). This may take a couple of years before the system is comfortable with the CAPS and a couple more years for optimal

	<p>2.1.4 # or % of schools with gender responsive WES facilities</p> <p>2.1.5 % of schools with active SGB, GEM clubs (assessing through minutes and regularity of meetings)</p> <p>2.1.6 % of schools with the principals trained in leadership and management skills and competencies</p>	<p>In order to promote access, retention, completion and learning achievement for the most vulnerable children, particularly girls, UNICEF assisted the implementation of the Child-Friendly School Framework in over 800 public schools directly reaching over 400 000 children and indirectly reaching 3,750,000 children.</p> <p>The development and adoption of the national GEM/BEM guidelines for schools led to a ministerial decree to roll out the initiative to all 26,000 schools and to build it into the MTEF at both national and provincial levels. This process is ongoing and challenges are being addressed.</p> <p>The modeling of the Leadership Initiative in 6 provinces reaching over 20,000 principals, deputy principals, SGB and RCL chairs, has contributed to the adoption of the programme and a TOT with the Mathew Goniwe Leadership Institute that is tasked with training on management and governance for schools.</p> <p>The learners absenteeism study has led to the current process of policy development and the development of a learner-tracking database that will keep count on access and retention of all children and OVC in particular.</p> <p>Evaluation of the National School Nutrition Programme led to the development of provincial plans for implementation and monitoring of the programme and the expansion of the programme to all quintiles 1,2,&amp;3 primary schools and quintile 1 &amp; 2 secondary schools</p> <p>The UNICEF-supported initiative ‘Techno Girl’ promoting the participation of girls in Math, Science and Technology is being scaled up nationally in collaboration with the Department for Women, Children and People with Disabilities. In 2011, over 6,000 girls from all nine provinces benefited from the programme which was also presented at an advocacy event at the UN Commission on the Status of Women in February 2011 in New York by the Minister of Women, Children and People with Disabilities.</p>	<p>performance.</p> <p>Ownership and leadership on programmes fluctuate depending on management within the Department. Institutionalization of key initiatives (G/BEM and CFS for example) needs to be accelerated.</p> <p>Accountability and coordination amongst Government Departments on ECD needs to be improved.</p>
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		ECD kits for young children and lap desks for school-age displaced children were provided in response to the xenophobic attacks that hit the country in 2008. Eight mobile class rooms were provided in Musina to support the education needs of Zimbabwean children who have crossed the border. UNICEF also supported national training on Education in Emergencies.	
2.2 50% of children and adolescents access information and learning opportunities on health-enhancing life skills	<p>2.2.1 % of males and females aged 15-24, with sub-analysis for 15-19 year-olds, with comprehensive correct knowledge of HIV/AIDS and awareness of their HIV status.</p> <p>Baseline: HIV sero-prevalence 2005: 15-24 yrs: 16.9% females, 4.4% males; 10-14 yrs: 1.8% females, 1.6% males</p> <p>2.2.2. % of young people who report reduced multiple partnerships</p> <p>2.2.2 Proportion of children and adolescents who can state three ways that they protect themselves from abuse</p>	<p>In response to the recommendations of the evaluation of the UNICEF initiated Sports for Development model, the initiative has been scaled up nationally in collaboration with the departments for Basic Education and Sports and Recreation. As part of the revised curriculum, two hours have been allocated for Physical Education per week in every school. The implementation of this will be monitored through EMIS. Four multi-purpose sports fields were completed in two provinces in the most critical schools nationally, situated in townships with very poor socio-economic conditions. The fields are benefitting a total of 27 schools reaching an estimated 30,000 girls and boys.</p> <p>Evaluation of the national peer education survey contributed to quality improvement of programme interventions at both national and provincial levels and the development of national unit on standards on peer education</p> <p>HIV Prevalence among young people has begun to stabilize and even reduced among certain age groups. (25% in 2005 – 21% in 2008)</p> <p>Young people in multiple partnerships reduced from 5% in 2002 – 41% in 2008.</p>	The capacity for lifeskills education, specifically sexuality education is very weak and requires strengthening. Whilst there is theoretically 100% access to lifeskills education, quality remains an important issue to address.
2.3 Quality integrated early childhood development services provided to 50% of babies and young children (0-4) at household level, 30% at community level and 20% at centre level in	<p>2.3.1 Number and % of parents trained and utilizing ECD skills.</p> <p>2.3.2 Number of new ECD workers benefiting from the Expanded Public Works Programme</p> <p>2.3.3 Number of new community-level ECD services identified and number of</p>	<p>The National Parenting Programme (standard text and low-literacy) was developed as a result of audit findings that 16% of young children have access to formal ECD. It was expanded to all nine provinces and strengthened with the development/ dissemination of new materials such as the Early Stimulation pack and TOT national and provincial levels.</p> <p>Mapping and good practice documentation of alternative ECD programmes will contribute to the inclusion of these programmes</p>	

<p>line with the government's National Integrated Plan for Early Childhood Development</p>	<p>communities providing community-level services.</p> <p>2.3.4 % and number of children aged 0-4 years receiving ECD services</p>	<p>in the ECD register and motivation for changes in national policy.</p> <p>Policy and guidelines on child minding have been developed as to facilitate quality ECD services for young children attended to by child minders (taking care of less than 6 children).</p> <p>ECD programmes as resources of care and support for OVC were incorporated in the five-year plan of the National Department of Social Development for rollout as part of "Tshwaragano ka Bana's" ("We care about children") component of the National Integrated Plan for Early Childhood Development.</p>	
<p>III. HIV and AIDS and Children – cross referenced with all other programmes</p>			
<p>IV. Child Protection: Preventing and responding to violence, exploitation and abuse</p>			
<p>4.1 Coverage of community and home based care, support and protection increased to 70% of OVCs</p>	<p>4.1.1 No. and proportion of children protected by Child Care Forums (including ECD centers, schools, municipalities, etc.).</p> <p>Children receiving services from CCF estimated at around 200,000 in May 2009</p> <p>4.1.2 % of eligible children receiving CSG</p> <p>CSG estimated at 66% in 2006 CSG estimated at 79% in June 2008 CSG estimated at 83% in 2010</p> <p>4.1.3 % of OVC with an appointed caregiver (rural/urban differentiation)</p> <p>512,874 494,992 children placed in foster care through court order as of March 2011. Using maternal orphan status as a proxy, this constitutes 45 %</p>	<p>In 2010, social protection interventions reached the families of 10,154,531 vulnerable children, thanks to the extension of the child support grant.</p> <p>UNICEF provided support through research, training and standardised guidelines enabling all provinces to establish, strengthen and oversee child care forums (CCFs) for provision of quality services to orphans and vulnerable children. In 2009, an audit showed 400 CCFs serving as safety nets for around 200,000 children across the country .UNICEF assisted the SA government with training 180 trainers across the country, who in turn rolled out training in all 9 provinces. One of the key roles of child care forums is to assist in applications for birth registration and social grants.</p> <p>UNICEF worked with the National Association of Child Care Workers (NACCW) to scale up the community-based Isibindi Model which responds holistically to the needs of children and youth who are at risk and made vulnerable by HIV. The support included an evaluation, costing, strengthening and expanding training so as to increase numbers of trainers and profiling the model in research on prevention and early intervention</p>	<p>Division of labor within government departments and the sections in relation to children can create a siloed working approach as sections within departments and between departments often fail to effectively collaborate on children's issues.</p> <p>The operationalisation of the Children's Act is hampered by the current service delivery model, whereby civil society organisations act as the implementing agencies on the ground for a wide range of child protection services with differing levels of Government oversight and funding, as exemplified by a lack of capacity at the service delivery level to plan, monitor and implement actions for children.</p> <p>Monitoring of child protection programmes and outcomes remains a</p>

	80% of OVC.	<p>programmes The model is currently being implemented in over 65 sites in eight provinces and reaches over 100,000 children. Isibindi was identified by the National DSD as good practice for scale up nationally. In her 2011/2012 Budget Speech, the Minister of Social Development committed to support the roll-out of the model to reach 1.8 million children in 1000 sites across the country. The government of South Africa has allocated funds to reach 850,000 children through Isibindi by 2014.</p> <p>An innovative approach to engaging men in fulfilling their critical role in meeting the needs of orphans and vulnerable children has been tested in two municipalities. An impact evaluation demonstrated significant changes in short term behaviour related to HIV, women's and child protection.</p>	challenge, with insufficient M&E systems in Government in different levels.
4.2 National and Provincial Government (s) have developed capacity to coordinate and monitor OVC services.	4.2.1 Established National Functional data collection and monitoring system for OVC	<p>The National Action Plan for OVC (2006-2008 ; 2009 -2012; ) are now concluded, with results achieved in capacitating families to protect and care for OVC, and in strengthening community based responses.</p> <p>UNICEF provided technical support to the National Action Committee for Children and AIDS, and supported implementation of three approaches to improving information management for OVC: the use of vital registers in identifying maternal orphans, a school based methodology implemented in partnership with the Office on the Rights of the Child in KwaZulu Natal, and a Web-based database on training resources for practitioners. The training material database as well as the maternal orphan count have been institutionalized in the national Department of Social Development.</p> <p>UNICEF supported research that provided baselines for the following areas: alternative care – foster care, temporary safe care and residential care; prevention and early intervention . each of these research reports will inform regulations for the enactment of child protection legislation as well as improve co-ordination and monitoring systems.</p> <p>National care and protection systems have been strengthened to respond to the influx of migrant children, and the Department of</p>	The maternal orphan count system , which has been mainstreamed in te National department of Social Development, will be used to target scale up of Isibindi programmes. Further work is needed to mainstream the system into StatsSA.

		Social development and other key partners have been supported in responding to xenophobia, unaccompanied migrant children, gender based violence, and in the production of emergency guidelines.	
4.3 50% of local municipalities have developed capacity to coordinate and monitor OVC services	4.3.1 No. of provinces and local municipalities with coordinated services for OVC	Two municipalities were assisted by UNICEF in coordinating and monitoring OVC services: Nkandla in KwaZulu Natal, and Mthlonthlo and KSD municipalities in Eastern Cape. A component of KZN model has been documented and an evaluation is available.	Work at municipal level has suffered from inadequate buy-in from municipal authorities, corruption and political tensions.
4.4 Government structures (NPA, IDMT) strengthened to target integrated prevention and response to abuse and sexual violence	4.4.1. Number of fully operational Thuthuzela Care Centers (target is 80)  4.4.2. Number and proportion of local municipalities that have developed capacity for coordinated responses to address violence (target is 50%)	UNICEF supported the National Prosecuting Authority to establish 12 Thuthuzela Care Centres (TCC), out of 52 TCC nationally reaching 24,991 survivors of sexual offences. These TCC are in essence a one stop centre providing professional support and services required by victims of sexual abuse.  The Inter Departmental Management Team has been capacitated to coordinate government prevention, response, protection, care and support; to monitor and evaluate; to disseminate information; and to leverage resources for addressing issues around violence.  South Africa has identified a framework to scale up violence prevention activities, and now has evidence on the most promising models.	Coordination amongst all relevant departments on VACW issues remains challenging. A major development in 2011-12 has been the establishment of a Development Partners Group on VACW (instigated by UNICEF and UNFPA), and an Advisory Council on GBV.
V. Policy, Advocacy and Partnerships for Child Rights			
5.1: National legislative and policy framework for child rights improved	5.1.1 Comprehensive Children's Act costed and approved by 2008.  <i>Children's Act signed in 2008</i>  5.1.2 All Policies and legislative Acts that impact on children analysed, gaps identified and proposals made for amendments by 2008.  5.1.3 % of provincial and local government officials rendering services to children who have received training	UNICEF support has primarily been on enhancing the use of a child-focused equity lens in social policy and programming instruments of strategic agencies of the Government of South Africa. Emphasis has been placed on supporting the reform of social protection instruments to benefit children in poverty who are yet to be reached, public expenditure reviews to enable reprioritization of resources in favor of programmes that benefit deprived children, and high level advocacy to mobilize political support for much needed socio-economic policy reforms to bridge the huge equity gaps among children in South Africa.  The child rights advocacy programme targeting parliamentarians provided strategic support to the national and provincial	An important opportunity is the establishment of partnerships with the Department of Social Development, South African Social Security Agency and other agencies.  A challenge is the insufficient funding to carry out all planned activities and to support staff costs in the section.

	<p>on the National Policy Framework and new child related legislation.</p> <p>5.1.4 Indicators developed for implementation of new comprehensive Children's Act by 2007</p> <p>M&amp;E framework for the Children's Act implementation, including indicators, under development in 2009</p> <p>5.1.5 % of processes related to the development of children's legislation, policies and programmes that include the participation of children</p>	<p>legislatures in the areas of strengthening parliamentary oversight and law making. UNICEF provided technical support to the Department of Social Development and the relevant parliamentary committees to review, develop and pass three key pieces of legislation for children. In particular the new comprehensive Children's Act will profoundly transform the care and protection of children.</p> <p>To strengthen democracy through active civil participation, round tables were convened between parliamentarians, young people and civil society organizations. Children's understanding and participation in parliamentary processes were therefore enhanced. UNICEF also facilitated a high level seminar of the National Council of Provinces (NCOP) to review their progress on child rights delivery in the third parliament and to agree on critical areas that the next parliament should focus on. Furthermore, UNICEF with AWEPA supported a round table of the Provincial Legislature in Eastern Cape where MPs, together with government departments and civil society organizations, discussed the prioritisation of key areas in the Eastern Cape that the next Parliament should focus on.</p> <p>The partnership with the Pan African Parliament (PAP), the Association of the European Parliamentarians for Africa (AWEPA) and the Inter-Parliamentary Union (IPU) was consolidated during the period under review, particularly in focusing the attention of regional MPs towards achievement of key MDGs on the continent</p> <p>In support to improve national legislation and policy framework for children's rights, a review of the provisions in social security legislation was carried out with respect to children as dependants or surviving beneficiaries of disability- and old-age pension benefits, accrued by parents, through employment-based contributory schemes. The report will be used as a background document for the design of the comprehensive social security reform.</p>	
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<p>5.2 Service delivery for children improved through better resource allocation, expenditure and monitoring</p>	<p>5.2.1 Budget allocation and expenditure patterns regarding services to children analysed and recommendations made for prioritisation and planning annually by 2007.</p> <p>5.2.2 Indicators to measure the streamlining and scope of financial allocations for services to children developed by 2007.</p> <p>5.2.3 Policy revised for orphans and vulnerable children aged 15 to 18 and child-headed households to have access to Child Support Grants by 2008</p>	<p>Pro-child budget analysis undertaken each year to improve prioritization of resources for children (including Children’s Act funding Analysis in 2010/2011, ECD Public Expenditure Tracking in 2009-2011, etc.). Increases in expenditure on ECD resulted in expanding coverage of services by 15%. The level of subsidy for ECD facilities has also been rationalized for all provinces and increased by 25%. Increased spending on high impact health and nutrition also occurred in the province with the largest child population, Kwazulu-Natal, after an expenditure review and programming exercise. Ongoing Public Expenditure Review for Basic Education Sector will ensure improved spending for essential school inputs and services, including supervision, textbooks, computers and basic infrastructure.</p> <p>In partnership with the Department of Social Development (DSD) and the South Africa Social Security Agency (SASSA) various types of evidence on the effects of Child Support Grant (CSG), was put together. This evidence was crucial for informing the extension of the CSG to eligible children under 18. It was also important in informing the discussions on the fiscal sustainability of the program, which absorbs about 1.2per cent of GDP. Furthermore, the state has allocated resources to cover some 1 million vulnerable children who are eligible yet excluded from receipt of the grant. Another policy outcome is the implementation of the amended regulation of the Children’s Act that allows applications for CSG to be received from applicants without identity document.</p> <p>High level policy discussions continued on effects of the economic recession on child poverty and required revisions to the country’s social protection system. Extensive policy advocacy was carried out on the impacts of climate change on the wellbeing of South Africa’s children in the run up to and during COP 17.</p> <p>In 2010 a public expenditure and quality service delivery study (PETS) on ECD, the first of its kind in the country, was completed. The study involved tracking financial resources from point of allocation to the level of service delivery in communities and addressed quality of ECD services provided in some 790</p>	
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		centers. Policy advocacy around this UNICEF-supported study played a catalytic role to pursue a policy reform agenda.	
5.3 Capacity developed of provincial departments and local municipalities to plan, implement and evaluate programmes for children.	<p>5.3.1 % of local municipalities have developed capacity to plan, implement and evaluate programmes for children (target is 50%).</p> <p>5.3.2 Provincial M&amp;E framework developed to monitor services for children by 2007</p>	<p>As part of its advocacy and capacity building work with parliamentarians' capacity development and child rights oversight programmes were implemented for Members of the National Assembly as well the National Council of Provinces.</p> <p>DSD was supported to develop and implement a responsive M&amp;E framework. Capacity development initiatives have contributed to more effective monitoring of the delivery of basic social services.</p> <p>System strengthening support for monitoring and evaluation continued for the various GOSA departments, especially for the Department of Basic Education and the Department of Women, Children and People with Disabilities (DWCPD). Diagnostic reviews have been conducted to establish the basis for M&amp;E framework development. The M&amp;E framework will be an indispensable tool for tracking the situation of children, as well as reporting and advocacy for child rights. UNICEF also continued to support DWCPD to fulfill South Africa's international reporting obligations for 2013 on CRC.</p>	