

South Africa

Update on the context and situation of children

In 2022, the South African economy continued with the trend of the last decade, namely flat growth with declining per capita income since 2014[1] while remaining one of the most unequal countries in the world ranked among 164 countries in the World Bank's poverty database, with a consumption per capita Gini coefficient of 67 in 2018[2]. The continuing war in Ukraine has also dampened recovery projections and increased risks of vulnerabilities by driving food and energy prices up, as well as fertilizers.

The fall-out of the COVID-19 pandemic in Africa's worst-affected country continued to impact lives, livelihoods, and childhoods. This at a time when economic vulnerabilities had already been aggravated by a prolonged period of depressed investment, subdued growth, and high and rising public debt[3]. By 30 November 2022, 102,464[4] people had died from COVID-19 and in-turn over 95,000[5] children had lost parents and guardians since the outbreak, the highest number of COVID-19 orphans on the continent.

Even before the pandemic, children faced various overlapping deprivation with considerable differences across provinces. The 2020 multidimensional poverty report[6] estimated 62 per cent of children being multiple deprived in SA, with this estimate rising to almost 9 out of 10 children in rural areas. The highest rate was in Limpopo province (83 per cent) whereas the lowest rate was recorded in Gauteng province (37 per cent). Children who are black African were almost 7 times more deprived than children who were white.

Climate change is already impacting SA adversely with the average temperature rising twice the global average, ensuing droughts, floods and extreme storms are projected to be impacting the most vulnerable disproportionately[7]. In April 2022, massive floods hit the South African province of KwaZulu Natal and parts of the Eastern Cape province causing significant damage and loss of lives and livelihoods. A total of 13,790 houses were either totally or partially destroyed and 6,210 were left homeless including 443 deaths and 57 school-aged children, at a time when the province was still recovering from the COVID-19 and the July 2021 civil unrest and deteriorating economic conditions[8].

The limited progress across the triple challenges of poverty, inequality and high youth unemployment (50 per cent of 15–24-year-old in 2021 were unemployed[9]) further drives political instability having knock-on effect on progress towards the realization of SDG goals where most have either stalled or reversed. The upcoming elections with the recent rising xenophobic narratives and popularity of anti-migrant groups further risk eroding the social fabric and reversing gains made to date, including marginalizing those already furthest behind[10].

Uneven routine childhood immunization coverage remains a concern, witnessed by the recent measles outbreak in Gauteng, Limpopo and Mpumalanga province. Only 7 out of 52 districts in SA managed to achieve the national fully vaccinated target of 90 per cent of under one-year-old children[11]. In 2021, SA had more than 100,000 zero dose under one-year-old children accounting for more than 9 per cent of under one year old child population, of which more than one third is in Kwa-Zulu Natal Province[12].

Children are consistently left behind in the HIV response, with only 57 per cent of children aged 0-14 years being on Antiretroviral Therapy (ART) compared to 70 per cent of adult[13]. SA saw a decrease in the number of children on ART from approximately 155,000 in 2019 to 135,000 in 2021[14]. One

out of every five adolescent girls and young women who acquired HIV during 2021 globally lived in SA[15].

Many children missed the opportunity to develop to their full potential. About 150,000 children were born with low birth weight whereas over 1.5 million under five-year-old children (3 out of 10 children) were stunted, 140,000 were wasted (Acute malnutrition) and 757,000 (one in seven) children were overweight[16]. Globally, SA is one of the top ten high burden countries for severe acute malnutrition, furthermore, about 4.1 million children under 14 years were HIV exposed and uninfected, representing 27 per cent of the global total[17].

Boys, girls and women still face high levels of abuse, neglect and violence at home and in their communities. Between April and June 2022 alone 243 children and 855 women were killed in SA. A further 1,670 children were victims of grievous bodily harm as per police records. Great strides have been made in providing the enabling environment to curtail violence though progress has been limited.

The public education system made efforts to improve access and the quality of the learning outcomes throughout the year, primarily by initiating the review of the curriculum and assessment frameworks. The school dropout rate significantly increased in 2021[18] triggered by the COVID-19 pandemic coupled with illness and disability, poor academic performance, and inability to pay the tuition. Furthermore, children and youth still experience challenges in accessing quality tertiary education and later job opportunities where some eventually settle with low wage jobs.

[1] International Monetary Fund Report

<https://www.imf.org/en/Publications/WEO/Issues/2022/10/11/world-economic-outlook-october-2022>

[2] World Bank Group. 2022. Inequality in Southern Africa Report. World Bank, Washington, DC. © World Bank Group. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099125303072236903/p1649270c02a1f06b0a3ae02e57eadd7a82>

[3] The World Bank Report <https://openknowledge.worldbank.org/handle/10986/36519>

[4] Department of Health COVID-19 statistics <https://sacoronavirus.co.za/>

[5] Lancet Report [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01253-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext)

[6] STATS SA, UNICEF and SPRI, 2020. CHILD POVERTY IN SA: A Multiple Overlapping Deprivation Analysis, Report 03-10-22 <https://www.unicef.org/esa/media/6551/file/UNICEF-South-Africa-Multidimensional-Child-Poverty-Analysis-2020.pdf>

[7] World Bank Group. 2022. SA Country Climate and Development Report. CCDR Series;. World Bank, Washington, DC. © World Bank Group.

<https://openknowledge.worldbank.org/handle/10986/38216> License: CC BY-NC-ND

[8] United Nations, 2022, Common Country Analysis update (forthcoming)

[9] World Bank Development Indicators, 2022, Data as of June 2022, National estimate variant:<https://data.worldbank.org/indicator/SL.UEM.1524.NE.ZS?locations=ZA>

[10] ibid

[11] Department of Health, South Africa, 2020, National coverage survey report

https://www.health.gov.za/wp-content/uploads/2022/03/National-EPI-Coverage-Survey_Final-full-report-Dec-2020.pdf

[12] Department of Health, South Africa and UNICEF, 2022, Further analysis of DHIS data (link to add)

[13] Thembisa 4.4, Centre for Infectious Diseases Epidemiology and Research (CIDER) (link to add)

[14] ibid

[15] ibid

[16] StatSA, South Africa, 2019, Demographic and Health Survey 2016

<https://www.samrc.ac.za/sites/default/files/attachments/2019-01-29/SADHS2016.pdf>

[17] Thembisa 4.4, Centre for Infectious Diseases Epidemiology and Research (CIDER)

[18] StatSA, 2021, Increase in the number of out-of-school children

Major contributions and drivers of results

UNICEF's work in SA is characterized by a balance between high level policy support and advocacy through leveraging of expertise, analytics, thought leadership and convening, alongside community level engagement, outreach, and mobilization for driving results for all children in SA, especially for the most vulnerable children in marginalized districts. This is achieved through close cooperation with the government in line with the District Delivery Model (DDM) jointly supported by the United Nations in SA, and through strong partnerships with academia, private sector and civil society at national and subnational level, including the engagement and empowerment of children and youth on issues most relevant to them.

Every child, including adolescents, survives and thrives in a safe and clean environment

UNICEF and partners supported the Department of Health (DOH) in establishing a national primary health care benefit package, referred to as the National Health Insurance (NHI) Service Benefits. UNICEF supported the mid-term review of the Policy Framework and Strategy for the Implementation of the Ward Based Primary Health Care Outreach Team (2018-2024) to inform the policy update process. District managers in Kwa-Zulu Natal province and two districts in Eastern Cape were capacitated to develop and implement evidence-based district health plans that are responsive to the needs. UNICEF also provided technical support to develop and finalize the Government's National Obesity Prevention and Control Strategy, the Integrated Management of Acute Malnutrition Guidelines, the update of the national Prevention of Mother to Child Transmission (PMTCT) Guidelines and maternal and newborn health and nutrition guidelines.

The National Immunization System was further enhanced with UNICEF's technical and financial support through a) analysis of zero-dose children and reasons of vaccine stock-out; b) development of 'reach every district strategy', national cold chain manual and effective vaccine management training materials; c) training, coaching, and mentoring front line health workers; d) procurement of cold chain equipment; and e) emergency response on measles outbreak and polio outbreak preparedness, which benefited more than 3000 front line health workers, 2000 health facilities, 19 vaccine depots and more than 5 million children under-five nationwide through close collaboration with GIZ, KfW and financial support from the Governments of Germany and Japan.

To strengthen national programme on prevention of vertical transmission of HIV and Pediatric AIDS treatment, UNICEF jointly with UNAIDS and WHO provided technical support and advocated the prioritization of children in the National Strategic Plan (NSP) on HIV. This was accomplished through consultations with SA National AIDS Council, technical inputs on NSP and leading the Global Alliance of end AIDS in Children within UN agencies. In collaboration with academia, USCDC and local NGOs UNICEF supported the scaleup of the Adolescent Girl and Young Women (AGYW) peer mentor programme reaching more than 30,000 AGYW. Working with DOH the use of data for action at both national and subnational level was improved for the implementation of PMTCT and pediatric AIDS treatment programme.

More than 2 million adolescents and young people were reached through various multimedia activities that entailed radio skids, online campaigns, face to face and government B-wise online platform in support of promoting healthy lifestyles, preventing non communicable diseases, improving knowledge and skills on sexual reproductive health and rights (SRHR) as well as preventing and addressing harmful practices, gender and social norms that drive Violence Against Children (VAC) and Gender-Based Violence (GBV).

In response to COVID-19 pandemic and KwaZulu Natal floods, UNICEF in partnership with local authorities, World Vision and Water Aids reached over 21,000 persons with water, sanitation and hygiene (WASH) services through installation of water tanks, mobile toilets, handwashing stations with the provision of hygiene supplies and promotion of menstrual hygiene.

Risk Communication and Community Engagement (RCCE) work, primarily through the DOH, reached some 12.8 million people, focusing on youth COVID-19 vaccination and increasingly on the broader impacts of COVID-19. Community media and related dialogues, alongside the multimedia truck drove ground level interactions. The Zwakala campaign reached significant numbers online and took the vaccine to communities struggling with access. RCCE work also started to accommodate HIV, to tackle high levels of violence in targeted communities and to focus on the measles outbreak in late 2022.

Every child, including adolescents, Learns

In 2022 UNICEF contributed to emergency responses and the enhancement of access, recovery, and the quality of education by collaborating closely with the government, primarily with the Department of Basic Education (DBE), focusing on equity and relevance of skills development.

In 2022, the Presidential Proclamation concluded the function shift of ECD programmes from the Department of Social Development (DSD) to the DBE. UNICEF played a key supportive role for the transition, serving as the secretariat to the joint DSD/DBE ECD Finance workstream, supporting the legislation review and National Integrated ECD Policy review which has dedicated component on health and nutrition. UNICEF-supported ECD census, with financial contribution from LEGO foundation, was endorsed by Statistics South Africa (STATS SA) and launched enabling improved planning and decision-making processes. Furthermore, UNICEF strengthened the knowledge and skills of 44,575 ECD practitioners in grades R to 3 on active pedagogical approaches (play-based learning) in their classrooms. In addition, the ECD emergency response provided essential support to 1,134 ECD practitioners in 1,270 ECD programmes and 6,908 parents, including the provision of nutritious meals. Overall, ECD interventions benefited a total of 1,311,736 young children directly and indirectly.

For inclusive and quality education, UNICEF reached 2,501,059 children for their continued learning, recovery, and improved learning outcomes. In partnership with the National Education Collaboration Trust (NECT) and the University of KwaZulu Natal, UNICEF supported key new policy endeavors including teacher capacity development for the trimmed curriculum and Early Grade Reading, developing a Quality Assurance Framework, and designing the National Reading Survey. In partnership, including with the NECT and Programme to Improve Learning Outcome (PILO), UNICEF capacitated 3,505 teachers, 209 education administrators, and 5,200 parents. Thanks to Siyavula, additional 33.4 million practice questions were added to the online learning platform, reaching 2,484,044 learners and furthering their health and nutrition situation in partnership with Media in Education Trust (MiET). During the emergency response, funded by the European Union (EU), UNICEF reached 17,015 children by procuring textbooks, handwashing stations, and school rehabilitation.

UNICEF contributed to the Presidential Youth Employment Initiative (PYEI) under the Generation Unlimited (GenU) framework by partnering with other United Nations agencies, university of Pretoria and various private sector partners to strengthen the employability and life skills of young people, especially girls. UNICEF trained 784 girls in Science, Technology, Engineering and Math (STEM) and drone technology with job shadowing for 3,280 youth in STEM-related careers. In addition, 821 Grade 12 and children and youth not in education, employment or training (NEET) completed basic computer literacy courses. The approval of the Coding and Robotics Curriculum by uMalusi (Council for Quality Assurance) enabled scale-up where so far, the 180 online coding and robotics content reached

approximately 1.2 million young people (60 per cent girls). The UN-joint programme, Education Plus, was also launched to expand access for secondary education and gender equality. Sport for Development (S4D) programme trained approximately 28,300 adolescents and youth on digital and life skills, including climate change, online safety, prevention of discrimination, prevention of learner pregnancy, and gender empowerment, with 366 out-of-school youth on the S4D programme completing accredited facilitators course.

The UNICEF Volunteer Programme grew to 5,200 volunteers with two new Campus Clubs. This expansion led to direct community-level engagement on priority issues concerning youth. The Volunteer Strategy 2.0 was developed, and youth advocacy training rolled out, alongside other community-level actions. This included extensive engagement and training on nutrition related advocacy, as part of AstraZeneca supported work to improve the diets and physical and mental wellbeing of youth. The number of hours volunteered was more than 52,500 at a value of US\$1.5 million, benefiting 42,500 people.

Youth engagement and civic participation was also a key priority in 2022. UNICEF's innovation portfolio supported adolescents and young people access quality skills-training and learning to earning opportunities, along with digital rewards throughout the country. On climate change and just transition, 150 youth (aged 14 to 35) were engaged through the UNDP and UNICEF Youth Barometer - a mass youth survey, dialogue and outreach programme. More than 24,000 young people dedicated 52,633 hours to volunteering, at an average rate of 2.2 hours per volunteer, per month towards addressing social barriers to enable youth to meaningfully participate, including using social and health platforms to engage the most vulnerable and marginalized youth for increased connectivity and opportunities.

Every child, including adolescents, is protected from violence and exploitation

UNICEF collaborated with government, Civil Society Organizations (CSOs), academia and private sector to prioritize VAC agenda, support families and government to prevent VAC and support the most vulnerable children, including migrant and flood affected children.

At the policy level, UNICEF worked closely with the President's office in translating the National Strategic Plan on GBV for practical implementation. This includes both private and public advocacy to have pillar 7 of the "Plan" included so that it would concentrate on the particular effects of violence on children. This has received positive feedback, and incorporation is anticipated in 2023. Accountability at provincial level has improved, with enhanced financial and technical support towards addressing violence against women and children. UNICEF supported over 1,800 GBV ambassadors across the country to localise preventive initiatives against GBV. In addition, over 1,500 children participated in different forums, raising their own voices and suggestions in addressing GBV.

Targeting drivers of VAC and preventing its incidence is also key to UNICEF's strategy. UNICEF invested in preventive programmes in coordination with government and CSO partners. In 2022, UNICEF reached 19,545 parents and caregivers through parenting programme, and 14,600 children through Risiha (Resilience) programme with core services package. In order to increase the reach of parenting programme, In partnership with government, academia and CSOs, UNICEF piloted the WhatsApp-based digital and interactive platform called "Parent-Text" chatbot which provide parenting tips virtually. This platform is able to respond to specific caregivers' questions for multiple age groups of children. It was launched in November and can reach thousands of caregivers in five official languages in SA.

UNICEF collaborated with the EU-funded "Promotion of Best Practices for Children in Migration" global programme, which has improved the protection of children on the move from exploitation and violence through system strengthening. In addition, 6,189 girls and women received assistance with GBV and HIV referral services, 84,181 children had access to basic care and 2,758 people, including

parents, care givers, teachers, and frontline workers, were reached through community-based engagements during social cohesion dialogues facilitated by UNICEF in four provinces.

UNICEF response during the floods focused on strengthening collaboration and coordination with government and CSOs resulting in 500 Implementing Partner staff, volunteers and shelter coordinators trained on Prevention of Sexual Exploitation and Abuse (PSEA), safe spaces for stimulation and recreational purposes for children were created in 15 shelters, and mental health and psychosocial services (MHPSS) were provided to 500 families and 3,650 children. These services alleviated the emotional distress families were experiencing due to flood disasters and in addition 2,435 families benefitted from cash grants providing means for accessing basic commodities not provided at the shelters, the cash was further supplemented by a package of child protection services including referral for multi-sectoral interventions as well as linking the eligible beneficiaries of the humanitarian cash assistance to the existing social protection schemes.

UNICEF's engagement and use of media continued to increase which played an important role in influencing public debate on child rights issues. This helped to spark a response from the Government to conduct an audit on orphans, a public announcement on the foster care grant top-up, and broadening GBV discussions to include violence against girls and boys.

Every child, including adolescents, access inclusive social protection and lives free from poverty

Evidence generation and advocacy remained UNICEF's key strategies to address vulnerabilities and poverty affecting children and their families in SA. The content of these were developed in partnership with stakeholders in government and civil society organizations. Government, through the DSD and the National Planning Commission (NPC), directed the evidence generation endeavours on issues of the exclusion error on the Child Support Grant (CSG), while the NPC spearheaded the finalisation of the social protection floor. UNICEF provided direct support in the development of an action plan for DSD to reduce the exclusion error on the CSG. UNICEF's evidence generation work with civil society involved the issue of multidimensional poverty and responding to the concluding observations of the Committee on the Rights of the Child Report for SA to develop an acceptable standard of living measure.

Strong partnerships have helped UNICEF to develop a focused advocacy strategy. Government, through DSD, jointly advocated with the UNSDG Fund for Social Protection Joint Programme (JP) for the extension of social protection. Coordinated work with UN-Women ensured that issues affecting young women in the informal sector are also addressed. The partnership with the Social Policy Initiative (SPI) advanced the Decent Standard of Living concept in the National Economic Development Labour Council (NEDLAC) and contributed to popularizing multidimensional poverty through media and advocacy work.

UNICEF's work with civil society on building public finance capacity has resulted in organizations making direct submissions to national and provincial legislatures, thereby increasing the range of capable CSOs in addressing child rights issues.

UN Collaboration and Other Partnerships

UNICEF continued to be a leader and active partner in the various results groups and coordination mechanisms of the United Nations Sustainable Development Framework (UNSDCF) in SA. As part of the M&E group, UNICEF supported the update of the Common Country Analysis (CCA) reflecting the various global and contextual challenges and its implications on the country going forward.

In 2022, the Operational Management Team reviewed and approved the Business Operation Strategy (BOS). The BOS aims to bring coherence across different common operational areas (Human

resources, greening, budgeting, ICT and procurement). Efficiencies have already been realized in using common negotiated Long-Term Agreements particularly for travel.

UNICEF and UNDP represented the United Nations system on the steering committee of the PYEI. In SA, GenU is aligned and contributes to the objectives of the PYEI, including through the development of platforms such as Yoma and Yomobi which aim at facilitating the navigation of young people in an otherwise fragmented youth development space. Using Yoma, UNICEF launched its second green challenge during COP27 in partnership with UNDP, UNEP, ILO and the South African Institute for International Association.

In partnership with UNAIDS, UNFPA, UN-Women, UNICEF continued to support the national HIV programme, and to address VAC and adolescents through health, SRHR and protection interventions. These interventions supported greater inclusion and access to HIV treatment for children and adolescents through multisectoral assistance (health, psychosocial and medico-legal), including to survivors of sexual violence, through Thutuzela centres. In 2022, these centres were further strengthened.

The Global Fund operationalized an Adolescent Girls and Young Women Strategic Initiative (AGYW-SI) with UNICEF to provide technical support in order to improve the quality and effectiveness of AGYW programming and conduct research to evaluate the national implementation of PrEP services to support recommendations for accelerating implementation of PrEP in South Africa.

Furthermore, UNICEF and UNFPA are implementing a joint programme on empowerment of adolescent girls on SRHR. The programme has already reached 130 social service and health professionals in strengthening their capacities in delivery of integrated HIV, GBV and SRHR services and strengthened district-level coordination, including through the DDM.

During the KwaZulu Natal floods, the President of the Republic declared National State of emergency to ensure a coordinated response across all departments. UNICEF, within the framework of United Nations coordinated response and in collaboration with the DSD and its local partners, provided coordination, assessment and monitoring support including the distribution of food and non-food essential items, multi-purpose cash, learning and play materials, water, sanitation, hygiene, and MHPSS.

UNICEF played a lead role on United Nations communication during the KwaZulu Natal flood response and supported various United Nations Day activities. UNICEF contributed to the media roundtable on climate change to mark United Nations Day, the hosting of the United Nations stall at the diplomatic fair and United Nations family day. External communication promoted and articulated work related to joint programming with UNFPA on SRHR and UNHCR and IOM covering children on the move.

Lessons Learned and Innovations

The creative and strategic use of data to inform communication and related advocacy played an important role in driving media and online ‘thought leadership’ work. This included maximizing U-Report poll findings to spark discussion and debate on the latest ‘youth pulse’ whilst also engaging with academia and official Government statistics, such as Police data, to strengthen advocacy for the most vulnerable children, such as orphans and those at high risk of violence. Building U-Report poll responses into programmatic work, such as the mental health roundtable, also provided critical inputs to inform the response and potential new partnerships.

Similarly, a key contributor to results specifically on PMTCT and immunization has been the analysis and use of data for programming. To identify, prioritize and respond in the low uptake districts and

facilities, DoH and UNICEF used facility level data to understand low performing facilities and provide targeted technical support. To strengthen national immunization system, UNICEF has supported the DOH to identify the locations of zero-dose children, to understand the reasons of zero dose communities as well as defining strategies to reduce the barriers and improve immunization coverage and equity.

In Education, while the launch of the UN-joint programme, Education Plus was highly successful and called for more advocacy on the topic, there is a need to further strengthen the partnership among the UN agencies involved and deliver concrete coordinated interventions together with the government

UNICEF is stepping up its efforts to offer technical assistance to the government with regard to the implementation of fiscal policies by advocating for the strengthening of the taxation of sugar-sweetened beverages, adoption of front-of-pack labelling, restriction of marketing of unhealthy foods for children, and improvement of the school food environment.

In previous NSP for HIV/AIDS, tuberculosis (TB) and sexual transmitted infections (STIs) children have not been identified as priority or key target population. To advocate prioritization of children in the new NSP on HIV/AIDS, TB and STIs, UNICEF jointly with UNAIDS and WHO supported consultations with relevant child related sectors. This proved to be far more effective when ensuring the active participation of civil society which revitalized the children's sector and advocated prioritization of children in the new NSP on HIV/AIDS, TB and STIs.

The sustainable operation and maintenance of communal handwashing stations in vulnerable communities relies on the local water services authority (WSA). Where the local WSA has accepted responsibility for the stations, such as in the City of Johannesburg, the stations continue to be filled with water. In areas where the WSA does not assume responsibility, the stations are not filled and have, in some cases, been vandalized. A key lesson has been the importance of engaging community level stakeholders and local structures for identifying needs and priorities, including capacities in managing and sustaining initiatives.

UNICEF is a lead partner in the DOH RCCE Technical Working Group (TWG) on several workstreams. To improve coordination around community feedback, UNICEF advocated through the RCCE TWG and partners to ensure that district, provincial and national levels respond in a coordinated and coherent manner, and that feedback is used to inform response at all levels. Accordingly, strategic partnerships have further strengthened RCCE and Social Behavior Change programming and supported the systemic coordination of programmes at a community-level.

In response to the KwaZulu Natal emergency, UNICEF ensured alignment with the government response mechanisms to ensure consideration toward the short-term as well as recovery and development phases. Although coordination was challenging across national, subnational and local implementing partners, a key lesson has been how efforts in coordination has paid off in the emergency recovery phase allowing opportunities for further collaboration around learning remediation and quality improvement initiatives benefiting the entire sector.

The development of a SRHR dashboard for district utilization has been a key innovation that has generated interest and ownership at the provincial and district levels of implementation. The consultation process has been key to enable ownership and buy-in of the dashboard. District level authorities' use of the dashboards allowed the identification of where the needs are as it pertained to the realization of adolescent girls and young women's SRHR. It therefore became pertinent to engage at sub-district levels as well and developing contextual plans and priorities to address issues of inequity, especially in the uThukela and Nelson Mandela Districts.

Towards addressing drivers of VAC, a key innovation has been in extending UNICEF's parenting

programme through the development of multilingual chatbot. In partnership with government, academia and CSO, a Whatsapp-based interactive platform that provides parenting tips for parents with children of varying ages in multiple languages with potential to reach thousands of parents and caregivers was developed.

For ensuring safe access to services for children on the move in communities, an effective lesson has been in ensuring needs based inclusive strategies that can also strengthen social cohesion in communities. Targeting all children who are in need of care and protection regardless of their migratory status can be first step towards reinforcing social cohesion within the communities in contexts where xenophobia has been on the rise, fueled by lack of access to services and poverty.

The continued partnership with the lead department, DSD through the one United Nations Joint Programme on Social Protection, is proving instrumental in getting well considered social protection proposals to be endorsed at the highest policy and political levels. Constructive and strategic partnerships with civil society and National Treasury on the shape and size of public finance interventions around social protection are expected to yield results in 2023.

UNICEF is on the forefront of ensuring evaluations and evidence are core part of its programming thus ensuring government participation in the processes is critical. Towards this, keeping evaluation contracts open after completion of the evaluation allows additional scope for government counterparts to provide feedback and engage on the report. Moreover, factoring in stakeholder engagement time as a deliverable has worked well to ensure ownership at decentralized levels as it is closer to programme implementation level.