urban children and 29 per cent of children with educated parents have age-appropriate books in the home compared to less than one per cent of rural children and those born to uneducated parents.[34]

***2.4 Key challenges and bottlenecks impacting priority issues and areas:*** The prioritized issues and areas related to young children's health and nutritional care and learning are challenged by humanitarian situations, the effects of climate change, food insecurity, agricultural land degradation and disease outbreaks, such as cholera, and high population growth. These challenges are further compounded by large disparities in health, nutritional and early learning outcomes correlated to poverty (i.e. more than half of the population lives below the poverty line - living on less than USD1.90 per day[35]) that are linked to various bottlenecks identified through UNICEF's support of *bottleneck (determinant) analyses* involving partners in consultative processes at sub-national and national levels. Linked to the Child-Friendly, Inclusive and Resilient Communities Pillar, they relate to improving the enabling environment (coordination, financing, social norms), supply (capacity, services and information), demand (changing practices and beliefs, increasing demand for services) and quality (compliance with standards).

***2.5 UNICEF Malawi's comparative advantage:*** UNICEF has a comparative advantage as convener of, advocate for and technical expert on children and their rights, enabling it to bring together multi-sectoral, multi-disciplinary partners around the table, including the sectoral partners working on the various parts of ECD programming. As such, UNICEF will support the Government to play a prominent role in several key areas related to the recently updated National ECD Policy and standards, particularly in elevating the focus on responsive and positive parenting, early stimulation and early learning at home and in ECD settings, including the CBCCs, and delivery of high impact interventions through, for instance, community-based health and nutrition services. Given the anticipated multilateral inflow of funds that will help the Government to scale up and build on the acceleration of ECD programming that took place in the second half of the current country programme, UNICEF will be an active influencer among partners and contributors to enhance the enabling environment, and ensure quality in implementation and monitoring. This will include taking into account the concerns, interests and needs of the 'end users' in order to stay human centered/child centered and rights-based. UNICEF will also make use of social and behavior change communication (SBCC) and draw on its regional and global expertise and track record in infant and young child survival, growth and development and use of evidence-based advocacy to support children's rights.

## 3. THEORY OF CHANGE FOR EARLY CHILDHOOD PILLAR

The Early Childhood Pillar of the UNICEF Malawi Programme of Cooperation 2019-2023 aims to contribute to the following outcome:

**'Girls and boys, aged 0-5, in targeted districts, with a focus on the first 1,000 days, benefit from early learning, caring, nurturing, a clean and protective environment and quality, integrated, high-impact interventions.'**

Early childhood is a critical period in the life cycle to ensure children can get off to the best start in life. But, for many children born in the Malawian context, a multitude of obstacles 'greet' them when they

[34] Ibid.
[35] World Bank, 2013.

enter the world, ranging from parents or other primary caregivers not having the opportunity or knowledge to develop responsive and positive parenting skills to inadequate health care and nutrition, minimal early stimulation and learning, and the lack of a protective environment. The obstacles increase when further complicated by HIV/AIDS and humanitarian situations. As conveyed above, there have been some important gains accompanying the increase in national commitment to ECD, including progress made on reducing stunting and child mortality, and increasing enrolment of young children in early education programmes. However, challenges remain to ensure that all children in the targeted districts, including the most disadvantaged and vulnerable, will be able to benefit from improved parenting practices, high impact and integrated ECD interventions and services, and early learning opportunities.

Thus, UNICEF Malawi's **theory of change for the Early Childhood Pillar** states:

***If*** mothers, fathers, pregnant adolescents and women, and other caregivers of infants and young children are equipped and empowered with responsive and positive parenting knowledge and skills related to early childhood development, care and learning that cut across the sectors of nutrition, health, HIV, education, protection, WASH; and,
***if***, mothers, fathers, pregnant adolescents and women, and other caregivers of infants and young children can access ECD-related services, including high impact interventions, early stimulation and learning opportunities, and birth registration through health, nutrition and education platforms and service delivery points, and,
***if*** mothers, fathers and other caregivers can access functioning referral systems in case of neglect, abuse or other forms of violence against the child or parent,
***then*** mothers, fathers, pregnant adolescents and women, and other caregivers will uptake a holistic package of ECD services and increasingly adopt responsive and positive parenting practices and behaviours that promote and safeguard infant and young children's care, nurturing, health, nutrition, learning, protection and well-being.

(See ***Annex 1*** for the Theory of Change visual.) This theory of change will be achieved through the realization of three outputs that respond to the priority issues and areas covered in the section above, supporting the implementation of the National ECD Policy and related sectoral & cross-sectoral frameworks and policies at decentralized levels (districts and communities). This will be accomplished via a range of core programming approaches that capitalize on UNICEF's strengths and will contribute to a more coordinated, effective, efficient and sustainable response. These core programming approaches, cutting across health, HIV, nutrition, education, protection, WASH and C4D/Communication programming, include:

- **evidence-based advocacy and dialogue** to increase awareness and buy-in of the ECD package
- **capacity development and professionalization of the workforce** delivering ECD services and **ownership of systems and services** at local levels
- **social and behavior change communication and development** aimed at changing and adopting practices and norms in favour of responsive and positive parenting
- **innovation** to improve the reach and impact of ECD programming
- **building and leveraging multisectoral partnerships, networks, movements and interagency collaboration** to take community-based, integrated, human-centered ECD programming to scale
- **effective technical support aimed at institutionalizing an integrated ECD approach at decentralized levels** via different community and district level platforms, and strengthened service delivery points

that multiply positive outcomes for infants and young children and their parents and other caregivers, including in humanitarian contexts

- **ECD evidence production, knowledge management and use of data** to inform and strengthen ECD programming and integration between involved sectors.

Effective implementation accounts for having all the right '*ingredients'* in place for each girl and boy in their early years to significantly contribute to their being able to reach their full potential later in life and become productive and active citizens. This assumes an improvement in the ***enabling environment/policy level***, including the commitment of the Government of Malawi to disseminate and implement the recently updated National ECD Policy and related sectoral laws and policies and work toward achieving the national standards, allocation of and leveraging of sufficient resources, high level leadership and enhanced functioning of the ECD coordination mechanisms at national and sub-national levels; at the ***institutional / organizational level***, strengthened systems that build and maintain the supply of capacity in institutions to lead, plan, design, coordinate, implement, monitor, adjust and interlink ECD programming among the different sectoral institutions; at the ***community level***, easy access to high impact interventions/services, using health and nutrition platforms and service delivery points, and the CBCCs and other early learning settings where parents and other primary caregivers will access services for their young children alongside ECD information and parenting education; and at the ***individual and interpersonal levels***, participation of mothers, fathers, pregnant adolescents and women and fathers-to-be, and other caregivers in parenting education who will make use of what they learn to support the cognitive, language, social, physical and emotional development of their infants and young children.

The **targeted districts** referred to in the Outcome statement above and Outputs below will be selected through a careful selection process during 2018, using multidimensional child poverty and equity-focused criteria, while accounting for and building on successful interventions in particular districts in the current country programme. The objective of targeting is to be effective and efficient with resources by converging and integrating programming in selected districts with multiple child deprivations, aimed at reaching and including the most disadvantaged girls and boys, and achieving synergy in realizing the interrelated rights of children.

The integrated strategic approach to achieve the Outcome statement and Outputs will embody **key principles** focused on *children's rights*, *equity*, *gender equality*, *inclusion* and *resilience*. It supports a *holistic, integrated life cycle approach* that keeps the child and her / his rights first and foremost in the center of all development and humanitarian efforts. This Early Childhood Pillar is inextricably linked to the other pillar areas.

**Output 1: Parents and caregivers, with a focus on adolescent mothers, have the capacity to engage in responsive and positive parenting practices**

UNICEF Malawi's support of parenting has generally been ad hoc and via uncoordinated platforms and service delivery points. During 2017, the Government, with key partners, including UNICEF, the World Bank and others, has placed greater emphasis on the role of parenting in early childhood development, care and learning, having it clearly included in the updated, multisectoral National ECD Policy, strategy and standards, and as a new module in the Government's ECD guidance & training package. UNICEF will continue to work closely with the Ministry of Gender, Children, Disability and Social Welfare, the institutional anchor coordinating the implementation of the multisectoral National EDC Policy and

strategy, and the National ECD Working Group and Network and District ECD Networks, composed of public and private service providers and development agencies.

To improve the capacity of mothers, fathers and other primary caregivers to practice responsive and positive parenting will require a strong focus on strengthening, developing and sustaining a coordinated, trained and professional workforce well-versed on ECD knowledge and skills, and knowing how to create an enabling environment for support to and communication on ECD, care and learning, non-violent discipline, and effective parent-child early stimulation and communication (workforce professionalization links to the Child-friendly, Inclusive and Resilient Pillar). It involves enabling a trained and professional workforce, guided by the Government's ECD policy, strategy and standards, and drawing from the UNICEF/WHO global *Care for Child Development* guidance, to reach mothers and fathers and other primary caregivers systematically through health and nutrition platforms and service delivery points, as well as programmes, such as the functional literacy programme for adolescent mothers (linked to the School-age Children Pillar), to provide them with accurate information, and facilitate their participation and engagement in parent education and learning. This also requires the workforce being able to use C4D methods and techniques to conduct interactive and innovative communication and demonstration processes (linked to the Child-friendly, Inclusive and Resilient Pillar).

***Box 1: Consider how to empower Chisomo so that her children have access to quality ECD, amidst competing household priorities:*** Chisomo, a 15 year old girl, the fourth wife of an unsupportive man living in rural Malawi, has two children and needs a way to obtain knowledge and understanding of why ECD is important and how ECD is achieved; to gain access to resources so she can practice responsive and positive parenting, and better support her children, including in local ECD / ECE activities; and gain support from the community - especially from traditional leaders - so that she and her children can participate in quality ECD, amidst household constraints and competing priorities, and her children can optimally develop.

Application of human-centered/child-centered design thinking will enhance understanding of contextual constraints, practices and beliefs driving negative or inadequate parenting practices, and support problem solving and ideation with stakeholders and end users (such as Chisomo who is 15 and already with two children – see ***Box 1***) to help determine the best channels and ways to reach and transform attitudes, practices and behaviours in favour of responsive and positive parenting.

Emphasis will be given to improving or transforming mothers', fathers' and other primary caregivers' parenting practices to be responsive and positive regarding early care and cognitive stimulation of their infants and young children, giving special attention to the importance of a child's first 1,000 days (e.g. care and nurturing, optimal nutrition, health care, hygiene, early stimulation, protection), including in humanitarian situations or other stressful situations (e.g. economic shocks, divorce, etc.). Parents and other primary caregivers will be informed of functional referral pathways in case of child neglect, abuse or other forms of violence, and supported through enhanced capacity across frontline workforces to identify early warning signs and symptoms of children at risk and in need of protection[36] (also linked to the Child-friendly, Inclusive and Resilient Pillar).

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[36] Of note, support to parents and caregivers is one of seven strategies identified by the World Health Organization (WHO), UNICEF and others with regard to reducing violence against children. Different delivery modalities are found to be effective, including home visits, group-based training and support in community settings, and ensuring parenting as a component of comprehensive interventions. See: World Health Organization, INSPIRE: seven strategies for ending violence against children, 2016. http://apps.who.int/iris/bitstream/10665/207717/1/9789241565356-eng.pdf

In the targeted districts, at community level, it will involve reaching target groups of mothers, fathers and other primary caregivers through nutrition, HIV, health, education and protection services, such as village clinics, health centers, hospitals, Nutrition Rehabilitation Units (NRUs), including during antenatal, perinatal and postnatal visits, child health visits, SAM treatment, HIV testing and counselling, and contact with protection services, and via pre-primary and other learning settings. Other key entry points include community-based groups, such as the nutrition / multisectoral Care Groups, Mothers' Groups and WASH committees. Modelling will take place in some CBCCs with the CBCC volunteers trained on ECD to provide parenting classes covering childhood health; nutrition; child development milestones; and non-violent discipline and the importance of being responsive in caring for and responding to the needs of children.

UNICEF will work with partners to support the establishment of ECD resource centers where providers of ECD, including parent education, can access resources and space to exchange knowledge and dialogue on best practices and lessons learned, and children can benefit from community-based early learning, and parents and other caregivers from information and parenting education. The key role of fathers and fathers-to-be will be addressed to ensure that they embrace their role in their children's early care, growth, development and learning, alongside the mothers and mothers-to-be.

Special attention and tailored interventions for pregnant adolescents and adolescent mothers and fathers will aim at developing their parenting knowledge and skills while supporting their own growth and development (e.g. functional literacy and numeracy learning and links to livelihoods training via other partners), and participation in relation to issues that affect their rights and as they transition into adults. This will involve them in using innovations, such as U-Report and others, to get their input on addressing their multiple vulnerabilities, including HIV, and coming up with solutions. This will include adolescents like Chisomo (see ***Box 1)*** who requires solutions that support ECD for her children as well as her own development and active engagement in the community.

Evidence-based C4D programming, with its different tools and methods for SBCC, will facilitate engagement and empowerment of parents and other primary caregivers and stakeholders to adopt, promote and engage in responsive and positive parenting. It will involve use of well-targeted, effective and efficient communication channels (especially interpersonal and reinforced with traditional and non-traditional media), the harmonizing of messaging, and exploring the use of innovative and integrated communication tools and pathways to reach, inform and engage parents and other primary caregivers and families. It will contribute to creating demand for integrated ECD services, with special attention on the services required during the first 1,000 days of a child's life (beginning from conception). In general, the C4D interventions will help to empower parents and other primary caregivers to practice responsive and positive parenting practices through their increased knowledge and understanding of the critical stages of early childhood development, including early stimulation and care skills that will contribute to their children's development and well-being. It will involve establishing baselines to measure behavioural change in coordination with the different sectoral programmes involved, and being responsive to transforming negative gender norms and cultural practices on child rearing, including child discipline. Use of public advocacy and building partnerships will contribute to the development of a broad-based social movement in support of ECD, care and early learning, and improved responsive and positive parenting practices. This will include raising poignant issues in traditional and social media at critical moments to complement the C4D interventions. (C4D links to the Child-friendly, Inclusive and Resilient Communities Pillar.)

**Output 2: Health and nutrition service delivery points in targeted districts have the capacity to deliver good quality MNCH, HIV and nutrition services for all children, and promote healthy behaviours.**
The health and nutrition sectors have a unique role to play in the field of early childhood development because the most important window of opportunity to ensure optimal development of children's physical, social, language, cognitive and emotional abilities, and prevent the risk of long-term damage or impairment, is from pregnancy through the first five years of life. Therefore, health and nutritional care for adolescent girls, women and infants and young children represent critical opportunities in the beginning of a child's life cycle to help strengthen families' efforts to care and support their young children's survival, growth, development and learning. In many instances, it represents the only real chance for health and nutritional professionals to positively influence parenting practices that can ensure healthy behaviours and a child's best start in life that can put her/him on the path to realize her/his full potential.

UNICEF will focus its efforts on ensuring services have the capacity in the targeted districts (with emphasis on institutionalizing the professionalization of service providers, including frontline workers, such as the HSAs, their supervisors, etc., linked with the Child-friendly, Inclusive and Resilient Pillar) to deliver an integrated package of high impact early childhood services for all children, pregnant adolescents and women and lactating mothers, with a special focus on the first 1,000 days of a child's life when the child's brain is in 'fast forward development mode'. The inclusion of fathers and fathers-to-be and other primary caregivers will be encouraged as their knowledge of and involvement in early childhood development, care and learning is also essential. Whether the father is there or not, UNICEF will advocate for women and children to have full access and equal treatment in health and nutrition services. Messaging will be coordinated with the Government and harmonized with key partners to ensure that messages are accurate and appropriate, and multiple channels and use of C4D methods are used to disseminate them.

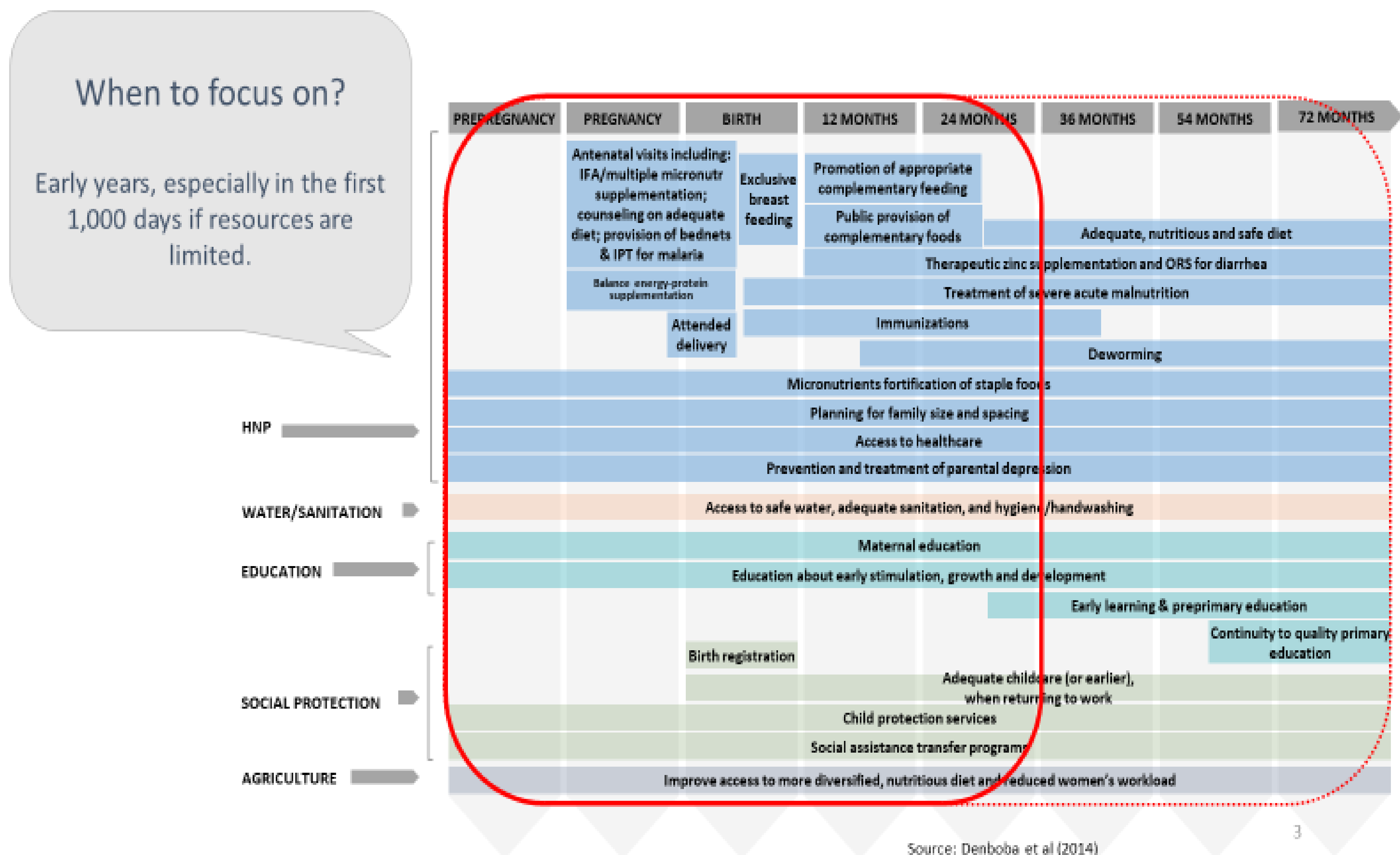
With improved and sustained capacity (supported under the Child-friendly, Inclusive and Resilient Communities Pillar), especially at decentralized levels, MNCH and nutrition services will be strengthened through the development and implementation of the Community-based Health and Nutrition Strategy. These services will provide children, pregnant adolescents and women, and mothers (such as Chisomo, see ***Box 1***) and fathers an integrated package of services supportive of ECD, care and learning as follows: (See **Figure 1** on the model package of key interventions, 0-5 years, with a special focus on a child's first 1,000 days.)

- *Quality antenatal, perinatal and postnatal services*: one million pregnant adolescents and women will be reached; they and their babies will be accompanied from the antenatal period through the perinatal and postnatal periods. Given high maternal and neonatal mortality rates, access to emergency medical services will increase, including the number of facilities offering *EmONC* services. To reduce preventable deaths, UNICEF will ensure that maternal and neonatal death surveillance reviews are conducted and the data used to improve the quality of care provided in facilities.
- *Timely health seeking for treatment of childhood illnesses* will be promoted and parents will know danger symptoms associated with diarrhea, pneumonia and malaria requiring medical treatment.
- *Immunization of children* countrywide: This will involve strengthening the immunization delivery system, especially reaching the unimmunized children, and ensuring vaccines are valid. This will be jointly administered with *vitamin A and deworming* for all children.

- *Other micronutrient supplementation*, including iron and folate, will be provided to address high rates of anaemia in adolescent girls, women and children.
- *Identification/screening and treatment of undernourished children* through the community health and nutrition platform will improve and sustain *management of children with Severe Acute Malnutrition (SAM)* through the CMAM programme in NRUs; integration of *SAM supplies* into the Government's supply chain system; and s*creening, identification and referral for treatment of malnourished children who are HIV-positive*.
- *Parents and other caregivers will learn or re-learn healthy behaviors*, including children sleeping under insecticide-treated bed nets (ITNs), and everyday hygiene and sanitation practices.
- The uptake of services for *PMTCT, early infant diagnosis (EID) and pediatric HIV testing (using service delivery points, such as inpatient wards, CMAM service delivery points, immunization programmes)* will increase, as will *pregnant and mother-infant pair completion of the PMTCT continuum*, and the *retention of mothers and children living with HIV on ART*. *New technologies* will be introduced, such as those that will reduce testing turnaround time for infants at the point of care to obtain timely results and follow on actions as needed. Special attention will be given to adolescents, especially adolescent girls (such as Chisomo - see ***Box 1***).
- *Integration of WASH in health facilities* will address deficiencies in water, sanitation and hygiene practices, help to improve health care and outcomes, reduce health care acquired infections, increase uptake of health services, and convey healthy WASH behaviours modelled by health and nutrition workers that parents, children, pregnant adolescents and women, and other caregivers can put into practice in their households.
- *Birth registration of all children in the targeted districts*: Given the high rate of institutional deliveries and low rate of birth registration, registration of births in health facilities provides an emergent opportunity to go from about 2 per cent to 100 per cent.
- Identification and *referrals of cases of abuse or other forms of violence against children and women* through the frontline health and nutrition workforce will be strengthened.

While Malawi has achieved success in reaching communities, including remote communities, through HSAs and other health providers that has contributed to reduction in stunting, high rates of institutional deliveries, etc., the *quality of care* provided in both facility and community settings often fails to meet basic minimum required standards and remains a crucial obstacle to improving maternal and child survival. UNICEF will therefore roll-out a Quality Improvement (QI) process in health facilities, especially in relation to maternal wards and neonatal care units, to increase uptake of QI efforts and leverage partnerships to enhance the knowledge base, capacity and quality of services in facilities. Improving the coverage of basic EmONC services will aim at ensuring that emergency health services in obstetrics and newborn care meet the required UN standards. UNICEF will also use its global experience and convening roles to bring together and mobilize key partners to avert critical shortages of lifesaving commodities, particularly vaccines, supplies for newborn care, nutrition support and emergency response, through both direct support and in a technical advisory role. These efforts, along with public advocacy and working with partners to create a social movement in support of ECD, will be important for the success of the ECD high impact interventions and overall package of services.

**Figure 1: Model package of key multisectoral services ECD services, with special focus on the first 1,000 days**



Source: Denboba et al (2014)

**Output 3: Community-based Child Care Centres (CBCC) that meet national ECD standards are increased**

Children's social and cognitive readiness for primary school through early childhood education (ECE) is proven and widely affirmed as critical for later success in schooling and throughout life. The Government is committed to improving child development outcomes, which includes ECD and ECE for children's physical, social, emotional and cognitive development and their readiness for primary school.

This could be Chisomo's child at a CBCC, where he learns and plays in the morning, and gets fed, while Chisomo accesses functional literacy classes and parenting education in the afternoon.

UNICEF has been supportive of the public CBCCs for children aged 3-5 to promote their development since the Government began advocating for and supporting them in communities with donor support since the 1990's. At that time, it was also a response to address the high number of orphaned children due to the HIV pandemic to include them in early childhood care. Today most ECD/ECE centers are CBCCs and are found throughout the country. They vary in quality depending on the level of resources a community can mobilize or provide, with the majority finding it difficult to operate regularly. Less than half of the CBCC volunteer caregivers have been trained; they tend to be inexperienced and turnover is high. The early child care and learning sessions take place in the morning (in the afternoon, some centers become Children's Corners for older children after school, and others host functional literacy classes that incorporate parenting education, which are mainly attended by adolescent mothers.) The CBCC programme consists of children playing and interacting with each other through songs, games, stories and other forms of play. The children are taught how to use the toilet and do handwashing at critical times. In general, the young children attending CBCCs develop their physical, mental and social skills, enjoy a nutritious meal (for some their only meal of the day), and receive psychosocial support and cognitive stimulation, which helps them to get ready to transition to primary school. Consistently, it is reported that there are shortfalls in food, play materials, teaching materials, dishes and utensils, and the CBCC physical structure.

There will be several challenges to address with the Government and partners during the new country programme with regard to improving the CBCC model in advance of further expansion. Some of these include, for example, sustaining and developing the capacity of the volunteer caregivers and finding ways to incentivize and retain them; finishing and implementing the ECE curriculum and training package; ensuring ECD/ECE quality standards are systematically and progressively implemented and monitored in the CBCCs, including assessing the level of early learning by young children; strengthening the linkage between the CBCC and local primary school to prepare children for a smooth transition to primary school; and having in place a referral system for CBCC caregivers and other providers of ECD/ECE to activate when needed. An equity focus will be incorporated to ensure that the most vulnerable children are included in the CBCC programme in their community, including children with disabilities and orphans. Stronger links will be explored on parental involvement and parenting education through the CBCC, taking advantage of CBCC caregivers and preprimary and primary teachers trained in ECD/ECE.

**Assumptions in relation to the above ECD Pillar outcome and outputs:**

With regard to achieving the above outcome and outputs, it is **assumed** that leadership by the Ministry of Gender, Children, Disability and Social Welfare and an expected infusion of funding from the World Bank together with funding from other partners for scaling up ECD will shift the structural and procedural landscape to one in which there will be a legal framework, improved intersectoral coordination, broader coverage, more resources and greater compliance with standards. It is **assumed** that UNICEF will lead the way with key partners to support the Government to structurally and procedurally improve the *integration of evidence-based ECD programming* between the different sectors and cross-sectors. It is **assumed** that the end users (mothers, fathers and other primary caregivers) in the targeted districts will be receptive to parenting education and want to put into practice responsive and positive parenting, including the development of protective home environments, to better ensure their infants' and young children's survival, growth, development and learning. It is **assumed** that a holistic, integrated ECD package of services delivered through a coordinated network of systems and service delivery points will be effectively implemented under the leadership of the Government and with support from key partners. It is **assumed** that well-tailored support to sectors will increase their willingness and capabilities to work intersectorally at district and community levels. It is **assumed** that the Essential Health Package (EHP) services will remain free of charge for users. It is **assumed** that the ECE curriculum and training will be rolled out and lead to improved capacities of service providers and, hence, the quality of early learning. It is **assumed** that agencies and other partners will work collaboratively to facilitate and support ECD policy implementation at decentralized levels, including in emergencies. It is **assumed** that the decentralization processes will not derail central level commitments to children across the sectors. It is **assumed** that partners will share understanding of and promote the importance of human rights and gender equality.

**Key risks that could derail change pathways:**

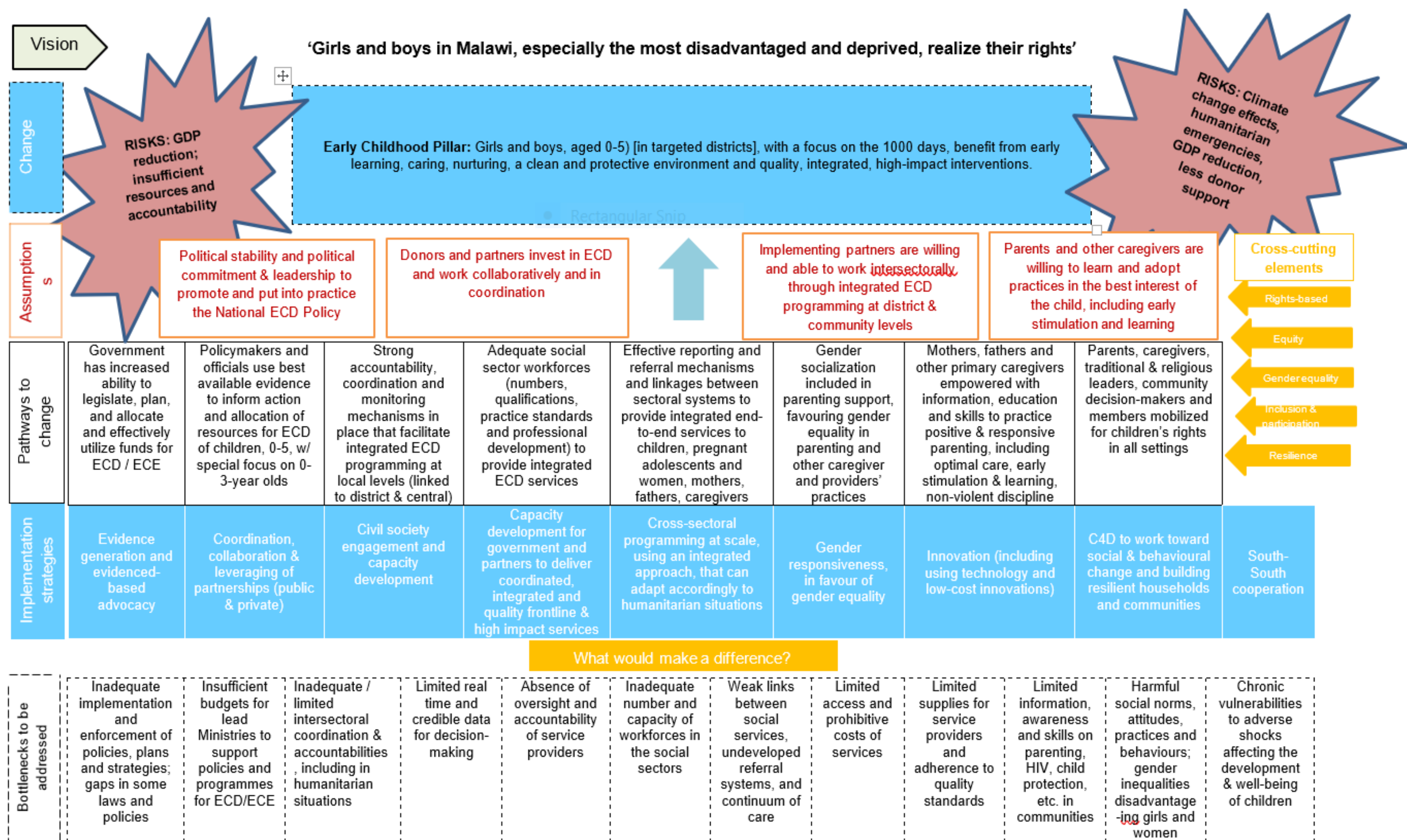
*At the macro level:*

- GDP reduction over time
- Lower amounts of donor support/resources for social programming over time
- Population growth rate increasing and pressure on social sector investments
- Instability and uncertainties associated with the effects of climate change, impact of natural disasters

*At the meso and micro levels:*

- Insufficient political commitment and accountability
- Weak partnership and lack of intersectoral coordination
- Inadequate resources to deliver services (and introduction of user fees in health)
- Insufficient capacity to implement policies and innovations (staff turnover in government, overloading HSAs to support many social interventions, etc.)
- Unable to sustain change interventions
- Lack of full support and participation of influential persons and community members at community and district levels (e.g. to value girls' education, to address gender inequalities).

**Annex 1a. Early Childhood - Theory of Change**



## Annex 1b. Overall Theory of Change

**Vision:** 'Girls and boys in Malawi, especially the most disadvantaged and deprived, realize their rights'

**Change**

- **Early Childhood Pillar:** Girls and boys, aged 0-5) [in targeted districts], with a focus on the 1000 days, benefit from early learning, caring, nurturing, a clean and protective environment and quality, integrated, high-impact interventions.
- **School-aged children:** School-aged girls and boys, aged 6 up to 18, especially early adolescents (aged 10-14) [in targeted districts], acquire essential learning outcomes and practice skills for life, are safe from exploitation, harmful practices and violence, and benefit from integrated social services (including in emergencies)
- **Child friendly, inclusive, resilient communities:** Girls and boys grow up in resilient, inclusive and child friendly communities.
- **Programme Effectiveness:** use of key functions {PME, HACT, Operations), external communication and innovation support the other pillars on equity-based, scalable programmatic results that realize children rights

**Assumptions**

- Political commitment & leadership to promote and realize children's rights
- Donors and partners invest in children and work collaboratively and in coordination on integrated programming
- Implementing partners are willing to work intersectorally through integrated programming at district & community levels
- Children & adolescents and their families and communities acquire and practice new knowledge and skills

**Cross-cutting elements**

- Rights-based
- Equity
- Gender equality
- Inclusion & participation
- Resilience

**Pathways to change**

- Government has increased ability to legislate, plan, and allocate and effectively utilize funds for children
- Policymakers and officials use best available evidence to inform action and allocation of resources to children
- Strong accountability, coordination and monitoring mechanisms in place that facilitate integrated programming
- Adequate social sector workforces (numbers, qualifications, practice standards and professional development)
- Effective reporting and referral mechanisms and linkages between sectoral systems to provide integrated end-to-end services to children and their families
- Gender socialization favouring gender equality actively supported by key stakeholders
- Girls and boys empowered with information, education and skills for their development, protection and as agents of change, including being proactive on climate change adaptations
- Parents, caregivers, traditional & religious leaders, community decision-makers and members mobilized for children's rights in all settings

**Implementation strategies**

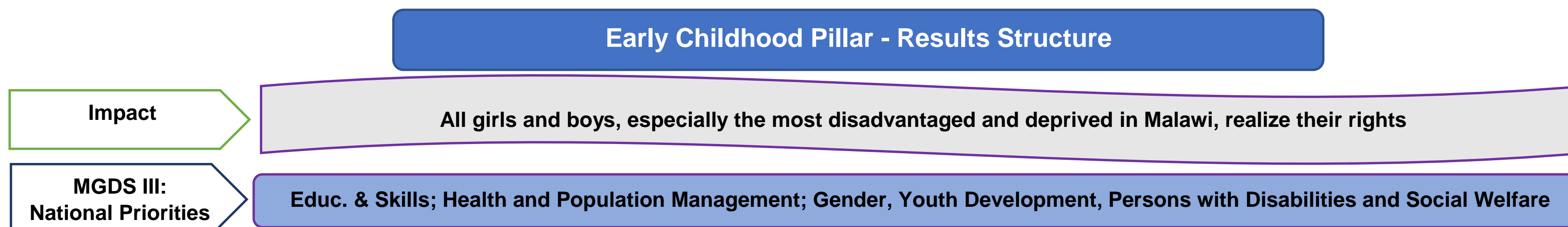
- Evidence generation and evidenced-based advocacy
- Coordination, collaboration & leveraging of partnerships (public & private)
- Civil society engagement and capacity development
- Capacity development for government and partners to deliver coordinated, integrated and quality frontline services
- Cross-sectoral programming at scale, using an integrated approach, that can adapt accordingly to humanitarian situations
- Gender responsiveness, in favour of gender equality
- Innovation (including using technology and low-cost innovations)
- C4D to work toward social & behavioural change and building resilient households and communities
- South-South cooperation

**What would make a difference?**

**Bottlenecks to be addressed**

- Inadequate implementation and enforcement of policies, plans and strategies; gaps in some laws and policies
- Declining or insufficient budgets for lead Ministries to support policies and programmes for children
- Weak coordination structures with limited intersectoral collaboration, coordination and accountabilities, including in humanitarian situations
- Limited real time and credible data for decision-making
- Absence of oversight and accountability for service providers
- Inadequate number and capacity of workforces in the social sectors
- Weak links between social services, undeveloped referral systems, and continuum of care
- Limited access and prohibitive costs of services
- Limited supplies for service providers and adherence to quality standards
- Limited information, awareness and skills on parenting, HIV, child protection, etc. in communities
- Harmful social norms, attitudes, practices and behaviours; gender inequalities disadvantaging girls and women
- Chronic vulnerabilities to adverse shocks affecting the development & well-being of children

## Annex 2a. Early Childhood Results Structure



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**Note for the Record**

Subject: **Environmental Impact Assessment (EIA)**

As part of the development of the [redacted] and in accordance with recommended practice, the UNICEF Country Office [redacted] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [redacted], should have no impact on the environment.

Sincerely,

Attachment 1 – Checklist 1 *"Initial Screening"*

**Checklist 1- Initial Screening**

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO,** and EIA is not required, and the process is complete

| Category | Answer |
|---|---|
| • Extraction of water (e.g., groundwater, surface water, and rain water) | NO |
| • Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) | NO |
| • Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) | NO |
| • Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) | NO |
| • Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) | NO |
| • Construction work above household level (e.g., hospital or school) | NO |
| • Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) | NO |
| • Agricultural production (e.g., growing crops, fish farming) | NO |
| • Industrial production (e.g., small scale town/village workshops) | NO |