

To accelerate the achievement of the programme outcome of this goal, UNICEF will continue to support an equity-focused health system which was an essential strategy of the previous country program. UNICEF will utilize its strong technical presence at national and subnational level to influence national and subnational policymakers by highlighting health, nutrition and WASH governance gaps (i.e. technical, organizational and funding) within health and related systems, and will improve coordination, planning and budgeting. The programme will also build on UNICEF’s in-depth experience with modelling and operational research in the Philippines which has, for example, led to national scale-up of services for children with severe acute malnutrition (SAM), access for everyone to health insurance packages such as primary health package, innovations on task-shifting to address social determinants of health among adolescents at risk of HIV and teenage pregnancy, and the development of the Phased Approach to Total Sanitation (PhATS) to strengthen access to and use of basic sanitation services. Through demonstrating innovative models, UNICEF will continue to bring learnings identified at subnational level to upstream level policy dialogue with national governments, and develop advocacy strategies to influence both national and global policy formulation and implementation.

In alliance with other UN agencies (WHO, FAO, WFP, UNFPA and UN-Women), UNICEF will engage DOH, DILG, NNC, NYC, PSA, NEDA, Congressional Policy and Budget Research Division, and DBM, as well as other relevant actors (local CSOs, universities, private sector, etc.) to leverage their expertise and resources to refine and roll out national Strategic Plans, standards and guidelines based on contextualised evidence and global agendas and frameworks (e.g. SUN Movement Strategy and Roadmap; Every Women, Every Child Strategy; Every Newborn Action Plan, Global Vaccine Action Plan, Global Disability Action Plan, Sendai Framework for Disaster Risk Reduction, Action for Adolescent Health and All In To End Adolescent AIDS).

3. THEORY OF CHANGE

Long-term desired vision of change:
 Neonates, young children, and adolescents, particularly the most disadvantaged and at risk, are prevented from dying, being malnourished, and becoming sick from preventable causes.

For this long-term desired vision of change to happen, the following preconditions must be met:

<u>1st Precondition:</u>	<i>More newborns, particularly the most disadvantaged and at risk, survive birth and their first 28 days of life;</i>
<u>2nd Precondition</u>	<i>Fewer under-5 children, particularly the most disadvantaged and at risk, get sick, injured, disabled, or are malnourished;</i>
<u>3rd Precondition</u>	<i>More adolescents, particularly the most disadvantaged and at risk, are physically and mentally healthy;</i>
<u>4th Precondition</u>	<i>Children and adolescents, particularly the most disadvantaged and at risk, who are sick, injured, or malnourished get appropriate care and treatment.</i>

To realize the above four main preconditions towards the long-term vision of change in this component, the following interrelated pathways to change must be achieved.

IF national and local government have improved governance, accountability and increased capacities for coordination within and across the health, nutrition and WASH sectors;

IF national and local government and their partners have strengthened capacities in evidence-based and risk-informed policy, capacity for policy implementation, planning and budget development to support scaling up high-impact, integrated and resilient health, nutrition, HIV, and WASH interventions;

IF systems for surveillance, information management, procurement and supply chain management are strengthened to support equitable, effective and quality health, nutrition, adolescent health, HIV, and

WASH plans and service delivery, including during emergencies, with the contribution of appropriately designed behaviour change interventions embedded in system strengthening strategies;

IF frontline government workers and volunteers for health, nutrition, HIV, and WASH have improved knowledge, skills, and attitudes and are supported by their LGUs to deliver quality services at all times;

IF children, adolescents, women, their family members, caregivers and communities live in a safe, clean, and healthy environment, are protected from or able to recover from shocks, are supported with age-appropriate and gender-responsive care for their development, and can access quality health, nutrition and WASH and social protection services even during emergencies, and

IF caregivers, family members, children and adolescents, communities and institutions have increased knowledge and skills to practice, support, and promote age-appropriate feeding, responsive and nurturing care, good sanitation and hygiene, early stimulation, injury and violence prevention during critical periods of growth and development, and to demand quality health, nutrition, and WASH services;

THEN, fewer young children, particularly neonates, and adolescents will die or be sick from preventable causes or will be malnourished.

Assumptions

The TOC assumes that the Government of the Philippines will continue to prioritize and invest in achieving the goals and targets for health, nutrition and WASH outlined in the PDP and in related national sector plans. It further assumes continuing high level of political commitment for the first 1,000 days (and beyond), and willingness of relevant government departments to use generated evidence to enhance and scale up existing policies, strategies, and systems for health, nutrition, and WASH service delivery. The TOC assumes that complementary strategies to be implemented under the other CPC8 Outcomes will support achievement of the targeted results.³⁸ The TOC also assumes that UNICEF will continue to be recognised as a knowledgeable, experienced and trusted partner in health, nutrition, and WASH by government and non-government stakeholders.

Risks

At the national level, there are limited incentives for coordination between NGAs. Without strong leadership and political will, efforts to strengthen and build institutions that have coordination mandates may be insufficient to overcome governance bottlenecks. In addition, conflicts of interest between key government agencies may hamper evidence generation and use. While UNICEF can develop potential program and service delivery models for uptake by the Government, a number of systemic governance issues could potentially undermine progress in scaling these up within the country program period. At the local level in particular, political and funding environments can be unstable and can change in line with evolving priorities. At the household level, there is a risk that families will not have adequate resources to meet their basic needs due to poverty, lack of livelihood and social protection, or due to the impacts of conflict or natural hazards. The above assumptions and risks were considered in the development of the strategies to attain the identified outputs.

Refer to Annex 1 for a detailed TOC diagram on the Children Survive and Thrive outcome.

³⁸ For example, *Outcome 3: Inclusive and Quality Learning* will address WASH in learning centres; ensure comprehensive sexual and reproductive health education is included within adolescent learning and life-skills programs; develop supportive parenting programs; while *Outcome 4: Social Policy and Governance for Child Rights* will address shock-resilient social protection systems that will have an overall contribution to building Household food security.

3.1. PROGRAMME IMPLEMENTATION STRATEGIES

UNICEF Philippines will continue supporting equity-focused health systems strengthening as in the past years. UNICEF's strong technical presence at national and subnational level will be utilized to continue its influence on national and subnational policymakers in terms of effectively addressing technical, organizational, and funding gaps in health, nutrition and WASH; and improving coordination, planning and budgeting processes.

Outcome Statement: By 2023, more children, adolescents and women, particularly the most vulnerable, benefit from improved and equitable neonatal, child, maternal and adolescent health and nutrition services, and adopt healthy life practices.

The program will also build on UNICEF's in-depth experience with modelling and operational research in the Philippines. Much greater emphasis will be placed on integrating programming approaches for Nutrition, Health, ECCD and WASH in the critical 1,000 days window of opportunity. Implementation strategies for delivery of services will be positioned within the government's overall child survival and health agenda and will be grounded on global evidence-based conceptual frameworks for nutrition, health and WASH outlining the pathways which will support the reduction of stunting, neonatal mortality rates and early childhood illnesses and disabilities and the enhancement of adolescent's development.

This Programme Outcome will be implemented through the following change strategies:

- a) UNICEF will *strengthen institutional capacity* within key Government Departments and Councils at national level and in select regions and LGUs, who are responsible for the planning, management and delivery of health, nutrition, water, sanitation and hygiene, and development systems and services for children, adolescents and mothers.
- b) UNICEF will strengthen its role as a convenor (in particular for Nutrition and WASH/sanitation), to influence *improvements to coordination mechanisms, to build alliances and partnerships, and to strengthen knowledge management across and between key sectors.*³⁹
- c) In order to fulfil its core commitments to children's rights and to promote equity, in areas with the highest overlapping deprivations (with a particular focus on ARMM), UNICEF will support local authorities to *plan, manage and accelerate delivery of essential programmes, guided by rights-based and gender frameworks.*
- d) In underserved areas, UNICEF will also support *social and behaviour change communication specifically to generate demand for services, increase inclusivity and gender-responsiveness, and to strengthen accountability for children among decision makers.*
- e) UNICEF will invest in *building the capacities of other actors who work directly with parents and young children*, especially those most at risk, those who directly provide facility and home-based services and support for families with children with developmental delays and disabilities.
- f) Guided by UNICEF's role as Global Cluster Lead Agency for Nutrition and WASH, UNICEF will continue to *strengthen the DOH's systems and capacities* for cluster coordination and information management, and for preparedness and response capacity at national and subnational levels.
- g) Technical assistance will be provided to strengthen the Government's capacity to *generate evidence and analyse well-disaggregated qualitative and quantitative data* to better identify and monitor service delivery to the most vulnerable and disadvantaged groups.

³⁹ Please refer to Alignment to goal areas and the UNICEF Strategic Plan 2018-2021 under Section 2 for an overview of key development partners and collaborative work.

- h) UNICEF will engage in *policy and legislative advocacy* with the Government, building on its ongoing 1,000 days advocacy strategy to address identified gaps. This will include building partners' capacities to analyse and package data for evidence-based advocacy, policymaking and equitable resource allocation.

Four *Outputs* will contribute towards the achievement of the above stated *Outcome*:

Output Statement 1: Government and partners have enhanced capacity to plan, deliver and monitor coordinated multisectoral gender-responsive approaches at scale to reduce stunting and other forms of malnutrition.

To effectively address stunting and other forms of malnutrition, UNICEF, as lead convener of the Scaling up Nutrition (SUN) Movement and with technical expertise across key contributing sectors, will strongly support the Government in strengthening the relevant governance system and scaling up of services through:

- Elevating their leadership and accountability to address stunting as a key pillar of equitable economic development and growth, and end all forms of malnutrition;
- Coordination of stakeholders including Finance, Social Welfare, Early Childhood Development/education, WASH, and Agriculture sectors around the First 1,000 Days agenda;
- Providing technical advice on how to best scale up and monitor evidence-based maternal and early childhood preventive and curative nutrition-specific and nutrition-sensitive health, WASH and ECCD services addressing stunting and other forms of malnutrition;
- Data-driven modelling, studies, and analysis, in collaboration with social policy, academia and development partners;
- Enhancement of government supply and procurement mechanism of essential health, nutrition and WASH supplies (i.e. forecasting and supply planning) for development and emergency settings.

Output Statement 2: The health system is strengthened to accelerate equitable access to high impact interventions for reducing preventable new-born deaths, early childhood illnesses and disability.

For this output to be realized, four major lines of actions are outlined.

- First, at the national level, UNICEF will support data capture, evidence generation, use, and sharing to make women and children become more visible and therefore more accessible to interventions.
- Second, UNICEF will support evidence-based policy making, financing, and promotion of scale-up of effective interventions and innovations.
- Third, interventions to improve both the quality and access to rights-based and culturally-competent essential MNCH service delivery will be undertaken in at least three subnational priority areas where significant gap exists across the abovementioned vulnerability parameters.
- Finally, technical support will be provided to national government and priority LGUs to develop evidence-based behaviour change strategies.

Output Statement 3: The Government demonstrates strengthened capacity to ensure adolescents have improved access to gender-responsive physical, mental, sexual and reproductive health services and information.

For this output to be realized, UNICEF will support the following lines of actions.

- Revitalizing the adolescent health and development technical working group (TWG) which oversees the cross-sectoral collaborative work required to achieve this output.
- Influencing government's policy to scale up effective multisectoral interventions and innovations on adolescent health, nutrition and development based on the results, lessons learned and analysis of the demonstration/modelling interventions.
- Influencing agencies to sharpen focus on key populations such as the young males who have sex with males, transgender girls and other sexual minorities, adolescents injecting drugs, sex workers, those with disability, IP youth, and other children in need of special protection.

- Providing technical assistance to the TWG on Adolescent Health and Development⁴⁰ at national level and to similar intersectoral groups/committees in at least three provinces, including one in Mindanao, to localise national plans and strategies.
- Improving adolescent's access to age-appropriate, gender-responsive and adolescent-friendly health, nutrition, including sexual and reproductive health information and services by ensuring adequate and capable health, educators and social welfare providers.
- Improving community's participation and response on adolescent health, nutrition and development.
- Developing and testing behaviour change communication strategies that promote effective parenting for adolescents, and effective parenting by adolescents.

Output Statement 4: The Government and partners have strengthened capacities to develop, implement, and monitor coordinated evidence-based policies, strategies and plans for equitable, gender-responsive, and sustainable access to basic WASH services.

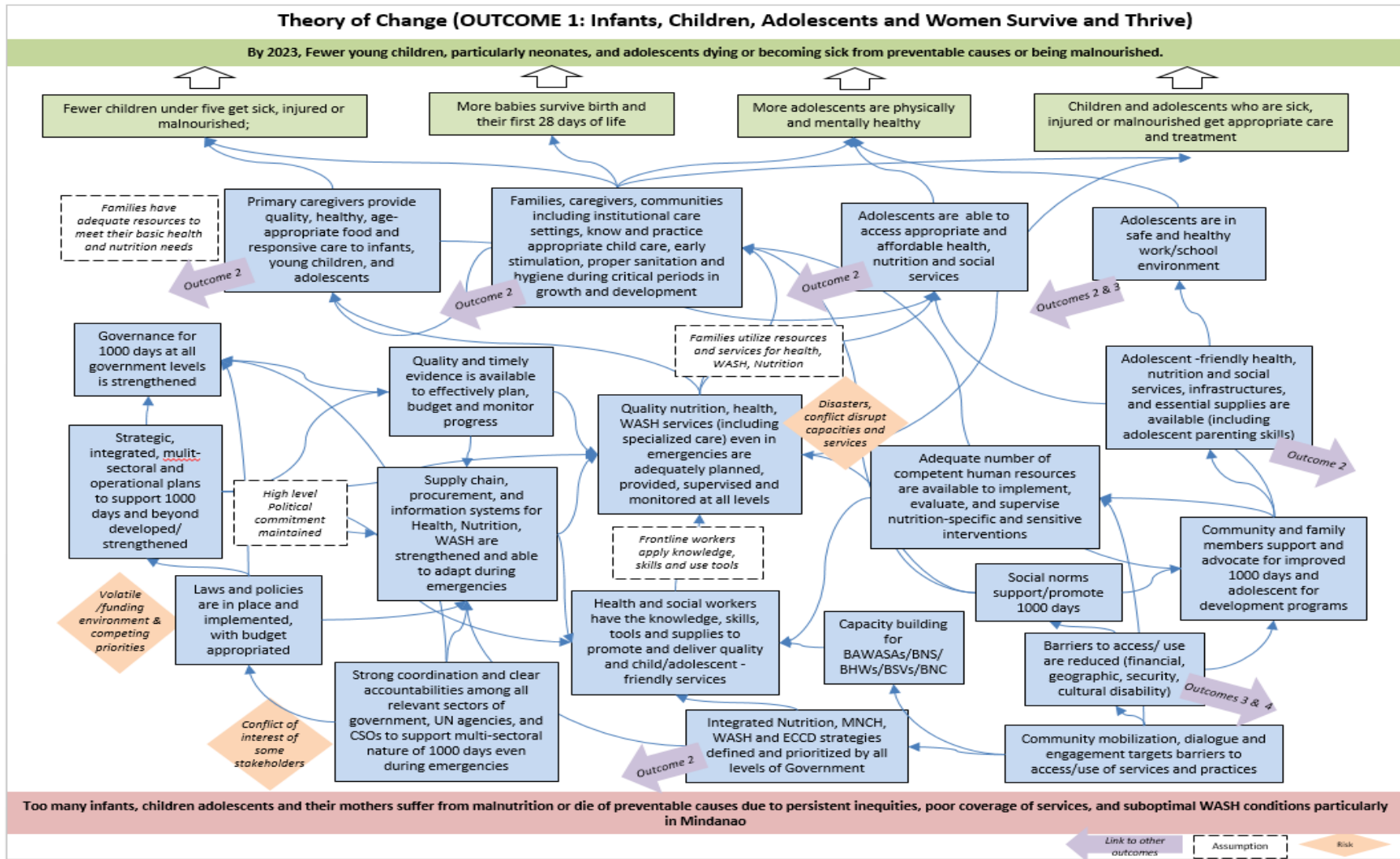
For this output to be realized, UNICEF will support the following lines of actions.

- Evidence generation on bottlenecks, including cultural and gender dimensions, affecting the implementation of key national WASH policies and strategies particularly in relation to reaching the poorest and most vulnerable.
- Developing the systems and capacities of key stakeholders to monitor, analyse and package data, including within rights and gender framework, to inform sector planning, budgeting, and financing for rural WASH.
- Improving institutional arrangements for WASH sector coordination and accountability, and ensuring that sector roadmaps are risk-informed and gender-responsive, and include investments for strengthening governance systems and demand creation programmes.
- Strengthening capacities for delivery and scale-up of WASH interventions, particularly in rural sub-sectors, including during emergencies.
- Building alliances and knowledge exchange system for rural WASH among Government agencies, civil society, development organisations, private sector and academia.
- Build on the work already undertaken to ensure the upstream work on the Phased Approach to Sustainable Sanitation (PhATSS) and the integrated WASH approach (iWASH) is completed.
- Ensuring the existence of a functioning cluster coordination mechanism for WASH in humanitarian situations, as the global Lead Agency for the WASH Cluster.

Partnerships and complementary strategies to be implemented under the other CPC8 Outcomes will also support achievement of this Programme Component. For example, under *Outcome 2: Inclusive and Quality Learning* – policy advocacy, technical assistance and capacity building will be provided to strengthen WASH in learning centres; ensure comprehensive sexual and reproductive health education is included within adolescent learning and life-skills programs; and develop supportive parenting programs; while under *Outcome 4: Social Policy and Governance for Child Rights* will address shock-resilient social protection systems that will have an overall contribution to building Household food security.

⁴⁰ Technical Working Group on Adolescent Health and Development convened by the National Youth Commission; members include DOH, DepEd, DSWD, PopComm, TESDA, CHED, CWC

Annex 1. TOC Diagram on Children Survive and Thrive outcome



[REDACTED]

[REDACTED]

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,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

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

- | | |
|---|----|
| • 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 |

