

## Gambia

### Update on the context and situation of children

The Gambia's economic outlook is challenged by the aftermath of Covid-19, the global food, fuel, supply chain and insecurity crises, severe flooding, and less remittances[1] resulting in a slower growth of 4.5% (2022) from 5.6% (2021)[2]. Inflation reached double digits (13.4%), forcing the government to increase fuel, fertilizer and grain subsidies affecting fiscal space and budget execution[3]. Although public debt is expected to decline to 79% of GDP (2022) from 83.8% (2021), debt distress remains a risk[4]. Limited fiscal and monetary policy buffers will affect social protection for the most vulnerable.

The overall poverty rate is projected to fall from 11.07% (2021) to 10.9% (2022), but the above-mentioned crises may decelerate continued poverty reduction.[5] A recent multidimensional analysis of child poverty estimated that 9 out of 10 children in the country are poor and deprived of at least one dimension: sanitation (80%), nutrition (47%) and education (31%)[6].

Despite availability of vaccines, the country has only fully vaccinated 18.2% of the total population against Covid-19. A total of 71 young children died due to Acute Kidney Injury (AKI), associated to contaminated cough and paracetamol syrups. The situations have illustrated certain limitations of the public health system.

The Gambia's 2022 SDG report indicates a country score of 60.2 (above the regional average of 53.6) and a ranking of 122/163. Many child-focused SDGs are significantly challenged.[7]

For **SDG2**, the under-five (U5MR) and neonatal mortality rates remain high at 56 and 29 deaths, respectively, per 1,000 live births[8], the result of limited access to sufficient well-equipped quality maternal and newborn services. The maternal mortality ratio fell from 597 (2017) to 289 (2019/20) deaths per 100,000 live births[9]. The adolescent birth rate decreased slightly from 73 (2019) to 71 (2020) births per 1,000 women, lower than the sub-Saharan African average of 98 births[10]. In 2021, 80% of children (0-11 months) received the Penta 3 vaccine, whilst 78% received the Measles Rubella (MR) 1 vaccine; 63% of children (12-23 months) received the MR 2 vaccine[11]. This data apparently signals a reduction from previous years[12]. The national health budget increased from 7.26% (2021) to 9.53% (2022), but still below the global 15% minimum target[13].

As of 2020, childhood malnutrition and young child feeding (**SDG2**) has improved: stunting (25% to 18%); wasting (9% to 5%); underweight (15% to 12%); and exclusive breastfeeding (47% to 54%)[14]. However, a recent analysis showed high rates of stunting (18.6%), wasting (9.2%) and underweight (16.8%), potentially the result of the polycrises affecting the most vulnerable[15]. Vitamin A supplementation has dropped from 99% (2010) to 30% (2018)[16].

Despite Covid-19, more children are attending school at all levels (**SDG4**), albeit with geographic and gender disparities. Enrolment increased from 723,848 in 2021 to 747,216 students in 2022 (53.36% girls). Early Childhood Education (ECE) increased to 54% (2022) from 37% (2013), with 27% (urban) and 20% (rural). Gross Enrolment Rate (GER) was 76% for Lower Secondary and 50.9% for Upper Secondary levels. The lower basic education completion rate increased to 96% in 2022 (girls 100%; boys 91%), from 74% (2010); however, the upper basic education rate decreased to 63% (68% girls, 58% boys) from 65% (2021). The out-of-school children (OOSC) rate is 14.41% (2022), representing 62,607 OOSC children (ages 7–12 years) [17]. The budget allocation for education increased from 14% (2022) to 17.4% (2023), still below the global 20% minimum target[18]. The National Assessment Test, administered to grades 3, 5 and 8, showed a decline between 2018 and 2022 from 52% to 46% in

English, and from 39.8% to 30.7% in Math, possibly due to the learning loss caused by the Covid-19 school closure[19].

WASH (**SDG6**) indicators continue to be outdated (2019), showing that only 45% of households have access to safe water (rural, 8%; urban, 76%), and 29% to sanitation[20] (rural 24%; urban, 32%). Only 30.9% of households possessed a handwashing facility and 73.2% of households (rural 92.1%; urban 63.5%) are at risk of *E. coli* faecal contamination. Environmental degradation, regular flooding and drought conditions continue to expose more children to health and sanitation deprivations, including water-borne diseases (**SDG13**).

Despite improvements in child protection legislation and policies, serious challenges affect the achievement of **SDGs 5,8,11 and 16**. Whilst 58% of children have their births registered and 79% of mothers/caregivers know how to register them, only 32% of children have a birth certificate. More than 89.2 % of children experience multiple forms of violence, including sexual violence, bullying, psychological aggression by caregivers and physical punishment; 25.7% of women (20-24 years) were married before the age of 18 (44% in poorest households), and 7.5% before the age of 15 (12.9% among the poorest); 76% of women (15-49 years) and 51% of girls (0-14 years) have suffered from Female Genital Mutilation (FGM); and 15% of children work in hazardous occupations (rural 39%; urban 17%)[21].

Mixed progress on children's rights requires a coordinated and multidimensional approach to support the most vulnerable children. The new National Development Plan (2023-2027) addresses many of these challenges and will inform the 2024-2028 United Nations Sustainable Development Cooperation Framework and UNICEF Country Programme.

[1] World Bank.

<http://documents.worldbank.org/curated/en/099525210142213829/IDU048461a650725b04c4e0b5e50507f1c07fc36>

[2]IMF <https://www.imf.org/en/Publications/CR/Issues/2022/12/21/The-Gambia-Fifth-Review-Under-the-Extended-Credit-Facility-Arrangement-Requests-for-527278>

[3]Ibid

[4] Refer to source 1 above

[5] World Bank. Global\_POVEQ\_GMB.pdf (worldbank.org)

[6] UNICEF Gambia, Children in The Gambia - Multidimensional Analysis of Child Poverty, 2022

[7] Draft - National Development Plan 2023 – 2027, 2022

[8] DHS 2019, 2020, The DHS Program - Country Main

[9] Ibid

[10] Adolescent fertility rate - Gambia, The, Sub-Saharan Africa (worldbank.org)

[11] Ministry of Health, EPI, Routine Immunization Data, 2021/20222

[12] Refer to source 8 above

[13]Ministry of Health, Directorate of Planning and Information, 2022

[14] MICS 2018, DHS 2019-20

[15] WFP, The Gambia Comprehensive Food Security and Vulnerability Analysis, 2021

[16] UNICEF, Data Warehouse - UNICEF DATA

[17] Ministry of Basic and Secondary Education (MOBSE), Gambia Education System - Education Management Information System (EMIS), 2021 / 2022

[18] Ministry and Finance and Economic Affairs, Directorate of Planning, 2022

[19]Ministry of Basic and Secondary Education (MOBSE), National Assessment Test Results, 2022

[20] JMP WASH, JMP (washdata.org)

[21] MICS 2018

## Major contributions and drivers of results

UNICEF Gambia Country Office (GCO) supported a wide range of governmental and civil society partners to achieve key results for children while strengthening systems and coordination mechanisms across health, nutrition, education, WASH, child protection, and social protection.

In **KRC 1 (Immunization)** GCO supported the development of the Covid-19 vaccination strategy and budget, resulting in improved coordination, micro-planning and identification of priority target groups. The country received a cumulative total by year's end of 847,110 doses of vaccines, of which 332,400 in 2022. GCO provided technical and financial support to all vaccination campaigns in 2022. Vaccine hesitancy, inadequate communication strategies, and the complexity and cost of campaigns limited the ability to reach the global target of 70% (only 18.2% of the total population is fully vaccinated). With GAVI and World Bank financial support, UNICEF and WHO helped to set up the country's first ultra-cold chain facility. The Covid-19 Vaccine Delivery Partnership mission positioned the need for sustained efforts at the highest policy level.

GCO also supported the national Polio and Measles-Rubella (MR) campaigns, albeit with mixed results, with vaccines procurement and distribution, demand creation through community engagement and capacity building of 138 health care workers, supported by USAID, on the online Stock Management Tool (SMT) to strengthen monitoring and reporting of vaccine use. The polio campaign registered a 105% coverage although the Lot Quality Assurance Sampling identified 21 districts that failed to reach the required quality benchmark. The MR campaign only reached 52% coverage, largely due to the fear and trust spillover caused by the AKI crisis.

GCO supported the review of national health policies and plans and the Joint Annual Review Meeting to assess achievements and challenges in the sector and to develop an improvement plan. Capacity strengthening was provided for 40 health professionals on EMNCH, 40 nurses on newborn care, and 80 Village Health Workers on community level management of childhood illnesses. GCO also provided the Ministry of Health with supplies for the management of maternal and newborn health complications and pneumonia at community and health facility levels.

In **KRC 2 (Nutrition)** GCO supported the development and costing of the National Nutrition Multisectoral Strategic Plan 2022-2025, capacity building of service providers on Out-Patient Management of Severe Acute Malnutrition (SAM), and training of 40 Community Health Nurses on the Integrated Management of Acute Malnutrition protocol. Progress was made in institutionalizing the WHO/UNICEF 2018 revised protocol on the 10 steps of successful hospital-based breastfeeding. Additional efforts included the orientation of 210 nurses on newborn care with a focus on early initiation and exclusive breastfeeding, the training of 240 VSG members from 25 communities on breastfeeding counseling, and the orientation of 1800 antenatal women on the importance of breastfeeding versus substitutes.

GCO supported the scaling up of mother Mid-Upper Arm Circumference to 37 new communities benefiting 370 mothers who then trained caregivers on screening children for acute malnutrition using color-coded measuring tapes, and eventually reaching 59,879 caregivers. GCO has embarked on a national mother MUAC upscaling strategy.

A total of 1,000 cartons of Ready-to-use Therapeutic Food (RUTF) were procured for SAM treatment, which was critical to support 3,157 children admitted for treatment in 2022, successfully curing 91.6% of the children, thereby reducing deaths to 1.1%, with a 5.7% default rate. The 2022 admission rate was lower than in 2021 because the RUTF stockout negatively influenced the number and reporting of admissions.

GCO assisted the MOH and the National Nutrition Agency to incorporate vitamin A and deworming

into the MR vaccination campaign, resulting in 176,048 children (6-59 months) supplemented with vitamin A and 155,044 children (12-59 months) dewormed. GCO also supported the routine programme to reach 143,281 children with vitamin A supplementation and 97,339 children with deworming, which has been strategic to address the drop in coverage recorded in recent years.

Despite some slowing down of national efforts to support **KRC8 (Ending Open Defecation)**, GCO stepped up its assistance to provide WASH services to schools, health facilities and communities and capacity building on infection prevention control for health workers. This included the construction of gender-friendly VIP latrines in 16 schools benefitting 10,070 people (47.7% boys, 52.3% girls), as well as the development of a geo-referenced database to track WASH services including the ODF status at the household, community, district, and regional levels. This database facilitated the identification of 610 households prioritized with climate smart latrines. GCO also supported the reactivation of the National Water, Sanitation and Hygiene Forum and other coordination mechanisms to strengthen the monitoring of WASH services in the country. In response to the flooding emergency, an impact assessment was supported by GCO, resulting in humanitarian WASH support to 42,000 people in 70 communities.

GCO supported the provision of safe drinking water for more than 250,795 people (51% females; 49% males) through the installation of solar-powered water systems in 3 healthcare facilities, 4 schools and 3 communities. A backup 10,000 L water system was installed in 7 health facilities in the Greater Banjul Area to ensure 24-hour running water in health facilities. To reduce the spread of Covid-19 and other infectious diseases, with the support of USAID and Japan, GCO constructed 282 handwashing points in 47 health facilities, and the testing and treatment of 250 and 343 water points, respectively.

For **KRC5 (Protection of Children from Violence)**, **KRC6 (Child Marriage)**, and **KRC7 (Birth Registration)**, GCO supported the Ministry of Gender, Children and Social Welfare (MOGCSW) to strengthen the national child protection system through the development, revision and validation of key legal instruments including the Children's Act 2005, the Disability Policy 2022-2031 and its Strategic Workplan 2022-2026, and child labour policies. GCO supported the ministry to develop and validate the overdue report on the Convention on the Rights of the Child. GCO also supported the inauguration of the Persons with Disabilities National Advisory Council (NAC), and the re-establishment of the National Child Labour Steering Committee accompanied by relevant media campaigns on child labour. To address data gaps in the sector, UNICEF commissioned the first-ever situation analysis of child protection.

GCO provided supplies and equipment to the Birth Registration Unit under MOH, supported the development of a draft Standard Operating Procedures (SOP) protocol for Birth Registration processes, and trained 31 health officers on the Civil Registry and Vital Statistics system.

GCO worked with more than a dozen civil society organizations to combat FGM, child marriage and sexual violence against children, targeting 77 communities and reaching 49,000 people. This work included social and behaviour change, mobilization of youth and adolescents and engagement with in- and out-of-school girls, mothers clubs and regional authorities. GCO supported the establishment of a national Safe School Programme focusing on social workers, police and education officials to address child protection and rights issues in schools and trained 140 education officers on child protection. UNICEF and UNFPA supported the international steering committee meeting of the Joint Programme on the Elimination of FGM bringing together 16 countries to discuss acceleration strategies. GCO sponsored a formative study on FGM and child marriage to identify the drivers of these harmful practices. UNDP, UNFPA and UNICEF produced a documentary on sexual and gender-based violence against children and women.

GCO enabled 106 children in contact with the law to access legal aid, through the UN Peacebuilding Fund's Rule of Law project, where 60.37% were either granted non-custodial measure/diversion,

released and reintegrated into society or provided psychosocial support. Over 500 law enforcement agents and Community Child Protection Committees and 200 children were trained and engaged on principles of child justice and child protection issues. In addition, 80 border officials were trained on the ECOWAS Support Procedures and Standards for the Protection and Reintegration of Vulnerable Children on the Move and Young Migrants.

For **KRC 3 (Equitable and Sustainable Access to Education)** and **KRC 4 (Improved Learning Outcomes)** GCO continued to lead the Local Education Group (LEG) coordination mechanism resulting in improved collaboration between national government and development partners. In 2022, GCO focused on policy development and systems strengthening, institutional capacity building and service provision.

GCO advocacy resulted in the upgrading of the ministry's ECD Unit to a full Directorate, and national authorities participated in the World Conference on Early Childhood Care and Education to expose them to global best practices. GCO also supported the second Early Learning Assessment to evaluate the effectiveness of the ECE sub-sector and help develop the national assessment system at the pre-primary level. GCO partnered with the University of The Gambia to conduct research on Learning Through Play aimed at developing a learning model to improve ECE learning.

Two national policy consultations took place as part of the engagement with the Transforming Education Summit, helping to reaffirm foundational learning and sector financing as core priority areas.

GCO supported the training of 240 ECE facilitators on methodologies to make ECE classrooms more stimulating for children's development. To build capacities of communities to create demand for and participate in ECE service delivery, 1,800 community members, Mothers' Clubs and School Management Committees from 25 communities were sensitized on the importance of ECE. Children's playgrounds were constructed in nine communities to promote children's physical and socio-emotional development.

GCO continued to advocate and support for mainstreaming Majalis (Koranic) education into the formal education stream, including orientation to 180 Majalis operators, caregivers, and facilitators to achieve this goal. Overall, more than 700 teachers and educational managers were reached in various capacity building interventions.

GCO provided individual and school-wide learning and play materials to about 4,700 ECE children in 60 centres, and 15,350 children in 60 primary schools were provided with learning and play materials to remove the cost burden on parents and improve school attendance.

In cross-sectoral areas, GCO supported the development of a Public Finance for Children strategy, guidelines, and facilitator guide for capacity building of government planning and budget officers on child-friendly budgeting techniques. GCO continued to collaborate with the Gambia Bureau of Statistics (GBOS) to strengthen and streamline data systems and with the University of The Gambia to support data collection.

Through the *Nsa Kenno* programme, GCO continued to support the strengthening of community-based structures to foster social change and promote children's rights. A total of 25,000 people in 30 communities were trained on promotion of key household practices (4+4 Plus), interpersonal communication and development of participatory Community Action Plans. An evaluability assessment of this programme has been commissioned which will help to identify areas for improvement in design, methodology and implementation, as per the Regional Office recommendation.

GCO continued as the lead agency in Covid-19 Risk Communication and Community

Engagement (RCCE). In close partnership with MOH, UN agencies and CSOs, GCO strengthened the capacities of 7,000 community actors, including religious leaders, youth, and adolescents in creating demand for vaccination and building vaccine confidence. A total of 249,034 people were engaged resulting in increased vaccination uptake.

GCO's social media platforms reached close to 1.9 million people with important messages on diverse child rights topics, representing a 115% increase in people's interactions with our platforms. Numerous advocacy opportunities were used to put the rights of children in the public spotlight. The launch of the *Time to Teach* report, along with compelling communication materials, triggered important public conversations on teacher absenteeism. GCO rolled out national communication campaigns for the various Covid-19, polio and MR vaccination efforts using social media, TV stations and radio stations. GCO developed and shared more than 50 videos featuring influencers, health workers and others, reaching more than a million people and contributing to Covid-19 vaccine uptake. A communication campaign during World Breastfeeding Week included a video of a breastfeeding mother that reached more than half a million people on Facebook organically. As part of World Children's Day, GCO hosted the highly successful visit of UNICEF Sweden Goodwill Ambassadors Victor and Maja Lindelöf, whose interactions with children, parents and teachers at schools, health facilities, communities and nutrition centers reached numerous audiences with important messages and brand visibility. International Day of the Girl convened adolescent girls from across the country for a dialogue on girls' rights.

Working with young climate advocates, GCO hosted dialogues and beach clean-ups, and supported a youth representative to the World Water Forum and COP 27 to strengthen young people's voices and participation in climate advocacy/action. U-Report rolled out 9 polls that generated important information to support GCO's evidence-based advocacy.

For **KRC10 (Programme and Operations Excellence)**, GCO's AMP2022 preparation was consultative, participatory and transparent, and again received a Very Good performance score of 93.9% by WCARO for its completeness and details. All statutory committees (CMT, JCC, CRC, PSB and PRC) were functioning over the year. The roadmap for the next CPMP was regularly discussed with staff, and the Strategic Moment of Reflection involved all staff and was identified by WCARO as a good practice.

To support staff security, GCO revised the BCP and provided mobile internet to staff on field mission to ensure they stay connected. Additionally, GCO installed CCTVs and motion detectors in the office.

Funds allocated were utilized in a timely manner and with little loss on expiring grants. All HACT assurance activities were implemented, including 109% of Programme Visits and 91% of Spot Checks. GCO increased its internet quality by doubling its bandwidth and acquired a central UPS backup to ensure uninterrupted power supply in the office.

To support humanitarian cash transfers to communities, GCO partnered with a GSM company to disburse funds (USD 431,079) to beneficiaries in remote areas. Additionally, GCO partnered with the UN Gambia Credit Union as a fiduciary agency to process payments to implementing partners.

A comprehensive Supply Plan facilitated the increase in local procurement by 80% and offshore procurement by 19%, owing primarily to an increment in procurement services for the government (from USD 1.2 million to USD 3.2 million) confirming its confidence in UNICEF's procurement systems.

GCO management actively supported flexible working arrangements to improve staff work-life balance. Staff with Covid-19 received support from the UN Clinic and GCO management. Staff were supported to work from home when required and were provided with mobile internet to telework. GCO

continued to build team spirit and foster a conducive working environment respectful of CRITAS values through workshops organized by ethics focal points, PSVs and through regular staff meetings. Trainings took place on micro-aggressions and internal communications, whilst 27% of staff participated in external trainings and two staff undertook stretch assignments. These initiatives contributed to the positive results of the Global Staff Survey and to an improved duty of care.

GCO participated actively in the UNCT governance structure, including the OMT, PMT and Results Groups. The UNICEF Representative chaired the Communications Group. GCO LTAs are currently used by other UN agencies to support their programmes. GCO led the contractual process for the 2022 inter-agency HACT Assurance Activities where 29 Implementing Partners were micro-assessed. GCO also covered 30% to the Common Services budget and participated in the implementation of the Business Operating Strategy.

GCO's monitoring of the performance dashboard resulted in an overall KPI score of 0.84. All implementing partners with a high or moderate risk rating were supported by PSEA focal points to obtain a low-risk rating.

## UN Collaboration and Other Partnerships

In 2022, GCO focused on partnership development to build back better and stronger after the Covid-19 pandemic. This entailed strengthening current partnerships and identifying emerging opportunities within the public, private and civil society sectors.

GCO continued to strengthen the partnership with the COVAX facility for sustained delivery of Covid-19 vaccines in collaboration with the Ministry of Health. This also provided the opportunity to strengthen bilateral partnerships with countries that donated vaccines, such as France and the United States. Community engagement, social mobilization and advocacy campaigns supported these partnerships.

The Japanese Government support of USD 2.5 million to strengthen cold chain systems will help to modernize the health system through supplies, equipment, vehicles and capacity building. The United States Agency for International Development (USAID) funding of USD 2 million from 2021-2022 supports the provision of essential health and water, sanitation and hygiene services, and access to safe water to 76 health facilities, 50 schools, and 80 public places. Both partnerships present promising opportunities for future collaboration.

Funding from Education Above All Foundation, Qatar of USD 3.7 million, matched by an additional sum of USD 3.75 million from implementing partners, will be instrumental to generate sustained progress on incorporating out-of-school children into mainstream education services.

Support from the UNICEF National Committees of Germany, Sweden, and Belgium was instrumental to scale up efforts in child protection and education. Several joint UN programmes, including the UNFPA-UNICEF FGM programme, the Peacebuilding Fund, the Multipartner Trust Fund and the SDG Fund, are proven and reliable platforms to generate greater results in ending FGM, addressing sexual and gender-based violence, enhancing access to justice, supporting children on the move, strengthening women's political participation, and responding to the nutrition crisis.

GCO registered an impressive 83.7% increase from 2021 to 2022 in Other Resources, from USD 4.2 million to USD 7.8 million.

With the UNICEF Representative chairing the UN Communications Group, there have been important strides in strengthening partnerships with other UN agencies to communicate as one, including joint planning of key international days and development of communication and advocacy strategies. GCO

also strengthened partnerships with other agencies through joint PSEA assessments of implementing partners.

GCO continued strengthening partnerships on climate advocacy, including with youth-led climate advocacy group, Clean Earth Gambia, to initiate and implement climate action activities, such as the first nationally televised climate action townhall between the Minister of the Environment and young people. GCO also broadened partnerships with youth-led organizations and other civil society organizations working with young people, building on existing partnerships with the Woman Boss and Catch Them Young, and initiated new partnerships with Social Change Factory and Media Run Challenge.

U-Report Gambia grew by 3.1% to approximately 14,000 volunteers and 11 polls were published in the year. U-Report Gambia partnered with YES Africa, an NGO committed to building entrepreneurial skills of young people, as well as with the European Union-African Union project on amplifying the voices of youth. U-Report Gambia is currently assessing a potential partnership with Generation Unlimited.

## Lessons Learned and Innovations

Important lessons have been documented across all of GCO's programmatic domains as a result of an intense year. These will be useful for the continued improvement of interventions for children, and for the development of the next Country Programme.

In the child survival and development domain, remarkable efforts have been made on institutional systems strengthening with a bottom-up community engagement approach, involving the active participation of youth, adolescents, religious leaders and the social media in the multiple vaccination campaigns. However, the AKI outbreak and Covid-19 vaccine hesitancy negatively impacted the trust of the population in the public health system resulting in less-than-optimal outcomes. A key lesson is the need to intensify continuous social mobilization through empowerment and retention of these stakeholders to generate greater confidence in the system. Multi-agency platforms such as the Intra-Action Reviews are valuable opportunities to position this lesson.

The Mother MUAC, a low-cost, equity-focused and effective innovation to treat malnourished children, is paying dividends, and is ripe for rapid escalation, as it successfully reached an increasing number of vulnerable families in many communities. It represents an alternative to high-cost nutrition surveillance, which has been difficult to finance. In line with the Regional Office recommendation, GCO will do a scale-up analysis to develop a theory of change and identify public and private financing streams and partnerships, as well as potential bottlenecks for removal. The integration of nutrition activities, such as vitamin A supplementation and deworming, with immunization campaigns represents an example of multi-sectoral programming that can be taken to scale and replicated in other sectors.

The key lesson learnt related to water and sanitation is the need for an equity-based balance between rural areas, concentrating the majority of vulnerable communities, and urban areas, which tend to be neglected, and yet have equally pressing needs as demonstrated during the recent floods that disproportionately affected the urban poor. GCO will not be able, nor is mandated, to respond to these enormous needs, therefore it will be critical to continue leading coordination mechanisms and engage with larger multilateral partners to ensure that infrastructure development and rehabilitation are equity-driven. UNICEF can play a role in developing innovative, low-cost and replicable small-scale water and sanitation infrastructure and advocate for national authorities to ensure that they are rolled out to vulnerable households and communities. Similarly, amplifying the country's commitment to end open defecation requires a bottom-up approach, thus working with youth organizations and local leaders will be instrumental to scale up efforts.



Notwithstanding the important gains advancing the policy and legislative framework to support an effective national child protection system, there is ample room to improve service delivery for the most vulnerable children. This will require, inter alia, accelerating the number and types of interventions, including more integrated services such as one-stop centres and Safe to Learn Schools, where vulnerable children and women can access health, psycho-social counseling and legal support. This must be accompanied by stronger government commitments to ensure that national and local enforcement and compliance mechanisms are in place to address and prevent child rights violations, also requiring more investment in the social service workforce. The newly available training modules for the case management of vulnerable children is an important step forward. GCO must also accelerate its support to an effective national child protection steering committee. The first-ever situation analysis of the child protection sector confirms the urgency of sustained investment in data collection, analysis and dissemination for improved planning and implementation.

Against the pandemic backdrop, GCO will continue strengthening the resiliency of the education system to be more shock responsive. The Transforming Education Summit confirmed foundational learning and sector financing as core priorities, whilst the World Conference on Early Childhood Care and Education exposed the government to best practices and innovations to continually improve this sub-sector. A lesson derived was the need for more homegrown research on the first 1,000 days of a child's life to better inform programming for young children. The revamped focus on out-of-school children is an excellent opportunity to strengthen the equity and inclusion agenda, and to expand it to other vulnerable children.

The important strides made in social protection, social policy and public financing for children (PF4C) have generated important lessons. As part of the development of the new country programme, the theory of change behind our policy work will be reviewed to identify the resources and enabling environment required to transform policy commitments into results for children. The evolving PF4C agenda will sustain the capacity building of National Assembly Members and ministerial budget officers on public financing processes, accompanied by more GCO leadership in developing policy and budget briefs and expenditure reviews in key child-focused sectors. GCO will advocate for the establishment of a social sector budget allocation committee to promote Program Based Budgeting and support the National Assembly to conduct mid- and end-line budget reviews and tracking. GCO will continue supporting the National Social Protection Secretariat to improve coordination efficiency and monitoring instruments, as well as stronger legislative backing of the national social protection policy.

GCO's continued strengthening of coordination mechanisms and collaborative partnerships has yielded successes and resources for children. National institutions have been strengthened, but there is still room for improved governmental leadership. GCO has adopted a participatory approach with active engagement of government, UN agencies, development partners, CSOs, private sector, and academia, as well as children and adolescents, in the CPD development process, ensuring capacity development of partners in results- and rights-based programming. Relatedly, strengthening data management systems (including surveys and administrative) and the culture of monitoring and evaluation across all sectors is urgently needed to ensure the availability of accurate and timely data to monitor progress.

Taking early actions on staff welfare concerns is fundamental to ensuring a conducive and respectful work environment. The organization of deep dives on psychological safety and internal communications have empowered staff to be more engaged and proactive. Despite positive Global Staff Survey results, lingering concerns on performance management, workload distribution, and work-life balance must be addressed using the same approach.