

## Joint Programme Document

### A. COVER PAGE

**1. Fund Name:** Joint SDG Fund

**2. MPTFO Project Reference Number:** PSP 2019 BRA

**3. Joint programme title:**

Building better lives through integrated early childhood interventions: investing in the Happy Child Programme to accelerate the achievement of SDGs in Brazil

**4. Short title:** Scaling up the Happy Child Programme

**5. Country and region:** Brazil – South America

**6. Resident Coordinator:**

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**7. UN Joint programme focal point:**

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**8. Government Joint Programme focal point:**

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**9. Short description:**

The proposed Joint Programme (JP) aims to support the scaling up of the Happy Child Programme (HCP) – an existing social protection scheme that aims to reach families/caregivers through home visits with the support they need to ensure cognitive, emotional and social development of their children. HCP is an innovative and proactive state policy, based on scientific evidence showing that early childhood development (ECD) is one of the best ways for a country to boost shared prosperity, expand equitable opportunity, end extreme poverty and accelerate the SDGs' targets. It is linked to the Bolsa Familia programme - one of the world's largest conditional cash transfer programmes- that focuses on the most vulnerable and excluded families, concentrating efforts on leaving no one behind (LNOB).

The Joint Programme, composed of five UN organizations (UNDP, UNESCO, UNFPA, UNICEF, UN Women) is based on existing partnership between the UN and the Ministry of Citizenship (MoC) and responds to the MoC's specific request to support HCP quality expansion. Currently, 2,622 municipalities are enrolled in the HCP, benefiting 600,000 young children, and the government aims to benefit 2 million children in three-years. The JP will accelerate results by

adding another 1 million beneficiaries and another 1,000 municipalities in the programme in two-years, ensuring quality intersectoral approaches. The sustainability of the programme can be assured by the commitment of the Brazilian government with the HCP, and by the legacy of the JP when investing in human capacity at the local level and technology-based solutions.

## 10. Keywords:

early childhood – intergenerational poverty – municipal capacities development – public policy quality – public policy delivery – SDG acceleration

## 11. Overview of budget

<b>Joint SDG Fund contribution</b>	<b>USD 2,000,000.00</b>
Co-funding - UNICEF contribution	USD 124,000
Co-funding - UNDP contribution	USD 110,000
Co-funding - UNESCO contribution	USD 192,000
Co-funding - UNFPA contribution	USD 110,000
Co-funding – UN Women contribution	USD 110,400
<b>TOTAL</b>	<b>USD 2,646,400.00</b>

## 12. Timeframe:

<b>Start date</b>	<b>End date</b>	<b>Duration</b> (in months)
06 January 2020	31 January 2022	24 months

## 13. Gender Marker:

*Overall score is 1.*

## 14. Target groups *(including groups left behind or at risk of being left behind)*

This JP aims for the quality scaling up of the HCP in the Brazilian vast territory. For this, the main strategy lies in working directly with local government managers to increase awareness on ECD and consequently increase municipalities enrolment at HCP. Capacity building of HCP trainers and visitors will improve the quality of work and with both lines of action HCP will reach and provide quality assistance to many more children and families/caregivers in a shorter period of time. HCP programme is designed under an LNOB approach, and in this sense the work developed under this JP will influence the vulnerable/excluded groups assisted by the program, especially children and their families/caregiver. HCP enrolment and quality trainings will have a direct positive impact upon these vulnerable groups.

List of marginalized and vulnerable groups	Direct influence	Indirect influence
Women	X	
Children	X	
Girls	X	
Persons with disabilities	X	
Minorities (incl. ethnic, religious, linguistic...)		X
Indigenous peoples	X	
Persons of African Descent (when understood as separate from minorities)	X	
Other groups: Women suffering of domestic violence		X
Other groups: Adolescents who are pregnant or adolescents who are parents	X	

## 15. Human Rights Mechanisms related to the Joint Programme

- **UPR**, 3rd Cycle, Year 2017: 136.2; 136.138; 136.162; 136.163; 136.183; 136.186; 136.207; 136.219; 136.241.
- **CRC**, Year 2015: 32; 40; 50; 52; 54; 56; 68; 70; 74; 80.
- **CRPD**, Year 2015: 15; 47; 43.
- **CEDAW**, Year 2012: 29.
- **CESCR**, Year 2009: 11; 28.
- **Special Rapporteur on the Rights of Indigenous Peoples**, Year 2016: 86 e 87.

## 16. PUNO and Partners:

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## 16.2 Partners

- **National authorities:**

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**Brazilian Cooperation Agency of the Ministry of External Relations (ABC/MRE)**

- Focal Point: Ambassador Ruy Pereira – Director
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**Municipal governments**

The focal points will be established during the JP and through implementing partners, since there are more than 1,500 eligible municipalities not yet enrolled in the HCP, and more than 2,500 municipalities already enrolled in the HCP.

**State Level Management Committees**

The focal points will be established during the JP and through implementing partners.

- **Civil society organizations:**

**National Early Childhood Network (RNPI)**

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**National Confederation of Municipalities (CNM)**

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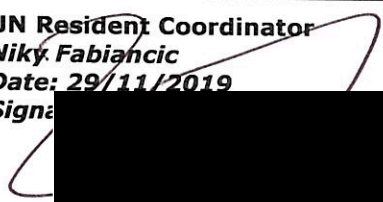
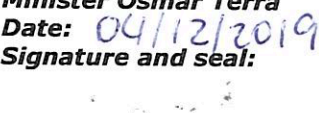


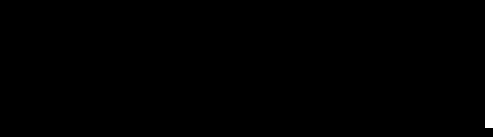

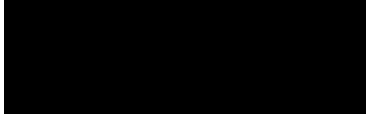




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<p><b>Participating UN Organization</b>  <b>UNESCO</b>  <i>Marlova Noletto - Representative</i>          Date: 29/11/2019          Signature: </p>	
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## **B. STRATEGIC FRAMEWORK**

### **1. Call for Concept Notes: 1/2019**

### **2. Relevant Joint SDG Fund Outcomes**

Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

### **3. Overview of the Joint Programme Results**

#### **3.1 Outcomes**

- Increased participation and retention of eligible municipalities in the HCP, expanding the number of beneficiaries
- Improved capacities and enhanced quality of integrated multi-sectoral ECD programme interventions to address the needs of children and their families

#### **3.2 Outputs**

- 1.1 Municipalities mobilized on the topic of Early Childhood Development, and implementing/expanding the HCP
- 1.2 Good Practices of HCP implementation recognized by the UN system
- 2.1: Improved intersectoral work between the HCP and public services offered to children and their families and caregivers, particularly women, at the municipalities
- 2.2 HCP professionals with improved competencies and capabilities on ECD, delivering the best support to families, women and children benefited by the programme

### **4. SDG Targets directly addressed by the Joint Programme**

#### **3.1 List of targets**

- 1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- 4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

- 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

### 3.2 Expected SDG impact

This JP is based on evidence that the lack of investments in young children and their families/ caregivers is a bottleneck to achieving sustainable development. Directly connected to SDG 4.2 (ensuring children's access to quality ECD, care and education), integrated ECD interventions are also related to reducing poverty and inequalities and assuring a healthier life (SDGs 1, 10 and 3, respectively). Acceleration of the selected SDG, thus, come from the focus on these target groups. Moreover, this JP will highlight the importance of tasks division in child care within trainings and disseminated messages, as well as the recognition of care work performed by women, contributing to SDG 5.

## 5. Relevant objective/s from the national SDG framework

- 1) The national SDG priorities have as central theme "Eradicating poverty and promoting prosperity in a changing world". The nationalized targets are under the Federal government's revision and not official yet.
- 2) Bolsa Família Programme provided for in Law 10,836 of January 9, 2004: Contribute to the fight against poverty and inequality in Brazil through three axes: income supplement, access to rights (education, health and social assistance) and articulation with other social policies.  
[http://www.planalto.gov.br/ccivil\\_03/\\_Ato2004-2006/2004/Lei/L10.836.htm](http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2004/Lei/L10.836.htm)
- 3) Legal Framework for Early Childhood (Children's Act): Law No. 13,257 of March 8, 2016: Establish principles and guidelines for the formulation and implementation of public policies for early childhood in view of the specificity and relevance of early childhood development and human development.  
[http://www.planalto.gov.br/ccivil\\_03/\\_Ato2015-2018/2016/Lei/L13257.htm](http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2016/Lei/L13257.htm)
- 4) National Plan for Early Childhood: Guiding the action of government and civil society in the defence, promotion and realization of the rights of children up to six years of age.  
<http://primeirainfancia.org.br/wp-content/uploads/2015/01/PNPI-Completo.pdf>
- 5) G20 Initiative for Early Childhood Development (Brazil is a signatory): Ensure that all children - with emphasis for the first 1,000 days - are well fed and healthy, receive appropriate care, incentives and opportunities for early learning and grow in environments protected from all types of violence, abuse, neglect and conflict. Strengthen investments in ECD to increase program resources that consider the integrated ECD approach, including interventions in health, food and nutritional security, gender equality, women empowerment, safety and security, learning and early stimulation.  
[http://www.g20.utoronto.ca/2018/g20\\_initiative\\_for\\_early\\_childhood\\_development.pdf](http://www.g20.utoronto.ca/2018/g20_initiative_for_early_childhood_development.pdf)

## 6. Brief overview of the Theory of Change of the Joint programme

### 6.1 Summary:

The main goal of the JP is the quality scaling up of the Happy Child Programme (HCP). To achieve that, local governments and managers will be informed about the SDGs and their link to early childhood development (ECD) and the long-term benefits of adopting and



implementing the HCP. Best practices of HCP implementation will be identified and disseminated in order to provide implementers with useful solutions. These actions are expected to stimulate municipality enrolment and retention in the program. Also, during this process, municipalities and its local HCP committees will be supported in their key role to integrate multi-sectoral policies through capacity building and support to planning. To increase the quality and strengthen permanent capacities of municipalities to deliver public policies addressing the needs of young children and their families/caregivers, the UN multi-sectoral expertise can help customize tools and trainings according to local needs.

#### 6.2 List of main ToC assumptions to be monitored:

- The government has policies that enable services delivery and sufficient qualified and motivated human resources;
- Municipalities have financial resources to retain personnel;
- Beneficiaries are engaged and understand the value of the interventions in their lives;
- The government continues prioritizing ECD investments through the Happy Child Programme (HCP)

#### **7. Trans-boundary and/or regional issues**

Not applicable to this Joint Programme.

## C. JOINT PROGRAMME DESCRIPTION

### 1. Baseline and Situation Analysis

#### 1.1 Problem statement

Brazil has made important progress in economic and social development indicators over the past decades due to investments in Bolsa Familia (BF), a large conditional cash transfer programme focused on the most vulnerable families. Having the BF conditionalities related to school attendance, updated vaccination calendar and adequate growth monitoring for children, as well as adequate number of prenatal exams for pregnant women, the BF achieved significant results in advancing children's health and education, with associated positive indicators for school enrolment, vaccination and child mortality rates.

Despite all the success of the BF, that currently reaches more than 14 million Brazilian people, the Government has identified a missing key investment: early childhood development (ECD). The importance of ECD has recently gained international and national attention, with increasing interest from the Brazilian Federal government on ECD investments. The Children's Act, a law creating principles and guidelines for the formulation and implementation of public policies for early childhood, was established by the Brazilian government in 2016 as a strong legal framework for policies and investments in ECD. In addition, Brazil became a signatory of the G20 Initiative for ECD in 2018.

As a result of the Children's Act, the Government launched the Happy Child Programme (HCP) in 2016 as an innovative and proactive state policy to cover the gaps from the BF cash transfer. The programme's main purpose is to provide periodic home visits by specialized professionals to strengthen families' capacities to provide nurturing care and increase the linkages between children and caregivers, using a multisectoral approach and a methodology endorsed by the WHO and UNICEF: Care for Child Development (CCD). In addition, the HCP aims to provide tailored, integrated assistance to families and caregivers to overcome challenges for their children's full development, addressing overlapping deprivations.

Programmes such as the HCP, focused on parents/caregivers and the family as a whole, are one of the most cost-effective programmes to promote the full development of children. The HCP, implemented by the municipalities, is based on eligibility criteria linked to the BF programme and other social protection schemes<sup>1</sup>, and focuses on the most vulnerable and excluded families with a pregnant women, children up to 3 years old, or children with disabilities up to 6 years old; as well as children up to 6 years old living outside family care,

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<sup>1</sup> The municipalities considered eligible to participate in the HCP are those that have a registered Social Assistance Reference Center (CRAS), and at least 140 individuals that are considered a target group (pregnant women, children under 36 months, children with disabilities under 72 months, children outside family care) and are registered in Bolsa Familia or Cadastro Unico (a national registry that gathers data of all beneficiaries of social protection schemes). All families/caregivers and pregnant women registered in Bolsa Familia or Cadastro Unico are HCP beneficiaries once the municipality is enrolled in the HCP.

thereby concentrating efforts on leaving no one behind (LNOB). The programme has achieved considerable progress so far reaching 600,000 young children living in 2,622 municipalities (47% of the total). Still, the HCP has an ambitious target of reaching two million beneficiaries in three years.

The Joint Programme (JP) is anchored in an existing partnership between the UN and the Ministry of Citizenship (MoC) on the HCP from its inception and responds to the MoC's specific request to support HCP quality expansion. The JP aims to support the government to scale up the HCP, and accelerate the achievement of their target, adding another 1 million children and at least 1,000 municipalities – among all eligible municipalities - to the programme in two years by strengthening HCP enrolment, ownership and quality, and supporting the programme in overcoming challenges and gaps.

One of the main challenges for scaling up the HCP lies in the autonomy of municipalities to decide on whether to enrol or not on the programme, and the enrolment and retention of municipalities in the HCP is particularly challenging in some geographical areas, particularly in the South and Southeast of Brazil. Also, the offer of quality capacity development is hampered by the limited number of personnel to deliver trainings in the Brazilian vast territory. This is an issue because the success of the programme is related to the quality of home visits, and the ability of visitors to identify and work on parents'/caregiver's vulnerabilities and difficulties for providing nurturing care, reinforcing the need for an intersectoral intervention.

The JP will develop a communication plan, based on the convening power and political neutrality of the UN to advocate for the importance of enrolment and retention of the municipalities to the HCP, with a focus on the most challenging geographical areas. In addition, the JP will focus on reducing geographic inequalities, by reaching hard-to-reach communities and focusing on empowering stakeholders in the poorest municipalities. For a quality implementation of the HCP, the JP will invest in technology-based solutions to support capacity development services, and case management support of front-line workers. Also, the JP will ensure that the programme includes assistance and support to caregivers, who are in their majority women, highlighting the importance of recognizing the value of care work, mostly unpaid, and redistributing care work within the family and between men and women in order to address specific challenges that women face as the main caregivers to children, such as economic dependency, reduced education and political participation, social isolation and violence. Activities will foster the recognition of care work performed by women within families, promote its reduction and at the same time the increase of the involvement of men and boys, by strengthening state response to the needs of children and empowering adolescents who are pregnant and adolescent mothers.

The acceleration of the scale-up of the HCP has a particular significance in the current Brazilian context. Since 2014, Brazil has been through an economic crisis, in which poverty and unemployment have increased, affecting millions of people, especially young children from vulnerable families. According to recent national data, 54.8 million Brazilians were living on less than US\$ 102.6 per month in 2017, representing two million people more than 2016. In the midst of this crisis, some policies and programmes have suffered substantial financial cuts

from the government. Without additional investments and social support, this situation can jeopardize the SDGs achievement in Brazil. PUNOs recognize that, in this scenario, the ongoing cash transfer programme associated with a programme that strengthens parents/caregivers' capacities to care for the child may have a significant impact on the structural causes of poverty, and act as a protection for children, that will reflect later in their lives and in society.

The JP will accelerate the achievement of SDG targets due to the HCP's foundation on scientific evidence that confirms ECD as a unique opportunity for children to reach their full potential, breaking the cycle of poverty and contributing to the achievement of equity, to boosting shared prosperity and sustainable and inclusive growth. Various studies show the period from pregnancy to age three as the most critical time and a window of opportunities for children development. During this time, children have 80% of the brain formed, and neural connections can be as fast as 1 million new synapses per second, and therefore, they are the most susceptible to environmental influences. It is of extreme importance that nurturing care - a set of conditions providing for children's health, nutrition, responsive caregiving, security and early learning - is in place, for a correct stimulation of the child's brain, and the creation of a foundation for the cognitive process, and the promotion of physical, mental and social wellbeing with lifetime benefits that carry into the next generation. James Heckman has published key studies on how the effects of ECD investments on cognitive development of children is associated with lower school dropout, lower violence, and higher productivity at adult ages, with high financial and social returns for the society. These evidences have ECD as an essential part of the SDGs, and strategic for the transformation of the world by 2030, linked to specific targets across five different SDGs on poverty, health, education, gender, and inequality.

Brazil also recognizes the potential of the HCP as the country's ECD's strategy "to stop the vicious circle in which malnutrition and poverty affect early childhood and jeopardize the future of generations, limiting the opportunities of a large share of the population" as presented in the first Voluntary National Report on the SDGs in 2017. By ensuring the scaling up of the HCP, and improving capacity development, the JP will ensure the sustainability of the programme after the two years period, supported by the government, which has a planned financial budget, and various legal frameworks for the prioritization of ECD.

The JP expected results are aligned with the UNDAF 2017-2021, which is structured around the five pillars of the Agenda2030. The main links are with: Outcome 1 - emphasizing results related to access to quality public services ("People Pillar"); Outcome 5 - dealing with social and economic inequalities ("Prosperity Pillar"); Outcome 6 - promoting violence-free households and human rights ("Peace Pillar"); and Outcome 7- underscoring the relevance of multilateral collaboration ("Partnership Pillar").

## **1.2 Target groups**

This project targets different groups, which will be positively influenced, directly or indirectly, by the proposed actions. The main beneficiaries of the project are the HCP's target audience:

pregnant women; children aged 0-3 years old, and children with disabilities up to 6 years old whose families are already beneficiaries of the Bolsa Familia cash transfer programme or other social protection schemes; and children living outside family care in eligible municipalities<sup>1</sup> - regardless of their gender, ethnicity, religious beliefs or any other characteristic. The HCP connects the most vulnerable individuals to trained home visitors that use a multisectoral approach to support parents/caregivers to promote better ECD through attachment and responsive child caregiving. Therefore, the HCP operationalizes LNOB by targeting the most disadvantaged people in Brazil: the ones generally lacking social and economic support, with low education, poor access to public services, children at risk of having the poorest development that may affect their present and future life.

Children in vulnerable situations and living in poverty, whom commonly have their basic rights violated, and are trapped in an intergenerational cycle of poverty and exclusion, need attention and encouragement to meet their development potential. Ending the cycle of poverty is one of the goals of the HCP, which includes a set of coordinated actions in the areas of health, social assistance, education, culture, justice and the promotion of human rights. These actions seek to promote integral development in early childhood for all vulnerable children within the eligible age group whose families are beneficiaries of a social protection scheme, and children outside family care. This is particularly important in the context of children with developmental delay and disability, when care demand is higher. Early stimulation and adequate care can provide these children with better opportunities for physical, intellectual and social development. The HCP provides support to families/caregivers of these children during domiciliary visits and through integrated work with Specialized Rehabilitation Centers (CERs) to promote early diagnosis, evaluation, advice, early stimulation, and adaptation of children with developmental delay and disabilities.

Pregnant women are also an important target group of the HCP, seen that the promotion of development begins in the gestation phase, providing information on how to deliver nurturing care, and helping to create a bond between the mother and the baby. Future mothers, together with fathers and family members in vulnerable situation receive guidance from HCP visitors regarding prenatal care, understanding that the responsibility with their child's well-being must start during pregnancy. The expectant mother is referred for health care in the public network to ensure baby's good health, being advised during both her pregnancy and her perinatal care. Parents and family members are also advised on parenting, strengthening bonds and the role of the family in caring, protecting and educating their children.

There is strong evidence that home visits are effective for strengthening family bonds and improving abilities for childcare, ultimately promoting child development. HCP home visits are understood as a tool for prevention, protection, and promotion of early child development. By conducting home visits to families that are beneficiaries of social protection programmes, the HCP teams can provide important guidance and key-information to strengthen family and community ties and to stimulate child development. This initiative also connects families to an integrated network of public services and provide referrals for children who need extra assistance, in which families and caregivers are empowered with information to become active agents of development. It represents a strategy for enhancing a more accurate perception of the characteristics, strengths, and needs of each context, resulting in unique intervention proposals, relevant to each reality.

The JP aims to expand the HCP with quality, and to fill the gaps found in the current programme. The HCP has in its conception the desire to promote ECD among children who are away from their families due to protective measures, and children living in traditional communities, such as indigenous, quilombolas (slave descendants) and ribeirinhos (people living at riversides)<sup>2</sup>. However, there are several challenges, including specificities of trainings and methodologies, that result in a very small number of children in these situations who are benefited by the HCP. Considering this, the JP is automatically at the core of the “Leaving No One Behind” principles, aiming to reach the furthest behind first. The access to those target groups will happen through the enrolment of their municipalities, aiming for a significant increase in the number of children, pregnant women, and families benefited by the programme, improving the conditions for early childhood development in the country as a whole, and the potential of lifetime benefits to families, caregivers and children. When supporting MoC’s policies, municipal planning and training to the programme’s home visitors - the key agents of the HCP - the JP will also support targeted population-sensitive action, producing methodologies able to support the assistance to the most excluded and vulnerable children.

The JP will mainstream SDG target 5.4 in its activities by guaranteeing adequate approaches and activities to foster the recognition of care work roles and responsibilities within families, promoting equal involvement of women and men that act as caregivers. Since women are the main caregivers to children and face specific challenges that arise from their overburden of care work, such as economic dependency, diminished education and political participation, social isolation, and vulnerability to domestic violence, thematic approaches and trainings will consider these specificities. The contributions of the JP in promoting balance on care work between responsible men and women will be ensured under an effective communication strategy for this aim. Due to the specificities involved in teen pregnancies and the social and economic impacts it has on adolescent parents and their children, empowering adolescents who are pregnant, and adolescent mothers/fathers is also an approach in which the JP will invest on.

This project targets directly other agents that integrate the management structure and participate in the implementation of the HCP, such as professionals from the Ministry of Citizenship (MoC), mayors, state coordinators, municipal coordinators, supervisors, and visitors.

For the MoC, the successful experience of this project in mobilizing new mayors to join the HCP could become a case study, in which the programme’s managers would have the possibility of adopting the methodology in the future. This is one of the main demands of the MoC: to develop strategies that not only ensure municipalities membership to the programme, but also their retention. The MoC also aims to train the various participants involved in the implementation of the programme. By expanding the HCP in the Brazilian territory in a shorter

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<sup>2</sup> Families of young children in these minority groups have the right to be beneficiaries of Bolsa Familia and other social protection benefits, and therefore, they are also eligible for HCP. Due to the regular visits proposed by the HCP, only minority groups that are integrated into the municipalities and outskirts are benefited by the programme. Indigenous living in isolated areas are not covered by the HCP.

period, assuring the quality of the intervention, the JP will reach more vulnerable people, mainstreaming and accelerating LNOB at national scale.

This project considers several recommendations provided by human rights mechanisms during the past few years to Brazil, in particular regarding the protection of children (UPR, 136.138; 136.200; 136.201) and women's rights, including the special needs of vulnerable populations such as persons with disabilities (CRPD, 2015, Paras. 15, 47; UPR, 2017, Para. 136.207), indigenous peoples (CRC, 2015, Para. 54, 56, 80; SR Indigenous Peoples, 2016, Paras. 86, 87; UPR, 2017, Para. 241), people of African Descent (CESCR, 2009, Para. 11; UPR, 2017, Para. 136.219), and those living in rural areas and in marginalized urban areas (CRC, 2015, Para. 54). The recommendations provide the need for improving the quality of health services (CESCR, 2009, Para 28), improving state's efforts aimed at enhancing women's access to health care (CEDAW, 2012, Para. 29), in order to reduce maternal and child mortality (UPR, 2017, Paras. 136.162, 136.163), also addressing pregnant teenagers and adolescent mothers (CRC, 2015, Para. 74, b).

### **1.3 SDG targets**

Target 1.3, which addresses the implementation of social protection measures for all, provides the basis for the achievement of all other targets in this JP. This JP has the opportunity to accelerating SDG achievement within the scope of a social protection programme that assists the most vulnerable families in Brazil, by scaling up the Happy Child Programme (HCP), a national policy that invests in the adequate development of children. The HCP is part of a larger system of social protection interventions, which have produced results in terms of poverty reduction in the last 15 years, aiming to go further in also providing the best child development. As such, it is expected that the continued investment in this system can help the efforts towards the achievements of the SDGs and their targets. The achievement of all the targets listed depend on the continued investment into social protection and on the enrolment of different federative entities and bureaucracies in the HCP, which will be supported by the JP, as well as the improvement of the quality of the intervention.

The JP is built upon an analysis of the bottlenecks of the HCP with the aim of promoting synergies among federal, state and municipal actors implementing the HCP and increasing the scale of the results, thus accelerating the achievement of the SDGs. As such, the planned activities and the proposed outcomes will promote an increase in the number of participating municipalities, significantly contributing to the achievement of targets 1.2, 1.3, 4.2, 10.2 and 10.4. The JP outcome that seeks to improve the quality of the intervention aims at impacting targets 3.1, 3.2, 5.1 and 5.4, further contributing the development and well-being of children and their families.

The SDG targets, together with their indicators, baseline data available, methods to measure progress and current extrapolation of trends are presented below:



SDG Target	SDG Indicator	Baseline data available	Methods to be used to measure progress	Comments:
1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	<p>1.2.1 Proportion of population living below the national poverty line, by sex and age</p> <p>1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions</p>	<p>1.2.1: 26.5% (26.4% for women, 26.5% for men; 43.9% for children under 5) (2017)</p> <p>1.2.2: No official data available.</p>	Brazil uses the international reference for the poverty line: US\$5.50 per capita/per day, corresponding to 43% of the minimum wage.	The percentage of children living below the national poverty line is much higher than the total. The JP aims to increase the number of vulnerable children benefiting from the HCP, in order to promote early childhood development and promote a better future and break the cycle of poverty in the country.
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the	1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women,	<p>No official data available</p> <p><u>Data from IPEA:</u> % of population living in poverty who receives cash transfer: 66.1% (2017)</p>	<p>The number of people living in poverty is defined as people living with less than US\$ 3,20 per capita/day.</p> <p>The data is provided by the Bolsa Familia Programme records.</p>	The government is committed to reach all children under 3 years of age in vulnerable families registered at Cadastro Único (a national registry that gathers data of all beneficiaries of social protection schemes) in a shorter period of time, and therefore, committed to support the goals and results of the JP.



poor and the vulnerable	newborns, work-injury victims and the poor and the vulnerable.			
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	3.1.1: 62 per 100,000 live births (2015)	Data can be obtained by National records: SIM/SVS/MS, Sinasc/SVS/MS	Brazil has already reached the target established for the maternal mortality ratio. Therefore, the national target was re-established as a maternal mortality ratio of less than 30 per 100,000 live births, in a formalized commitment of the Ministry of Health with the National Commission to Fight Maternal Mortality. The HCP targets pregnant women living in vulnerable situation, providing information and links to the health system that may help to reduce the maternal mortality ratio.
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate	3.2.1: No official data available. <u>Data from IPEA:</u> 13.4 per 1,000 livebirths (2017) 3.2.2: 9,4 per 1,000 livebirths (2015)	Data can be obtained by National records: SIM/SVS/MS, Sinasc/SVS/MS and Busca Ativa Project	The trend to reduce child and newborn mortality in Brazil appears to have stagnated or reverted in 2016. Most regions reported a slight increase in the coefficient of child and newborn mortality from 2015 to 2016, which indicates the deterioration of housing, sanitary and nutritional conditions since 2016, likely related to the economic

as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births				crisis. The HCP may have an impact in the reduction of child and newborn mortality among its beneficiaries when providing intersectoral care to the children and their families.
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2 Participation rate in organized learning (one year before the official primary entry age), by sex	4.2.2 Total 94.4% (boys 93.9%, girls 94.8%) (2016)	Data is provided yearly by the Brazilian Institute of Geography and Statistics (IBGE) through the National Continuous Household Sample Survey (PNAD)	The HCP seeks to positively impact the development of children in the most vulnerable families. As such, it is expected that with the growth of the programme, the proportion of children who face developmental challenges in the municipalities that participate in the programme must decrease.
5.1 End all forms of discrimination against all women and girls everywhere	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	No official data available.	IPEA suggests, in agreement with the UN Tier II that four dimensions should be analysed: i) constitutional legal framework and public life; ii) violence against women; iii) employment and economic benefits; iv) family and union. Overall, Brazil is advanced in terms	IPEA suggests that the target in Brazil changes to "Eliminate all forms of gender discrimination at their intersections with race, ethnicity, age, disability, sexual orientation, gender identity, territoriality, culture, religion and nationality, especially for girls and women at rural, forest, waters and urban peripheries.

			of its legal framework, however it is challenging to isolate the effect of gender discrimination. The other items have some challenges, such as government budget commitments related to combating violence against women, lack of day care centers for working mothers, and allowance of marriage for adolescents under 18 with parents' consent.	
5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	5.4.1 Daily hours men: 5,1; women 11,5 (2017)	Data is provided yearly by the Brazilian Institute of Geography and Statistics (IBGE) through the National Continuous Household Sample Survey (PNAD)	Over the last years, there has been a slight increase in the number of children under 5 years of age who go to daycare facilities. In the scope of the HCP, the need for daycare is assessed by HCP Personnel and families may request that their children are enrolled in daycare. Daycare facilities allow women to participate in the economy and contribute to the development of children.

nationally appropriate				
10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	<p>No official data available.</p> <p><u>Data from IPEA:</u></p> <p>Men: 34.5%; Women: 45.9%</p> <p>White: 28.6%; Black: 48.7%</p> <p>There is no data for people with disabilities</p>	Data is provided yearly by the Brazilian Institute of Geography and Statistics (IBGE) through the National Continuous Household Sample Survey (PNAD)	Brazil is going through an economic crisis, in which vulnerable children may have their situation worsened. The JP aims to keep investing in children, including those with disabilities, to promote a better future for these children.
10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality	10.4.1 Labour share of GDP, comprising wages and social protection transfers	10.4.1: 44.6 (2015)	Data is provided yearly by the Brazilian Institute of Geography and Statistics (IBGE) through the National Continuous Household Sample Survey (PNAD)	Until now, 2,622 municipalities have enrolled to the HCP. With the support of the JP, it is expected that the number of participating municipalities will significantly increase in 2 years, contributing to the adoption of social policies for the promotion of equality at the municipal level.

The Brazilian Institute of Geography and Statistics (IBGE) and the Brazilian Economic Applied Research Institute (IPEA) were responsible for conducting the adaptation of SDG targets to Brazil<sup>3</sup>, but as of today the nationalised targets, as well as the extrapolation of trends are under the Federal government's revision and not official yet. The SDG targets of this Joint Programme make reference to the current proposal and take them into consideration by understanding that Brazil not only has adequate and reliable official data available, as its technical body is experienced in this exercise, having conducted a very comprehensive and participative process to reach the current proposal of nationalisation of SDG targets: at least 75 public departments, hundreds of public managers and a public consultation gave validation to this technical work. Any adjustments that may occur after government's final revision will be duly monitored by PUNO's and communicated to the SDG Fund's Secretariat.

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<sup>3</sup> Available at <https://ods.ibge.gov.br>

## **1.4 Stakeholder mapping**

Seeking the contribution of a group of other organizations, with a view to achieving the objectives that compose this project, is an essential part of the operation model to be adopted by this JP. The set of initiatives of different stakeholders that put priority focus on early childhood public policies potentializes the impact and repercussion of the activities that this JP is presenting to the SDG Fund.

The main characteristic of this programme is the interaction with various public policies, mainly with those conducted by the Ministry of Citizenship (MoC). For that, the JP is already anchored in the existing partnership between the UN and the MoC on the Happy Child Programme (HCP) from its inception and responds to the MoC's specific request to support HCP continuity.

The MoC has a partnership with the National Early Childhood Network (RNPI), a national network composed of more than 200 organizations of civil society, the public sector, the private sector, other networks and multilateral organizations that act, directly or indirectly, to promote and guarantee the rights of early childhood.

The articulation in networks is up-to-date and dynamic and promotes the potentializing of results that will emerge during and after the execution of the project. Networks of organizations and social movements are spaces for collective bargaining and, therefore, information and experience qualifiers. They are spaces of political articulation and social mobilization that constitute to optimize efforts, potentialize actions, strengthen actors that unite around a common interest; fields of identity construction, symbolic production and political action.

Therefore, a possible partnership with the RNPI will support the implementation of the JP in different ways, but, above all, in the mobilization of other potential partners that will add efforts to achieve the proposed objectives. It is worth highlighting the fact that the RNPI has a management group consisting of 12 organizations that have historically played leadership roles in relation to the first childhood agenda in the country. As a deliberative instance of the network, the group has an important role in supporting the work of its Executive Secretariat (led currently by ANDI – National Association of Children's Rights) and, in this sense, can also contribute to the JP throughout the process of executing the set of activities presented to the SDG Fund.

Important private institutes and foundations have already partnered with the MoC and the UN to provide support to the HCP. Some of them, such as the Bernard Van Leer Foundation (BvLF), the Maria Cecília Souto Vidigal Foundation (MCSVF) and the Itaú Social Foundation (ISF), financed and contributed to the development of technical materials and training methodologies of the Programme. There are clear indications that these institutions will continue investing in the promotion of HCP in the next years and they can also support PUNOs at different stages of implementation of the JP being important stakeholders of the initiative.

BvLF, for example, is willing to support HCP to improve the quality of home-visiting by developing and implementing training and capacity building materials to be used by 18,520 home-visitors. The Foundation provides financial support and expertise to partners in government, civil society and business to help test and scale effective services for young children and families. On the other hand, MCSVF and ISF will lead the first impact evaluation research until the end of 2019 and the findings of the study can support the JP and collective decisions on the implementation of the project.

The engagement of academia is also crucial for the successful implementation of the HCP and JP. Multi-stakeholder's engagement can support the implementation of the JP and enhance its effectiveness. Currently there is an effort from a team of the University of Pelotas, through a project financed by MCSVF and ISF, and other 10 selected universities around the country to conduct impact evaluation research on the HCP. There is a high possibility that PUNOs involve higher education institutions (HEI) in other activities to support this JP producing methodologies and training materials, conducting assessments, preparing students from various areas (medicine, psychology, pedagogy, etc.) to act as home visitors or multipliers of the HCP. In addition, the HEI can provide physical space to promote regional courses and trainings.

MoC is investing in public private partnerships for the implementation of public policies focused in the promotion of the early childhood development and, therefore, the private sector can also be an important partner in this JP. Petrobras has a growing interest on promoting ECD, aiming to invest in the training of different organizations, including professionals in the public systems in the protection of children.

PUNOs will mobilize the media to participate in the dissemination of the HCP, according to the communication plan and promote social mobilization – either in the production of campaigns or in the elaboration of informative material, creation of social media, production of editorial projects and others.

Formal partnerships will be established following rules and regulations of each PUNO with the use of different instruments such as Memorandum of Understanding, Letter of Agreement, Cost Sharing Agreements, selection process and others. Strategies taken in this JP for the establishment of partnerships will be shared with regional representations.

## **2. Programme Strategy**

### **2.1. Overall strategy**

Recognizing that ECD represented a missing investment in the current BF social protection programme, in 2016 the government created the HCP, an innovative, proactively outreaching state policy that supports ECD with a multi-sectoral approach, currently reaching 600,000 beneficiaries living in 2,622 municipalities (47% of the total). The HCP is implemented by municipalities to support extremely poor and vulnerable families that are registered in the BF

cash transfer and/or other social protection programmes, focusing on LNOB. It provides periodic home visits to strengthen families' capacities to provide nurturing care, ensuring tailored, integrated assistance to families and caregivers to overcome challenges for their children's full development. As such, the Programme addresses overlapping deprivations, contributing to specific targets across seven different SDGs on poverty, health, education, gender, and inequality.

The MoC requested the UN system to boost progress towards the HCP scaling up in the country: the JP will help reach additional 1 million beneficiaries living in additional 1,000 municipalities in a shorter time frame by strengthening HCP enrolment, ownership and quality. The request recognizes the strong potential of a JP to leverage and align UN multi-dimensional expertise and mobilization capacity to expand the coverage and quality of the programme as a basis for addressing inequalities and accelerating achievement of the SDGs.

Various UN agencies have been partners of the government since the HCP's creation, involved in capacity building, evaluation, technical assistance, and the delivery of methodologies such as the "Care for Child Development", a holistic ECD intervention developed by WHO/UNICEF, adopted by the HCP. Within the JP, five specialized agencies will unite its efforts in order to accelerate HCP's results: UNDP, UNESCO, UNFPA, UNICEF, and UN Women.

The UN global expertise will help improving the quality and number of resources available to implement the HCP, enhancing capacity building of municipal managers and professionals resulting in greater ownership and sustainability. Moreover, the UN's convening power, political neutrality and ability to mobilize stakeholders at the national and local levels will support rapid expansion of the HCP to eligible municipalities focusing on achieving SDG targets. In a scenario where the UN would not be present, the Brazilian government would take much longer to develop cutting-edge materials, identify and socialize best practices. Consequently, the proposed JP will be essential to boost HCP facilitating leapfrogging and transformation.

The JP will support the scale up of the HCP at national level, helping the government to overcome territorial inequalities in HCP enrolment when promoting and advocating for the HCP in the territories with a lower number of enrolled municipalities<sup>4</sup>. At the same time, JP's activities were designed with the understanding that there are still gaps to be addressed to improve HCP's implementation and expansion, as well as with a sense of collaboration with the ongoing efforts from other partners in this same direction. For that, PUNOs will engage with multiple stakeholders and the three government levels (national, state and local) to define strategies, monitor, evaluate and coordinate the HCP implementation, and is already engaged with civil society and academia.

Taking advantage from Early Childhood Intervention partners, the JP will have the capacity to create synergies for the sustainability of resources. Capacity Development for programme

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<sup>4</sup> The JP's activities related to advocacy and mobilization of municipalities for HCP enrolment will focus on all eligible municipalities, with particular attention to regions with the lowest percentage of enrolled municipalities, such as the Southeast and South regions.



implementers, for instance, will be designed in partnership with initiatives such as the ones coordinated by UNDP with the Bernard Van Leer Foundation, the Maria Cecília Souto Vidigal Foundation and the Itaú Social Foundation (as described in section 1.4 above), who are developing technical materials and training methodologies for HCP. UNICEF has already been promoting Early Childhood Development knowledge in support to HCP professionals, with partners such as IPREDE – Early Childhood Institute and IBFAN – International Baby Foods Action Network, by developing distance-learning courses on family competencies and nutrition aspects. In parallel, to promote complementarity of efforts, UN Women will mobilize partnerships to promote the engagement of men with care work, since the agency has been working with Promundo (NGO) with Bolsa Familia beneficiaries for this aim. More details are reported in the Annex I of this JP Document.

In addition, the JP will work closely with the government as the main JP's partner. The HCP, as part of the social assistance/protection system in Brazil is coordinated by the Ministry of Citizenship (MoC), with a complex implementation arrangement that involves the three levels of government (federal, state and municipal), and the articulation of different areas. It has a vertical governance structure, divided into institutional/strategic and operational functions mirrored in each governmental level<sup>5</sup>, establishing different implementation responsibilities for them.

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<sup>5</sup> **i) Intersectoral Management Committees:** Lead by the MoC at the federal level, they are composed of Health, Education, Culture, Justice and Citizenship, and Social Development authorities. They are responsible for the strategic guidance and the achievement of the HCP objectives and targets. The Committee leads HCP's planning, decision-making and monitoring at Federal level, and ensures and strengthen intersectorality. State and Municipal Committees are equally responsible for these functions at their respective levels of action. Managerial support to local HCP implementation is provided by the State Level to the municipalities.

**ii) Technical Groups:** The Management Committees are supported by Technical groups, also intersectorally composed, responsible for providing advice and inputs to the Committees and for implementing its decisions. These groups are to be established under each government level.

**iii) Action Plans:** The management committees are responsible for elaborating its action plans, as well as roles and responsibilities and strategies to catalyze intersectoral work. For the municipalities, the presentation of an action plan is a criteria for engagement in the HCP.

**iv) Operational Coordination/Multiplication agents:** Coordinators are responsible for operationalizing the HCP, through the organization of activities, articulation of strategies and of the provision of services to beneficiaries between each sectoral policy and their respective stakeholders, dissemination of strategic decisions, between others.

The National Coordination and its multiplication agents (at MoC) articulate the implementation of the HCP with state-level coordination units, which are responsible for supporting guidance and capacity development for its municipalities – the role of state multiplication agents.

HCP supervisors are allocated at the municipal level in order to guarantee proper training for municipal home visitors. The Coordinators train and supervise home visitors and continuously promote the intersectoral aspects of the implementation.

Home visitors are professionals hired locally, and they are the direct interface of HCP programme with the final beneficiary. Visits aim to collect data and monitor beneficiary children and their families, provide

The JP results - increased HCP enrolment, coupled with capacity development and improved quality services provided to families - reflect the JP's foremost goal, which is to address the needs of young children and their families/caregivers, breaking the cycle of poverty, inequality and violence. They are key for accelerating SDG targets, as more vulnerable children will receive investments for their full development more rapidly. It is important to consider also that, since HCP is centred around the care of children, its personnel could potentially act as transformative agents that support and bring new development approaches to each family, improving the balance and the quality of care work in the households, building on the experience of this project.

Results planned for this JP are also aligned with the UNDAF 2017-2021, particularly on the "People Pillar" - emphasizing results related to access to quality public services; "Prosperity Pillar" - dealing with social and economic inequalities; "Peace Pillar" - promoting violence-free households and human rights; and the "Partnership Pillar" - underscoring the relevance of multilateral collaboration.

The sustainability of the interventions is guaranteed by the government. HCP is a state policy, implemented by the previous and prioritized by the current government, which has a planned financial budget for the programme. Moreover, Brazil has been committed to ECD investments through the Children's Act (strong legal framework for policies and investments in ECD) and as part of the G20 Initiative for ECD.

Finally, sustainability and identification of best practices and learning will be also strengthened through evaluation: HCP impact evaluation started last year by the Federal University of Pelotas (UFPEL) in partnership with the MoC and UNDP and will continue for three years (including the period of JP implementation) to identify medium-term results. The PUNO's will utilize its annual results in order to provide insights for the JP's implementation, helping to validate the present strategy and identify different gaps. And since the JP's results will be evaluated at the end of two years, it is expected that the national stakeholders will also be able to learn and use its results for HCP's improvement, given the symbiotic nature of the support that the JP is providing to the programme.

## **2.2 Theory of Change**

The main goal of the JP is the quality scaling up of the Happy Child Programme (HCP). To achieve that, local governments and managers will be informed about the SDGs and their link to early childhood development (ECD) and the long-term benefits of adopting and implementing the HCP. Best practices of HCP implementation will be identified and disseminated in order to provide implementers with useful solutions. These actions are expected to stimulate municipality enrolment and retention in the program. Also during this process, municipalities and its local HCP committees will be supported in their key role to integrate multi-sectoral policies through capacity building and support to planning. To

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them with development tools and exercises, identify their diverse needs and forward them within the responsible policy implements.

increase the quality and strengthen permanent capacities of municipalities to deliver public policies addressing the needs of young children and their families/caregivers, the UN multi-sectoral expertise can help customize tools and trainings according to local needs.

Scientific evidence shows that lack of investments in young children and their families/caregivers is a bottleneck to achieving sustainable development. Directly connected to SDG 4.2 (ensuring children's access to quality ECD, care and education), integrated ECD interventions are related to reducing poverty and inequalities, assuring a healthier life and promoting equality between men and women (SDGs 1, 10, 3 and 5, respectively).

In Brazil, the Happy Child Programme - HCP was created in 2016, aiming to proactively outreach extremely vulnerable children <sup>6</sup>and their families to apply ECD approaches. The program was structured as a multisectoral state policy and it has now reached almost 50% of the eligible<sup>7</sup> municipalities. As described in more detail in Section 3.1 – Overall Strategy, HCP has a complex implementation chain, composed by MoC's central coordination and technical support, the provision of technical support at the state level, and the implementation at the municipal level, involving the training and coordination of supervisors and home visitors.

In this sense, HCP expansion is crucial in order to guarantee that the most vulnerable children and their families have access to social assistance public policies, since they are the natural beneficiaries of HCP programme (HCPs target groups come from Bolsa Familia and *Cadastro Unico*'s beneficiaries, as explained in more detail in section 1.2 Target Groups). This expansion needs to be backed by a delivery of good quality HCP services, improving also intersectoral work, in order to effectively impact the lives of its beneficiaries and reach results sustainability after the JP's intervention. In the case of HCP, ensuring quality also depends on a comprehensive capacity of transferring knowledge and guidance within the programme's complex workflows, which is a challenge in itself, to be overcome with the commitment on all levels.

The increased participation and retention of eligible municipalities in the HCP will expand the number of beneficiary families and children. On the other hand, advocacy and technical support to local governments and managers will sensitise them about the SDGs and their link to ECD. By understanding the long-term benefits of adopting and implementing the HCP and the current main ECD strategy, it is expected that local authorities will prioritize ECD, understanding their key role of in integrating multi-sectoral policies and the positive development impact this set of decisions can generate to the beneficiaries.

The UN has the political neutrality and ability to mobilize local stakeholders, including private sector, civil society, and local governments to facilitate their participation in the programme. Taking advantage of this mobilization capacity, the UN will also help identify good practices in the implementation of HCP, systematize and disseminate them for the participant and potential participant municipalities, expecting to provide them with concrete solutions to overcome bottlenecks in implementation. This is also expected to stimulate retention of engaged municipalities within the programme, since good practices provide visibility to

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<sup>6</sup> Please refer to HCP target [beneficiaries](#) described [at the first paragraph of section 1.2 \(page 11\)](#)

<sup>7</sup> Please refer to the eligibility criteria described [in footnote 1, page 9.](#)

successful public management practices and can also leverage political commitment to ECD – which would be especially relevant during 2020, when local level elections will take place.

To engage society and promote social control over ECD investments, communication professionals in radio, internet media and other channels will be engaged in order to promote ECD driven content, relevant debates on social investment and related agendas. In a moment that the Brazilian government is discussing economic restraints and possible contingencies to the public budget, raising awareness on the relevance of prioritizing ECD within the broad population is understood as a strategic movement to guarantee attention and advocacy for ECD in Brazil and its long-term benefits for the society.

In regard to the improvement of capacities and the quality enhancement of integrated multi-sectoral ECD programme interventions, the customization of tools and trainings according to local needs will take advantage of UN's multi-sectoral expertise and thematic knowledge. These contents will be integrated to the already existent training platforms and will also take advantage of ongoing efforts of capacity development for HCP teams and managerial structures within the municipalities. A special focus on improving home visitors' capacities, tools and techniques with a human rights approach is a priority under this component, and training will be provided directly by the PUNO's – and later incorporated in the standard trainings provided by the government. These activities will guarantee that field work, meaning direct interaction with families, considers human rights mainstreaming based approaches and empowers the field professionals with more capacity to detect and forward to the social assistance system complementary demands of each child and family, in a whistle-blower-like concept.

The UN can also provide specific support to mapping and assessing local needs in capacity building and delivering intersectoral policies and defining workflows to integrate various sectorial policies. UN agencies have political neutrality, and strong convening power to support the mobilization of mayors and strengthen institutional capacities at the local level. The JP will add value to this status since it allows UN's presence within the already established HCP's technical support structures – such as virtual platforms, materials and state level technical and managerial guidance to HCP implementers. Moreover, the UN has solid expertise in ECD and capacity building of HCP professionals, assuring the provision of effective quality implementation tools and techniques, positioning the whole UN as a valuable partner for ECD in the country.

It is also expected that throughout the JPs implementation, the engagement of other stakeholders advocating for ECD- such as the current partner foundations and civil society networks, as described in section 1.4 – Stakeholder mapping - will strengthen MoC's and HCP's capacities to advocate on ECD, reaching the beneficiary municipalities, as well as to improve the quality of services and to tackle its challenges. In terms of financing, despite the fact that this JP does not focus on such mechanisms, the PUNOs will also make itself available with technical and political support to financing strategies that MoC may lead, such as the engagement of other donors or within the design of public budgeting. The engagement of the SDG Fund global donors, still to be mapped during the initial phase of the JP, is expected to support this objective, in ways still to be identified.

The strategies designed for this JP rely on assumptions which will be duly monitored throughout the course of its implementation. First of all, the governmental policies and related budgets at the federal, state and local levels that currently give basis to HCP operation have to be maintained in place. The draft Multi-year Plan of the Federal government, under approval process within the Brazilian parliament, confirms the investment in the program for 2020-2023 (please refer to section 2.4 – Financing for details), highlighting the investment in ECD as a priority.

An associated assumption is that the government at all levels will continue to be able to mobilize and retain personnel within the Social Assistance System and local level arrangements foreseen in the HCP programme. This is a critical resource because the JP is strongly focused in developing implementer's capacities, and the HCP itself is based on multiplication of training and knowledge, as well as on its capillarity to provide direct attention to families in thousands of municipalities.

It is also important to consider the beneficiary point of view, because assisted families are the concrete protagonists on how the intervention will effectively impact children's development – and in this sense the assumption is that assisted families are sensitized and engaged with HCP's proposals.

From the PUNO side, it is assumed that the UN is capable of building an enabling environment for ECD interventions in the country as expected by the MoC. PUNOs can rely on the technical expertise available in their structures, as well build dialogue and entry points within stakeholders based on UN's neutrality and coordination capacity.

Being grounded on a public policy, the JP must consider externalities that may affect its implementation for that reason. Strengths related to it are seen in the sustainability prospects and political commitment, as explained in previous sections of this JP Document. The identified risks, on the other hand, are described in Annex 8 and include financial, technical and political aspects. PUNOs will maintain close monitoring of risks and formulate immediate mitigation strategies, minimizing the impact of the elements that are out of the JP's governance. Close articulation with the Brazilian government through the MoC is key in this sense, and the RC will lead PUNOs in the necessary coordination in the political level.

Finally, it is important to highlight that the JP will be implemented during a local government transition period (elections are to take place in October 2020 and new mandates start on January 2021). The process represents a potential risk related to continuity of political commitment and/or technical implementation in the field. At the same time, it is an opportunity to advocate for ECD mainstreaming/prioritization in the candidate's local government plans, while demonstrating HCP's impact, supporting planning and providing guidance for its successful implementation.

### **2.3 Expected results and impact**

This Joint Programme aims to support the acceleration of national investments in Early childhood development (ECD) within social protection schemes in Brazil, by supporting the quality scaling up of a multisectoral government programme (HCP) focused on young children and their families living in the most vulnerable situations. For this, two main outcomes are expected:

- 1) Increased participation and retention of eligible municipalities in the HCP, expanding the number of beneficiaries; and
- 2) Improved capacities and enhanced quality of integrated multi-sectoral ECD programme interventions to address the needs of children and their families.

The first programme outcome is related to the scaling up of the HCP to additional 1,000 municipalities and 1,000,000 beneficiaries, aligned with the outcome 1 of the Joint SDG Fund (Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale). This outcome is crucial for the acceleration of the SDG targets in Brazil, when investing in early childhood among children in the most vulnerable situation. Considering the country's large geographical territory, the JP offers a great opportunity for the government to scale up the programme in a shorter period of time, reaching a higher number of pregnant women, children, and families, and improving the conditions for early childhood development in the country as a whole.

Two outputs are defined within this outcome, the first being: "Municipalities mobilized on the topic of Early Childhood Development and implementing/expanding the HCP". Taking advantage of UN's political neutrality and strong convening power to support the mobilization of mayors and strengthen institutional capacities at the local level, the HCP will count on the collaboration of joint UN efforts to expand the engagement of eligible municipalities. The joint UN efforts will collaborate with the Federal Government in raising awareness on ECD and in creating an enabling environment to the effective prioritization of ECD.

The activities proposed by the Communication Plan are the foundation for this output, targeting predominantly mayors and local councils – responsible for the decision for HCP enrolment, but also the visitors working with families and young children, and vulnerable families. While the changes of governance due to mayors/councillors' elections in 2020 may represent a challenge for the enrolment and retention of municipalities to the HCP, the Communication Plan includes the advocacy for the prioritization of ECD among the candidates during elections, and new government after elections as a mitigation plan. The messages disseminated by the UN will promote equality between men and women in the advocacy for ECD, highlighting the connection between unpaid care work and the development of children, as well as incentivizing the redistribution of work between men and women, encouraging men to actively participate in the care of children and infants and promoting good practices that reduce unpaid care work and promote the empowerment of women at municipal level.

Among the activities proposed are: the mobilization of candidates on ECD and SDGs during the mayoral election, advocacy for the HCP enrolment among mayors - directly or through the participation in events for mayors and state governors. These actions will be mainly coordinated by UNICEF and UNFPA due to their experience working at the local level, with greater convening power among some municipalities. Crucial partners for these are the National Early Childhood Network (RNPI), with its experience on politics communication and ECD, and the National Confederation of Municipalities (CNM). Also, UNESCO, through a partnership with the National Association of Children's Rights (ANDI), will provide technical support to states and municipalities on the elaboration of an Action Plan for Early Childhood.



Moreover, for the mobilization of civil society, and families, a campaign coordinated by UNICEF will be held, as well as training of journalists and communicators on the promotion of the SDGs, ECD, LNOB and the promotion of gender and racial equality in the context of ECD interventions, coordinated by UN Women and UNDP. Both PUNOs will develop a methodology for the training, conduct regional workshops and systematize the results into a publication that will allow broadcasters, journalists and communicators to promote ECD, the SDGs and gender equality in their work, thus reaching public officials, and citizens alike.

The second output “Good Practices of HCP implementation recognized by the UN system” is focused on the retention of current beneficiary municipalities by the identification and UN recognition of the best practices of HCP implementation at the local level, as well as the dissemination of the best practices to support their capacities to improve current implementation. This will be a joint activity mainly coordinated by UNDP, with the partnership with the Maria Cecilia Souto Vidigal Foundation and Itau Social Foundation. Those foundations have been working on the first impact evaluation research of the HCP, what may support the identification of good practices.

The second programme outcome is focused on keeping the HCP scaling up with quality, covering the gaps and overcoming the main challenges of the governmental programme. The UN has solid expertise in ECD and capacity building of social assistance professionals, assuring quality implementation. The UN has also been one of the supporters of HCP since its beginning, and through the UN other important stakeholders will continue collaborating for that end. Both by developing new and innovative technical tools and materials and by reinforcing the current stakeholder networks the UN has taken part in, the JP will contribute to improve, update and add new perspectives to HCP field work, particularly the empowerment of women and the promotion of equal participation of men and women in care work.

The output 2.1 “Improved intersectoral work between the HCP and public services offered to children and their families and caregivers, particularly women, at the municipalities” is focused on the JP contribution to diagnosis and support for mitigation of the bottlenecks that affect multi-sectoral work in the municipality level, aiming also to provide local management instances with useful solutions to improve it. A joint work between UNFPA, UN Women and UNESCO will aim to involve other partners, such as private companies with social responsibility campaigns promoting ECD with a focus on in this area. For instance, Petrobras, which launched a new social responsibility campaign focused on initiatives to promote ECD, is a potential partner with the interest on providing training for professionals in the public systems of social assistance, education, and health, which may strengthen intersectoral work.

The output 2.2 “HCP professionals with improved competencies and capabilities on ECD, delivering the best support to families, women and children benefited by the programme” focus on the development of methodologies for capacity building on themes related to ECD and women’s empowerment to strengthen the HCP Capacity Development Plan. For this, UNDP and UNESCO will support the construction of an online training platform, with the support of existing partners – such as MCSV - and UNFPA, UNICEF and UN Women will provide the platform with new methodologies: UN Women will focus on trainings related to the

elimination of violence against women, the valorisation and redistribution of unpaid care work, co-parenting and masculinities, in order to make sure these concepts are incorporated into the home visits. UNFPA and UNICEF will work on specific methodologies for adolescent boys and girls who are parents to be, or who already have a child, to prevent adolescent pregnancy, strengthen their capacities to take care for themselves and their children, and reinforce the bond between parents and child.

It is expected that, with the success of the JP, in 2022 a greater number of Brazilian children in the most vulnerable situations and poverty will be benefited by home visits – including children living in traditional communities and children living with disabilities. Their mothers, being accompanied since pregnancy, will be assisted with quality prenatal care and will have healthier pregnancies. The maternal mortality will reduce, as well as prematurity and newborn's death. Considering the improved technical knowledge of home visitors through the JP, these will be able to support parents/caregivers to provide the best care for their children, and refer children to education, health and social assistance services when needed through an intersectoral work with other public services. Mothers, fathers and other caregivers will be advised correctly about child feeding, responsive care, and on how to stimulate their children at home since birth. Then, these children will grow healthier, and will have better cognitive, emotional and social development. At a longer term, the results of the programme will help breaking the cycle of poverty, inequality and violence, with last long impact in the generations to come that generate sustainable development. Such results are related to the achievement of equity, prosperity and sustainable growth aligned with the SDG targets 1.3, 3.1, 3.2, 4.2, 5.4 and 10.4.

Even considering the economic challenges faced by the country and the consequent risks pointed in this proposal, the mentioned scenario is possible because the HCP is a Brazilian state policy prioritized by the Minister of Citizenship and the federal government, having already reached 47% of the Brazilian municipalities. Considering its solidity and its priority for the country, it has a planned financial budget and the sustainability of the interventions is guaranteed by the government.

## **2.4 Financing**

The JP supports a solid public policy designed by the Brazilian Government to tackle integral early childhood development related issues. The HCP has been awarded yearly with increasing budgets: from an initial BRL 174 million in 2017, current figures reached BRL 377 million. The current proposal for the 2020-2023 Multi-year Plan, currently under the Parliament analysis, has proposed a budget of BRL 524 million for 2020, as well as other BRL 1 billion to the 2021-2023 period. In the Presidential message/exposition of motives that accompanies the proposed plan, MoC's role to promote ECD and the HCP program itself have been highlighted by the Federal Government as a priority under the plan. These are formal indications of the commitment of the Brazilian government to invest technical and financial resources in the area, being the strongest signal of priority convergent with the JP timeline. In this sense, the expectation is that JP's contribution is catalysed under the governmental efforts, and being



its activities designed as complementary efforts to the public policy, the JP will leverage the HCP potential to reach its global targets (3 million children assisted by 2023).

Considering the overall context above, the resources to be invested in this JP will strategically contribute to:

- (i) Overcoming implementation gaps: the HCP has a complex implementation arrangement that involves federal, state and municipal levels of the government in a multi-sectoral arrangement within the social assistance policies. The JP will diagnose those gaps and focus its efforts on solutions that can be replicated and able to address the most recurrent problems faced by the municipalities in order to implement the programme. This exercise will result in the elaboration of guidance materials and training. Also, the partnership with MoC will allow PUNO's to contribute to the design of emerging implementation focuses, such as the work with children living outside families (institutionalized).
- (ii) Improving technical quality of services: the quality of the interaction of HCP's home visitors with each beneficiary family and with the social assistance services will define the effectiveness of the programme. The MoC has made clear that UN's contribution with its technical expertise on ECD will not only thematically enrich HCP's approach, but also develop field professionals' capacities of providing services and identifying beneficiaries needs.
- (iii) Expand its coverage and retain current implementers: The HCP is a LNOB based programme and its expansion impacts directly on the provision of social assistance services and ECD investment to the most vulnerable children. The programme has a clear adhesion scheme under simple eligibility criteria defined by the government, and interested municipalities are provided with due technical support from MoC and states. However, engagement of municipalities is voluntary and limitations at the municipal level is currently hindering their adhesion. Some difficulties are clearer, such as finance/budgetary limitations, but others may have a political or managerial nature to it. By investing in diagnosing these limitations, in advocacy on ECD and the SDGs, and by supporting the programmes implementation, the JP expects to directly impact on the programme's expansion. Creating and enabling environment for the prioritization of ECD related public investment is especially relevant considering that local elections will take place in 2020. Linked to this, good practices of multisectoral approaches to ECD and of HCP's implementation will be identified and promoted in order to demonstrate concrete solutions for current and future HCP beneficiary municipalities.

All these contributions are sustainable in the sense that they are organically integrated to the programme design itself. The technical outputs produced will be part of the knowledge platforms of the programme, and municipalities will remain being supported by the federal and state levels at the end of the JP. Programme expansion is already a target of the Federal Government and UN's collaboration will accelerate it and raise awareness to ECD in consonance with government's and other established ECD advocacy partners. Given also the many externalities surrounding the successes and limitations of HCP's implementation, other

types of intervention would not have the same capillarity or replicability in a continentally sized country like Brazil with its many regional inequalities. Instead, the JP aimed to support MoC in tackling the most recurrent and most impacting issues identified by the government and its natural stakeholders since the beginning of the programme, and at the same time these are contributions that will effectively be felt by the final beneficiaries.

The JP does not target further financing, since HCP is under social assistance public policies of the Brazilian government and as such its financing is under the federal public budget. The government has also announced the possibility of receiving support from other organizations, such as the Varkey Foundation, the Inter-American Development Bank (IDB), and the World Bank - with proposals under negotiation- after increased visibility of the programme Worldwide when receiving the WISE Awards. Furthermore, it is expected that advocacy and knowledge sharing efforts towards ECD and the relevant collaborations with other stakeholders of the area during the JP will indirectly contribute to improving and prioritizing municipal budgeting towards ECD, thus strengthening municipal and state capacities to engage on HCP and other ECD related action.

It is important, however, to point out that the Brazilian government is facing economic restraints for 2020 on, and the federal budget currently under discussion will face contingencies. Although political commitment to ECD and the HCP is clearly stated, general governmental budget restraints may affect directly or indirectly the whole HCP implementation chain. MoC is promoting conversations with potential donors, such as development banks, in order to attract financing support for the continuation of the programme. This is considered one of the main risks of the JP and will be monitored closely.

## **2.5 Partnerships and stakeholder engagement**

The HCP is a public policy based on intersectoral collaboration and partnerships between different stakeholders, which have been crucial for the results achieved so far. These partners will also be involved in the stages of the JP planning and execution, while the HCP implementation is a government responsibility.

The JP's main partner is the MoC, in coordination with the other bodies composing the HCP Steering Committees at the federal level (Justice, Education, Culture and Health). The MoC leads the HCP implementation by providing financial and technical support to the Programme's state coordinators and formulating and implementing training strategies. The MoC has contributed directly to planning the actions foreseen in this JP and will work in close collaboration with PUNOs throughout the JP implementation.

Although coordinated by the MoC, the HCP is implemented in a decentralized manner by states and municipalities, which will necessarily be included in the set of partners of this JP. The states are responsible for assisting the implementation of the Programme in their municipalities, raising awareness, mobilizing and training local supervisors, as well as monitoring the HCP. The municipalities are responsible for implementing the HCP at the local level, training the visitors, preparing visits, supervising the work in the field and conducting monitoring and evaluation. The expectation of PUNOs and the MoC is that states and

municipalities continue to perform such functions within the JP, with the support of the JP to improve retention and HCP quality.

The JP is anchored on existing partnership between the UN and the MoC on the HCP from its inception and responds to the MoC's specific request to the UN system to support HCP continuity considering the UN's convening power and neutrality, as well as the unique contribution of each PUNOs for the HCP quality scaling up.

**UNICEF** works at the state and local levels through the UNICEF Seal and Platform for Urban Center strategies, involving 1.919 municipalities and 10 capitals committed to children's rights. These strategies validate UNICEF's convening power, mobilization, advocacy and communication competencies, which contributes to the implementation of the HCP at local level. Moreover, UNICEF has previously supported the training for HCP.

**UNESCO** has developed expertise on capacity building at the municipal and state levels, through cooperation with MoC during the initial phase of HCP, engaging various stakeholders. UNESCO can contribute for the communication strategies and the development of training methodologies for different HCP audiences.

**UN Women** has expertise in addressing gendered aspects of care within municipalities through advocacy, communication and capacity building. UN Women can ensure that JP interventions will be in line with gender equality, promoting the redistribution of unpaid work and the empowerment of women, with attention to pregnant adolescents, mothers and fathers.

**UNFPA** is specialized in socio-demographic data; population dynamics; family configurations and life cycle with emphasis on adolescent pregnancy and parenthood. The agency may contribute to the JP strengthening institutional capacities in multiple sectors and with the dissemination of information and communication strategies.

**UNDP** priorities are linked to MoC to achieve the eradication of poverty, and the reduction of inequalities and exclusion. UNDP will continue supporting the HCP expanding its cooperation through additional activities focused on capacity building, dissemination of best practices at local level, and monitoring and evaluation.

Various stakeholders are already engaged and will continue to be engaged with the MoC and UN agencies for specific activities related to the HCP, considered as strategic partners such as: the National Early Childhood Network (RNPI), the National Confederation of Municipalities, and the National Association of Children's Rights (ANDI)- all with great experience on politics communication and ECD for supporting advocacy and communication at the local level; Maria Cecília Souto Vidigal and Itaú Social Foundations, both working on the HCP's impact evaluation with the University of Pelotas; and the Bernard van Leer Foundation and Petrobras, both working in partnership with a UN agency on trainings and quality assurance of the HCP.

Besides these local partnerships, PUNOs will seek the mobilization of expertise and support from the UN system at country, regional and global levels for an improved and integrated

joint work between agencies, using a multisectoral approach for providing adequate support for the HCP implementation and the achievement of the 2030 Agenda. In addition, PUNOs will seek experiences from other countries, as well as methodologies that may support the HCP implementation with quality assurance.

The engagement with SDG Fund donors locally will be stimulated with the aim of promoting SDG Fund's and the donor's visibility, acknowledging the relevance of contributions made. Their engagement is also being sought in order to have donors locally supporting the objectives of this JP. At least one event per year will involve donor countries representatives: the first one, on the initial implementation phase, will focus on presenting the JP, its potential and challenges, as well as on identifying synergies that could work to the JP's benefit in terms of delivering the planned outputs and ensuring sustainability. In the second year of execution, SDG Fund donors would be involved in the identification and recognition of HCP implementation best practices, being stimulated also to contribute with knowledge exchange on successful ECD policies abroad.

### 3. Programme implementation

#### 3.1 Governance and implementation arrangements

In order to guarantee clear and effective management responsibilities, reinforce commitment of the involved parts and facilitate Programme implementation, this Joint Programme will count on management and coordination mechanisms that reflect both UN Joint Programming requirements and the specific needs of this JP. The arrangements described in this section also takes into consideration sustainability of results, promotion of synergies and operational effectiveness.

**The Joint Programme Steering Committee (JPSC):** the JPSC will provide strategic guidance and oversee the implementation of the JP. The Steering Committee will be co-led between the Resident Coordinator of the UN System in Brazil and the Minister of Citizenship. It will be composed of:

- (i) Representatives of each PUNOs and of the RCO
- (ii) Representatives from the Ministry of Citizenship: the institution holds the mandate for elaborating and implementing social protection policies in Brazil, including the Happy Child Programme under which this JP is anchored;
- (iii) Representatives of the Brazilian Cooperation Agency (ABC): the agency is responsible for coordinating and monitoring international cooperation in Brazil.

The Steering Committee will be responsible for strategic planning and for monitoring the overall progress of the JP, including the review and approve the annual work plans as well as progress and financial execution reports. The Steering Committee should meet every six months to review programme implementation and set strategic directions.

**Ministry of Citizenship (MoC):** The MoC currently upholds the responsibility to design and implement social assistance and protection policies in Brazil. ECD is a priority for the Brazilian

Government and is duly supported by national legislation, being the HCP its main strategic priority. MoC will provide guidance to the implementation of the JP and inputs to the design and implementation of its workplans, indicating implementation priorities, facilitating the liaison between the PUNOs and the diverse stakeholders whenever necessary, among other responsibilities.

**UNICEF – Convening/Lead Agency:** Due to its mandate and expertise on the subject, UNICEF will be the lead agency responsible for the programmatic, operational and technical coordination of this JP. While each UN entity participating in the JP is responsible for implementing its specific components and will assume the corresponding financial responsibility, the lead agency should ensure the preparation and implementation of the joint work plans, maintaining their execution on track and guaranteeing that the expected results are delivered in a timely manner. The lead agency will be responsible for convening technical meetings according to needs, maximizing complementarity and synergy between participating entities. It will also be responsible for leading monitoring activities, with support of the Technical Coordinator and in articulation with the RCO.

**Resident Coordinator Office (RCO) – Quality Assurance:** The Resident Coordinator Office (RCO) is responsible for the articulation with the SDG Fund Secretariat and with the Steering Committee, being accountable of complying with monitoring and evaluation requirements applicable to the JP as per the arrangements described in the section 4.2 of this JP Document. For this, RCO will, in articulation with the Lead Agency, support the Joint Programme by guaranteeing proper quality assurance of monitoring information and reporting activities by , Strategic level quality assurance activities under the responsibility of the RCO may include: acting as secretariat for Steering Committee meetings, revising narrative and financial reports to be presented to the SDG fund, commissioning evaluations, and any other related activities required under the joint process. The RCO will commission the final JP evaluation.

**Participant United Nations Organizations – PUNOs – implementation:** each UN entity participating in the JP is fully accountable for programmatic and financial management of the components under its responsibility, while collaborating with the MoC, the Lead Agency and other PUNOs for an increased coordination capacity within the JP. Each PUNO is also responsible for monitoring its own execution, and for providing timely contributions to the overall monitoring and reporting requirements of the Joint Programme and upon request of the RCO.

**Technical Coordinator:** a coordinator for the Joint Programme will be recruited by the Lead Agency. He/she will act under supervision of the JPSC (being directly supervised by the RC), in order to guarantee that the interests of the PUNOs are duly and equally represented and also to facilitate consolidation of monitoring information of all JP´s goals. This professional will be responsible for supporting the Lead Agency on the articulation of the programme´s joint outputs and the communication plan among PUNOs, as set out in the programme document, as well as supporting the RCO and the Lead Agency RCO with the monitoring and reporting functions, by advising them on progress, risks and any necessary measures. The Terms of Reference for this post shall be defined and approved jointly by the PUNOs with the RCO.

**Implementation Stakeholders:** Various stakeholders, as described in section 3.5 of this JP Document, are already engaged and will continue to be engaged with the MoC and UN agencies for specific activities related to the HCP. Also, other partners will be identified and engaged to support the communication at the local level for increased HCP expansion, and the creation of quality material for capacitation as considered necessary by the PUNOs and the government.

The HCP, as part of the social assistance/protection system in Brazil, has a complex implementation arrangement that involves federal, state and municipal levels, as per explanations included in section 1.1 – Problem Statement. Considering the JP’s objectives, HCP’s implementation mechanisms were taken into consideration in the formulation of the JP’s strategies. In articulation with MoC, the JP will interact/establish partnership with the relevant management level instances of HCP. The description of responsibilities of the implementation partners follow below:

- (i) **HCP’s National Management Committee (NMC):** Lead by the MoC, the interministerial committee is composed of Health, Education, Culture, Justice and Citizenship, and Social Development authorities in the country. The NMC is responsible for the strategic guidance and the achievement of the programme’s objectives and targets. The JP will benefit from the articulation with the NMC within the Steering Committee, where governmental leadership and engagement will be consolidated and concretely linked to the JPs interventions, aiming to guarantee that the SDG Fund’s contribution is focused on the most effective and valuable solutions to accelerate HCP’s delivery and impact within its beneficiaries.
- (ii) **HCP State Coordination:** The MoC articulates the implementation of the HCP with state-level coordination units, which are responsible for supporting guidance and capacity development for its municipalities. HCP supervisors are allocated at this level in order to guarantee proper training for municipal home visitors. The JP will rely on the State’s capacities in order to identify and establish capacity development needs and priorities, as well as for the implementation of its communication plan.
- (iii) **Municipal Coordinator (Social Assistance):** Linked to the municipal Social Assistance structure, these professionals are responsible for planning, managing and monitoring the implementation of HCP at the municipality, which includes the creation of the Municipal Management Committees (as per description below). The Coordinators train and supervise home visitors and continuously promote the intersectoral aspects of the implementation. These professionals are direct beneficiaries of the JP, in the sense that they lead the core HCP implementation activities and articulates the integrated multi-sectoral ECD interventions. Capacity development and technical training foreseen in the JP will include Municipal Coordinator’s needs.
- (iv) **Municipal Management Committees (MMCs):** these committees are responsible for ensuring intersectoral implementation of HCP at the local level. It is an eligibility criterion for any HCP beneficiary municipality to have the MMC created by a municipal decree and composed by representatives of each sector



involved in HCP's rationale: social assistance, education, health, culture and Human Rights. It should also maintain regular meetings in order to articulate local implementation of the HCP. The MMCs can also be considered as direct beneficiaries of the JP, in the sense that it is the instance where integrated multi-sectoral ECD interventions are effectively articulated and planned. The JP will take MMCs capacities and needs into consideration in its efforts to promote multi-sectoral strategies.

- (v) **Home visitors:** these professionals are hired locally, and they are the direct interface of HCP programme with the final beneficiary. As per the outputs and activities indicated in its Results framework, the JP will support home visitors by supporting the provision of technical tools and training, which should promote rapid improvement of their capacities and of the quality of the services they provide in the field in benefit of the assisted children and pregnant women.

The Governance model and the implementation arrangements of the JP collaborates and dialogues directly with the existent governmental structures. Additionally, it is expected that articulating daily implementation of the JP's interventions, monitoring and evaluation processes, problem identification and decision-making processes within these governance and implementation structures will also strengthen the governments institutional capacities at all levels, helping to ensure managerial sustainability after the end of this JP.

### 3.2 Monitoring, reporting, and evaluation

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. Each PUNO will provide the Convening/Lead Agent (UNICEF) with the following narrative reports prepared in accordance with instructions and templates developed by the Joint SDG Fund Secretariat:

- *Annual narrative progress reports*, to be provided no later than. one (1) month (31 January) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- *Mid-term progress review report* to be submitted halfway through the implementation of Joint Programme<sup>8</sup>; and
- *Final consolidated narrative report*, after the completion of the joint programme, to be provided no later than two (2) months after the operational closure of the activities of the joint programme.

The Convening/Lead Agent (UNICEF) will compile the narrative reports of PUNOs and submit a consolidated report to the Joint SDG Fund Secretariat, through the Resident Coordinator.

The Resident Coordinator will be required to monitor the implementation of the joint programme, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information when requested. As a minimum, joint programmes will prepare, and submit to the Joint SDG Fund Secretariat, 6-month monitoring updates. Additional insights (such as policy papers, value for money analysis, case studies, infographics, blogs) might need to be

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<sup>8</sup> This will be the basis for release of funding for the second year of implementation.

provided, per request of the Joint SDG Fund Secretariat. Joint programme will allocate resources for monitoring and evaluation in the budget.

Data for all indicators of the results framework will be shared with the Fund Secretariat on a regular basis, in order to allow the Fund Secretariat to aggregate results at the global level and integrate findings into reporting on progress of the Joint SDG Fund.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the reporting done throughout the year.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of the Fund Secretariat.

After competition of a joint programmes, a final, *independent and gender-responsive*<sup>9</sup> *evaluation* will be organized by the Resident Coordinator. The cost needs to be budgeted, and in case there are no remaining funds at the end of the joint programme, it will be the responsibility of PUNOs to pay for the final, independent evaluation from their own resources.

The joint programme will be subjected to a joint final independent evaluation. It will be managed jointly by PUNOs as per established process for independent evaluations, including the use of a joint evaluation steering group and dedicated evaluation managers not involved in the implementation of the joint programme. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of PUNOs to ensure the requirements of those policies are met and the evaluation is conducted with use of appropriate guidance from PUNOs on joint evaluation. The evaluation process will be participative and will involve all relevant programme's stakeholders and partners. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of PUNOs.

The responsibilities related to Monitoring and Evaluation are described in more detail under the section 4.1 – "Governance and Implementation Arrangements" of this JP Document.

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<sup>9</sup> [How to manage a gender responsive evaluation, Evaluation handbook](#), UN Women, 2015



### **3.3 Accountability, financial management, and public disclosure**

The Joint Programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channelled for the Joint Programme through the AA. Each Participating UN Organization receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Programme in accordance with its own regulations, rules, directives and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding by the Joint SDG Fund will be provided on annual basis, upon successful performance of the joint programme.

Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund.

PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

Each PUNO will take appropriate measures to publicize the Joint SDG Fund and give due credit to the other PUNOs. All related publicity material, official notices, reports and publications, provided to the press or Fund beneficiaries, will acknowledge the role of the host Government, donors, PUNOs, the Administrative Agent, and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating Organization and partners in all external communications related to the Joint SDG Fund.

### **3.4 Legal context**

The UN and the Brazilian government have established a solid cooperation assistance framework. Legal basis for the operation of each PUNO counts on a main umbrella agreement regarding the United Nations and its specialized agencies, as well as specific agreements in some cases. The agreements are listed as follows:

Agency name: United Nations and Specialized agencies (UN Women, WIPO, UNODC, ICAO, UNDP, ILO, FAO, UNESCO, UPU, WMO, UNIDO, IAEA, UIT, UN-HABITAT)

Agreement title: "Standard Basic Technical Assistance Agreement between the United Nations, its Specialized Agencies and the International Agency for Atomic Energy and the Government of the United States of Brazil", promulgated by Decree nº 59.308.

Agreement date: 29/12/64 (Decree dated of 23/09/66).

Agency name: UNICEF

Agreement title: "Agreement between de United Nations International Children ´s Emergency Fund and the Government of the United States of Brazil", promulgated by Decree nº 62.125.

Agreement date: 28/03/66 (Decree dated of 06/01/68).

Agency name: UNFPA

Agreement title: "Cooperation Agreement between the Federative Republic of Brazil and the United Nations Population Fund"

Agreement date: 07/01/1988

Agency name: UNESCO

Agreement title: "Cooperation Agreement on Educational, Scientific and Technical matters, established between the Federative Republic of Brazil and the United Nations organization for Education, Science and Culture" promulgated by Decree nº 87.522.

Agreement date: 29/01/81 (Decree dated of 25/08/82).

In addition to the basic agreements, UNDAF´s provisions apply to the joint programming framework. At the Programme level, UNDP, UNFPA and UNICEF have also to observe provisions from their Country Programmes. When implementing individual cooperation projects with Brazilian resources, the Brazilian Government will also request the signature of Project Documents with specific legal context for NEX execution<sup>10</sup>.

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<sup>10</sup> National Execution modality does not apply to the present JP but may apply to current/future related initiatives within the UN.

## D. ANNEXES

### Annex 1. List of related initiatives

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
Project NIM BRA/12/006 - Support for decentralized management of the Unified Social Assistance System- SUAS	The project aims to broaden and consolidate the support of the Ministry of Citizenship to states and municipalities in the management of the national social assistance policy.	Project Outcome nr 9 (included in the substantive review of 2018): "integral attention policy to the first childhood consolidated"	Ministry of Citizenship	N/A	USD \$5.3 million GOV	Edward Borba edward.borba@cidadania.gov.br
Project ENGMT BRA/16/019 - Bases for the impact evaluation of the Happy Child Program	A team of researchers from the Federal University of Pelotas coordinates a randomized study in 30 municipalities in six states with the objective of evaluating the impact of the program	Activities are focused on the Happy Child Program	UNDP Brazil	Maria Cecília Souto Vidigal Foundation (FMCSV)  Itaú Social Foundation (FIS)	USD \$520,550.00  FMCSV & FIS	Eduardo Marino eduardo@fmcsv.org.br  Esmeralda Correa Macana esmeralda.macana@itausocial.org.br

Project ENGMT BRA/17/027 – Early Childhood Development Programme	The project aims to strengthen the institutional capacity of the Ministry of Citizenship, in order to subsidize with evidence, promote the formulation, implementation, monitoring and evaluation of the Happy Child Program.	It aims to support the national program of home visits of the Happy Child Program, in order to ensure that the quality is maintained as the scale is expanded. Another important objective is the training program for servers on the topic of early childhood.	UNDP Brazil	Bernard van Leer Foundation (BvLF)	USD \$835,000.00 BvLF	Claudia Freitas Vidigal Claudia.FreitasVidigal@bvleerf.nl
Engaging men as partners in women's economic empowerment	<p><i>1. Adoption of equitable, nonviolent attitudes and behaviors that support/encourage women's social and economic empowerment within families</i></p> <p><i>2. Increased women's participation in advocacy that supports their economic development in urban Rio de Janeiro and rural Pernambuco by 2015.</i></p>	The project targeted families who received the Bolsa Família benefit. As Bolsa Família could potentially exacerbate women's role as caregivers and strengthen the sexual division of labour in the households, this project sought to transform the division of unpaid labour in the households and promote the engagement of men with care work. Since HCP is centered around the care of children, CFP personnel could potentially act as transformative agents for care work in the households, building on the experience of this project.	PROMUNDO	-	USD \$445,000.00 UN Women – Fund for Gender Equality	Tatiana Moura, Executive Director. t.moura@promundo.org.br

	3. Improved women's access to worker's rights, employment opportunities, services, or benefits and to gender transformative approaches to women's economic and political empowerment.					
BRZ/FOR/2019/003 Distance learning course (DLC) on the family competencies related to early childhood care	DLC offered to 15,000 professionals, including those from municipalities participating in the UNICEF Seal, and supporters of the Happy Child Programme (HCP).	The course is an update of an existing DLC (Strengthened Brazilian Families) that can also be offered to professionals working within the HCP, increasing the quality of home visits in the programme.	UNICEF Brazil	IPREDE, MoC	USD \$38,900.00	Sullivan Mota sullivan.mota@iprede.org.br
BRZ/BSB/2019/004 Breastfeeding and healthy eating at early childhood	<ul style="list-style-type: none"> <li>- Managers mobilized about the promotion of breastfeeding and healthy eating during early childhood and prevention of childhood overweight</li> <li>- Health professionals, home visitors and social workers trained, and using their knowledge on breastfeeding and healthy eating during early childhood in their work with families and children</li> </ul>	The project calls attention to the nutrition of young children (a component of nurturing care). The DLC being created in this subject will be mainly offered to professionals working in public services, including home visitors from the HCP.	UNICEF Brazil	IBFAN	USD \$35,500.00 Amil	

UNICEF's strategy for young children and their families – Collaboration with Kimberly Clark to support UNICEF's Early Childhood Development in Brazil	<ul style="list-style-type: none"> <li>•Providing vulnerable young children with access to integrated quality health, nutrition, protection and early learning services that address their developmental needs.</li> <li>•Supporting parents – particularly vulnerable adolescent parents, caregivers and families and encouraging them to provide their children with nurturing care and positive parenting.</li> </ul>	The project invests in ECD with the development of materials for supporting the parents/ caregivers to provide nurturing care.	UNICEF Brazil	Kimberly Clark	USD \$135.591 Kimberly-Clark	calbuquerque@unicef.org
Project between UNFPA and ITAIPU Binacional, on Prevention and Reduction of Unintended Pregnancy in Adolescence in 51 Municipalities of Western Paraná.	<ul style="list-style-type: none"> <li>- 550 health and education professionals trained in the prevention of unintended pregnancy in adolescence.</li> <li>- 4,000 students aged 15-24 sensitized on prevention of the unintended pregnancy.</li> </ul>	The Project has been developed with the objective of strengthening the socio-institutional capacities in the participating municipalities in four specific components: health, education, knowledge management and communication.	UNFPA Brazil	-	USD \$1,500,000.00	Anna Cunha cunha@unfpa.org
Project First Childhood Comes First ( <i>Primeira Infância em Primeiro Lugar</i> )	<ul style="list-style-type: none"> <li>- First childhood services provided by NGOs of social assistance improved in the areas of presence of Petrobrás.</li> <li>- Capacity building to 300 representatives of 150 NGOs working with children between 0 to 6 years-old in 108 municipalities of Brazil.</li> </ul>	Project outcome 2 "Capacities and quality of integrated multi-sectoral ECD programme interventions improved."	UNESCO / Petrobrás	Petrobrás and Ministry of Citizenship	USD \$1.75 million	Rosana Sperandio, UNESCO Project Officer, r.sperandio-pereira@unesco.org

## Annex 2. Overall Results Framework

### 2.1. Targets for Joint SDG Fund Results Framework

**Outcome 1:** Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

Indicators	Joint Programme targets	
	2020	2021
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope <sup>11</sup>	1	1
1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale <sup>12</sup>	<u>1</u>	<u>1</u>

**Output 3:** Integrated policy solutions for accelerating SDG progress implemented

Indicators	Joint Programme targets	
	2020	2021
3.1: # of innovative solutions that were tested <sup>13</sup> (disaggregated by % successful-unsuccessful <sup>14</sup> )	2	2
3.2: # of integrated policy solutions that have been implemented with the national partners in lead	2	2

<sup>11</sup>Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

<sup>12</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

<sup>13</sup>Each Joint programme in the Implementation phase will test at least 2 approaches. It is estimated that each Joint programme in the Implementation phase will cost 6 million USD on average, and will be implemented over a period of 3 years.

<sup>14</sup>Success implies that the proof of concept is endorsed by the government and other stakeholders.



3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened	1	1
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### Operational Performance Indicators

- Level of coherence of UN in implementing programme country<sup>15</sup>
- Reduced transaction costs for the participating UN agencies in interaction with national/regional and local authorities and/or public entities compared to other joint programmes in the country in question
- Annual % of financial delivery
- Joint programme operationally closed within original end date
- Joint programme financially closed 18 months after their operational closure
- Joint programme facilitated engagement with diverse stakeholders (e.g. parliamentarians, civil society, IFIs, bilateral/multilateral actor, private sector)
- Joint programme included addressing inequalities (QCPR) and the principle of "Leaving No One Behind"
- Joint programme featured gender results at the outcome level
- Joint programme undertook or drew upon relevant human rights analysis, and have developed or implemented a strategy to address human rights issues
- Joint programme planned for and can demonstrate positive results/effects for youth
- Joint programme considered the needs of persons with disabilities
- Joint programme made use of risk analysis in programme planning
- Joint programme conducted do-no-harm / due diligence and were designed to take into consideration opportunities in the areas of the environment and climate change

## **2.2. Joint programme Results Framework**

<sup>15</sup> Annual survey will provide qualitative information towards this indicator.

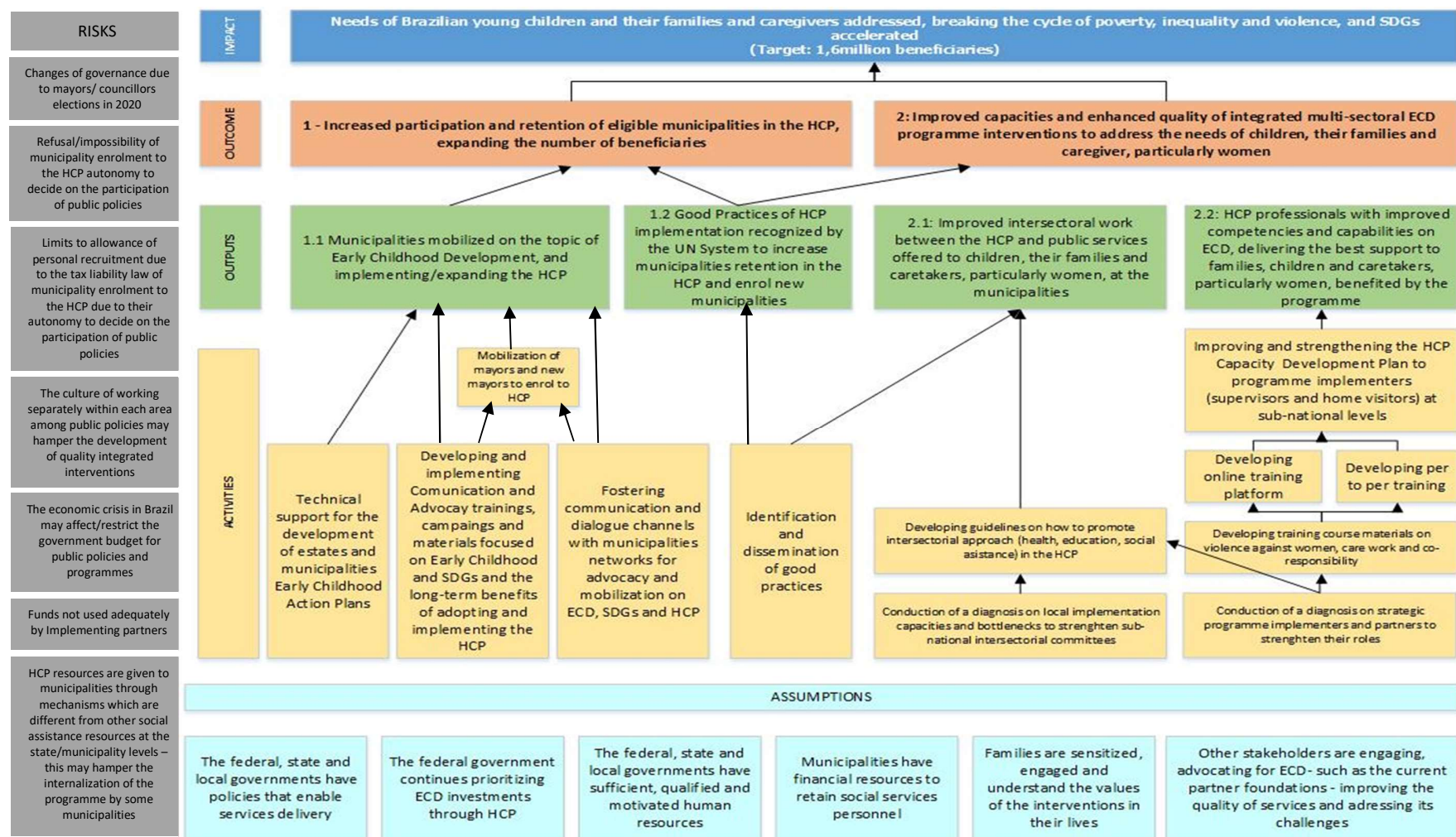
<b>Result / Indicators</b>	<b>Baseline</b>	<b>Target (1<sup>st</sup> year)</b>	<b>Target (2<sup>nd</sup> year)</b>	<b>Means of Verification</b>	<b>Responsible partner</b>
<b>Outcome 1: Increased participation and retention of eligible municipalities in the HCP, expanding the number of beneficiaries</b>					
# of new municipalities enrolled in the HCP	2,622	3122	3622	Official records of the HCP by the MoC	MoC
# of HCP beneficiaries (data segregated by gender)	600,000	1 million	1,6 million	Official records of the HCP by the MoC	MoC
<b>Output 1.1 Municipalities mobilized on the topic of Early Childhood Development, and implementing/expanding the HCP</b>					
# of mayors that received materials of advocacy about ECD, GEWE and the HCP	0	1,577	788	Internal records	PUNOs
# of municipalities and states that received support for the establishment of an Action Plan for Early Childhood	0	500	500	Internal records	PUNOs
# of people reached through social media (by gender)	0	500,000	500,000	Social Media reports	UNICEF
# of events with the UN participation for advocacy and mobilization of states and municipalities on the HCP	0	5	6	Internal records and meeting minutes	PUNOs
# of communication professionals trained on the topic of Early Childhood Development, GEWE and SDGs	0	150	150	List of attendance	PUNOs
% of news pieces submitted to award contest that incorporate GEWE alongside the topic of ECD	0	0	40%	Internal records	UN Women

Output 1.2 Good Practices of HCP implementation recognized by the UN system					
% of municipalities within the HCP receiving information on Good Practices	0	0	100%	Internal records	PUNOs
% of good practices identified that promote GEWE	0	10%	30%	Internal records	PUNOs
Outcome 2: Improved capacities and enhanced quality of integrated multi-sectoral ECD programme interventions to address the needs of children and their families					
# of municipalities that participated in trainings provided by the Joint Programme	0	225	525	Internal records	PUNOs
Output 2.1: Improved intersectoral work between the HCP and public services offered to children and their families and caregivers, particularly women, at the municipalities					
% of local managers of new enrolled municipalities accessing quality tools to support multisectoral HCP interventions	0	30%	70%	International records	PUNOs
Output 2.2: HCP professionals with improved competencies and capabilities on ECD, delivering the best support to families, women and children benefited by the programme					
% of HCP professionals of new enrolled municipalities who received training with quality materials to improve work with families	0	20%	80%	Internal records	PUNOs

## Annex 3. Theory of Change graphic



SDGs accelerated, mainly SDG 4.2 (ensuring children's access to quality ECD, care and education), SDGs 1, 10, 3 (reducing poverty and inequalities, assuring a healthier life), and SDG 5 (promoting gender equality).



## Annex 4. Gender marker matrix

*Complete the table below, using the instruction for gender marker provided separately.*

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
N°	Formulation			
1.1	Context analysis integrate gender analysis	<b>1</b>	The JP will accelerate the implementation HCP and is somewhat limited by the constraints of the programme. HCP programme is designed to promote ECD and while women are the primary caregivers of children, HCP is not designed to address and change power structures within families. The JP, however, recognizes that and proposes developing tools to address the issue of unpaid care work, in line with SDG target 5.4	1.2 Target Groups  Women appear as target groups not only as beneficiaries of HCP, but in relation to the efforts towards building a communication strategy that promotes the recognition and redistribution of care work, as well developing tools to train HCP personnel to adequately address gender imbalances in families.
1.2	Gender Equality mainstreamed in proposed outputs	<b>1</b>	Output 2 includes an explicit reference to the promotion of women's empowerment and proposes activities that articulate ECD, and the SDGs with the empowerment of women. Output 1 also includes the promotion of gender quality in some activities.	Outcome 2  3.3 expected results and impact
1.3	Programme output indicators measure changes on gender equality	<b>2</b>	The JP will foster gender equality in both outcomes (communication for gender equality and capacity building for HCP on issues related to the empowerment of women). 33% of the output indicators will assess how the programme will seek to transform gender equality and the empowerment of women. Gender specific indicators are concentrated in outputs 1.1. and 1.2. Indicators for outputs 2.1 and 2.2 will measure the number of managers and	Annex 2 overall results framework

			professionals trained with the materials produced by the JP, of which at least half will primarily promote GEWE in HCP.	
2.1	PUNO collaborate and engage with Government on gender equality and the empowerment of women	<b>0</b>	The PUNO consulted with the Ministry that is responsible for the implementation of HCP, the Ministry of Citizenship. As the Ministry of Women, Human Rights and Families is not part of the governance of HCP, it was not included in the consultations for this JP.	4. Programme Implementation
2.2	PUNO collaborate and engages with women's/gender equality CSOs	<b>0</b>	HCP is a federal government programme, implemented at municipal level, with support from state level committees. There is structure for the participation of CSOs, which were not consulted in the process of elaborating the project.	4. Programme Implementation
3.1	Program proposes a gender-responsive budget	<b>2</b>	15% of the JP budget is dedicated to gender equality and women's empowerment	Annex 7 Budget
<b>Total scoring</b>		<b>1</b>		

## Annex 5. Communication plan

### 1) Overall narrative of the joint programme

This **Communication Plan**, coordinated by UNICEF, focuses on supporting the achievement of the first proposed outcome of the Joint Programme, which aims to strengthen the enrolment and retention of municipalities in the Happy Child Programme. To this purpose, the Communication Plan focuses on

- informing Mayors, local councils and local Managers about the high return on investment in Early Childhood Development (ECD);
- strengthening families' capacities with regards to early childhood development;
- and training the media on how to report about the benefits of ECD programmes.

The main narrative of the Plan will highlight that early childhood is a unique time in life in which investments have the highest returns, both for the individual and for the society, and therefore, the outcomes of ECD programmes also play a key role in accelerating the achievement of the SDGs. This is an important message for Mayors and local Managers.

The general population, on the other hand, will learn and understand that nurturing care within the family is crucial for optimum child development. The communication focused on families aims to raise awareness of the importance of ECD and to promote parenting skills and nurturing care for small children. It will show the importance of responsive caregiving to children in order to support their development, through getting to know the young child, to understand the child's cues, and to be able to engage in "serve and return" interactions. For very young children, all important learning takes place within the context of playing. Playing is exploration, experiencing new tastes, words, and movements. Playing is trying to develop a sense of mastery of the world. A lot of that is done by providing an environment that is safe and that provides opportunities for early learning.

Another key element will be to mobilize the media and other communication partners, so they engage in disseminating messages and information on the key importance of early childhood development both to caretakers and decision makers.

Main narrative:

It is during this period of early childhood when the foundations of optimum health, growth, and neuro development are established. According to an economist estimates (Larry Heckman), every US-Dollar invested in ECD programmes yields a return of 7 US-Dollars. While the human brain continues to develop and change throughout life, it is between the last trimester of pregnancy and the first years of life that the brain grows most rapidly and reaches its highest plasticity. Thus, this time period harbours the greatest opportunity to ensure optimal development. This, however, is also the time when the brain is most vulnerable to negative environmental conditions and influences. Guaranteeing that every child grows up in a safe, healthy and stimulating environment is everyone's job – parents and families, communities and public service providers, the media as well as the government.



The HCP is a public policy that, at the same time, shows the commitment of the municipality with ECD, and provides support to the most vulnerable families to give the best care to their children. It is a programme that gives children living in poverty and vulnerable situations a better chance to survive and thrive.

The investment in ECD will benefit many individuals, and the municipality as a whole. In a long term, your municipality may achieve higher productivity at adult ages, prosperity, reduction in poverty and violence, and lower school dropout, with high financial and social returns for the society.

## 2) Strategic approach to key audiences

This joint UN programme will deploy a many-pronged communication and advocacy strategy aiming at:

- 1) engaging Mayors on the importance of investing in early childhood development for achieving the SDGs, and advocating for their enrolment in and adherence to the Happy Child Programme;
- 2) providing information and contributing to strengthening families'/caregivers' capacities to provide adequate care and stimulation to young children;
- 3) engaging local media to promote and disseminate messages on the importance of early child development.

## 3) Objectives of strategic communication plan

Objectives:

- 1) Promote the enrolment of 1,000 eligible municipalities at the Happy Child Program, increasing the number of beneficiaries in the programme

*Indicators: # of new municipalities enrolled in the HCP*

*# of HCP beneficiaries*

*# of mayors who received materials of advocacy about ECD and the HCP*

These targets will be measured through the official records of the HCP by the Ministry of Citizenship and internal records.

- 2) Reach 1.000.000 people with messages on early childhood development, how families can provide young children with nurturing care, and the SDGs.

*Indicators: # of people reached through social media*

These targets will be measured through social media reports

- 3) Train 500 local media professionals on the 2030 Agenda and children's right, focusing on early child development.

*Indicators: # of communication professionals trained on the topic of Early Childhood Development and the SDGs*

These targets will be measured through the list of attendance.

**i. Advocacy with mayors and local decision makers**

- a. The Joint Programme will inform and engage local decision makers on the importance of investing in early childhood development policies and strengthen the efforts of the Federal Government to increase the number of municipalities enrolled in the Happy Child Programme. Most of these activities will be focused on Mayors and other local decision makers who are key for the enrolment in the HCP programme.
- b. The use of various communication and advocacy approaches is crucial to reach Mayors and decision makers from HCP eligible municipalities. The main lines of actions are:

1) Mobilization of mayors during the upcoming election campaign (2020)

- Develop and distribute advocacy material to engage and inform candidates of targeted municipalities on the importance of ECD investments for achieving the SDGs;
- Engage local radio stations to broadcast information on early childhood development during the electoral process;

Distribute materials to elected Mayors of eligible municipalities for advocacy and mobilization for HCP enrolment

Responsible organization: UNICEF

Funds: USD 65,400

Timeline: From June to November 2020

Milestones:

August: disseminate radio spots to local radio station taking advantage of the beginning of electoral propaganda (26 August).

September: Distribution of advocacy materials to candidates running for mayor's office.

October: Strengthen engagement with local radio leveraging from the proximity of the first electoral round.

October: Focus communication on municipalities where the second electoral round will take place.

Reporting: UNICEF's Communication Section.

2) Engage elected mayors for HCP enrollment

- As the new mayors take office, send new material with an invitation to enrol the Happy Child Programme, mainstreaming gender.

Responsible organization: UNICEF

Funds: USD 51,840.00

Timeline: From January to June 2021

Milestones:

January: Send materials to elected mayors in eligible municipalities.

February: Communication focused on municipalities in which the PUNOs have higher capillarity - UNICEF Seal mobilization process in municipalities of the Amazon and Semi-arid regions; UNFPA mobilization in municipalities from Paraná.

Reporting: UNICEF's and UNFPA Communication Section

**ii. Raise awareness among the population about Early child development, SDGs and childcare work**

- a. To raise awareness among families and the population in general on the importance of the early childhood life span, the Joint Programme will develop a multi-media campaign – focusing mainly on social media, but also other communication channels. The campaign will also provide information on how to provide adequate care and stimulation for young children.

Responsible organization: UNICEF

Funds: USD 120.000,00

Timeline: Launching – July 2020.

Reporting: UNICEF's Communication Section

**iii. Engaging local media to promote and disseminate messages on the importance of the early child development.**

- a. *Organize a course on Communication and Early Childhood Development in the context of the 2030 Agenda for Sustainable Development for journalists, broadcasters and communicators* - The Joint Programme will conduct 10 workshops to build the capacity of 500 journalists, broadcasters and communicators from all five Brazilian macro-regions. The participants will receive technical information on early childhood development, children's rights, nurturing care and services for children, their caretakers and families. The educational programme will be aligned with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. The courses will take place in 10 different municipalities.
- b. Award to communicators with the best published contents.

Responsible organization: UN Women and UNDP

Funds: USD 200,000.00

Timeline: First round of the course to take place on July 2020

Reporting: UN Women and UNDP Communication Section.

Total cost of the Communication Plan: USD 418,000.00

## **Annex 6. Learning and Sharing Plan**

### 1) Strategic approach to learning and sharing

The Joint Programme is strongly focused on delivering learning and sharing opportunities for all the stakeholders, since it will be the main strategy to raise awareness on ECD, advocating for priority investments in the area disseminating good practices in the implementation of related activities. At the same, the multi-sectoral nature of ECD interventions will also give the PUNOs a concrete opportunity to demonstrate its joint programming, coordination and programmatic coherence capacities. Considering this, learning and sharing activities compose the programmatic core of the JP, but will also give base to its managerial strategies. More specifically, its scope will include the following:

- (i) **For beneficiary municipalities:** Identification and dissemination of best practices on the implementation of the HCP. The JP will invest in a research for good practices in order to systematize the cases, its success factors and contexts. Aiming to disseminate them to other municipalities, the JP assumes that the provision of concrete examples of successful implementation of ECD interventions will help retain current and engage new municipalities in the programme. These results will be made available to all the municipalities through direct distribution to PUNOs networks, through partner municipal organizations, as printing material to be included in training portals of HCP programme hosted by MoC, between others. A public acknowledgment of best practices will be organized (ex: an event/award to be formatted), with an understanding that it contributes not only to disseminate the solution-driven case studies, but also as an incentive for local governments political commitment with the area. The PUNOs intend to engage technical stakeholders and SDG Fund donors in this process, and the expectation is also to gather their support, learn from them and find ways to integrate their contributions as part of this strategy.
- (ii) **For HCP's implementation agents:** Provision of training materials and opportunities for HCP's implementation agents (state-level committees, local committees, supervisors, home visitors, etc); In this axis of work, each PUNO will be able to contribute with its expertise in developing key thematic ECD and SDG-related training materials. These materials will be made available to the HCP implementers in training platforms, MoC guidance material, video classes, face-to-face meetings, and other means. The objective is to improve service provision to beneficiaries but also to enrich fieldwork with tools to address crosscutting issues. The home visitors, especially, if duly trained and sensitized to human rights aspects of the intervention, for instance, will be more apt to act as whistle-blowers, identifying potential violations and taking proper action by triggering the official support from responsible areas of the social assistance system. This capacity is also seen as a contribution to multi-sectoral work, since knowledge helps to make clear the relevance of each role within protection areas and reinforce the role of the home visitor as an strategic entry point to the identification of diverse beneficiary needs that would not necessarily be accessed in other ways.

- (iii) **For the Ministry of Citizenship:** diagnosis of implementation gaps at the local level; the JP will provide the MoC with concrete, systematized feedback from the field, through the identification of implementation gaps informed by local governments and civil society. These results will directly help MoC to assess HCPs strengths and weaknesses in practice, as well as to prioritize investments to mitigate the risks and problems found. PUNOs' stakeholders within correlated initiatives (please refer to annex I for details) will also be source of learning and feedback for the programme, and PUNOs intend to absorb this knowledge effectively into the implementation of the JP. One example is the HCP's impact evaluation commissioned by UNDP with the University of Pelotas. These evaluation recommendations and data will provide MoC and PUNOs with an important input to assess JP's strategies and adjust them if needed during its implementation.
  - (iv) **For the society:** Advocacy on ECD and the SDGs. The JP will support broad advocacy efforts in order to sensitize society, but mainly decision-makers at the local level, on the relevance of this kind of investment and their impact on achieving the SDGs. Adding to the PUNOs efforts, communicators (from radio broadcasting, journalists, bloggers, etc) will also be trained in order to promote related content, improving general knowledge and promoting social control. Best journalistic production will be recognized by the UN within the JP, in order to consolidate communicator's engagement with ECD agenda and stimulate production.
  - (v) **For PUNOs:** Implementation of fully integrated activities in the areas of advocacy, communications, development of technical materials, between others; use of learning results to its own programmes.
- The PUNOs have effectively prioritized joint implementation in this JP. Workplans and implementation strategies will be agreed between PUNOs for each JP component, which will help guarantee joint positioning and cohesive responses to beneficiaries and other stakeholders. Despite the fact that budgetary/financial management is individualized, the approach to the JP will be necessarily coordinated, being each PUNO responsible to convene the others and integrate them as necessary into the activities they lead. A joint implementation/operational plan will be developed in order to facilitate this.
- The JP has also learned from past joint programming experiences within UNCT in Brazil and, based on that, there will be a professional – a technical coordinator – whose main responsibility will be to maintain these coherence and coordination aspects well monitored. The PUNOs will also learn from HCP's realities as a whole, having then the opportunity to incorporate learning within its programmes. Beyond the impact evaluation mentioned in item IV above, the support to HCP in tackling its implementation gaps and improving its technical qualities will enrich PUNOs' capacities to keep supporting ECD's investments in the country, providing feedback to their own interventions in the area. PUNOs would be able to apply the generated knowledge to its experiences outside the JP: this kind of knowledge could, for instance, be applied under the contexts such as the UN humanitarian response to the Venezuelan influx into Brazil, integrating sheltered children with ECD's approaches already within Brazilian public policy.

### 3) Objectives of learning and sharing and main activities

Since the learning and sharing activities are an integral part of the JP's results framework, please find below the highlights of the main learning and sharing activities:

#### **General objectives of the learning and sharing plan:**

To guarantee ECD and the SDGs promotion, through knowledge management, in order to stimulate societal and governmental commitment with interventions and investments in the area, while also supporting HCP's learning – as the government's main ECD strategy – on how to increase effectiveness and mitigate its implementation bottlenecks.

Objective's indicators: # of new municipalities enrolled in the HCP  
 # of HCP beneficiaries

Objective's verification methods: Official MoC data

<b>Main Description</b>	<b>Methods/ instruments/ tools</b>	<b>Focal point</b>	<b>Resources to be invested (in USD)</b>	<b>Timeline</b>
Identification of good Practices of HCP implementation	Research of good practices in articulation with MoC and other stakeholders. Awarding event.	All PUNOs (Lead: UNICEF)	52,500	Awarding in 2020 (to be defined)
Technical training for HCP professionals	Development of materials, video classes, distance learning, face-to-face training	All PUNOs (Lead: UNICEF)	525,432	Development of contents: 1 <sup>st</sup> Sem 2019 Training: 2 <sup>nd</sup> sem. 2019; whole 2020
Diagnosing implementation gaps of HCP, focusing on the intersectoral work capacities	Research; mobilization of specialists; technical support to municipalities	UNESCO, UNFPA	283,865	Diagnostics: 2019 Solutions development and availability to beneficiaries: 2 <sup>nd</sup> sem. 2019; whole 2020
Training on communicators on ECD and SDGs	Workshops; thematic materials; awarding of best journalistic content	UNDP, UNWomen	200,000	During 2019 and 2020, with emphasis in election process in 2019
Elaboration of a Joint Implementation Plan for the JP	Managerial and monitoring Meetings; Roadmap; Timetables	All PUNOs (Lead: UNICEF)	No financial resources – staff dedication	Plan elaboration: December 2019. Implementation monitoring meetings: at least once each 2 months

Overall monitoring and reporting on the learning and sharing plan will be under the Technical Coordinator's responsibility, acting under the supervision of the RC (representing the JPSC) and in articulation with the Lead Agency.



## **Annex 7. Budget and Work Plan**

### **4.1 Budget per UNSDG categories**

The budget presented below was defined according to the activities and responsibilities planned for each PUNO. The main categories costed by the SDG Fund are staff and other personnel, contractual services, travel, and transfers and grants to counterparts. The first category (staff and other personnel) refers mainly to the contract with consultants for supporting the elaboration of materials and methodologies, and the delivery of trainings related to the HCP. This category also includes the contract of a specific consultant for supporting the programme management between agencies – included in UNICEF's budget- and the contract of personnel for supporting the JP implementation within the agencies.

Contractual services refer to services such as the professional layout/design, printing and distribution of materials, and other costs related to events planned during the Joint Programme for HCP dissemination, including official photos and videos. Larger contracts with implementing partners, such as for the elaboration of distance learning courses, or the elaboration of an education platform were categorized as transfers and grants to counterparts. Travel is related to advocacy among events for mayors/state governors and training of HCP personnel.

The PUNOs contributions are mainly related to staff time for the project, supplies and equipment and general operating and other direct costs.

UNDG BUDGET CATEGORIES	UNICEF		UNDP		UNESCO		UNFPA		UN WOMEN		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)
1. Staff and other personnel	223.500	94.000	63.000	90.000	49.800	140.000	74.000	60.000	125.000	110.400	535.300	494.400
2. Supplies, Commodities, Materials	0	0	0	0	0	2.000		0	0	0	0	2.000
3. Equipment, Vehicles, and Furniture (including Depreciation)	0	0	0	0	0	10.000	0	30.000	0	0	0	40.000
4. Contractual services	120.009	0	228.000		180.000	0	60.403	0	69.000	0	657.412	0
5.Travel	70.000	0	63.500		70.947	0	56.000	0	71.000	0	331.447	0
6. Transfers and Grants to Counterparts	135.000	0	0	0	0	0	140.000	0	70.000	0	345.000	0
7. General Operating and other Direct Costs		30.000	0	20.000	0	40.000	0	20.000		0	0	110.000
<b>Total Direct Costs</b>	<b>548.509</b>	<b>124.000</b>	<b>354.500</b>	<b>110.000</b>	<b>300.747</b>	<b>192.000</b>	<b>330.403</b>	<b>110.000</b>	<b>335.000</b>	<b>110.400</b>	<b>1.869.159</b>	646.400
8. Indirect Support Costs (Max. 7%)	38.396		24.815		21.052		23.128		23.450		130.841	
<b>TOTAL Costs</b>	<b>586.905</b>	<b>124.000</b>	<b>379.315</b>	<b>110.000</b>	<b>321.799</b>	<b>192.000</b>	<b>353.531</b>	<b>110.000</b>	<b>358.450</b>	<b>110.400</b>	<b>2.000.000</b>	<b>646.400</b>
<b>1st year</b>	<b>297.850</b>	62.000	<b>211.000</b>	55.000	<b>160.900</b>	96.000	<b>183.840</b>	55.000	<b>169.000</b>	55.200	<b>1.022.590</b>	323200
<b>2nd year</b>	<b>289.055</b>	62.000	<b>168.315</b>	55.000	<b>160.899</b>	96.000	<b>169.691</b>	55.000	<b>189.450</b>	55.200	<b>977.410</b>	323200

## 4.2 Budget per SDG targets

The SDG fund aims to support the quality scaling up of the HCP -an innovative strategy focused on ECD, which is related to many SDG targets, with specific focus on the SDG 4. Still, most of the evidence related to ECD focuses on its impact on poverty, when supporting children to reach their full potential, and improving learning and productivity, breaking the cycle of poverty and inequality. Therefore, after the SDG 4, the main contribution of the SDG fund will be towards targets 1 (end of poverty) and 10 (reduced inequalities). The SDG fund also has important components related to maternal and child health (SDG 3) and gender equality (SDG 5), when strengthening the competencies of families to care for their children since pregnancy, increasing the participation of fathers and the family on childcare, and valuing unpaid care and domestic work performed in its majority by women.

SDG TARGETS		%	USD
1,2	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	12	317.568
1,3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	9	238.176
3,1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	7	185.248
3,2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	12	317.568
4,2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	23	608.672
5,1	End all forms of discrimination against all women and girls everywhere	6	158.784
5,4	Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate	10	264.640
10,2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	15	396.960
10,4	Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality	6	158.784
TOTAL		100	2.646.400

### **4.3 Work plan, with budget per outputs**

The table below presents the list of activities to be performed within each output defined in this proposal.

UNICEF, as the leading agency, will receive a larger amount compared to other PUNOs, due to the responsibility for the coordination of the communication plan, which is key for the achievement of the first outcome, and the responsibilities toward the leadership, monitoring and evaluation of the project in course. The engagement with mayors at the local level – also related to the outcome 1 – will be a joint work between UNICEF, which works at the local level with municipalities from the UNICEF Seal, UNFPA, which works at the local level in the Parana state, and UN Women, which will provide a clear gendered view in the materials and advocacy communication at the local level. UN Women and UNDP will also work together on the training of communication professionals to disclose materials and advocacy information regarding ECD and the SDGs, while all agencies will support the communication plan. UNDP will also be responsible for the definition of Good Practices of implementation of the HCP, the UN recognition for municipalities with the best practices, as well as the dissemination of these practices to other municipalities.

All agencies are committed with the improvement of capacities and enhancing quality integrated multi-sectoral ECD programme interventions, in which UNDP, UNESCO, UNFPA and UN Women will be focusing on the improvement of the intersectoral work and the role of strategic actors within the HCP, and UNICEF, UNESCO, UNFPA and UN Women will be working together on specific trainings as part of the HCP education plan.

The table also includes a specific budget for the JP management, in which is included the monitoring and evaluation, contract of consultant for support for the programme management between agencies, contract of personnel for supporting the JP implementation within the agencies, and indirect support costs.

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Outcome			Increased participation and retention of eligible municipalities in the HCP, expanding the number of beneficiaries														
Output	Annual target/s		List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Impl. Partnes involved
	2020	2021		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)		
Output 1.1 Municipalities mobilized on the topic of Early Childhood Development, and implementing /expanding the HCP	500 new municipalities enrolled in the HCP	500 new municipalities enrolled in the HCP  Achievement of 1.6 million HCP beneficiaries	Technical support to the municipalities and states for the elaboration of a contextualized Plan of Action focused on Early childhood (identification of good practices, definition of methodology, elaboration of materials)	X	x	x	x	x	x	x		- Contract of consultants for the creation of materials related to the communication plan, as well as professional layout/design of materials, printing and distribution; - Contract with consultant for providing support for the creation of municipal and state plans for early childhood - Contract with media for disclosure of information; - hiring of venues for training of communicators, as well as travel and DSA for the trainings in different regions of Brazil.	593.772	290.000	883.772	UNESCO UNICEF UNDP UN Women UNFPA	MoC CNM ANDI RNPI
			Creation and distribution of material for the mobilization of mayor candidates in the thematic of Early childhood Development and SDGs			x	x										
			Creation and distribution of material for the mobilization of new mayors from eligible municipalities (not enrolled in the HCP) on the importance of investments on Early childhood Development and enrollment in the HCP					x	x								
			Participation in events for mayors and state governors for mobilization and advocacy for ECD, SDGs and the HCP		x	x	x	x	x	x							
			Engagement of local media with trainings journalists, broadcasters and communicators to promote and disseminate messages			x	x	x	x								

			on the importance of the early child development																
			Develop a multi-media campaign – focusing on social media, but not limited - aiming at informing and empowering parents and caretakers on the importance of the early childhood life span.				x	x	x	x									
Output 1.2 Good Practices of HCP implementati on recognized by the UN and disclosed to other municipalities	10 good practices identified	100% municipali ties receiving informatio n on good practices	Diagnose the Best Practices of HCP implementation					x	x					- Contract of consultants for the recognition of best practices of HCP implementation, including travel and DSA - Organization of a Seminar to disseminate the best practices - Travel and DSA for Seminar participants	52.500	10.000	62.500	UNDP	MoC RNPI
			Provide UN recognition for the municipalities with the best practices of HCP implementation							x									
			Disseminate the best practices for HCP implementation								x	x							

Outcome 2			Improved capacities and enhanced quality of integrated multi-sectoral ECD programme interventions to address the needs of children and their families and promote women’s empowerment															
Output	Annual target/s		List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved	
	2020	2021		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Overall budget description	Joint SDG Fund (USD)	PUNO Contribution s (USD)	Total Cost (USD)			
Output 2.1 HCP professionals with improved competencies and capabilities on ECD, delivering the best support to families, women and children benefited by the programme	20% of HCP professionals of new enrolled municipalities who received training with quality materials to improve work with families	80% of HCP professionals of new enrolled municipalities who received training with quality materials to improve work with families	Develop a training platform for the continuous Capacitation Plan of the HCP		x	x	x	x	x			Agreement with implementing partner for carrying out a benchmarking exercise of platforms and educational content, identify the elements foreseen in the HCP continuing education plan, define a methodology for assessing the elements foreseen in the current HCP continuing education plan, and recommend the adaptation of online classes;	613.032	230.000	843.032	UNFPA UN Women UNESCO	MoC Petrobras FMCSV BvL	
			Development of trainings for HCP professionals focused on prevention of violence, care work and women's empowerment				x	x	x	x								Agreements with implementing partners for the development of pedagogical materials on the prevention and reduction of unintended pregnancy in adolescence, support for
			Development of methodologies for home visits of pregnant adolescent girls, and adolescent parents		x	x	x	x	x									



											adolescent mothers to provide nurturing care to their children; and gender issues (these may involve different implementing partners); Agreement with implementing partner for the production of distance learning courses to be included in the platform; Professional layout of materials and printing for trainings in person; Travel and DSA for participants of trainings.					
<b>Output 2.2 Improved intersectoral work between the HCP and public services offered to children and their families and caregivers, particularly women, at</b>	<b>30% of local managers of new enrolled municipalities accessing quality tools to support multisectoral HCP interventions</b>	<b>70% of local managers of new enrolled municipalities accessing quality tools to support multisectoral HCP interventions</b>	Produce a diagnosis of the state and municipal intersectoral committees	x	x						Contract with implementing partner to conduct the diagnosis of the state and municipal intersectoral committees and develop guidelines for intersectoral action within HCP; Organization of a workshop with HCP multipliers for discussion of the intersectoral action within the HCP;	283.865	80.000	<b>363.865</b>	UNESCO UNDP UN Women UNFPA UNICEF	MoC Petrobras FMCSV BvL
			Produce materials for improving intersectoral assistance between the HCP and other public services				x	x								

the municipalities			Prepare analysis to strengthen the roles of HCP strategic actors			x	x					Professional layout, printing and distribution of materials related to intersectoral action within the HCP; Contract of consultant for the identification and analyses of HCP strategic actors and the recommendation of strategies for improving the role of HCP strategic actors					
Joint programme management			List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved
				Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)		
Output 3.1 Joint Programme adequately monitored and evaluated			Monitoring and Evaluation		x	x	x	x	x	x	x	Contract of consultant to provide technical support for the programme management between agencies; Contract of UNV or consultant to support activities within PUNOs; Contract with agency for external evaluation of the JP.	456.831	36.400	493.231	All	University of Pelotas
			Technical support for the programme management between agencies		x	x	x	x	x	x	x						
			Staff and other personnel for supporting the implementation of the JP	x	x	x	x	x	x	x	x						
			Indirect Support Costs (Max. 7%)														
TOTAL COST													2,000,000	646,400	2,646,400		

## **Annex 8. Risk Management Plan**

The JP is based on a public policy already established and co-financed by the MoC, a recent installed government that places ECD as a priority and is committed to the HCP and to the achievement of the results proposed by the programme. Still, there are some risks that might influence effective, efficient and sustainable implementation (which are pointed on the table below). In this sense, a risk management strategy will be operationalized to assess, prevent and mitigate identified risks to the achievement of joint programme results. Its main elements are:

- (i) In the role of Lead Agency, UNICEF will lead the overall coordination of the Joint programme, supervising the technical aspects of the activities carried out by each PUNO. Workplans agreed between PUNOs will be closely monitored and reported with support from the RCO (please refer to JP Governance for details and specific roles). Monitoring exercises will include assessments and updates of risks and their mitigation measures.
- (ii) Each PUNO will be responsible for monitoring risks affecting its contributions to the JPs outcomes. For that end, each PUNO will appoint a Risk focal point.
- (iii) Periodic PUNO meetings convened by the Lead Agency will be carried on at least quarterly, where risks can be assessed as needed.
- (iv) At least biannual reviews of the initial risk assessment will be held by the PUNOs and informed to the Steering committee.
- (v) Risk assessments will be taken into consideration in decision-making at the Implementation and the Strategic levels of the JP. The Lead Agency is responsible to maintain PUNOs and Steering Committee duly informed on risk status, as well as to mobilize JP's related political, technical or financial resources towards development of mitigation measures.
- (vi) Human Rights diligence will be guaranteed as part of the analysis held under the risk assessment exercises

As per the individual approach of each PUNO on Risk Management, the JP will also indirectly benefit from the following exercises:

- (i) Social and Environmental standards and risks of UNDP (to be completed)
- (ii) UNESCO's Risk Management Policy - UNESCO will apply – as is the case in all projects implemented by the Organization in its 193 member-states – its "UNESCO Risk Management Policy"(available online at: <http://www.unesco.org/new/en/bureau-of-strategic-planning/themes/risk-management/>) which is guided by a "proactive anticipation of negative and positive uncertainties and the development of appropriate strategic plans".
- (iii) UNICEF Risk Management Policy (to be completed)

The execution of this Joint Programme can also be covered within evaluations or internal audit exercises to which the PUNOs may subject to. If it occurs, results and recommendations will be shared between PUNO's and considered in risk monitoring exercises. Please find below the Risk assessment table for this JP.

<b>Risks</b>	<b>Risk Level:</b>	<b>Likelihood:</b>	<b>Impact:</b>	<b>Mitigating measures</b>	<b>Responsible Org./Person</b>
<b>Contextual risks</b>					
Changes of governance due to mayors/councillors' elections in 2020 – challenge for the enrolment and retention of municipalities to the HCP	High	3	3	- Advocacy for the prioritization of ECD during elections among the candidates, and after elections for the chosen government.	PUNOs
Limits to allowance of personal recruitment for municipalities due to the tax liability law may prevent the municipality enrolment to the HCP or affect the number of home visitors and the quality of the programme	High	3	3	- Support to municipalities to find alternative personnel contract modalities in accordance to the law, such as OSCIPS (civil society organization of public concern)	PUNOs
The economic crisis in Brazil may affect/restrict the government budget for public policies and programmes, particularly at the state and municipal levels	High	3	3	- Advocacy for investments on early childhood as an absolute priority for public policies and budget destination based on National and International resolutions (e.g. CRC, Children's Act).	PUNOs/ Implementing partners
<b>Programmatic risks</b>					
Refusal/impossibility of municipality enrolment to the HCP due to their autonomy to decide on the participation of public policies and programmes (the Brazilian Federative Pact)	High	3	3	- Advocacy for the benefits of enrolling to the HCP as an investment for long term development and savings in public resources. - The high esteem of the UN together with its strong convening power and political neutrality have the potential to mitigate challenges and potential political disparities within the municipality	PUNOs

The culture of working separately within each area among public policies at the local level (lack of intersectoral work) may hamper the development of quality integrated interventions	Low	3	1	- Gather strong network of national and international stakeholders, including civil society, universities and private sector, to strengthen the multi-sectoral perspective across the country	PUNOs/ Implementing partners
<b>Institutional risks</b>					
Delivering integrated work among PUNOs (Deliver as ONE) may be challenging	Low	2	2	- The UN (and all agencies) are committed to the strengthening and improvement of joint work mechanisms at global and national levels - The governance and coordination of the Joint programme is centralized at the national level, facilitating the deliverance of activities as one	RCO and PUNOs
HCP resources are given to municipalities through mechanisms which are different from other social assistance resources at the state/municipality levels – this may hamper the internalization of the programme by some municipalities	Medium	3	2	- Advocacy with the MoC to create a mechanism to transfer HCP resources to states and municipalities	PUNOs and Federal Government (MoC)
The SDG Fund might not be sufficient for overcoming the challenges raised by the economic crisis.	Low	2	2	- PUNOs may search for partnerships and resource mobilization with International/National organizations/foundations for providing financial support and institutional strengthening of ECD programmes, including specific issues of the HCP	PUNOs and various actors (Corporate Partners, foundations, NOGs, National and International organizations)
<b>Fiduciary risks</b>					

Funds not used adequately by Implementing partners	Low	1	1	- Implementing partners have been constantly working with UN agencies, submitted to standard procedures (HACT/FACE) and monitoring that may avoid inadequate use of funds.	PUNOs and Implementing partners
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Despite the above-mentioned risks, the JP has a great potential of success, with the support of the MoC (the main JP's partner) and various development partners. The JP considers, respects and upholds all the UN principles, and international norms and standards, ensuring that no reputational risks are posed to the UN.