

Theoretic framework Macheo Children's Centre ngo



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1. Introduction

During the design of the Theory of Change seven domains of importance were established. These domains are Food and Nutrition, Health, Education and Skills, Protection, Shelter, Care, and Psychosocial Wellbeing. Since children have different needs at different stages in life, five age categories were established as well. These categories are the first 1,000 days (from conception to 2 years), 2 to 6 years, 6 to 12 years, 12 to 18 years and 18 to 25 years. Within the Theory of Change the needs of the children are explained, as well as the negative effects when those needs are not addressed. Furthermore, the interventions that will be/are implemented to address the needs are described. Lastly, the short term and long term objectives are established.

In order to have the most impact as an organization and to make the most out of limited resources, Macheo has to prioritize some needs above others. It is simply impossible to address all the needs of all children. In addition, during certain stages in life unaddressed needs can have irreversible effects, where in other stages of life the negative effects are less detrimental to development and/or survival. Chapter 2 of this document describes the theoretical background for prioritizing the domains. First priority will be determined for the different age categories within each domain itself and at the end of the chapter a table is computed that shows the overview of the priority of the seven domains per age category. The priority will be determined on a scale of 1 to 3, where 1 represents the highest priority and 3 the lowest. In the third chapter the priority levels of the seven domains per age category will be combined with the risk levels. These risk levels measure the severity of the problems observed within a certain domain. Risk levels are measured on a scale of 0 to 3. 0 means there are basically no problems observed, and 3 means there are severe issues observed. The priority levels and risk levels combined will determine in the end what course of action is needed. These actions are immediate action, intermediate action, further assessment or no action. At the end of Chapter 3 a decision tree is shown, which demonstrates the decisions that lead to a certain type of action.



2. Definitions of the 7 focus domains

In this chapter we give the definitions of each domain

Food & Nutrition

Food & Nutrition relates to food security, food safety and malnutrition.

Food security is achieved when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life¹.

Food Safety implies - the absence or - acceptable and safe levels of contaminants, adulterants, naturally occurring toxins or any other substance that make food injurious to health on an acute or chronic basis².

Malnutrition is when people are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilize the food they eat due to illness³.

Health

Macheo defines health as a state of physical well-being and not merely the absence of disease or sickness but also the vulnerability to diseases.

Macheo classifies mental health under the psycho-social focus domain.

Education & Skills

Education is the process of facilitating (quality) learning, the acquisition of knowledge, skills, values, beliefs and habits, experience life lessons that provide an understanding so that a child can choose a career, have hope, reach goals and dreams.

Learners have to be healthy, well-nourished and supported by their families and communities.

The education environment should be child-friendly, healthy, safe protective, gender-sensitive and provide adequate resources and facilities.

Protection

Preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage.⁴

Shelter

Shelter refers to the fact that every child has a right to safe, dignified and accommodative shelter, including sleeping places. Removal of infrastructural barriers to lack of access to safe water, sanitation and hygiene.

Care

Care for Macheo means the availability of a responsible, positive and loving adult(s) fulfilling the parental role in the life of a child who provides the child's needs in a consistent manner.

¹ Definition by WHO

² Definition by WHO

³ Definition by UNICEF

⁴ Definition by UNICEF

Psychosocial wellbeing

Psychosocial refers to the child's self esteem, the child's confidence and to the relationship with his or her environment. The term Psychosocial is used to emphasize the close connection between psychological aspects of human experience and the wider social experience.

Psychosocial support is important in order to maintain a continuum of family and community-based care and support during and after humanitarian crisis and to prevent immediate or long-term mental health. It is helping children, families and communities to improve their psychosocial wellbeing and about encouraging better connections between people and building a better sense of self and community.



3. Prioritizing age categories within the different domains

3.1 Food & Nutrition

Children need adequate nutrition not only to survive, but also in order to be able to develop to their fullest potential. Children that are well nourished are better able to grow, to learn, participate in and contribute to the community, and are more resilient to diseases (UNICEF, 2016). At the other end of the spectrum, malnourished children run the risk of serious and irreversible cognitive and physical impairment, severe health issues and even death. Although food and nutrition play an important role throughout the life cycle, when looking at the different age categories as defined in the Theory of Change and the research about nutrition available, it can be stated that nutrition is more important in some stages of life than in others. This chapter explains when nutrition is more important and why. At the end of the chapter the Priority level of the domain Food and Nutrition for the different age categories will be given (scale from 1 to 3).

The first 1,000 days, which runs from conception to the second birthday of the child, has been categorized as the most critical period of growth and development (UNICEF, 2013; 2016; Save the Children, 2012; 2016). It is during this period that the brain is most plastic and develops quickly, as well as the body itself. But it is also during this period that the body and the brain are most vulnerable (Save the Children, 2012). When the needs of the children are not met, including the need of adequate nutrition, the consequences can be devastating and often irreversible. In other words, the foundation for a healthy and productive life is laid during these first 1,000 days (Save the Children, 2012).

It is during the first 1,000 days that stunting occurs, which is caused by malnutrition and frequent (reoccurring) infections. Stunting can be defined as the child having a height that is more than two standard deviations below the World Health Organization Child Growth Standards median (WHO, 2016). Children are literally stunted in their growth, both physically and cognitively. The effects of stunting are long term, not only on individuals but also on society as a whole (Save the Children, 2012). These effects include diminished cognitive and physical development, poor performance in school, reduced productive capacity and poor health, increased risk of degenerative diseases and a lifetime of poverty (Save the Children, 2012).

According to organizations such as UNICEF and Save the Children, stunting is irreversible after the age of 2 years, making it of utmost importance to intervene as early as possible and/or prevent stunting from happening all together. This means that interventions should not only target the child itself, but also pregnant women and women that are trying to get pregnant, because the nutritional status of the (future) mother directly influences the development of a baby.

Although children in the age of 2 to 6 years are still developing rather quickly, negative effects of malnutrition are less severe than in the youngest age category. Also, it is emphasized that the window for reversing stunting is most likely closed, meaning that the negative effects related to stunting after the age of 2 are mostly irreversible (UNICEF, 2016; Save the Children, 2012). Nevertheless, until recently, priority of nutrition was given to children under the age of 5 years. For example, children that die before the age of 5 often die from preventable or treatable diseases, and malnutrition is often the underlying cause (Save the Children, 2012), making nutrition still an area of concern.

In the age of 6 to 12 years, malnutrition does no longer lead to direct brain damage or causes stunting, but children still need adequate nutrition to be healthy, to grow and to be able to learn (UNICEF, 2016). In practice, children often drop out

of school, are frequently absent or have not been to school at all because of nutrition issues. In addition, school performance itself can be lower when a child does not receive sufficient nutrition. Since the domain Education and Skills is of extreme importance in the development of these children, which will be discussed in more detail in chapter 2.3, this makes it worthwhile to implement nutrition interventions within this age category.

Adolescence is the second period in life characterized by rapid physical growth, where children gain up to 50% of their adult weight and more than 20% of their adult height (Save the Children, 2015). Adolescents need therefore an increase in energy and nutrients. When adolescents do not have the adequate nutrition during this period of physical growth, it could affect their adult body size negatively and lead to shortness or thinness (Save the Children, 2015). Furthermore, pre-pregnancy nutritional status has a huge influence on the wellbeing of children later in life and girls who are malnourished during adolescence are more likely to give birth to children with a negative nutritional outcome, such as low birth weight and stunted growth (Save the Children, 2015). In order to break the intergenerational cycle of malnutrition and prevent stunting from happening, nutrition interventions should focus on this age category.

In the last age category, 18 to 25 years, it could be stated the young adults are more independent, the rapid period of physical growth is over and malnutrition no longer affects development directly, giving nutrition less priority than in the other age categories. However, malnourished young adults are still vulnerable and are at risk for different negative health outcomes. Since young adults in this age category are most likely to start a family, the nutrition status of young women becomes of extreme importance for the same reasons as for adolescent girls. To optimize the development of future children, the nutritional status of young women need to be monitored closely.



Taking the information from UNICEF, Save the Children and WHO together, the importance of nutrition

with the different age categories can be ranked. It clearly stands out that children in the age category the first 1,000 days need to be met in their nutritional needs or children run the risk of irreversible damage that negatively impacts cognitive and physical development. The age category first 1,000 days is therefore given Priority level 1. Children under the age of 5 are still developing rather quickly and malnutrition is often an underlying cause of illnesses, so nutrition should be given Priority level 2 for the age categories 2 to 6 years. The direct consequences of malnutrition are less significant during the age of 6 to 12 years, which is why it can be given Priority level 3. A second growth period characterizes adolescents, which increases the necessity of nutrition once more, as well as the fact that the nutritional status of adolescents' girls influences the nutritional status of future children. The same is true for the age category 18 - 25 years, were young women are most likely to get pregnant. Making sure that these young women have a good nutritional status is of importance in order to break the chain of intergenerational malnutrition, giving

Nutrition Priority level 2 to the age categories 12 to 18 years for girls and 18 to 25 years for young women and Priority level 3 to the age categories 12 to 18 years for boys and 18 to 25 years for young men.

Table 1. Priority level given to the different age categories within the domain of Nutrition

Nutrition	Priority level
First 1,000 days	1
2 - 6 years	2
6 - 12 years	3
12 - 18 years girls	2
12 - 18 years boys	3
18 - 25 years young women	2
18 - 25 years young men	3

References Nutrition

UNICEF. (2013). Improving Child Nutrition.

UNICEF, 2016

http://www.unicef.org/nutrition/index_lifelong-impact.html

Save the Children. (2012). Nutrition in the First 1,000 Days. Retrieved from

<http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF>

Save the Children. (2015). Adolescent Nutrition. Policy and Programming in SUN+ Countries. Retrieved from

https://www.savethechildren.org.uk/sites/default/files/images/Adolescent_Nutrition.pdf

Save the Children 2016

<http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.9250263/k.FC1D/Nutrition.htm>

WHO. (2016). Indicators of Stunting. Retrieved from

http://www.who.int/ceh/indicators/0_4stunting.pdf

3.2 Health

Children at different stages in their lives differ in the level of vulnerability towards health issues and they face different health challenges. Especially during early childhood, children are extremely vulnerable and run the risk of disabilities, impaired development and/or even death when they are not met in their health needs. On the other hand, progress made in the early years can be lost if adolescents and young adults run the risk of diseases such as HIV/AIDS when getting involved in risky behaviour. As UNICEF clearly states, improving the health of children plays an important part in the fight against poverty because healthy children become healthy adults that are able to create better lives for themselves, their communities and their countries (UNICEF, 2016). This chapter explains at which stages in life the domain Health is more important and why. At the end of the chapter the Priority level for the domain Health for the different age categories will be given (scale from 1 to 3).

As mentioned above, the first 1,000 days, which runs from pregnancy to the second birthday of the child, has been categorized as the most critical period of growth and development (UNICEF, 2013; 2016; Save the Children, 2012; 2016). During this period, when the development of the body and the brain are the most vulnerable, health issues can prevent a child from reaching its fullest potential later in life and the damage done is often irreversible. The same as with nutrition, the damage can already be done before a child is even born. Health status of the mother before and during pregnancy is extremely important. When a pregnant woman is anaemic (lacking in colour, spirit or vitality), she is more likely to die during childbirth and her child runs the risk of cognitive deficits, impaired motor development and lower school performance (UNICEF, 2016b).

In the previous chapter stunting was described as the state where children are literally stunted in their growth, both physically and cognitively, with devastating outcomes for the child itself and for society as a whole. Stunting is not the sole consequence of malnutrition, but relates to both malnutrition and health (including hygiene and sanitation). Malnutrition itself is closely related to health as well. Poor sanitation and lack of hygiene increases the risk of diarrhoea, which results in reduced nutritional absorption, which contributes to a poor nutritional status and stunting (UNICEF, 2015). Children who are stunted have weaker immune systems, making them more vulnerable to diseases. Since the negative effects of stunting on child development are mostly irreversible after the age of 2 makes health a top priority during the age category first 1,000 days. But also the fact that young children have a weaker immune system, are more vulnerable to diseases and the extreme importance of vaccinations against childhood killer diseases makes health a high priority within this age category.

As mentioned in the previous chapter, children in the age of 2 to 6 years are still developing rather quickly, but since the window of reversing stunting is most likely closed, Health has a higher priority in the first age category. Still, health plays an important role within these age categories. UNICEF states for example that over 200 million children under the age of 5 fail to reach their full developmental potential because of different risk factors and health is one of those risk factors. Furthermore, children that die before their 5th birthday often die from preventable or treatable diseases (Save the Children, 2012), making the domain Health still an area of concern.

As children grow older, their immune system grow stronger, they become less vulnerable to common childhood diseases, are less likely to die from diseases such as diarrhoea or pneumonia. And when they do get sick, it doesn't affect development as directly as in the younger years (with the exception of some severe diseases). Keeping in mind that just as for Food and Nutrition, children still need to be healthy to be able to learn, grow, go to school, stay and perform well, health during the age of 6 to 12 years has the least priority compared to the other age categories.



It is generally accepted that the immune systems of adolescents and young adults are less vulnerable than of young children (WHO, 1999). Just like the children in the age of 6 to 12 years, adolescents and young adults are less likely to get sick, to die from common diseases such as diarrhoea or pneumonia, and when they do get sick their development is less likely to be affected negatively.

However, adolescents and young adults are vulnerable to other devastating diseases making the health domain a bigger priority than during the age category 6 to 12 years. These health problems are often a consequence of behaviours formed during adolescence, which include unprotected sex, use of tobacco, alcohol and other substances (WHO, 1999). These behaviours increase the risks of early and unwanted pregnancy and childbirth, unsafe abortion and sexually transmitted diseases such as HIV/AIDS, the risk of cancers, cardiovascular and respiratory diseases and malnutrition but also impaired judgement and juvenile/criminal activities (WHO, 1999). For the age categories 12 to 18 years and 18 to 25 the Health interventions itself will be therefore often focused on prevention. Moreover, health status of a mother has a huge influence on the wellbeing of her child, both before and after birth. Teen pregnancy is a reality and young women are most likely starting a family, making Health an important domain. In order to prevent impaired development from occurring before a child is even born, health issues of potential mothers need to be addressed.

In summary, in order to give children the chance to develop to their fullest potential, Health needs to be a priority in the age category first 1,000 days. This age category is given Priority level 1. Children under the age of 5 are still developing rather quickly and poor health still has a negative influence on their development. Also their immune systems are not as strong yet, Health issues are the number one cause why children under the age of 5 die, and most often of preventable and curable diseases. The age category 2 to 6 years is therefore given Priority level 2. The direct consequences of poor health/illness in the age of 6 to 12 years are less detrimental to development at this stage of life (with the exception of some severe diseases). Furthermore, their immune system is better developed and they are less likely to get sick or die from common childhood diseases. This age category is therefore given Priority level 3. Also adolescents and young adults are less vulnerable than younger children. However, in the age categories of 12 to 18 years and 18 to 25 years, possible life threatening diseases come in play because of changes in behaviour. For example HIV/AIDS. In addition, health status of potential mothers has a direct influence on the development of her future child, making Health during adolescence and young adulthood more important again. To give future babies a healthy start, Health is given Priority level 1 for girls in the age of 12 to 18 years and young women in the age of 18 to 25 years. For boys 12 to 18 years and young men 18 to 25 years, Health is given Priority level 2.

Table 2. Priority level given to the different age categories within the domain of Health

	Priority level
First 1,000 days	1
2 - 6 years	2
6 - 12 years	3
12 - 18 years girls	1
12 - 18 years boys	2
18 - 25 years young women	1
18 - 25 years young men	2

References Health

UNICEF. (2016). Health. Retrieved from <http://www.unicef.org/health/>

WHO. (1999). Programming for Adolescent Health and Development.

UNICEF. (2013). Sustainable Development Starts with Safe, Healthy and Well-Educated Children. Retrieved from http://www.unicef.org/post2015/files/SD_children_FINAL.pdf

UNICEF. (2016b). Progress for Children. Retrieved from http://www.unicef.org/progressforchildren/2006n4/index_iron.html



3.3 Education and Skills

Every child has the right to quality education. Education is not only important for children to develop to their fullest potential, it is also seen as the way to lift themselves up out of poverty. Furthermore, looking at communities as a whole, higher level of education is linked to more productivity, stronger democracies and increase in peace and security (UNICEF, 2016a). This chapter explains at which stages in life the domain Education and Skills is most important and why. At the end of the chapter Priority level of the domain Education and Skills for the different age categories will be given (scale from 1 to 3).

In the age category first 1,000 days the Education and Skills domain has the lowest priority. Although stimulation itself and adequate learning opportunities are extremely important for healthy development of the child, this stimulation is mostly done in the home situation by parents and caregivers, which makes it fall under the domain of "Care" for Macheo.

From the age of 2, Early Childhood Development (ECD) becomes extremely important (UNICEF, 2016b; Save the Children, 2016). Research shows that in early childhood several factors, including inadequate care and lack of learning opportunities, negatively influences the cognitive and physical development of children. Early Childhood Development (or pre-school/nursery) is able to mitigate some of those negative influences which would in the end lead to poor health, low educational attainment, economic dependency, increased violence and crime, heightened risk of substance abuse and depression (UNICEF, 2009; 2016b).

Instead it gives a child the chance to still develop to its fullest potential (UNICEF, 2009; 2016b). ECD is even seen as a low cost tool with the highest rates of return to families, societies and countries (UNICEF, 2009; 2016b). Children who participate in ECD are more likely to enrol in school, plan their families, become productive adults, educate their own children and less likely to repeat a grade, drop out of school or engage in criminal activities (Save the Children, 2016; UNICEF, 2016). The domain Education and Skills is therefore of extreme importance in the age category 2 to 6 years.



During the age brackets 6 to 12 years and 12 to 18 years education stays extremely important and should be a top priority. It is through education that children are able to reach their fullest potential. In general, education brings several and lasting benefits for children, families and whole communities (UNICEF, 2013; Save the Children, 2015). Education helps breaking the chain of poverty, because education leads for example to higher earnings (Save the Children, 2015). Education is also linked to family health and nutrition (Save the Children, 2015). Although every boy should have the right to complete at least a secondary education, especially when the alternative is less job opportunities, involvement in social irresponsible behaviour and/or criminal activities, research shows that the benefits for girls are invaluable. When educated girls will have a better earning potential, are more likely to delay marriage and pregnancy, are less likely to get married against their will, more likely to access health support, have fewer and safer pregnancies, less likely to die during childbirth, more likely to have healthy babies, and more likely to send their children to school (Save the Children, 2015; UNICEF 2013; 2016). For example, every year that a girl stays longer in school reduces the chance of her child dying in infancy by 7 to 9 % (Save the Children 2015). Adolescent girls that attend school delay marriage and childbearing, are less vulnerable to diseases

such as HIV/AIDS and the returns of a year of secondary education for girls correlates to a 25 per cent increase in wages later in life (UNICEF, 2016c). Besides giving the child itself the chance to develop to its fullest potential, the benefits for society as a whole and for next generations are invaluable, making the domain Education and Skills a higher priority for girls.

For young adults in the age of 18 to 25 years, education becomes less important than during the previous years. Although young adults without schooling or work opportunities are very vulnerable and education is still important for career development, completion of primary/secondary school yields more benefits. The domain Education and Skills is therefore given priority level 2 in this age category.

In summary, Education and Skills does not play an important role in the first 1,000 days. Although stimulation and care is extremely important for development of children, this falls under the domain Care. Priority level 3 is therefore given.

Within the age category 2 to 6 years, Education and Skills becomes a top priority, hence Priority level 1. It is through Education and Skills that negative influences on child development can be mitigated.

Also within the age category 6 to 12 years Education and Skills has Priority level 1 for both boys and girls, because it gives them a chance to develop to their fullest potential.

Within the age category 12 to 18 years Education and Skills is given a higher priority for girls than for boys, Priority level 1 versus Priority level 2. Although every boy should have the right to complete at least a secondary education, the impact on future generations when a girl is educated are invaluable, making it a bigger priority.

In the age bracket 18 to 25 years Education and Skills becomes less of a priority again, for both young men and women, hence priority level 2. Education is still important for career development, but completion of primary/secondary school is more important.



Table 3. Priority level given to the different age categories within the domain of Education and Skills

	Priority level
First 1,000 days	3
2 - 6 years	1
6 - 12 years	1
12 - 18 years girls	1
12 - 18 years boys	2
18 - 25 years young women	2
18 - 25 years young men	2

References Education and Skills

Save the Children. (2015). Moving Ahead on Education. Retrieved from https://www.savethechildren.net/sites/default/files/libraries/Moving%20ahead%20on%20education_Save%20the%20Children's%20global%20education%20strategy%20to%202015.pdf

Save the Children. (2016). Early Childhood Development. Retrieved from http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6196441/k.8396/Early_Childhood_Development.htm

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UNICEF. (2016a). Education. The Big Picture. Retrieved from http://www.unicef.org/education/bege_59826.html

UNICEF. (2016b). Why Early Childhood Development? Retrieved from http://www.unicef.org/earlychildhood/index_40748.html

UNICEF. (2016c). Girls' Education and Gender Equality. Retrieved from http://www.unicef.org/education/bege_70640.html

3.4 Protection

Every child in this world has the right to be protected from violence, neglect, exploitation and abuse. All types of abuse can affect a child negatively both physically and mentally, with short- and long-term negative consequences (Plan International, 2016; UNICEF, 2016). These negative consequences range from physical injury to depression, development delays, aggression, drug abuse, and criminal, violent and other risk-taking behaviours, lost productivity, disability, decreased quality of life, and many others short term and long term consequences (Plan International, 2016; UNICEF, 2013). The impacts can even transfer across generations. For example, the abused becomes the abuser later in life. This chapter explains at which stages in life Protection is most important and why. At the end of the chapter the Priority level of the importance of Protection for the different age categories will be given (scale from 1 to 3).

Based on the research available about protection against violence, exploitation and abuse, it is difficult to determine during which age category violence, neglect, exploitation or abuse has more negative consequences on the child. One could argue that just like in the domains Nutrition and Health, the brain is more plastic and vulnerable during the first 1,000 days, making protection a bigger priority within this age category compared to the other age categories. Save the Children explains that exposure to violence in early childhood does influence brain development, which can disrupt nervous and immune system, and lead to social, emotional and cognitive impairment (Save the Children, 2013). But no specific critical windows of opportunities are defined with regards to protection as far as we know and no specific age categories are mentioned. It seems as if at any stage of life violence, exploitation and abuse affects a child negatively. For any child it is important to be protected from abuse and to grow up in a safe and nurturing environment.

However, vulnerability towards violence, exploitation and abuse is associated with age (UNICEF, 2016). Younger children are at greater risk of certain types of abuse, and as children grow older they are at greater risk of other types of abuse (UNICEF, 2016). During the early years neglect is detrimental to development. Children need appropriate care and stimulation in order to develop to their fullest potential and neglect could lead to cognitive and physical impairment. Also, when a young child is left in the care of a minor, it runs greater risk of accidents. As children grow older, they become more independent and neglect becomes less detrimental to development. But as children grow older, other types of abuse become more prominent, for example child marriages or child labour. In other words, across the different age categories children are vulnerable to different types of abuse, but generally speaking the same priority to protection needs to be given to all the age categories, except for the age category 18 to 25 years. Young adults are more independent than children and for that reason you could state protection has less priority in the work that Macheo does within this age category. However, in this age category gender based violence becomes a big issue, not only having a negative impact on young women themselves, the consequences could be devastating for the whole family including (future) children. When a young woman is pregnant or there are children in the family, protection needs to be a top priority. But this will be done within the age category first 1,000 days.

Although vulnerability to certain types of violence, exploitation or abuse differs across the different age categories, the negative consequences of any type of abuse can be devastating and influence development and wellbeing of the child negatively across all ages, making protection equally important in all age categories except for the last age category where young adults are more independent. Protection is therefore given a Priority level 1 across all the age categories, excluding 18 - 25 years whereas protection is given priority level 2.

Table 4. Priority level given to the different age categories within the domain Protection

	Priority level
First 1,000 days	1
2 - 6 years	1
6 - 12 years	1
12 - 18 years	1
18 - 25 years	2

References Protection

Plan International. (2015). Protection from Violence is Every Child's Right. Retrieved from <https://plan-international.org/global-strategy-child-protection-programming-2015%E2%80%932020#download-options>

Save the Children. (2013). Save the Children's Child Protection Strategy. Retrieved from https://www.savethechildren.net/sites/default/files/cp_strategy_final_web_email1.pdf

UNICEF. (2013). Sustainable Development Starts with Safe, Healthy and Well-Educated Children. Retrieved from http://www.unicef.org/post2015/files/SD_children_FINAL.pdf

UNICEF. (2016). Child Protection from Violence, Exploitation and Abuse. Retrieved from http://www.unicef.org/protection/57929_57972.html



3.5 Shelter

Shelter represents more than a house with four walls and a roof, and concerns the home where the child lives in, the wider community where the house is situated, but also the school the child attends. Research shows that the health of children, their educational performance and overall wellbeing is influenced by quality of the house they live in (OHCHR, 2014). Children that grow up in cramped, crowded or run-down houses will be compromised in their development, health and their capacity to learn or play (OHCHR, 2014). The lack of adequate housing even increases the mortality rate for children under five. In addition, access to clean drinking water and improved sanitation falls under the domain Shelter and is of extreme importance for the health of children. The location of housing itself is of importance for access to school, health care and other basic services. This chapter explains at which stages in life Shelter is most important and why. At the end of the chapter, the Priority level of the domain Shelter for the different age categories will be given (scale from 1 to 3).

Once again, the first 1,000 days are categorized as the critical window, where brain development is rapid, growth of the body and brain very vulnerable, and when these children are not met in their needs it could lead to severe cognitive and physical impairment. The damage done could be irreversible, preventing children to develop to their fullest potential. Within this age category, Shelter is extremely important. The immune system of a young child is very vulnerable, when the home where the child grows up in is not clean, hygienic and safe enough, this could lead to different health issues negatively influencing the development of the child. For example reoccurring infections such as pneumonia. Even death is a possibility. Also the greater environment, such as toxins in the community, can have a negative influence, even before the baby is born. As explained before, health issues are an underlying cause of stunting, which needs to be prevented from occurring at any cost.

Within the age category 2 to 6 years, children are still developing rather quickly and their immune systems are not as strong as later in life. As mentioned in the Health domain, health itself is a risk factor and can prevent children from reaching their fullest developmental potential (UNICEF, 2016). The lack of adequate housing increases the mortality rate of children under five (OHCHR, 2014), for example because of poor indoor ventilation. So although the critical window is closed after 2 years, the Shelter domain stays an area of attention.

Children in the age of 6 to 12 years and 12 to 18 years have stronger immune systems. Although they still need a safe and dry place to live in order to stay healthy, develop, learn and grow, the consequences of unmet needs in the area of Shelter has less severe consequences on their development than it has in the younger years, giving it less priority than during the previous age categories.

Compared to all other age categories, young adults are the most independent. Their immune systems are stronger than younger children. Some level of adequate shelter is not only still needed for health, but also wellbeing more generally. But psychosocial wellbeing falls within the Psychosocial Wellbeing domain. Shelter is given least priority in this age category.

Taken together, Shelter and Care needs to be given top priority in the age category first 1,000 days. Adequate shelter is critical to the survival, growth and development of these children. When children in this age category are not met in their needs, the damage done might be irreversible. The domain Shelter is there for given Priority level 1. Children in the age categories 2 to 6 years still need to meet their needs in the area of Shelter in order to live healthy, develop, learn and grow, but the negative consequences of unmet needs are less severe than during the first 1,000 days. The Priority level given for this age category is there for 2. Children in the age of 6 to 12 years and 12 to 18 years have stronger immune systems, hence Priority level 3. For the last age category, the young adults in the age of 18 to 25

years, Shelter and Care also has the least priority, but they are still in need of adequate shelter for their health and general wellbeing. Shelter is given priority level 3 for this age category.

Table 5. Priority level given to the different age categories within the domain Shelter

	Priority level
First 1,000 days	1
2 - 6 years	2
6 - 12 years	3
12 - 18 years	3
18 - 25 years	3



References Shelter

OHCHR. (2014). The Right to Adequate Housing. Retrieved from http://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf

UNICEF. (2016). Health. Retrieved from <http://www.unicef.org/health/>

3.6 Care

Care concerns the responsiveness and sensitivity of the parents/caregivers towards the child. In order to be able to develop to their fullest potential, children need to grow up in a safe, clean, child friendly and nurturing environment. This chapter explains at which stages in life Care is of most important and why. At the end of the chapter the Priority level of the domain Care for the different age categories will be given (scale from 1 to 3).



Once again, the first 1,000 days are categorized as the critical window, where brain development is rapid, growth of the body and brain very vulnerable, and when these children are not met in their needs it could lead to severe cognitive and physical impairment. The damage done could be irreversible, preventing children to develop to their fullest potential. With regards to Care, all babies/infants depend on warm, responsive, linguistically rich, and protective relationships (WHO, 2016). It is critical to their survival, growth and psychosocial development (WHO, 2016). The development of children in this age category quite literally depends on the capacity of their parents/caregivers to perceive and responds to what the children need (WHO, 2016).

Within the age category 2 to 6 years, children are still developing rather quickly and are dependent on the care of their parents/caregivers. Although the critical window is closed after 2 years, the Care domain is still important. Cognitive stimulation, caregiver sensitivity and responsiveness and caregiver affection are related for example to cognitive and social-emotional competence of young children (Walker et al., 2007). Walker et al. (2007) also state that inadequate stimulation, which is part of the domain Care, is a risk factor that prevents children under the age of 5 from attaining their development potential.

Children in the age of 6 to 12 years and 12 to 18 years are much less dependent on the direct care of their parents/caregivers than younger children are. They are able to communicate directly what they need for example. Although they still need loving and stimulating interaction with their parents/caregivers in order to stay healthy, develop, learn and grow, the consequences of unmet needs in the area Care has less severe consequences on their development than it has in the younger years, giving it less priority than during the previous age categories.

Compared to all other age categories, young adults are the most independent. Although psychosocial support is of importance within this age category, Care itself no longer plays a significant role in their development. Care is given least priority in this age category.

Taken together, Care needs to be given top priority in the age category first 1,000 days. Adequate care is critical to the survival, growth and development of these children. When children in this age category are not met in their needs, the damage done might be irreversible. The domain Care is there for given Priority level 1. Children in the age category 2 to 6 years still need to meet their needs in the area of Care in order to live healthy, develop, learn and grow, but the negative

consequences of unmet needs are less severe than during the first 1,000 days. The Priority level given for these age category is there for 2. Children in the age of 6 to 12 years and 12 to 18 years are less dependent on the care of their parents/caregivers, hence Priority level 3. For the last age category, the young adults in the age of 18 to 25 years, Care also has the least priority. Young adults are mostly independent, although psychosocial support is important; Care no longer plays a significant role. Care is given priority level 3 for this age category.

Table 6. Priority level given to the different age categories within the domain Care

	Priority level
First 1,000 days	1
2 - 6 years	2
6 - 12 years	3
12 - 18 years	3
18 - 25 years	3

References Care

UNICEF. (2016). Health. Retrieved from <http://www.unicef.org/health/>

Walker et al. (2007). Child Development in Developing Countries 2. Child Development: Risk Factors for Adverse Outcomes in Developing Countries. Retrieved from

WHO. (2004). The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children. Retrieved from <http://apps.who.int/iris/bitstream/10665/42878/1/924159134X.pdf?ua=1&ua=1>

WHO. (2016). Maternal, Newborn, Child and Adolescent Health. Retrieved from http://www.who.int/maternal_child_adolescent/documents/924159134X/en/

3.7 Psychosocial wellbeing

Psychosocial Wellbeing is important for all children. Psychosocial refers to a child's inner world and the relationship with his or her environment (UNCHR, 2009). Psychosocial wellbeing includes the achievement of expected developmental milestones and the establishment of effective coping skills, secure attachments and positive social relationships (URBIS, 2011). Psychosocial wellbeing creates the foundation for healthy behaviours and educational attainment, helps prevent behavioural and mental health problems (NICE, 2013). When psychosocial wellbeing of a child is not optimal, this could result in for instance internalising behaviours such as anxiety or depression, or in externalising behaviours such as aggressive, violent and disruptive behaviour (URBIS, 2011). This chapter explains at which stages in life psychosocial wellbeing is more important and why. At the end of the chapter Priority level of the domain Psychosocial wellbeing for the different age categories will be given (scale from 1 to 3).

Again, the age category first 1,000 days represents the critical window of development. The brain is developing rapidly and is at its most vulnerable (UNICEF; 2016; Save the Children, 2012). The foundation of psychosocial wellbeing later in life depends on the psychosocial development in the early years, but also other areas of development (cognitive/motor) are related to psychosocial development. Making sure that the development of the child is not hindered within this age category is critical in giving a child the chance to develop to its fullest potential.

Although the brain itself is a bit less vulnerable after the age of 2, the critical window of development has closed (UNICEF; 2016; Save the Children, 2012), in the age category 2 to 6 years psychosocial wellbeing is still extremely important. It is in this age category that children really start exploring, learning about the world, learning new skills etc. Without accomplishing certain psychosocial developmental milestones, including trust, the child will be severely hindered in their ability to explore, learn and to develop in general.

Within the age category 6 to 12 years, psychosocial wellbeing is a bit less of a priority. The brain itself is less vulnerable than during the first years of life. Psychosocial wellbeing is still important in order for a child to be healthy, happy and able to perform well in for example school, but the negative consequences of compromised psychosocial wellbeing are less severe than during the early years, adolescence and young adulthood.

In the age categories 12 to 18 years and 18 to 25 years psychosocial wellbeing becomes of great importance again. When teenagers and young adults are not met in their needs, it could lead to difficulties managing thoughts and feelings, maintaining healthy relationships and functioning in expected social roles (INEE, 2016). These are especially important during this stage of life, because teenagers and young adults need the skills to deal with the challenges that life throws at them. All the investments made in the younger years can be lost when teenagers and young adults make the wrong choices in life, get involved in risky behaviour, drop out of school, start using drugs/alcohol, marry early, get pregnant etc. They need optimal psychosocial wellbeing in order to be able to cope with the different challenges, especially those who are already vulnerable, and in order to make the right decisions.

In summary, psychosocial wellbeing should be priority level 1 in the age categories first 1,000 years, 2 to 6 years, 12 to 18 years and 18 to 25 years. In the early years the brain is developing rapidly and is very vulnerable. Children also need to attain certain psychosocial development milestones, including the development of trust, in order to explore, learn and develop. During adolescence and young adulthood psychosocial wellbeing is extremely important as well. Teenagers and young adults need to be capable to cope with the many challenges they face in order to make the right decisions. Without adequate psychosocial wellbeing, all progress

made in the early years can be made undone. In the age category 6 to 12 years psychosocial wellbeing is still important for healthy and holistic development of a child, the brain itself is less vulnerable than during the early years and they face less challenges than during adolescence and young adulthood. Priority level 2 is therefore given to the age category 6 - 12 years.

Table 7. Priority levels given to the different age categories within the domain Psychosocial wellbeing

	Priority levels
First 1,000 days	1
2 - 6 years	1
6 - 12 years	2
12 - 18 years	1
18 - 25 years	1

References Psychosocial wellbeing

UNCHR. (2009). Foundation Module 7. Psychosocial Support. Retrieved from <http://www.unhcr.org/4c98a5169.pdf>

NICE. (2013). Social and Emotional Wellbeing for Children and Young People. Retrieved from <https://www.nice.org.uk/advice/lgb12/chapter/introduction>

URBIS. (2011). The Psychological and Emotional Wellbeing Needs of Children and Young People: Models of Effective Practice in Educational Settings. Retrieved from <https://www.det.nsw.edu.au/media/downloads/about-us/statistics-and-research/public-reviews-and-enquiries/school-counselling-services-review/models-of-effective-practice.pdf>

UNICEF, 2016
http://www.unicef.org/nutrition/index_lifelong-impact.html

Save the Children. (2012). Nutrition in the First 1,000 Days. Retrieved from <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF>

INEE. (2016). INEE Thematic Issue Brief: Psychosocial Wellbeing. Retrieved from http://www.toolkit.ineesite.org/toolkit/INEEcms/uploads/1128/INEE_Thematic_Issue_Brief_Psychosocial.pdf

3.8 Overview weighing domains different age categories

Based on the arguments given and the tables computed within the different domains themselves, an overview table can be created. This overview table shows the priority given to the different domains within the age categories. This table can be found below.

As can be seen in table 7 within the age category first 1,000 days almost all domains have the highest priority. The exception is the domain Education and Skills, which is given priority 3.

Within the age category 2 to 6 years the highest priority is given to the domains Education and Skills, Protection and Psychosocial Wellbeing. Priority level 2 is given to Nutrition, Health, Shelter, and Care.

Within the age category 6 to 12 years Priority level 1 is given to the domains Education and Skills and Protection. Priority level 2 is given to psychosocial wellbeing. The domains Food and Nutrition, Health, Shelter, and Care are given Priority level 3.

In order to break the intergenerational cycle of poverty and give future generations the best chance possible, different priority levels are given for boys and girls in the age category 12 to 18 years and young women and men in the age category 18 to 25 years.

Within age category 12 to 18 years for girls Health, Education and Skills, Protection and Psychosocial wellbeing are given Priority level 1. Food and Nutrition is given Priority level 2, Shelter and Care are given Priority level 3.

Within the age category 12 to 18 years for boys, Protection and Psychosocial wellbeing are given Priority level 1. Health and Education and Skills are given Priority level 2. Food and Nutrition, Shelter and Care are given Priority level 3.

Within the last age category, 18 to 25 years young women, the domains Health and Psychosocial wellbeing are given Priority level 1. Food and Nutrition, Education and Skills and Protection are given Priority level 2. Shelter and Care are given Priority level 3.

For the age category 18 to 25 years young men Psychosocial wellbeing is given Priority level 1. Health, Education and Skills and Protection are given Priority level 2. Food and Nutrition, Shelter and Care are given Priority level 3.

Table 7. Overview Priority Levels (scale 1 to 3) for the seven domains within the different ages categories.

First 1,000 days	Priority level 1	Priority level 2	Priority level 3
Food and Nutrition	X		
Health	X		
Education and Skills			X
Protection	X		
Psychosocial wellbeing	X		
Shelter	X		
Care	X		
Age 2 to 6 years			
Food and Nutrition		X	
Health		X	
Education and Skills	X		
Protection	X		
Psychosocial wellbeing	X		
Shelter		X	
Care		X	
Age 6 to 12 years			
Food and Nutrition			X
Health			X
Education and Skills	X		
Protection	X		
Psychosocial wellbeing		X	
Shelter			X
Care			X
Age 12 to 18 years girls			
Food and Nutrition		X	
Health	X		
Education and Skills	X		
Protection	X		
Psychosocial wellbeing	X		
Shelter			X
Care			X
Age 12 to 18 years boys			
Food and Nutrition			X
Health		X	
Education and Skills		X	
Protection	X		
Psychosocial wellbeing	X		
Shelter			X
Care			X
Age 18 to 25 years young women			
Food and Nutrition		X	
Health	X		
Education and Skills		X	
Protection		X	
Psychosocial wellbeing	X		
Shelter			X
Care			X
Age 18 to 25 years young men			
Food and Nutrition			X
Health		X	
Education and Skills		X	
Protection		X	
Psychosocial wellbeing	X		
Shelter			X
Care			X

4. Weighing

In order to be able to determine quickly and adequately what kind of action is needed to address a need of a child appropriately, risk scales were developed for the seven different domains.

These risk scales measure the level of risk and range on a scale from zero to three. A zero indicates that (almost) nothing is wrong in this domain. The needs of a child within that specific domain are already addressed adequately. A score of three indicates there are serious issues in the domain and the needs of a child are not met. In other words, the rating scales measures the severity of the case. This will help prioritizing the needs that need immediate intervention and the needs that are less urgent.

As mentioned earlier, children have different needs at different stages in life. Not all domains are equally important in the different age categories. Based on the theory, the age categories itself were first ranked within each domain. The ranking was done on a scale from one to three and was called priority. Priority level one meant that the domain is extremely important and when the needs are not addressed, the child runs for example the risk of severe development impairment.

Priority level three meant that the domain has the least importance. After going through all the domains, all the information was taken together and table 7 was computed showing the level of priority of the seven domains within each age category.

In order to have the most impact and make most out of limited resources, the information of the risk scales and level of priority needs to be combined. Taken together they are able to determine the action that is needed. The action needed ranges from:

- immediate action,
- intermediate action,
- further assessment to
- no action.

When the case is really serious, for example where a child is in immediate danger or development severely compromised, immediate action is needed.

When immediate intervention is less necessary, but the possible consequences still severe, intermediate action is needed.

Where direct intervention is not needed but the situation needs to be observed, further assessment is needed.

In the case the child is not in danger and development is not likely to be influenced negatively, no action is needed.

Depending on both the risk level and the priority of the domain, the action will be determined.

Table 8 shows an overview of the action that is needed based on both risk level and the priority level.

Immediate action is always needed when a three is scored on the risk level, no matter the priority of the domain.

In addition, immediate action is needed when a risk level of two is scored in a Priority level one domain.

Intermediate action is needed in the situation of risk level one within a Priority level one domain and risk level score two within a priority level two domain.

Further assessment will be the action when the risk level is one within a priority level two domain and risk level two in a priority level three domain.

No action will be needed when risk level is zero in all domains no matter the priority level and additionally when risk level is one within a priority level three domain.

Table 8. Overview of action needed based on risk level and priority

	Priority level 1	Priority level 2	Priority level 3
Risk level 3	Immediate action	Immediate action	Immediate action
Risk level 2	Immediate action	Intermediate action	Further Assessment
Risk level 1	Intermediate action	Further assessment	No action
Risk level 0	No action	No action	No action

Immediate action = Risk level 3 - Priority 1 + Risk level 3 - Priority 2 + Risk level 3 - Priority 3 + Risk level 2 - Priority 1

Intermediate action = Risk level 2 - Priority 2 + Risk level 1 - priority 1

Further assessment = Risk level 2 - Priority 3 + Risk level 1 - priority 2

No action = Risk level 1 - Priority 3 + Risk level 0 - priority 1 + Risk level 0 - priority 2 + Risk level 0 - priority 3

Since the domains are often interrelated, a problem in a certain domain can be the cause of problems in another domain. The domain Food and Nutrition in the age category 6 to 12 years is such an example. This domain is given Priority level three in this age category, meaning that only in the case of a risk level three there will be immediate action. However, Nutrition is often a cause that children are unable to attend school or are unable to perform well. The domain Education and Skills is ranked as Priority level one. Nutritional interventions might therefore be necessary to address the issue of Education and Skills, regardless of its lower priority when looked at on its own. The figure below shows a decision tree, which takes into account this problem. When a domain with a lower priority level is the cause of problems in a domain of a higher priority level, the action defined in that domain of a higher priority needs to be followed.

The time frame of immediate action, intermediate action and further assessment will be determined by the domain itself. They don't have to be equal in all the domains. Where immediate action in the domain Protection should for example mean action within 24 hours, within the domain Education and Skills immediate action could mean action within a week. The exact timeframes of immediate action, intermediate action and further assessment will be determined in a later stage.

