

With reference to demand:

Low trust in public services lead to supplementing with private services for water, sanitation, and health services as a common norm. As previously mentioned, bottled water and private water trucking is perceived as a safer and more sustainable way to access drinking water in Lebanon, even if particularly costly. Before the Syrian crisis, it was estimated that already more than one million Lebanese were living with less than 4 USD per day. Current strategies and plans do not prioritise the most disadvantaged, and therefore local to national stakeholders struggle to identify their needs. Therefore, the substantial economic disparities directly affect the capacity of the most disadvantaged to have access to water and sanitation services. UNICEF will focus on directly addressing the needs of the most disadvantaged.

Lebanese social norm is that water in Lebanon is a renewable and unlimited resource, and therefore is largely wasted. Similarly, environmental considerations regarding the management of wastewater and solid waste are not well developed, with the latter being encouraged by fledgling citizenship-led environmental awareness and mobilization, which has appeared since the “garbage crisis” in July 2014.

In addition to the reliance on private sector for healthcare, inherited social and family-based traditions hinder exclusive breastfeeding and optimal child weaning practices countrywide. Lack of trust in the public health facilities continues to lead to poor health seeking behaviours especially among children for immunisation and childhood illness. UNICEF will address these bottlenecks through increased outreach and sensitisation activities. These can be tackled at 3 levels: (1) institutions such as schools, SDCs and PHCs; (2) community influencers; and (3) caretakers.

### **3. Theory of Change for Programme Components**

*Output 1. By the end of 2020, the Government of Lebanon, at national and regional levels, has the capacity for improved and inclusive health and WASH management*

Key interventions:

- Support government to implement strategic plans and actions to promote water safety (and considering climate resilience), and to take important steps such as establishing targets for providing water and sanitation services among disadvantaged populations to contribute to SDG 6;
- Generate evidence highlighting the key areas to be addressed to reach SDGs 2, 3 and 6 and reduce inequities in accessing WASH, Nutrition, and Health services particularly for young children aged 0-5 years;
- Prioritise and plan a response within the 2020 period that is based on promoting nationwide WASH vulnerability assessment with direct intervention prioritising the needs of children and is linked to regular monitoring plans;
- Number of policies, plans, studies and government led initiatives that identify, address and prioritise child vulnerability in water and sanitation management;
- Support the government in developing an IYCF policy.

Key Risks: If relevant government authorities and private sector actors are unable to cooperate, coordinate and share information with UNICEF, it will reduce the effectiveness of advocacy, increase budget needs and most importantly undermine sustainable and integrated resource management planning required to provide a safe environment that directly impacts child health. A lack of systemised and sustainable support by government will increase the presence and impact of existing water contaminating sources through poor planning and compliance, and reduce access to supply and

services to the most disadvantaged. Regional or national master plans do not properly reflect UNICEF's priorities for children to achieve their rights to nutrition, health and access safe water, and are not implemented in a timely manner.

Mitigation: UNICEF technical staff are able to support government and to advocate for investment in cross ministerial data management, understanding the importance of CSD vulnerabilities to guide investment in the relevant sectors and coordination at all stakeholder levels. UNICEF will contribute to strengthening systems and supporting the effectiveness of planning and response at the national, regional and community level through comprehensive data management. By adhering to the established legislative process for implementing projects and advocating for projects that directly reduce vulnerability, UNICEF can reduce potential tension between government authorities and any competing priorities.

*Output 2. By the end of 2020, access to safe drinking water, sanitation and environmental conditions are increased as a result of UNICEF's direct support*

Key Interventions:

- Implement key sustainable infrastructures projects in response to masterplans to maximize the improvement of water quality and quantity for the most disadvantaged Lebanese and Non Lebanese;
- Improve wastewater treatment through low cost low maintenance technologies to reduce groundwater contamination in accordance with MoEW's national and regional masterplans;
- Support management of solid waste at a municipal level with a focus on recycling through provision of key equipment;
- Delivery of WASH services for babies, girls, boys, women and men during humanitarian situations in order to prevent water and sanitation related diseases outbreaks;
- Take into account the accessibility needs for persons with disabilities when designing WASH services.

Key risks: Financial and human resources of relevant government authorities to operate and maintain services are inadequate and ill-equipped; sudden increase in population due to conflicts/ natural disaster in the region furthering straining service provision.

Mitigation: Invest in cost effective and appropriate, accessible technology designs with considered operation and maintenance and key technical staff training; continuing to ensure temporary and urgent WASH support to displaced populations.

*Output 3. By the end of 2020, access of children younger than 1 year to routine immunization services in the public health sector has increased and the number of exclusively breastfed children aged 0-5 months is increased as result of UNICEF supported interventions in Infant and Young Child Feeding (IYCF)*

Key Interventions:

- Continue to facilitate medical procurement for MoPH, including securing vaccines for populations in excess of the Lebanese cohort in order to strengthen immunisation, and will (in the years leading to 2020) gradually decrease provision of acute medical supplies as the MoPH increases its response as MoPH funding levels allow;
- Continue to build capacity and provide equipment to Primary Health Care systems to the degree of need, which is anticipated to taper off over the years leading to 2020;

- To provide MoPH with technical and financial support to design and implement an IYCF policy at national level;
- To support the integration of IYCF counselling into in the pre and postnatal health care services;
- To support MoPH to adopt and implement the Ten Steps of the Baby Friendly Hospital initiative;
- To ensure that the capacity of healthcare providers on infant and young child feeding is increased.

Key risks: A sudden influx of unexpected number of refugees from neighbouring countries would require more vaccination supplies and acute medications than earlier estimation. Community members could continue to mistrust public health services, which will continue to lead to a low utilisation of public health services. Non-compliance from private-sector paediatricians is another risk for the quality of health services In Lebanon.

Mitigation: During vaccine forecast for the upcoming years, UNICEF will calculate the vaccine needs taking into account buffer stock for each vaccine to tackle any emergency situation. In case of disruption of supply mechanism, UNICEF will facilitate for the Ministries to seek assistance from other organizations, the regional office and the neighbouring countries. UNICEF will support enforcement of MoPH directives regarding fees both for vaccination and consultations in general. Lastly, continuous engagement of MoPH, UNFPA, UNHCR and other stakeholders including the private sector to ensure fast tracking of IYCF program integration in the health system.

*Output 4. Improved equitable use of WASH and health services through appropriate community-based mobilization*

Key Interventions:

- To implement water safety plans and community/municipality public health related local development plans to help support and inform communities and WASH service suppliers in assessing and managing public health risks related to environmental hazards and water contamination;
- To promote public services and the importance to pay fees related to water and sanitation public services;
- To promote water conservation and sorting at the source of solid waste amongst communities, youth and children;
- To implementing an integrated WASH in schools programme including KG-Grade 12, focused on the mobilization of children to practice good hygiene and adopt appropriate behaviours to create a healthy environment at school, and responding to the specific needs of girls (separated latrines when relevant);
- Through traditional and innovative outreach activities and campaigns, caregivers, especially mothers, and key community actors will be sensitized to have the necessary knowledge and attitude to adopt positive infant and young child care and feeding practises;
- Innovative strategies like mother reminder messages will be used to support increase in utilisation of services, promotion of vaccination, breastfeeding.

Key risks: Non-prioritized communities may feel their vested interests are threatened by the emphasis on the most disadvantaged groups and may work to oppose it. Due to the nature of interventions, the delivery of results may take some time, therefore the right holders may lose confidence with local authorities and refuse to pay fees for WASH services which will in turn reduce its ability to function effectively. Changes in available resources and a shift in political attention away from disadvantaged

groups may not prioritize WASH services. In health and nutrition, the risk is that doctors and PHC administrators may not agree to implement the waiving of consultation fees at the Primary Health Care facilities. Additionally, families may be negatively influenced by social norms that contradict appropriate infant and young child feeding. Furthermore women and girls might experience reduced mobility due to restrictive cultural norms and fear for their safety, especially among Syrian women living in rural settings who may not be reached easily if mobile services are not provided. Communities are central to the strategy and sustained change but may not be willing to participate in dialogues because of social and cultural norms hence making it difficult to influence negative beliefs.

*Mitigation:* Advocacy with community leaders and communities, together with local and national stakeholders, will be conducted to ensure consultations at the beginning of the process so that it may generate support. UNICEF will focus on providing the evidence-based data on the social and individual benefits of providing WASH services to disadvantaged populations; building the capacity of communities to demand services and encourage them to pay for services provided; will document the effects of improved WASH services to the disadvantaged groups, especially on children health. For Health and Nutrition, UNICEF will continue support training on quality immunization services for nurses and midwives, and will outreach to communities for effective behaviour change and communication programs. Communication with communities will be supplemented by joint media campaigns with MoPH and with sister-UN agencies, where appropriate.

## **Outcome**

Through an integrated approach to Child Survival programming UNICEF is aiming at supporting the demand, the supply and the enabling systems of Lebanon, to achieve SDG 2, 3, and 6, with a focus on improved and equitable access to nutrition, health, access to safe drinking water, and basic sanitation healthy environments, and proactive behavioural practice. Therefore, by:

- Contributing to the evidence and management capacity of the Government of Lebanon to address child water-related vulnerabilities and improve child feeding practices;
- Contributing to increasing access to safe drinking water, sanitation and environmental conditions are increased as a result of UNICEF direct support;
- Contributing to increasing access to routine immunisation (children under 1 year) and exclusive breastfeeding (children 0-5 months) services and promotion.

**UNICEF is well positioned to, by the end of 2020, contribute to an increase of the most disadvantaged children with access to safe drinking water, healthy environments, and enhanced health practices.**

### *Assumption 1: Resources to achieve the CSD related outputs*

Resources, both financial and human, are required in a timely and strategic manner with limited impact from major market/political fluctuations that could reduce availability of resources. Financial resources to improve WASH, Nutrition, and Health services in Lebanon have been drastically increased since the beginning of the Syrian crisis, although provided in short term expenditure terms. The realisation of the UNICEF WASH Strategic Plan and the MoPH Public Health Strategy of 2015-2016 require sufficient human resources and funding provision throughout the planning period, although recognising that the need will be smoothly reduced to a maintenance level by 2020, and government authorities will be suitably ready to take on the leadership role.

- *Key risks:* A new humanitarian crisis emerges in the Middle-East that would shift needed

investments out of Lebanon and/or focus investments from long-term stabilisation/development programmes to humanitarian responses, and/or donors do not consider CSD as being a priority sector to protect disadvantaged children.

- *Key mitigation measures*: Increase donors and UNICEF visibility; Communicate strongly on UNICEF strategy, comparative advantage, cost effectiveness and impact on children's right; and recognising that capacity building and government relationships take time to build and embed, seek funds that are longer term to these, support strategic investments in CSD.

Assumption 2: Government commits to support the outcomes and acts to facilitate the achievement of outputs

The Ministry of Energy and Water has shown strong leadership in coordinating funding expenditure from multiple sources since the beginning of the Syrian crisis, seeking to implement strategic policies and plans. However, the legal framework is partially implemented to effect action and needs further plans and policies to be sustainable. As a result, the WASH sector suffers from the involvement of multiple stakeholders with intersecting accountabilities and a lack of clarity of roles. The present leadership is based more on persons and relationships, rather than systems, which is not sustainable if political and personal situations change.

- *Key risks*: Restructure of the national government may jeopardize the leadership of the sector and change priorities for investment, particularly towards the most disadvantaged; governmental stakeholders and other decision makers may not consider the outcome as a priority for the sector and thereby redirect to areas not prioritised by UNICEF.
- *Key mitigation measures*: Strengthening existing coordination mechanisms; advocating for a system-based approach to sector investment and improving relationships across all stakeholders, both inter and intra authority; directly supporting for the outcome to be considered as a priority amongst all multiple stakeholders and embedded in plans and policies.

Assumption 3: Outputs are strategic and achievable to reach the outcome and support attainment of SDG 2, 3, and 6.

The outcome will only be achieved if outputs are based on a common vision, with the needs of the most disadvantaged groups met through the provision of adequate services, with government capacity and willingness to tackle WASH vulnerabilities given a priority.

- *Key risks*: Prioritised need is not based on addressing CSD vulnerability whereby the disadvantaged groups are neglected, and UNICEF unable to achieve its core mandate.
- *Key mitigation measures*: Reinforce multi-sectorial converging strategy within UNICEF to empower UNICEF advocacy with the national to local stakeholders; strengthening government internal capacities to develop evidence-based planning.

## **Impact**

UNICEF will focus on delivering results in the key issues that have been identified in the situation analysis. Of particular concern are the inequity in access to improved drinking water in Lebanon, low immunisation reporting, poor infant and young child feeding practices and insufficient outreach for healthy practices. Thanks to an integrated approach aiming at identifying the cause of water pollution

through a community-based methodology supported by evidence endorsed by the Government, appropriate sustainable projects will be undertaken to improve water and wastewater facilities or solid waste management should evidence show contamination of water from improper garbage disposal. Disadvantaged groups will then benefit from access to safe drinking water, and sustainability of services will be ensured by low maintenance solutions tackling the root of pollution. The provision of vaccines and acute medications, in addition to support to IYCF programming and outreach for healthy behaviours will benefit the disadvantaged children, including those with disabilities and their families in Lebanon.

The impact of the Syrian crisis, exacerbated by an unprecedented dry winter in 2014, has significantly stressed the resources and WASH services in Lebanon. UNICEF will support the government in mitigating the consequences of this alarming situation in the most disadvantaged communities. Long term projects will aim at curbing the worrying environmental trend in Lebanon and its consequences on disadvantaged children, while short term emergency and stabilization interventions will keep populations of Lebanon protected from water and sanitation related diseases outbreaks.

#### **4. Results Structure (Outputs and Outcomes, and the Associated Indicators)**

The Results Structure can be found in Annex 1.

#### **5. Monitoring Outputs and Demonstrating UNICEF's Contribution to Outcomes**

The Results and Resources Framework will form the basis for monitoring and evaluation. The implementation strategies of the Country Programme for 2017-2020 will be informed by the ongoing evaluation of UNICEF country programme and humanitarian response during 2011-2016. During 2017-2020, UNICEF Lebanon will aim to strengthen national and sub-national capacities and systems for monitoring and reporting on the rights of children and women.

UNICEF Lebanon employs a variety of monitoring tools at the macro and micro levels to ensure quality results of programming for children. At the micro level, monitoring is conducted through field monitoring, partner reports and Third Party Monitoring (TPM). These mechanisms track outputs and activities and also ensure programme quality of our implementation based on global standards. At the macro level, the outcomes of UNICEF's contribution are monitored through surveys and evaluations. Direct feedback from beneficiaries is taken into account to inform programme decisions through regular Focus Group Discussions and text messaging services.

UNICEF Lebanon has deployed a number of innovative tools to manage the humanitarian response, monitor its performance, and improve results for children. In the second half of 2018, an in-depth Mid-Term Review will be used to make necessary programme and strategy adjustments. On a biannual basis, UNICEF's mid-year and annual reviews with counterparts will be used to consolidate inputs into the UNSF and Country Programme monitoring and reporting. In cooperation with line ministries, other UN agencies and civil society, UNICEF will monitor progress toward child rights realization with a focus on measuring the reduction of bottlenecks and barriers to ensure an enabling environment, access to and demand for quality social services, and support for strengthening of existing national and subnational evidence.

A nationwide KAP survey will be conducted in 2016-2017 to inform the C4D programming. This KAP survey will be conducted again in 2020, to assess the progress in this area. A MICS will be conducted in 2018, to inform the MTR process. In 2020 another MICS will be conducted, to inform the new CPD. In 2017, a baseline of water quality in drinking water in Lebanon will be identified from the Joint Monitoring Programme (JMP) survey in 2016, identify potential contaminant sources to water supply and impact to child health, and thereafter for the period of the CPD undertake yearly monitoring of

[REDACTED]

[REDACTED]

**Note for the Record**

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

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

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

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

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[REDACTED]

### Checklist 1- Initial Screening

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

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

