

THEORY OF CHANGE

In view of the situation in the country and the program context as described above, the change that UNICEF will strive for is to ensure the equitable access to and utilisation of sustainable, universal, safe, adequate and affordable WASH services across the lifecycle, which will have a profound impact on a child's ability to survive, grow, learn, and rise out of poverty while contributing to increased overall productivity and economic development of the country.

UNICEF's theory of change for WASH (*see Annex 2 for summary*) will contribute to this goal by contributing to the following Outcome and vision of change:

UNICEF's theory of change for WASH states that **if**, SBCC initiatives for Water Sanitation and Hygiene are developed and implemented through national flagship programmes, and influencers across all levels of society are empowered to call for a change in demand, supply and policy reform; and **if** there is enhanced, equitable and convergent service delivery in the national flagships (SBM, NRDWP, ICDS, SSA and NHM) and in the intervention by partners leading to WASH provision in the hardest to reach communities, in all capacity contexts, at all times, by using appropriate technology, design and quality WASH services and; **if** in water scarce and resource poor situations, peoples knowledge of adequate coping strategies for safe drinking water, hygiene and safe excreta disposal exists and is known by caregivers and duty bearers and; **if** there are strengthened policies and implementation strategies for equitable and quality sanitation services, drinking water safety, and integrated water use and resource management, including during shocks and crisis and chronic scenarios **then** all Infants, young children, and caregivers especially the most vulnerable will have equitable access to and use sustainable, safe, and affordable WASH services (including in Institutions) across the lifecycle.

Key strategies and approaches – the hows

The WASH Programme will be delivered through a focus on 4 strategic blocks of interventions; these are described in this section, with highlights on the strategic shifts compared to the current country programme

Block 1: system strengthening for district as the unit of implementation of the WAHS Programme

UNICEF will shift from a focused support to GPs to the district level as the implementation unit for acceleration through realistic planning for HR, partnerships, financial outlays, monitoring etc.

District is the administrative unit where UNICEF can leverage strong political and operational leadership including through district magistrates / district collectors to drive change and the acceleration of programme implementation.

UNICEF will therefore support the development of district-wide implementation models that incorporate behaviour change notably for toilet use, safely managed water supplies, and hand washing with soap). Importantly, UNICEF will ensure that these models (1) adopt a strong equity dimension to prioritize the most vulnerable communities; (2) are risk informed in disaster prone districts and in districts affected by civil strife.

This strategic approach is agreed upon with the Government of India who counts on UNICEF's close technical support in 100 districts across the 15 states. In these districts, UNICEF will ensure good performances, good documentation of successes and failures, and work at state level to support implementation in other districts. This will result in the integration of successful district-wide approaches into state and national operational guidelines to strengthen institutions and equity based planning for HR, supply chain, social movement and demand creation approaches – including a focus on behaviour change and strengthening resilience.

Block 2: Partnerships

On the one hand, the roll-out of WASH programmes (SBM in particular) is constrained because of lack of human and financial resource; on the other hand, a great number and variety of stakeholders are willing to contribute to the national efforts for WASH and they need to know how and where to contribute. This is particularly true with the public and private sector corporates (i.e. oil companies) who want to invest more in WASH; financial institutions who can also contribute to scaling-up sanitation, with public and private banks developing loan products to households for water supply and sanitation; academics and training institutes can also be mobilised – for instance, Tata Trust is placing one young professional per district at the disposal of government to support the roll-out of SBM; Partners such as Rotary are champions for WASH in Schools. Other strategic partners include development agencies, notably the World Bank and the Bill and Melinda Gates Foundation, and certain NGOs such as WaterAid.

Using its position of lead technical support for the SBM and its decentralized presence, UNICEF is well positioned to map-out the numerous partners – notably the non-traditional actors such as the private sector and financial institutions - willing to contribute to WASH / SBM and foster partnerships to coordinate and mobilize them efficiently to support system strengthening to government, states and districts.

Block 3: Capacity development

UNICEF will continue to support the development of guidelines, training manuals, strategic plans, etc., as necessary to address capacity gaps and support scaling-up of WASH programmes.

Capacity development will also continue to **prioritize improvement of M&E systems**. For the new CP, UNICEF's support will have a stronger emphasis on monitoring compliance to delivery and verification processes standardized under the lead of the government. This includes monitoring performances with regards to: ODF verification and certification, post-ODF surveillance, Operation and Maintenance mechanisms, governance systems notably at GP level – with more active participation of women and marginalized groups (scheduled tribes and casts notably) and at facility level (schools, health facilities and pre-schools in particular) ; and budget management, with particular focus on SBCC budget to strengthen investments on communication campaigns and sustained mobilization of motivators at grassroots level.

The main strategic shift for capacity development in the new country programme will then consist in a **strengthened emphasis on the professionalization of the sector**. Currently, the expertise for strategic WASH approaches lies in the hands of a few skilled but expensive consultants; in this context, UNICEF will support the establishment of pools of trainers at state and district level to contribute to accelerated scaling-up; key areas of expertise envisaged include: SBCC, ODF and post-ODF monitoring and support, institutional WASH, and water safety planning.

The professionalization of grassroots stakeholders is also a key priority, in particular in districts and states with limited institutional capacity; this includes motivators, GP committees, Self-Help Groups, and government employees supporting the sanitation programme. UNICEF will focus on developing their capacity on behaviour change (toilet usage and hand washing) and change in social norms concepts, operation and maintenance, GP planning and coordination, monitoring and verification. Beyond capacity development, the focus will also be on nurturing these community actors, through official recognition, performance monitoring and output based incentives taking into account verified sustained usage.

UNICEF will also support **capacity development of the private sector** and, notably: (i) corporates to contribute efficiently to the roll-out of national programmes (notably SBM) through the development of simple service delivery models (i.e. WASH in school packages, hand washing promotion campaigns); (ii) service providers, including communication agencies to support public outreach, and small scale service providers such as pit de-sludgers in urban areas; for the service provider, the capacity development will also consist in strengthening public-private partnerships notably through adequate contracting processes and output based payment systems.

Underlying the success of these strategic approaches for capacity development, **UNICEF will strengthen its role for knowledge management in the sector**, notably to better influence and guide district implementation approaches; this will be focused on areas with the most critical capacity gap including: creating a social norm around the exclusive usage of latrines for defecation, promotion and monitoring of hand washing with soap, water safety planning, and water treatment (fluorides and arsenic). U

Finally, UNICEF will support capacity development by fostering a few strategic innovations, notably: an online district planning tool to strengthen the district-wide approach; low-cost technologies for toilet construction in difficult soils; and innovations for water quality monitoring, for water treatment (fluoride, arsenic), and for mass-hand washing stations.

Block 4: Advocacy and communication

The WASH Programme will work in close collaboration with A&C and C4D to stimulate demand for adequate WASH facilities, to promote life-saving practices notably hand washing with soap, and to strengthen the accountability of duty bearers to ensure universal access and usage of affordable WASH services.

In continuity of the current country programme, demand creation will be achieved through:

- Capacity development and nurturing the network of motivators at community level (including women self-help groups, CLTS motivators and coordinators, faith leaders). UNICEF will focus on advocacy and capacity building for district and state authorities to provide continuous support and incentives to these key grassroots stakeholders.

- Public outreach with mass-media and communication campaigns; recent budget analysis shows that around 11% of the SBM budget is allocated to public outreach; 56% of this remains unspent; states with limited investment in public outreach are also those with the worse sanitation coverage. UNICEF's support will therefore be on strengthening operationalisation of communication campaigns by developing / adapting communication products focused on toilet usage and hand washing with soap, and strengthening contracting arrangements at state and district level to roll-out the campaigns, notably through communication agencies and specialized CSOs.
- Investment in harnessing social movements to create new social norms for ending OD, while challenging deeply rooted systems of caste, gender inequity and social exclusion. This will require advocacy focused on influence for equity, through key strategic partners, notably the Parliamentarians Group for Children (PGC - an informal platform for parliamentarians across parties to advocate and convene on key children's issues) and the Global Interfaith Alliance for WASH (GIWA - a highly influential interfaith platform directly linked to work with WASH on the ODF priority – noting that 99% of people in India follow a faith).

To address the emerging issues of the WASH Sector, UNICEF will need to operate important strategic shifts, notably:

- **More focused promotion of hand washing with soap (HWWS).** HWWS will become a core component in key capacity development interventions for both grassroots motivators / community leaders and district and state institutions. HWWS will also need to get more emphasis in the design of the communication campaigns. Finally, HWWS will be a central objective in all WASH in institutions interventions supported by UNICEF, targeting teachers, care givers, health staff, inpatients, parents and children in schools, Anganwadi Centers and health facilities; notably, UNICEF will promote the installation of mass-hand washing stations in schools and pre-schools to allow for daily hand washing exercises to generate habits; schools, health and nutrition centres will also be supported to promote HWWS in surrounding communities through dedicated outreach interventions.
- **Increase prioritization of WASH in pre-schools in the agenda of the government.** This is a unique opportunity to encourage toilet use and hand washing with soap amongst young children as well as their mothers. Though it is not yet prioritized by the government through a national flagship programme, interventions in Anganwadi centers will become a new strategic priority in the new CP with integrated approaches from the Education, Nutrition and WASH Programs.
- Evidence based programming at state level and district level to strengthen accountability for usage against coverage: UNICEF will promote a field verification culture to ensure that results reported are tangible and sustainable; related gains will need to be evaluated and documented to influence programming at district and state level. UNICEF will also strengthen learning, capacity development and advocacy to strengthen governance systems in GPs, schools, health facilities, pre-schools, etc., for the operation and maintenance of WASH facilities, and to establish post-ODF monitoring and support systems to ground new social norms around toilet and soap usage.
- A new focus on scaling-up water safety planning for the most vulnerable communities. As much as possible, the strategy will be to build on the ODF momentum and to use the service delivery platform for sanitation to add a water safety planning layer. UNICEF will ensure that this integration is reflected in district plans, especially in districts affected by droughts and water contamination issues. Importantly, UNICEF will also focus on advocacy for legal enforcement for underground water regulation to decrease over-exploitation of water resources by the agriculture industry. Finally, in close collaboration with the DRR team, the WASH Programme will promote simple and cost-effective technical innovations to strengthen the resilience of disaster-prone communities (toilets adapted to flooded areas; user-friendly water treatment devices; rain-water harvesting....)

Adaptation per typology of states

UNICEF will use its presence in 15 of the states of India with the greatest need for improved WASH. These states are at different levels of development and are characterized by differing capacity contexts. In WASH, UNICEF's focus will remain mainly on rural areas.

The sanitation and the poor water quality burden is significantly higher in the '**High burden**' states, like UP and Bihar; interventions there will be prioritized and driven by an emergency mode to accelerate scaling-up on the short term while contributing to strengthening government systems on the medium term.

The **Civil strife affected states** like Jharkhand and Chhattisgarh have inaccessible areas, and in these states the WASH interventions have to focus on strengthening services through institutional WASH service and through non-traditional actors.

The **learning Lab states**, like Maharashtra and Gujarat, will need to be assisted to improve service delivery levels and strong sustainability measures.

More detailed description of the specific adaptation by state typology and by output is given in the annex 5.

Finally, at the national level, UNICEF's involvement will be mainly in supporting policy development and improvement, strengthening the enabling environment, assist in capacity building, as well as in monitoring the implementation of the national programme together with government and other partners. In respect of urban programming, initial pilots may be taken up in some of the learning lab states like Maharashtra, focusing WASH services in slum areas, notably for improved Fecal Sludge Management through operational public private partnerships.

Underlying principles of intervention

Working closely with Communication for Development (C4D), Advocacy and Communication (A&C), Disaster Risk Reduction (DRR), Policy, Planning and Evaluation (PPE) and Resource Mobilisation (R&M), UNICEF's WASH programme will adopt the following underlying principles of intervention to achieve the intended outcome:

- **Reducing inequality by promoting human rights to water and sanitation and robust WASH programming:** In the context of India, given the disparate way rural and/or civil strife/disaster affected communities are affected by a lack of access to WASH services and interventions, equity is a core principle of the outcome and will drive UNICEF's strategies and support to the GoI.

Disparities in access to WASH are rooted in underlying structural social and political factors, including gender inequality, and exacerbated by the fact that resources are still not targeted to those most in need. Over the last decade we have learned that unless poor and vulnerable groups, including children and adolescents with disabilities, are specifically prioritized in programme and policies; disparities will continue to widen. UNICEF will continue to work with the GoI and other stakeholders to reduce inequalities for disadvantaged families and children through robust rights-focussed WASH programming targeting areas of India with the lowest access to water and sanitation services.

Given that women and children are disproportionately affected by inadequate domestic water supply and sanitation services, gender specific needs, vulnerabilities and approaches also cuts across UNICEF's support. This will require strengthening the national monitoring system to avail sex- and age-disaggregated data on service coverage.

- **Promoting climate resilient and risk-informed WASH programming:** WASH infrastructure facilities are frequently disrupted by disasters, conflict, and other shocks in India. The negative effects of climate change and environmental degradation have further compounded these risks. To enhance community resilience and build resilient sector systems, the WASH programme will be designed based on multi-hazard risk analysis and a risk-informed programming approach. UNICEF will work with government and other stakeholders to help communities to build local capacity for resilience planning and WASH facilities management. UNICEF will also ensure that national and state WASH strategies give special attention to climate resilient WASH development. UNICEF will also continue to provide support for specific adaptation measures in communities such as community and household level rainwater harvesting, water safety planning, etc.
- **Integrating humanitarian assistance with development programming:** To improve the effectiveness of humanitarian responses and long-term sustainability of WASH UNICEF will continue to advocate for greater integration of humanitarian to development programmes. Notably, approaches taken will commit to the principle of 'do no harm' to ensure that WASH interventions not only do not exacerbate civil strife dynamics, but mitigate them. Finally, noting India's propensity to disasters, the programme will aim to ensure that all new policies, strategies and guidelines consider disaster risk reduction (DRR) elements as an integral element of UNICEF's support to enable line departments to develop appropriate systems to undertake their humanitarian role and responsibility
- **Strengthening partnership and collaboration:** With the new SDG agenda, effective collaboration among stakeholders has never been more important. UNICEF's role is to develop collaborative frameworks to convene diverse stakeholders around common results; broker coalitions and alliances; leverage resources and social movements for

children; and influence partners to prioritize children's rights to WASH. UNICEF will maintain and strengthen strong partnerships with national and state governments and will also work with strategically selected civil society and faith based organizations that can provide field based intelligence (reflecting views and concerns of community leaders, families and adolescents) to strengthen systems and accountability at all levels and areas of WASH implementation. It will work with a range of development partners at national, regional and global levels to influence child rights and WASH in India. This includes the UN family, international financial institutions, NGOs, foundations, faith-based groups, legislators, and academia.

Greater efforts will be made to deepen and broaden relationships with the private sector primarily through support to government to broker regulation of the private sector, to protect the rights of the poorest and most marginalised and to encourage business to respect human rights in the provision of sanitation, hygiene and safe water.

- **Knowledge management and evidence generation to inform programming and strengthen advocacy:** Advocacy is essential in all outputs, as the WASH sector suffers from a lack of adequate policies, strategies and sector plans, and insufficient funding. It does not always receive the political support necessary to ensure adequate resource allocation. Knowledge management and evidence generation and dissemination are therefore very relevant because the large number of sector partners coupled with weak coordination has led to a scattered and poorly documented knowledge base on WASH programming. Therefore, with the support of PPE and A&C working jointly on evidence policy advocacy and investment cases, the programme will focus on building a quality and accessible knowledge base system and evidence generation that highlight disparities in coverage and access.

Linkages with other programmes

Water, sanitation and hygiene activities will be integrated with other sectoral programmes such as education, nutrition and maternal child health activities during the project cycle to address determinants that are inextricably linked (e.g. diarrhoeal disease and hygienic infant and young child feeding practices).

- **Linkages with Nutrition Programme:** it is now well accepted that WASH interventions have a role to play in the reduction of stunting. There are three pathways to stunting – diarrheal disease, worm infestation and environmental enteropathy. Each of these pathways has a strong WASH dimension. WASH will work with the nutrition programme to promote convergence between state SBM and nutrition missions to undertake joint programming especially targeting the construction and use of household toilets, safe disposal of child faeces and safe storage and handling of drinking water.
- **Linkages with Health Programme:** all health facilities need to be WASH compliant to reduce hospital acquired infections. This is especially critical in labour and delivery rooms as well as post-natal wards to ensure newborn survival. The provision of a safe water supply, soaps and alcohol-based hand rubs among others therefore is a crucial intervention for infection control in health facilities. WASH compliance in facilities helps to improve staff morale, increases the uptake of services, and reduces the costs of service delivery. WASH will work the health programme to provide support to governments to strengthen the WASH dimension of the Kayakalp guidelines and to support the development and rollout of WASH improvement plans in health facilities to make them WASH compliant.
- **Linkages with C4D:** a fundamental bottleneck in the implementation of centrally sponsored schemes of the GoI is insufficient attention given to social and behaviour change communication (SBCC) interventions in programme implementation. For WASH, this results in the provision of infrastructure that is not always used or optimally so and applies equally to the community management of water supplies and the use of household toilets by all householders all the time and the practice of good hygiene. WASH will collaborate with the C4D programme to bring to bear innovative strategies for the design and implementation at scale of SBCC programmes embedded within the service delivery of centrally sponsored GoI schemes. A key contribution by C4D will be technical support to address gaps in SBCC programming including in system and institutional strengthening, HR, capacity development, innovations, and partnerships. A good example is the investment in menstrual hygiene.
- **Linkages with Communication, Advocacy and Partnerships (CAP):** The Prime Minister of India has lent his personal support to WASH ensuring a higher sector profile than previously. Whereas this has been very beneficial, a lot more work needs to be done to translate the current political support to increase the visibility of WASH across

society. The collaboration with CAP will contribute to devise digital and social media campaigns and other interventions aimed at catalyzing a social movement for WASH that binds all Indians including those already enjoying good quality WASH services to push for universal access and use of WASH services. CAP will be involved from the planning stages through an integrated approach towards communication, advocacy and visibility solutions, including online and offline engagement, partnership development and evidence-based advocacy, with special focus on reducing open defecation and hygiene practices including handwashing. In addition, specific communication focus will be on cross cutting areas related to the programme including adolescents, the value of the girl, Early Childhood Development and positioning UNICEF's normative role in India as the custodian of The Convention on the Rights of the Child.

- **Education:** the WASH programme will seek to ensure that good health and hygiene practices are taught to both girls and boys as mandatory subjects in schools and that school sanitation facilities adopt child-friendly designs and that there are functional and separated toilets for boys and girls, with girls' needs for menstrual hygiene management considered. It will also focus on the socialization of pre-school children in Anganwadi centers to inculcate positive WASH behaviours.
- **Disaster Risk Reduction:** This aspect of UNICEF programming will enhance sustainability of development results by building capacity of the line-department to undertake risk informed development programming. As well as strengthen/build systems within line-departments, which will enable them to assume their role and responsibility for disaster risk mitigation, preparedness and deliver water, sanitation and health & hygiene promotion services during emergencies.

UNICEF comparative advantages

In the UN system, UNICEF is the lead agency for sanitation and drinking water. Key comparative advantages to support the WASH Sector includes:

- **Long term presence and collaborative framework:** UNICEF is a unique and well established brand. All stakeholders welcome interventions for children, providing a strong platform on which to develop advocacy. In addition, UNICEF has a long history in India of more than 65 years. This gives UNICEF a unique understanding of the social sector issues that apply to children, as well as knowledge of what works, where, and why. Though water and sanitation implementation often rests with different departments in most of the states, e.g. the Public Health Engineering/Water supply and the Panchayati Raj department in states like Rajasthan, and West Bengal, UNICEF has been working over the years with both these state departments across all states. This enables UNICEF to support convergent planning, i.e. ensuring water for sanitation, and safe sanitation for safe water. This capacity does not exist with any other partner, and surely not to the extent of providing continuous support in 15 of the largest states. This position has allowed UNICEF to have a well-thought out and articulated approach to providing strategic technical assistance (TA) including for:
 - the reduction of open defecation and creation of ODF districts (district wide approach), thus enabling achievements at scale;
 - support with partnerships for programme data analysis, and its analysis for sanitation;
 - provide support on capacity building of government staff and partners on water and sanitation;
 - past experience internationally and within the country enable the flagging of crucial issues like participatory Water Safety Planning;
 - strong social and behavioural change communication capacity;
 - knowledge of social movements, public advocacy and partnerships allowing for leveraging such social movements;
 - robust partnerships with all the main faith leaders across India's six religions, members of parliament and legislators, and the media; and the private sector, including Rotary and a WASH Young Professionals programme.
- **Decentralised support at state level:** UNICEF has a large footprint in India covering all the states with important social sector issues affecting children. The 13 Field Offices, covering 15 states have WASH sector presence and provides a presence on the ground which is unmatched by any other development partner and also provides an opportunity to influence the policy and programme of the governments both at central and state levels.

The Chiefs of Field Office provide an important pivot for the planning of much of this work as well as in supporting advocacy at the very highest levels of the state apparatus including with Chief Ministers, which is essential while dealing with issues like sanitation. This unrivalled access places UNICEF in an excellent position to leverage results for children.

- **Multi-sectoral approach to address exhaustively the needs of children:** UNICEF also has the advantage of having a range of programmes covering nine areas. This multi-sectoral expertise allows for integrated approaches to planning and the identification of convergent interventions. For example, the work being undertaken around health facilities where the day of birth is identified as a touchpoint for WASH, sanitation and nutrition come together to programme interventions in support of child survival and growth; the impact of WASH in schools on participation of children in the education system, their learnings and their ability to influence family behaviour around WASH behaviour can have a range of positive social outcomes. The cross-cutting programmes such as Communication for Development (C4D) and Advocacy and Communication (A&C) bring a unique perspective on important programme interventions such as behaviour change communication and interventions to catalyse social movements, contributing to increased demand, social and behavior change, increased knowledge, leading to changing social norms.

RESULT FRAMEWORK

Outcome: Infants, young children, and caregivers especially the most vulnerable have equitable access to and use sustainable, safe, and affordable WASH services (including in Institutions) across the lifecycle.

This outcome embodies the priority issues, bottlenecks, and barriers identified in the context of India, which if achieved, will significantly contribute to reduce neonatal and maternal disease and death, U5 disease and death, under nutrition, stunting, and maternal disease; and increase school attendance and protect children from violence in schools.

UNICEF will deliver on four key outputs specified below, which are the necessary conditions and changes required during the country programme cycle to achieve the outcome. These outputs will specifically address bottlenecks and determinants related to the *enabling environment, supply and demand*.

Intermediate Outcomes:

1. Number of UNICEF supported districts (rural) that are open defecation free in selected states
2. % of rural schools with adequate and functional gender sensitive WASH facilities in UNICEF supported districts
3. % of rural Anganwadis with adequate and functional WASH facilities in UNICEF supported districts
4. % of delivery points in UNICEF supported HPDs with fully functional WASH/Infection Prevention and Control Package as per prescribed norms in UNICEF supported districts
5. % of rural households with Hand washing facility with soap available at home

Output 1

By 2022 Government and partners are able to plan and implement the delivery of equitable, gender responsive, and quality hygiene and safe sanitation services at scale, for households in the most vulnerable and deprived communities.

Change logic:

The theory of change states that if, capacity of national, state, district and community level WASH staff from government and partners working to implement the sanitation programme is strengthened; and administrative bottlenecks in sanitation service delivery are managed; and safe, affordable and acceptable toilet technologies are available; financial resources are made appropriately available ;and awareness and knowledge of good practices on sanitation and hygiene at HH level are increased; and participation of the population especially women and members of the deprived communities is enhanced; and planning and implementation of measures to develop coping mechanisms of vulnerable communities is initiated, high quality evidence, knowledge and analysed data on access and use of toilets is available for evidence based policy determination and planning; then the GoI and WASH sector partners will have enhanced technical and institutional capacity to plan and implement the delivery of equitable, gender responsive, and quality hygiene and safe sanitation services at scale, for all households, especially those in the most vulnerable and deprived communities.

[REDACTED]

[REDACTED]

Note for the Record

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

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

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

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

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

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

