services. . The current financial environment, coupled with inadequate financial planning and management capacities, poses a serious challenge to maintain smooth funds flow to support delivery of primary healthcare services at scale.

The health systems are suffering from the setbacks of poor human resource capacities with inadequate number of health workers and supervisors (only one doctor for every 17,000 population); poor health infrastructure and their functionality (40 percent of community health posts are either closed or not functioning); poor supply chain management system; lack of community-based service delivery mechanism; and inadequate technical and management capacity at national and provincial level. Other challenges of enabling environment include lack of evidence-based policies and programming despite numerous policy frameworks which are neither implemented effectively nor monitored. Many national policies and guidelines are not well integrated nor uniformly implemented across the country by the provinces.

The health sector is highly fragmented across a diverse network of stakeholders, and health sector coordination at national level is inadequate to harmonise the directions and regulations in service delivery. The situation at the provincial government level is even worse with virtually no health sector coordination mechanism in place. Lack of inter-departmental coordination often leads to systems bottlenecks such as lack of water, sanitation, and electricity in many health facilities. Although the lack of a coordinated referral system is significantly hindering progress on maternal health, this was not included as part of the Government's minimum priority areas.

3. Theory of Change for Programme Components

The Theory of Change (ToC) for Health describes the expected changes in the lives of children in PNG at different levels of the hierarchy of results (impact, outcome, output) explaining the logical assumptions, risks and their mitigation measures to achieve the outcome (expected changes), which if achieved, would be significantly contributing to achieve the results at the impact level, which is improved health status of children and women in target areas with reduced child and maternal mortality and morbidity. UNICEF PNG will deliver on three key outputs specified below, which are some of the necessary conditions, to bring the desired changes, required during the country programme cycle in order to achieve the Health outcome. These outputs will specifically address the bottlenecks and the determinants related to the enabling environment, supply and demand.

At the impact level, the overall change expected is the equitable reduction of child and maternal mortality and morbidity aligned with the National Health Plan (NHP) 2011–2020 goals and the Sustainable Development Goals 3 (ensure health and well-being for all at all ages) and 10 (reduce inequality). The theory of change is that ***if*** the new-borns, children, adolescent girls and women of reproductive age equitably access and utilize the evidence-based high-impact health interventions with adoption of key healthy behaviours, especially among disadvantaged and vulnerable populations in most deprived provinces/districts, ***then*** the survival rights of every child, especially the most marginalised and disadvantaged, would be more likely to be realised.

The government of PNG has made strong legislative commitments to achieve the SDG 3 and 10 as reflected by the national health related goals and targets in various development plans and sector-specific strategies, notably, the Vision 2050, Development Strategic Plan (DSP) 2011-2020, National Health Plans

(NHP) 2011-2020, and the Free Primary Health Care Policy 2014. The relevant impact indicators that Health programme will address to measure the progressive fulfilment of the SDG commitments, as per the target set in the DSP 2011 -2020 are:

- Maternal mortality ratio per 100,000 live births (Baseline: 215 (2015); Target: < 100 (2020)
- Under-five mortality rate per 1000 live births (Baseline: 57 (2015); Target: < 20 (2020)
- Neonatal mortality rate per 1000 live births (Baseline: 25 (2014); Target: < 10 (2020)

At the outcome level, the desired changes are that new-borns, children, adolescent girls and women in Papua New Guinea, especially the most disadvantaged, have improved access to and utilization of evidence-based high impact health services. This outcome level change is expected to be achieved because the ***enabling environment*** would be in place with relevant evidence-based policies, strategies, plans and guidelines/protocols to support the implementation of high impact quality Maternal, New-born, Child and Adolescent Health (MNCAH) interventions, because the necessary ***supplies*** of human resources, equipment, and infrastructure through the provisions of health systems strengthening support would be improved both at health facility and community levels, and because the ***demand*** for quality maternal, new-born, child and adolescent health (MNCAH) services would be increased with improved knowledge, awareness, attitude, affordability, and practices of healthy behaviours by the community and family.

The outcome level theory of change for health states that:

- ***if*** Department of Health and other implementing partners at national and sub-national level, including non-state actors, have increased capacity and accountability in evidence-based planning, budgeting and regulating the scaling up of high-impact health interventions and monitoring results with equity, and
- ***if*** national systems of harmonized procurement, logistics and supply chain management are strengthened for equitable and quality MNCAH, immunization and HIV service delivery, and
- ***if*** national and sub national health care institutions and front-line health workers have improved capacity to reach more vulnerable populations with quality immunization and MNCAH services including prevention of parents to child transmission (PPTCT) of HIV, and
- ***if*** Department of Health and other partners at national and sub-national level, including non-state actors, have improved capacity to integrate HIV interventions for young children and key adolescent population into essential service delivery approaches sustainably at scale, and
- ***if*** caregivers, family members, communities and institutions have increased knowledge and skills to practice appropriate caring practices for MNCAH, immunisation and PPTCT during critical periods of growth and development and demand quality services, and
- ***if*** the government health sector plans, standards and legislation are evidence-based, adequately resourced, effectively implemented, enforced and monitored at national and sub-national levels, and
- ***if*** multi-sectoral political commitment and approaches are in place to support prioritized, integrated approach of health services through life-cycle continuum with an equity focus…

Then all children under five, adolescent girls and women of reproductive age equitably access and utilize evidence-based immunisation and MNCAH services including PPTCT of HIV with adoption of key behaviours, especially among vulnerable populations in most deprived provinces, districts, sub-districts and urban areas.

The TOC Health at output level is that:

- ***if*** the health workers and managers at all levels are fully equipped with required knowledge and skills, and
- ***if*** health facilities are fully equipped with necessary supplies, and
- ***if*** mothers, fathers and caregivers are given timely information and knowledge …

Then the capacities of the duty bearers (health managers and workers) on planning, budgeting, regulating, coordinating, delivering, monitoring and reporting the immunisation and MNCAH including PPTCT services would be sufficient to reach every child, specifically identifying and reaching the most vulnerable children, and ensure that service delivery mechanisms are inclusive, child-centred, gender-responsive and risk-informed; as well as the knowledge and awareness of duty holders (mothers, caregivers, family and community members) to demand for quality services. The following three outputs that would enable to achieve the planned outcome are described below.

Output-1: ***National and provincial health authorities' policy, budgetary and regulatory have capacity to support effective implementation and scaling-up of high-impact gender responsive MNCAH services, focused on the most disadvantaged, is improved***.

Papua New Guinea health sector is facing complex challenges of poor enabling environment with lack of evidence-based policies and programming due to inadequate real-time credible data, regulating the health standards, and coordinating its diverse stakeholders and partners at all levels. There are declining trends of both domestic resources and international development assistance investment in health sector. The per capita health expenditure is still low (3.6% of GDP in 2012) and overseas development assistance for health is declining with several development partners' support (18 per cent decline from 2015 to 2016) withdrawn. Challenges remain in translating political commitment at national level into concrete operational plans and budgets at provincial level; in finding synergies and coordination among the various initiatives (both within the health sector, and between health and other sectors); in ensuring that evidence-based planning and real-time monitoring take place at all levels, with adequate attention to equity and age/sex disaggregated analysis of data.

The theory of change for this output, therefore, states that:

- ***if*** health managers at national, provincial and district levels are supported for costing, budgeting and planning guided by evidence-based policies for scaling-up and implementation of high impact interventions, and
- ***if*** HMIS data is routinely analyzed and used at national and sub-national levels to inform approaches and interventions at scale, and
- ***if*** technical support is provided for capacity gap analysis, interventions planning and development of investment case at provincial level for mobilizing and leveraging resources for sustainable MNCAH services, and
- ***if*** evidence of good practices is generated and documented, and
- ***if*** the government is supported to lead intra- and inter-departmental collaboration and coordination with partners, at national and provincial levels, including in emergency preparedness and response…

Then this output would be achieved whereby the Department of Health and other partners at national and sub-national level, including non-state actors, have increased capacity and accountability in evidence-based policy, planning and budgeting for scaling up of high-impact gender responsive interventions as well as monitoring results with equity.

With an equity lens, UNICEF will provide technical advice on planning, budgeting, monitoring and identification of capacity gaps; help to coordinate stakeholders; and leverage resources from other partners including civil society and private sector.

Output-2: ***National and provincial health authorities' have improved capacity to plan, implement, monitor and report the delivery of gender responsive MNCAH services, focused to the most disadvantaged, to prevent excess morbidity and mortality among girls, boys and women, including in humanitarian situations***.

The health services in PNG are affected by bottlenecks related to access, availability and quality of health facilities and supplies due to harsh terrain in the country, poor infrastructure, inadequacy of trained health workforce, poor and fragmented logistics and supply chain management, and inadequate primary health care outlets and community outreach. Strengthening the capacity of institutions and front line workers in humanitarian situations is also important, given the country's vulnerability to natural hazards.

Therefore, the theory of change for this output states that:

- ***if*** technical support is provided to assess and build national and sub-national capacity to forecasting, procurement, storage and distribution of essential health commodities, including the development of SOPs and guidelines, and
- ***if*** advocacy results in increased government financing for essential health commodities, and
- ***if*** cold chain systems are expanded and strengthened to improve effective vaccine management; and ***if*** systems for establishing real time stock management of essential commodities, including an electronic logistics information management system, are supported,
- ***if*** the NDOH is supported to develop gender responsive guidelines, protocols and tools for facility- and community- based implementation of health services, and
- ***if*** national and sub-national team (UNICEF focused provinces) are equipped with knowledge, skills and resources to provide gender responsive training to improve quality facility and community based care, including in emergencies, and
- ***if*** provincial and district health managers can identify and address bottlenecks to deliver interventions in hard-to-reach LLGs (Local Level Governments) of the most deprived provinces/districts, and
- ***if*** there is strong accountability for quality facility and community-based care, through sustained supportive supervision and monitoring systems, and
- ***if*** referral systems are established/ strengthened for emergency health conditions, and
- ***if*** local level partnerships are strengthened and expanded to address gaps in delivering services and essential health commodities to populations in hard to reach areas…

T***hen*** this output would be achieved whereby national and sub-national health care providers and institutions have improved capacity to reach more vulnerable populations with quality immunization and MNCAH (including PPTCT) services in at least 8 selected provinces, deprived due to geographical, social, economic barriers and affected by natural disasters or ethnic conflicts.

Output-3: In selected provinces, male and female caregivers, family and community members, especially the most disadvantaged, have improved knowledge and understanding on timely care-seeking and caring practices towards quality immunisation and MNCAH services including PPTCT of HIV and AIDS for their children.

PNG presents a unique social and ethnic diversity, and deep-rooted cultural traditions. This is compounded by relative isolation of some communities due to insecurity, remoteness, lack of adequate infrastructure, which are major obstacles to programme implementation. Despite impressive results in the application of modern technologies and innovative strategies to advance human development, Papua New Guineans hardly benefitted from the adoption and use of those technologies including Communication for Development (C4D) strategies. Remoteness severely limits the opportunities of community members, especially the children, adolescent and women, to access information and services. More importantly, due to the slow progress of modern communication technologies, most people do not access key information on the importance to adopt life-saving care-seeking behaviours and practices. As per DHS 2006, only 30 per cent of children who were reported to have diarrhoea in the two weeks preceding the survey were taken to a health facility, 8 per cent were given oral rehydration solution (ORS) and 7 per cent were given recommended home solution (RHS) for the treatment of diarrhoea.

Therefore, the theory of change for this output states that:

- ***if*** technical support is provided to improve C4D strategies, coordination and interventions on immunization, MNCAH and HIV for key marginalised communities, and
- ***if*** community participation and engagement for demand creation and for addressing barriers to access/utilize services is fostered, and
- ***if*** evidence-based innovative C4D interventions are supported, to empower mothers/fathers and caregivers to adopt appropriate preventative and care-seeking practices, and
- ***if*** evidence-based C4D interventions use multi-layer communication channels that address social norms, and
- ***if*** the capacity of frontline workers and local level partners is strengthened to deliver appropriate messages through effective C4D approaches;

Then this output would be achieved whereby mothers, fathers, caregivers, family members, communities and institutions, particularly in the eight most deprived provinces, have increased knowledge and skills to practice appropriate home-care for children and timely care-seeking from the health facilities and health workers during critical periods of growth and development, and to demand quality health services.

Capacity development at all levels (government, civil society and community) is a feature of UNICEF's work on C4D for health. Cross-sectoral linkages, particularly among Health-Nutrition-WASH, Health- -ECCE, and Health-Child Protection will support coherent and consistent messages to strategically targeted groups who can function as change agents. In hard to reach and vulnerable areas, where coverage is very low and there are gaps in outreach and community mobilization, UNICEF will work with local partners to support service delivery of C4D and social and behavioural changes. Innovative communication tools will also be explored to reach target audiences and monitor changes in knowledge and beliefs.

UNICEF PNG will capitalise its comparative advantage to provide high-level technical and advocacy support for policy formulation and leveraging resources; to establish and expand partnerships with critical health sector actors; to develop counterpart and partners' capacity to improve service delivery, coverage, and quality of health services; to generate community demand for quality services; to generate evidence to improve knowledge management and scale up innovations; to strengthen capacities in evidence-based planning and monitoring of results and quality, both at national and provincial levels. The following is the proposed strategic focus to achieve the health programme component outcome:

- Risk-informed, decentralised programming through gender responsive life-cycle continuum targeting the most disadvantaged children in 8 most deprived provinces;

- Convergence of programme interventions through promoting multi-sectoral gender responsive approaches with WASH, Nutrition, Education, Protection; and
- Integration of gender responsive cross-cutting strategies (Advocacy, C4D, Innovation and Knowledge Management) as well as Disaster Risk Reduction into the health programme.

Emphasis will be given to strengthen strategic synergies and integration to enable packaging of essential maternal, new-born, child and adolescent health (MNCAH) services at all levels to best use of resources in maximising results for children in disadvantaged and vulnerable communities in the 8 most deprived provinces. An evidence-based costing, budgeting and planning will be advocated and promoted to identify, prioritise and package the most cost-effective and high-impact MNCAH interventions. The programme will apply the following implementation strategies to remove the key barriers and bottlenecks towards achieving the expected results.

- **Evidence Generation, Policy Dialogue and Advocacy:** UNICEF will continue to support evidence generation through conducting assessments, surveys, and formative research such as MNTE validation assessment, emergency obstetric and new-born care needs assessment, immunisation Coverage Evaluation Survey (CES), Demographic and Health Survey (DHS), community health workers skills assessment, and formative studies and assessment on the community based approaches of e-health care to generate new ideas, information and evidence to influence policy. The programme will continue with policy dialogue and advocacy to promote balance between upstream policy and institutional development work and the downstream programme implementation support on capacity building, monitoring, and service delivery in the critical areas of MNCAH services through equity-focused programming. Capitalising the momentum of HLM-3, UNICEF will advocate with NDOH, in collaboration with WHO, World Bank, and ADB, to promote innovative financing options to remove the economic barriers accessing health services to promote the Universal Health Coverage (UHC).

- **Capacity Development:** UNICEF will continue to support government-led capacity building initiatives with special emphasis on strengthening longer-term institutional capacity to plan and implement programmes through integrated, multi-sectoral approaches. Capacity building support will be expanded to develop the implementation protocols and guidelines on integrated MNCAH and in the new and emerging areas such as Universal Health Coverage (UHC), climate change and health impact, Disaster Risk Reduction and resilient approach of programming on MNCAH. The equity-focused programming with focus to community-based skills-mix, project and financial planning and management, quality assurance, supervision and monitoring, mentoring and reporting aligned with Results Based Management (RBM) principles will be given special emphasis. Capacity building approaches will be reviewed to design and support training programmes that would be effective in removing the key bottlenecks identified through the bottleneck analysis at district and Local Government Level (LLG).

- **Partnerships:** UNICEF-PNG collaborates and coordinates with a wide range of national and international development partners to support the National Department of Health and the Provincial Health Authorities to implement its programme of cooperation in health. UNICEF focuses on its comparative advantages to maximise its contributions to achieve the desired changes in collaboration with its key allies and partners including UN agencies, NGOs, faith-based organizations, community based organisations and the private sector. In the prevailing operating context of geographical and social inaccessibility, the programme will further expand and strengthen partnerships and

collaborative efforts with UN agencies, donors, institutions/universities, women group, youth and students, and professional associations. Based on the experience of WHO-UNICEF joint programme support to improve the Early Essential New-born Care (EENC), the programme will further explore to implement joint programmes on MNCAH and immunisation with other UN organisations under the Delivering as One (DaO) platform. Partnership will also be further strengthened with private sector, in particular, with the Oil Search Limited (OSL) through their CSR charity, the Oil Foundation (OSF).

- **Innovation:** The unique operating context of PNG demands that the country office be strategic and smart with improved knowledge management and innovation. The Health programme will continue to support innovation such as further expanding the use of Rapid-Pro platform and piloting new approaches to reach the children and women. The Health programme will be specifically dedicated to improve service delivery technologies and approaches, data and evidence-based programming, community-based platforms and avenues, and innovation of e-reporting and referral systems, as well as alternative financing options to remove economic barriers of the disadvantaged population in the 8 most deprived provinces.

- **Service Delivery:** UNICEF will continue to support service delivery with supply, cash and services to facilitate the provision of critical MNCAH services by government and other implementing partners (NGOs, Churches). UNICEF's assistance will focus on sustainability of service delivery capitalising the already established mechanisms of GoPNG and to explore new approaches to sustain gains as well as to scale-up critical interventions for the children in the 8 most deprived provinces. UNICEF will support the government and stakeholders to implement the immunisation programme nation-wide, however, other components of health programme such as MNCAH, child health/IMCI including childhood tuberculosis, adolescent health and PPTCT will be supported in the 8 most deprived provinces where UNICEF will focus its service delivery support. Based on a child deprivation index analysis using a number health tracer indicators, the eight most derived provinces have been identified to channel UNICEF's support under next CP. To promote programme convergence and synergies to maximise results, this will also include the provinces prioritised by UNICEF CO and UN systems under DaO framework.

- **Integration and Cross-sectoral Linkages:** Health is both an outcome and a contributor to other outcome areas which collectively contribute to achieve the country programme goals of survival, development, protection and participation of children. The Health programme will strengthen the strategic linkages with other components of the country programme. Strengthening linkages between health and WASH programmes will have mutual benefits of reduction of water-borne diseases and hygiene related infections with promotion of safe water, sanitation, hand washing and hygiene practices including improved Menstrual Hygiene Management (MHM) practices for adolescent girls. Health services linking with nutrition and caring practices will influence the promotion of appropriate feeding, care-seeking, and access to nutritious food. Birth registration, Sexual, Reproductive and Gender Based Violence (SRGBV) against children and adolescent girls, care and support for children and adolescents with HIV affected families and disabilities will be addressed through linking with the Child Protection programme. The Health and Education programme components will work together to promote school based immunisation, adolescent health, hygiene education including promotion of MHM practices, and pre-service education on critical health related issues to improve healthy practices through child to child approach. Strategic linkages will also be capitalized with the communications and advocacy component on raising the profile of immunisation, essential new-born care, adolescent

health and child-friendly budgeting for health. Close collaboration will be ensured with the C4D team to support community-based innovations on social mobilization, community education and community-based health services, care and practices; and with the Social Inclusion team to explore alternative health financing options to remove economic barriers toward promoting UHC. Programmatic integration will be strengthened to improve childhood tuberculosis management linking immunisation and nutrition programmes to ensure that children with TB received adequate nutritional support and care; and that immunisation coverage is improved.

- **South-South & Triangular Cooperation:** The programme will use the already established relationship with concerned ministries and departments of Health in Thailand and Vietnam, in particular on UHC. It will support PNG to join the networks of Pacific Island Countries under the "Healthy Islands "vision to exchange information and disseminate best practices on Universal Health Coverage (UHC), community nutrition, innovation on new-born care approaches, and development of state of art facilities for new-born care in provincial hospitals, and the pre-service education on nutrition, new-born care and adolescent health.

The Theory of Change Diagram (Appendix-1) on Health Outcome outlines the logic behind UNICEF's programme of cooperation, explaining how the organisation's strategic interventions will lead to specific results at output level and contribute to achieve outcome level result of health. It also provides key assumptions and risks that will be mitigated through strategic interventions and measures.

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

SDG Goals/Targets: SDG-3: Ensure healthy lives and promote well-being for all at all ages
National Development Goals/Targets: Strengthened Primary Health Care for All and Improved Service Delivery for the Rural Majority and Urban Disadvantaged.
UNDAF Outcome Area: By 2022, people in PNG especially the most marginalised and vulnerable, have enhanced & sustained utilization of quality and equitable services, food security and social protection.
UNICEF's Outcome statement: By 2022, new-borns, children under-five, adolescent girls and women in Papua New Guinea, especially the most disadvantaged, improved equitable access to and utilization of evidence-based high impact health services.
Outcome level indicators: 1) Proportion of infants received Penta-3 vaccination [B: 56% (2015); T: 90%] 2) Proportion of births conducted by skilled health workers [B: 44% (2006); T: 60%] 3) Proportion of new-born in selected provinces who received life-saving resuscitation and care delivered at health facilities [B: 32%; T: 70%] 4) Proportion of HIV positive children in selected provinces who received ARV treatment (B: 36% (2015); T: 70%)

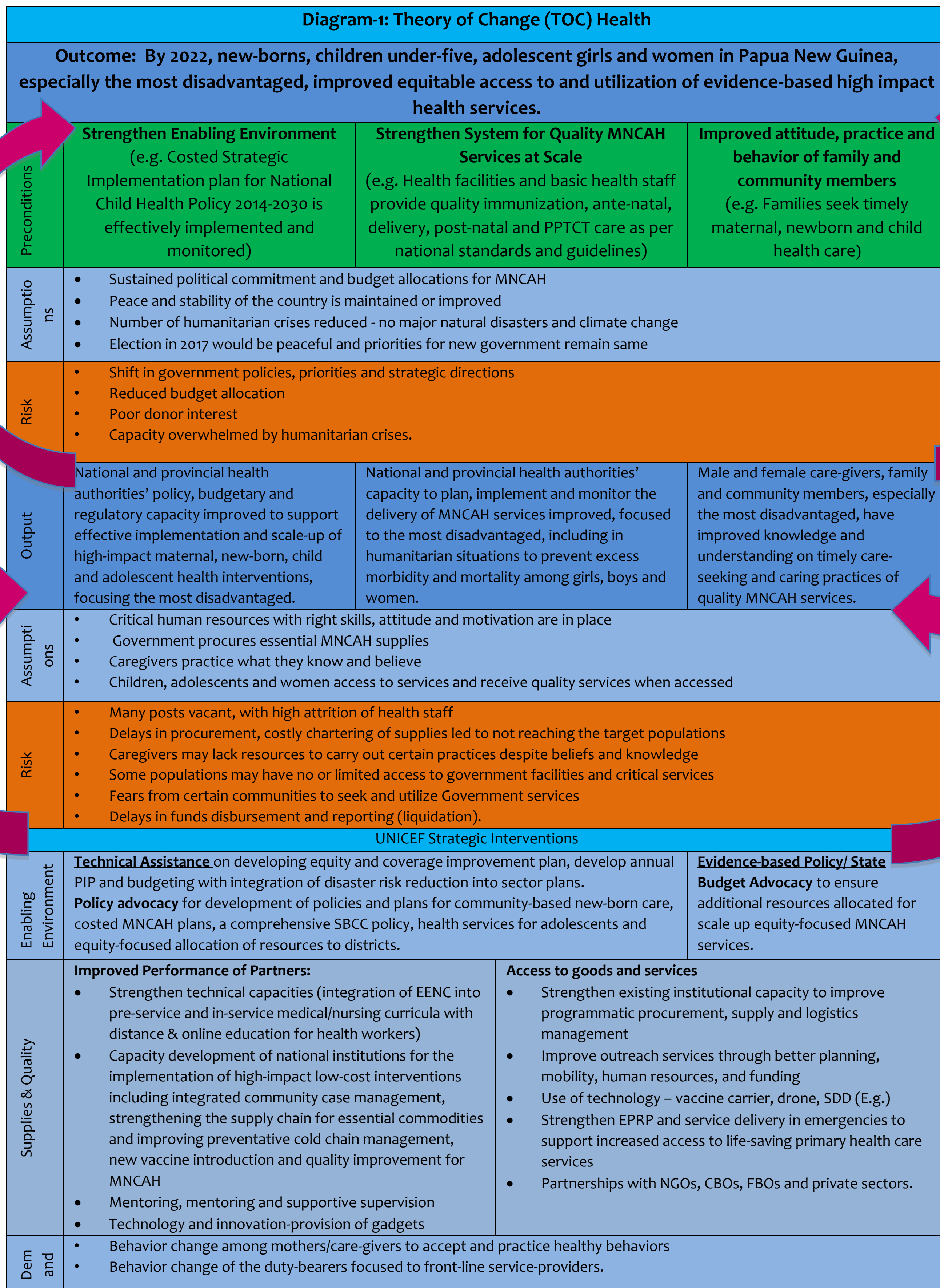

Diagram-1: Theory of Change (TOC) Health

Outcome: By 2022, new-borns, children under-five, adolescent girls and women in Papua New Guinea, especially the most disadvantaged, improved equitable access to and utilization of evidence-based high impact health services.

Preconditions	**Strengthen Enabling Environment** (e.g. Costed Strategic Implementation plan for National Child Health Policy 2014-2030 is effectively implemented and monitored)	**Strengthen System for Quality MNCAH Services at Scale** (e.g. Health facilities and basic health staff provide quality immunization, ante-natal, delivery, post-natal and PPTCT care as per national standards and guidelines)	**Improved attitude, practice and behavior of family and community members** (e.g. Families seek timely maternal, newborn and child health care)
Assumptions	• Sustained political commitment and budget allocations for MNCAH • Peace and stability of the country is maintained or improved • Number of humanitarian crises reduced - no major natural disasters and climate change • Election in 2017 would be peaceful and priorities for new government remain same		
Risk	• Shift in government policies, priorities and strategic directions • Reduced budget allocation • Poor donor interest • Capacity overwhelmed by humanitarian crises.		
Output	National and provincial health authorities' policy, budgetary and regulatory capacity improved to support effective implementation and scale-up of high-impact maternal, new-born, child and adolescent health interventions, focusing the most disadvantaged.	National and provincial health authorities' capacity to plan, implement and monitor the delivery of MNCAH services improved, focused to the most disadvantaged, including in humanitarian situations to prevent excess morbidity and mortality among girls, boys and women.	Male and female care-givers, family and community members, especially the most disadvantaged, have improved knowledge and understanding on timely care-seeking and caring practices of quality MNCAH services.
Assumptions	• Critical human resources with right skills, attitude and motivation are in place • Government procures essential MNCAH supplies • Caregivers practice what they know and believe • Children, adolescents and women access to services and receive quality services when accessed		
Risk	• Many posts vacant, with high attrition of health staff • Delays in procurement, costly chartering of supplies led to not reaching the target populations • Caregivers may lack resources to carry out certain practices despite beliefs and knowledge • Some populations may have no or limited access to government facilities and critical services • Fears from certain communities to seek and utilize Government services • Delays in funds disbursement and reporting (liquidation).		
	UNICEF Strategic Interventions		
Enabling Environment	**Technical Assistance** on developing equity and coverage improvement plan, develop annual PIP and budgeting with integration of disaster risk reduction into sector plans. **Policy advocacy** for development of policies and plans for community-based new-born care, costed MNCAH plans, a comprehensive SBCC policy, health services for adolescents and equity-focused allocation of resources to districts.		**Evidence-based Policy/ State Budget Advocacy** to ensure additional resources allocated for scale up equity-focused MNCAH services.
Supplies & Quality	**Improved Performance of Partners:** • Strengthen technical capacities (integration of EENC into pre-service and in-service medical/nursing curricula with distance & online education for health workers) • Capacity development of national institutions for the implementation of high-impact low-cost interventions including integrated community case management, strengthening the supply chain for essential commodities and improving preventative cold chain management, new vaccine introduction and quality improvement for MNCAH • Mentoring, mentoring and supportive supervision • Technology and innovation-provision of gadgets	**Access to goods and services** • Strengthen existing institutional capacity to improve programmatic procurement, supply and logistics management • Improve outreach services through better planning, mobility, human resources, and funding • Use of technology – vaccine carrier, drone, SDD (E.g.) • Strengthen EPRP and service delivery in emergencies to support increased access to life-saving primary health care services • Partnerships with NGOs, CBOs, FBOs and private sectors.	
Demand	• Behavior change among mothers/care-givers to accept and practice healthy behaviors • Behavior change of the duty-bearers focused to front-line service-providers.		

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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,

Attachment 1 – Checklist 1 *"Initial Screening"*

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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