

In PNG, at 25%, Neonatal condition including sepsis remain the most frequent direct and indirect causes of childhood deaths. Lack of access to water and sanitation in health care facilities may discourage women from giving birth in these facilities or cause delays in care-seeking (Velleman et al., 2014), which is also confirmed by anecdotal evidence in PNG. Improving WASH in health care facilities is essential to establish trust in health services and encourage mothers to seek prenatal care, and deliver in facilities rather than at home. There is an urgent need to advocate to ensure that minimum standards of WASH in health facilities are met in PNG.

Summary:

The level of inequity in service access between urban and rural populations, lack of results, weak coordination and accountability resulting from a weak sector governance structure, lack of technical coherence among WASH practitioners and the sheer scale of needs of in rural areas, schools and health facilities, demand that UNICEF fully leverage their global and institutional WASH expertise to establish an expanded WASH programme. The conditions as described also provide a strong rationale for UNICEF to strengthen its technical capacity for supporting national efforts in improving WASH, also essential for meeting other child outcomes in health, nutrition, education and child protection.

UNICEF's has several comparative advantages in this area, including its equity agenda which focuses on reaching the most vulnerable and disadvantaged first – an approach which is much needed in PNG. UNICEF is also a valued government partner, an active humanitarian actor and knowledge leader with strong convening power that can support institutional strengthening, through the development of a coordination mechanism and strengthened monitoring for the sector.

3. Theory of Change

Outcome: By 2022, at-least 50 per cent of households and 60 per cent of schools and health facilities in selected areas, access and use equitable, adequate, and sustainable WASH services that meet national standards, including during emergencies.

Building on recent developments in WASH in PNG, through this outcome area, UNICEF-PNG will support WASH in rural households, schools and health facilities as a basic human right in line with the Global WASH Strategies.

1. Children and their families use basic sanitation at home, and live in communities free from open defecation
2. Children and families practice effective handwashing with soap or ash at critical times
3. Children and families use a safely handled basic drinking water
4. Learning environment have basic drinking water, gender separated sanitation and hand washing with soap facilities which are accessible to all.
5. Health facilities have basic drinking water, gender separated sanitation and hand washing with soap facilities which are accessible to all especially at the time of child birth and during new born care
6. Governments are accountable in ensuring that sustainable and equitable services are prioritized for all and particularly the most vulnerable and delivered at scale.

UNICEF's vision for WASH is the realization of Human Rights to water and sanitation for all especially for children so they can survive, grow, thrive and develop healthily. At the impact level, WASH will

contribute to reduction in child and maternal mortality, stunting and to improved school attendance, thereby directly contributing to the National WASH Policy 2015-2030, National Health Plan (NHP) 2011-2020, National Education Plan 2015-2019, SDG 6 (Clean Water and Sanitation), SDG 3 (Health) and SDG 4 (Education).

UNICEF's theory of change for WASH starts at the impact level, with the understanding that **If** the rights of every child, especially the most disadvantaged are to be realised, **Then** it is critical that Articles 6, 24 and 25 of the Convention on the Rights of the Child and Human Rights to water and sanitation be fully implemented in Papua New Guinea.

Efforts to uphold these articles are evident through the Papua New Guinea's commitment to achievement of the SDGs (including Goals 4.1 a, 6.1 and 6.2) and the establishment of goals and targets related child survival in the National WASH Policy 2015-2030 and sector-specific strategies.

The impact of the progressive fulfilment of these Articles can be measured, **in part**, through changes in:

- Under-five mortality rates per 1000 live births (Baseline: 57 (2016) / Target:42)
- Neonatal mortality rate per 1000 live births (Baseline: 24 (2013)⁵ / Target: TBC)
- Prevalence of stunting among children under 5 years old (Baseline 49.5% / Target 5% cumulative reduction by 2022⁶)
- Education- *Net enrolment rate of girls and boys in elementary and primary education by location.* (Baseline 47% (girls)/ Target TBC)

If the most disadvantaged children in Papua New Guinea are benefiting from water, sanitation, and hygiene **and if** responsibilities are fulfilled by the duty bearers **then** children rights to survival and healthy development are realised.

If the capacities of stakeholders that bear the duty of planning, budgeting, regulating, coordinating, delivering and monitoring these services are sufficient to identify the most vulnerable and ensure that service delivery mechanisms are inclusive, child-centred, gender-responsive and risk-informed. **Then** the most disadvantaged will benefit from increasing access and utilisation of Water, Sanitation and Hygiene.

It is also critical to improve knowledge, attitudes and practices of children and other rights-holders around health and hygiene seeking behaviour and proper feeding and caregiving practices.

UNICEF's theory of change at outcome level considers that **if a** National WASH Authority is established and is provided with authority to enforce the implementation of National WASH Policy 2015-2030. UNICEF's contribution to the Outcome will be delivered in partnership with government, NGOs, other development partners, FBOs.

UNICEF's support to the WASH PMU will play a critical role in shaping the success of the outcome.

If a Costed Strategic Framework and Implementation plan for National WASH Policy 2015-2030 is developed and adequately budgeted to successfully scale up service delivery models such as Community Led Total Sanitation (CLTS), rural water supply and institutional WASH; **and if** DDA (District Development Authority) implements National Service Delivery Framework with WASH

⁵ Neonatal and Child Health Profile, WHO

⁶ PNG UNDAF 2018-2022, indicator 2.3.2

services; **and if** other donors and partners support government-led changes to reach 50 per cent households, and 60 per cent schools and health facilities; **and** If Mothers, fathers, caregivers, children, families and communities are mobilized to adopt positive social norms and abandon open defecation, use improved toilet and practice hand washing with soap...

Then: By 2022, at-least 50 per cent of households and 60 per cent of schools and health facilities in selected areas, access and use equitable, adequate, and sustainable WASH services that meet national standards, including during emergencies

The theory of change sees UNICEF along with other partners supporting the strengthening of the enabling environment of the WASH sector and the WASH Programme Management Unit (PMU) in establishing itself as sector leader and in the development and the implementation of the WASH sector plan and WASH sector fund with a shared vision among development partners avoiding duplication of efforts. In collaboration with other development partners, UNICEF will support the WASH PMU in sector coordination, planning, development of accountability framework, standards and guidelines, service delivery and institutional arrangement, performance monitoring and review and sustained capacity development. UNICEF will support a stakeholder mapping exercise for rural WASH and WASH in institutions, assessing technical capabilities, track records for implementation, and geographic areas of activity and the period of potential future engagement of each partner.

At the output level, based on the technical capabilities and geographic areas selected, UNICEF will model service delivery and build the capacity of four selected DDA to develop five year integrated WASH plan mainstreaming Disaster Risk Reduction, Climate Change Adaptation, cross cutting issues in line with the national plan, to model and deliver services and implement WASH plan in line with the national service delivery framework and national standards and guidelines, support progress monitoring and adapt programming based on learning.

To trigger demand for WASH services and reinforce social norms, the theory of change puts forward the case **that if** mothers and fathers and extended family members or other caregivers and girls and boys have enhanced knowledge and skills on improved sanitation, hygiene and safe water handling behaviour, **then** children will be raised and will learn in an environment free from faecal contamination and the children will survive, grow and thrive to their full potential. Thus, UNICEF's programming will focus on community mobilization and targeted behaviour change to trigger demand for services, reinforce positive social norms and improve sanitation and hygiene behaviours.

The WASH programme theory of change envisions that the program Outcome will result from delivering on the three key Outputs specified below, which are the necessary conditions and changes required during the country programme cycle to achieve the outcome.

- **Output 1: The National WASH PMU has strengthened capacity to lead and coordinate the WASH sector in PNG and ensure key governance functions are in place (Enabling Environment)**

The UNICEF theory of change states that **if** the WASH PMU is sufficiently capacitated and **if** effective sector coordination mechanisms operations under PMU, and capacity strengthening at sub-national levels is undertaken **then** the WASH PMU will have the capacity to lead and coordinate the sector.

There is an underlying assumption that enhanced capacity will contribute to enhanced performance of the PMU and the WASH sector in general. The nascent WASH PMU is under-staffed and low on capacity. Thus- UNICEF will focus its advocacy and partnership with key partners such as the World Bank and the EU to ensure WASH PMU is adequately resourced in establishing itself as sector coordinator and leader.

- **Output 2: Four Provincial Administration and DDAs have institutional set up, resources and strengthened capacity to deliver equitable, adequate, and sustainable WASH services at households, schools, and health care facilities (Supply), including during emergencies**

The proposed theory of change states that *if* Sufficient HR with the right skills/capacity and motivation and a WASH Technical unit are in place at the DDA to support service delivery on WASH, *if* WASH is adequately included and financed in the five year DDA plan in line with National Standards; *then* DDA will shift from “doing business as usual” and will have the capacity and motivation to deliver quality and sustainable WASH Services to the most vulnerable and the poorest.

At the output level, based on the technical capabilities and geographic areas selected, UNICEF will build the capacity of four selected DDA to develop 5-year WASH plan in line with the national plan, to model and deliver services and implement WASH plan in line national Service delivery framework and national standards and guidelines, support progress monitoring and adapt programming based on learning. One DDA from each of the four regions in Papua New Guinea will be chosen. DDA with poor socio-economic indicators and are willing to model and test service delivery arrangements will be some of the criteria in making the selection.

- **Output 3: By 2022, mothers, fathers, caregivers and children especially from disadvantaged districts and communities have increased knowledge and skills to improve sanitation and hygiene behaviour and to demand quality services. (Demand)**

The theory of change states that *if* Citizens - mothers, fathers, caregivers and children have access to information, demand services and have opportunity to participate in planning and budgeting and engage in citizens/community reporting and *if* Citizens are aware about benefits of improved WASH and are aware it is a basic human right *then* Improved knowledge and awareness level will result in change in mind set/social norms and will trigger demand for improved sanitation and hygiene behaviour.

Thus, UNICEF’s programming will focus on community mobilization and targeted behaviour change programming to trigger demand for services, reinforce positive social norms and improve sanitation and hygiene behaviours.

These outputs will address bottlenecks and determinants related to the enabling environment, supply and demand. UNICEF is recognized as the global lead agency on WASH and has strong institutional strength with equity agenda which focuses on reaching the most vulnerable and disadvantaged first – an approach which is much needed in PNG. With strong support from the Regional office- UNICEF-PNG has already established itself as a reliable partner for the government, opening avenues for policy advocacy. UNICEF’s WASH strategy complements the contribution of other development partners, but is focused on areas of UNICEF comparative advantage.

The following strategies will be applied to achieve the planned results.

- **Capacity Development:** One of the biggest and the “most prominent” bottleneck is the low institutional and human capacity and competency to provide WASH services. There is no dedicated

service provider to guide/regulate and ensure the delivery of WASH services. While advocating for putting in place institutional framework for a specific department, UNICEF will support the government to design and develop capacity development plan. UNICEF will also support the implementation of the capacity development plan on WASH especially on rural water supply, community approaches to total Sanitation and WASH in Institutions.

UNICEF will continue to support the development of national and sub-national institutional and human resource capacity to promote improved WASH behaviours and provide improved WASH services. Capacity building is aimed at all levels to ensure public services carry out their roles and responsibilities for effective WASH service delivery at scale. Capacity building support will be expanded to develop the standards, regulation and guidelines and field guidance documents in support of the agreed-programme methodology, including systems and procedures required for implementation; and the ability to monitor programme.

A prerequisite for capacity building is the establishment of a dedicated institutional structure for WASH at national and subnational level provided with adequate personnel to carry out their functions.

Capacity development will entail both functional and technical capacity in areas of survey, design, bidding, construction/implementation, supervision of construction of water and sanitation facilities; sanitation and hygiene promotion using community approaches to total sanitation. UNICEF will build the capacity NGO and district partners, CLTS facilitators, Environmental Health officer, School Inspectors, Village Health Workers, women and youth group, School Board of Management, teachers to trigger demand and promote WASH. Capacity will be provided through a pool of expert trainers and will also be linked with universities such as Goroka University, Lae University of Technology and Divine Word University with the aim of institutionalizing the capacity building programme.

▪ **Evidence Generation, Knowledge Management, Policy Dialogue and Advocacy.**

UNICEF will continue to establish evidence on girls and boys and WASH, including children with disabilities (CWD) through assessments, research, surveys such as the DHS (Demographic and Health Survey), formative research and strengthening of National Management Information Systems such as the Health Information Management System and Education Management Information System. UNICEF will also continue to support a platform for knowledge management and knowledge exchange to support a climate of evidence based programming.

UNICEF will use its convening power to use evidence to influence the setting of priorities within the WASH sector and other sectors such as Education, Health and Nutrition. UNICEF-PNG will continue to contribute to the Joint Monitoring Programme (JMP), UN-Water Global Analysis and Assessment of Drinking-Water and Sanitation (GLAAS) and other global monitoring mechanisms. UNICEF will also continuously advocate to bring the government of PNG in the Sanitation and Water Alliance (SWA). UNICEF will support the development of standards and guidance documents on Water supply, Sanitation and Hygiene Promotion. Programme monitoring will focus on continuous feedback mechanism between upstream policy and institutional development work and the downstream programme implementation to influence simple, sustainable and scalable programme on rural WASH, WASH in schools and WASH in health care facilities.

- UNICEF will continue to place communities at the centre of its programming and will support communities to participate in WASH related processes- including demand for services, programme design and delivery, monitoring to hold the service providers and local authorities accountable.

UNICEF will support communities to adopt healthy WASH practices by creating, changing or reinforcing social norms through social mobilization.

- **Partnerships:** The WASH sector coordination mechanism led by Government will help establish the basis for improved stakeholder collaboration and prepare the ground for a shared vision of the sector, including defined roles and responsibilities and challenges ahead. UNICEF will foster and strengthen partnerships among government departments and with NGOs, FBOs, civil society organisations, academia and the private sector, UN system, World Bank, ADB, European Union, institutions/universities, women group, youth and students, and professional associations to ensure WASH inputs are addressed, and benefits are maximized for children. UNICEF works closely with the WASH PMU, DoE, DoH, World Bank, NGOs such as World Vision, Water Aid, OXFAM, local NGOs, and Community Development Institute of University of Lae. Possible partnerships will be further explored with universities to engage civil engineering, environment and public health departments to provide support on building water and sanitation facilities, operation and maintenance issues. CLTS/CATS (Community Approaches to Total Sanitation) approaches will be used to promote Open Defecation Free (ODF) communities.
- **Innovation:** UNICEF will support evidence-based and innovative approaches and technologies to reach the poorest and most marginalized groups. UNICEF will work with new partners, especially from the private sector, to support innovation and promote low cost and affordable sanitary products. The WASH programme will continue to support and further expand the use of innovative data and evidence-based programming using real-time monitoring tools, citizen engagement and community-based monitoring and reporting platforms. Learning from innovations will be used for advocacy to put in place scalable and sustainable and resilient service delivery arrangements.
- **Service Delivery:** The District Development Authority (DDA) Act 2014 establishes the basic level of service delivery through DDA. UNICEF will support four selected District Development Authorities to develop 5-year WASH plans and service delivery models including programme methodology, systems and procedures required for implementation, and the ability to monitor such arrangements. UNICEF will be supporting evidence-based and innovative approaches and technologies to reach the poorest and most marginalized groups for whom currently there is no service delivery arrangement in place. Based on the results of a feasibility study, this might include strengthening markets using approaches such as sanitation marketing to improve access and affordability of sanitation products by the communities. Learning derived from models will be documented, disseminated and used for advocacy towards scalable, resilient and sustainable service delivery arrangements.

UNICEF will partially fund the DDA plan and advocate with other development partners, private sector, foundation, churches, NGOs, for full funding of the five year DDA WASH plan through District Services Improvement Programme Fund (DSIP), national fund and other funding streams. There should also be continuous advocacy to put in place institutional framework and sufficient number of human resources at the DDA to establish a Technical WASH Unit with WASH Coordinator/Planner, Sanitation specialists, Water Engineers, Hygiene Promoters etc.

UNICEF will also engage a technical firm as “third party monitor” to monitor the quality of WASH construction and strengthen quality of programming and services at the district level. DDAs will also be linked with academia and universities in the country and outside the country to avail short term regular/refresher training on WASH. For instance, the Divine Word University and University of Goroka are potential partners to provide training on Community Led Total Sanitation or other community approaches and to total sanitation (CATS), water safety plan etc. through their Environmental Health Bachelors’ Degree programme or tailor

made course. University of Technology at Lae is a potential partner to run tailor made courses on survey, design and construction training related to water supply and sanitation facilities.

- **Communication for Development:** UNICEF will support communities to establish and sustain healthy WASH practices, such as Open Defecation Free Communities, by changing or reinforcing social norms using community approaches to total sanitation, and Communications for Development. Behaviour change for improved hygiene is also prioritized, particularly due to the importance of hand-washing in preventing child mortality. National hand-washing behaviour change communication programming will be given priority.

UNICEF works closely with partners to develop communication approaches. Community Led Total Sanitation, School led Total Sanitation and other community approaches to total sanitation are promoted by the Healthy Islands Programme implemented by Papua New Guinea and will be promoted widely to generate increased demand for open defecation-free communities, especially in areas which demonstrate high rates of diarrheal diseases and stunting.

The Three-star approach to WASH in schools⁷ (including ECD centres, elementary, primary schools and Secondary) latched on to the National Quality School Standards Framework of Papua New Guinea, will be promoted to improve hygiene behaviour change programmes including menstrual hygiene management for girls, with significant participation/leadership of adolescents.

To bring the end user/ community on board in a participatory approach, citizen's report card and a platform will be created to hold service providers accountable for providing services. This will be a gender equitable platform where women and men, girls and boys, including PWD and CWD, and other marginalised groups will get equal opportunities to participate.

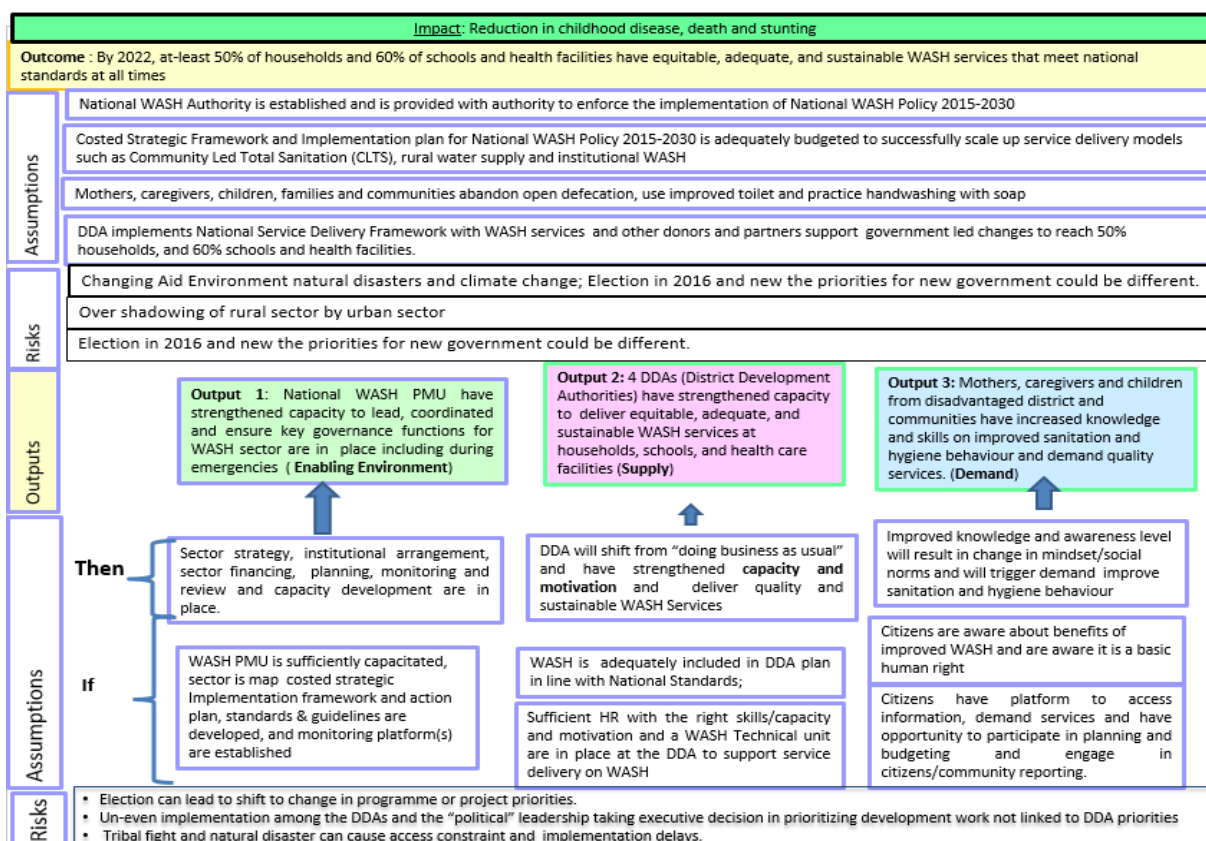
- **Integration and Cross-sectoral linkages:** WASH programme will strengthen the strategic linkages with Health, Nutrition and Education programme to achieve child survival and development goals.
- Strengthening linkages between health and Nutrition on Community approaches to total sanitation will promote and reinforce positive health and hygiene seeking behaviour and improved social norms contributing to improved health and nutrition outcome such as reduced childhood disease, death and reduced stunting. Integrated WASH and Nutrition programming will be designed and CLTS and community based feeding programming at community level will be implemented in pursuit of simple, scalable and sustainable joint programme. Strengthening linkages with Nutrition programme will help achieve the nutrition impact of reducing stunting and wasting as well as improved feeding and caring practices through increased provision of WASH services. WASH will contribute to Education through the promotion of WASH in schools, including menstrual hygiene management, leading to an improved learning environment, supportive of improved school attendance especially among girls and improved learning outcomes.
- Gender based violence is high in Papua New Guinea. Improved access to water and sanitation will reduce risks faced by women, girls and boys as they no longer should face multiple burden of walking long distance to collect water or to use toilet in the open under the cover of darkness.

⁷ The Three Star Approach for WASH in Schools is designed to improve the effectiveness of hygiene behaviour change programmes. The approach ensures that healthy habits are taught, practised and integrated into daily school routines.

- Strategic linkages will also be established with Social Policy to raise the profile of WASH for improved public financing; and with Communications and C4D to support national awareness campaign on sanitation, and community-based social mobilization innovations.
- **South-South & Triangular Cooperation:** UNICEF-PNG will support the government to establish South-South cooperation with Pacific Island Countries and other countries. The programme will use existing networks such as International Learning Exchange on WASH in Schools, Rural Water Supply and Sanitation Network (RWSSN) as well as facilitate the development of new networks to exchange information, improve learning, explore innovative financing models and disseminate best practices.

WASH in Emergencies: WASH is lifesaving and an immediate priority in responding to humanitarian situations, and UNICEF's commitments are clearly stated in the Core Commitments for Children in Humanitarian Action. As PNG is in the Pacific Ring of Fire and highly prone to natural hazards, the Programme will support risk informed programming, using a Child Centred Risk Analysis, and ensuring that designs and technologies are risk-resilient. UNICEF-PNG will co-lead the National WASH Cluster with government for coordination of preparedness plans and response activities. UNICEF will also build national and sub-national capacity to prepare for and respond to emergencies by supporting the prepositioning of lifesaving supplies in strategic locations. To offset potential loss of gains, UNICEF will ensure that infrastructure such as water tanks, toilets are disaster resistant. UNICEF will provide cash, technical assistance and supplies in emergencies.

TOC Visual- Change pathway for WASH



Programming Principles: Reduce in-equalities, sustain access to services at scale, promote resilient development, strengthen accountability at all levels, integrate humanitarian and development programming, strengthen national system



Results structure and framework

[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

