U.S. Agency for International Development
Bureau for Asia and the Near East
Washington, D.C. 20523

Initial Environmental Examination (IEE)

Program/Activity Data

Program Name: Cambodia Health Program 2014-2018
Originating Office: Office of Public Health and Education (OPHE)
Country/Region: Cambodia
Activity Begin: FY 2014 Activity End: FY 2018
Life of Project Amount: $117.5 million
IEE Prepared by: Lauren Cope and Pamela Teichman Date: 20 August 2014
IEE Amendment (Y/N): N

Environmental Action Recommended:
Categorical Exclusion: X Deferral:
Positive Determination: □ Neg. Deter. with Conditions: ■
Exemption: □
1. BACKGROUND AND ACTIVITY DESCRIPTION

Purpose and Scope of IEE
The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide documentation of a preliminary review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, for the activities detailed below. This document provides a statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment or an Environmental Impact Statement is required for the activities managed under the scope of this document. The activities below are recommended for Categorical Exclusion and Negative Determination with Conditions.


This IEE replaces and supersedes the Mission’s 2008-2012 OPHE IEE and the IEEs that each program prepared and got approval for the new AAD 2013-2018, those IEEs include:
- Strengthening Facilities for Health Project, Asia 14-12
- Empowering Community for Health, Asia 14-13
- Integrated Nutrition, Hygiene and Sanitation, Asia 14-107
- UNFPA PIO grant: Health Campaign for Cambodia Youth, Asia 14-61
- Integrated Nutrition, Hygiene and Sanitation, Asia 14-107
- Social Enterprise for Sustainable Access to Safe Water Project, Asia 14-100
- Health Service Delivery Program, Asia 13-139
- Social Health Protection Project, Asia 14-09
- Health Information Policy and Advocacy, Asia 14-27
- Mobile Malaria team using Mobile Phone to reach Mobile Population, Asia 14-110
- HIV/AIDS Evaluation Project, Asia 12-218
- HIV/AIDS Flagship Project, Asia 12-216
- Improving the Quality and Effective of HIV Prevention of Most at Risk Population, Asia 14-111
- US Peace Corps Small Project RCE-PC-SPA
- Improving People Living with HIV (PLHIV) and Most-at-Risk Population, Asia 14-116
- HIV/AIDS Prevention to Entertainment Workers and Communities in Veal Veng, Asia 14-108

Background
USAID/Cambodia’s Office of Public Health and Education (OPHE) is in the process of implementing health program activities as outlined in the FY2013-2018 Health Program Design Project Appraisal Document as well as the FY2013-2017 HIV/AIDS Activity Approval Document, and the USAID/Cambodia Country Development Cooperation Strategy (CDCS). Under these plans, activities build upon prior investments and achievements in HIV/AIDS, tuberculosis (TB), malaria and prevention and control of other infectious diseases and public health threats; maternal child health; child and maternal nutrition; family planning and reproductive health; quality improvement; health financing; health information systems; and community-based health service delivery. The strategic framework laid out in these plans is fully aligned to USAID/Cambodia’s Country Development Cooperation Strategy (CDCS) and other US Government (USG) and Royal Government of Cambodia (RGC) health strategies.
Description of Activities
The USAID/Cambodia Health Program Design FY2013-2018 Project Appraisal Document (PAD), as amended July 2013, has ten (10) distinct components:

- **Program Component 1: Quality improvement of Maternal, Newborn and Child Health (MNCH) services and Strengthening Community Health Systems and Commune Council Capacity** to manage community health activities. This component focuses on both the delivery of specific technical interventions and on behavior change communication (BCC), with particular attention to maternal and newborn care, maternal and child nutrition, increasing the range of available family planning (FP) methods, promoting changes in hygiene behaviors, and increasing demand for household water treatment products and improved household sanitation facilities. In addition to facility-based interventions, it will focus on institutionalization of village health volunteers under local government with support for their functions in health promotion/community mobilization, and village-based provision of TB, nutrition, and family planning services. Also included are activities to strengthen community health governance.

- **Program Component 2: Information, Policy and Advocacy:** This component will seek to ensure appropriate resource allocation in the newly decentralized context and facilitate effective leveraging of other donor and government resources in support of program objectives. It will build the capacity of the Ministry of Health (MoH) at all levels, and civil and administrative officials at provincial and district levels, to use data for decision-making and advocacy and allocate resources according to public health priorities. Improved health data will also improve transparency in budget resource allocation through more rational decentralized and national-level planning processes. Opportunities for incorporating technology, such as e-banking and improving public expenditure and data information systems, will increase accountability and transparency at all levels of the government.

- **Program Component 3: Support to Social Health Protection Mechanisms:** This component will aim to continue USAID’s contribution to ensuring the quality and efficiency of Health Equity Fund (HEF) operations by providing expert technical assistance (TA) to the MoH as it institutionalizes and scales up HEFs and, in collaboration with other ministries and development partners, facilitates development of a broader Social Health Protection system.

- **Program Component 4: Regulation and Licensing:** This program will assist the MoH in improving its stewardship role through firmer regulation of public and private providers and by strengthening the role and capacities of Professional Councils in establishing licensing and registration criteria and continuing education requirements. It will assist the MoH in creating a regulatory framework which establishes minimal standards for practice by private providers along with a system to enforce compliance, thus addressing the harmful practices which currently have a negative health impact. This may include improving the regulatory framework and laws to ensure better control of counterfeit drugs, particularly for malaria. It will also address how the MoH can better define the space between public and private work by civil servants and support measures to curtail dangerous practices in retail pharmacies.

- **Program Component 5: Private Sector Engagement:** This component will have three “prongs”: supporting non-public sector Reproductive Health clinics targeting special populations; social marketing of family planning, HIV/AIDS, child survival, malaria, and other health products and commodities; and strengthening household water treatment and safe storage products and sanitation products retailing by the for-profit private sector. In keeping with its long-
standing practice of supporting service delivery through public and private sector channels, and to offset the comparative neglect of the non-governmental sector by other major donors, USAID will continue to support the delivery of health products and services through other non-public clinics and social marketing, with particular emphasis on increasing the long-term sustainability of these vital channels through capacity-building in the development of sound business plans and enhanced cost recovery. The range of social marketing products and commodities will expand to include micronutrient supplements for children and an acute respiratory infection treatment kit, and will continue to market products that ensure access for the poor or hard-to-reach, marginalized populations, specifically condoms, lubricant, oral rehydration salts and family planning commodities. The availability of household water treatment and safe storage products and sanitation products will be enhanced through capacity-building of the local private sector, thus increasing communities’ abilities to act on behavior change messages. Project activities will work with pharmacies and private health providers, often the first point for migrant laborers, to ensure correct diagnosis and treatment for malaria. This component may include a Global Development Alliance (GDA) program.

- **Program Component 6: Communications**: Although behavior change communication will be an integral element in many of the above components, a dedicated Communications activity will work closely with health partners, both USAID and non-USAID supported, and relevant national programs to develop an over-arching RGC communication strategy designed to ensure that messages and resources are directed where they are most needed, are regularly re-assessed and revised if necessary, and that any significant gaps are identified and addressed. A communications component will ensure consistency in messaging across partners, will establish communication campaigns based on research, and will ensure coordination with the government and other donors, thus decreasing duplication of efforts and, therefore, increasing cost-effectiveness of communication programs.

- **Program Component 7: TA in Training of Health Personnel**: This TA will support several of the other components as well as constitute USAID’s contribution to improving pre-service education. It will work with national programs, educational institutions and other development partners to improve pre-service content with respect to maternal and child nutrition, and assist Professional Councils in reviewing the overall curricula of public and private institutions to ensure that these produce the competencies needed for licensure and re-registration, with feedback to the educational institutions as necessary. The TA will also work with Professional Councils, the newly established Center for the Development of Health Professionals, the national MNCH program, on-the-ground implementing partners and other development partners to ensure that on-the-job training approaches are technically sound and contribute to building the necessary clinical competencies for each cadre of staff. The results of such competency-based trainings will then be documented and fed back to educational institutions and other development partners for incorporation into pre-service curricula.

- **Program Component 8: Tuberculosis Control**: Further support to improve screening, diagnosis and management of pediatric and Multi-drug Resistant Tuberculosis (MDR TB) will bring the work which has begun in the current program to scale. To increase case finding and treatment enrollment among children and other vulnerable populations, activities will liaise closely with the public health system at provincial and district levels, USAID implementing partners working at commune level, and non-USAID funded health partners active in prevention and control of TB and/or other infectious diseases or working with malnourished children. The TA will also support the National Tuberculosis Program in surveillance of emerging drug resistance and assist it to develop effective strategies for resource management and mobilization.
- **Program Component 9: Malaria Control:** Malaria control support in Cambodia is part of the President’s Malaria Initiative (PMI). The strategies and activities which are in line with PMI’s Greater Mekong Subregion goal of limiting the spread of multidrug resistant malaria will include: working with national malaria control and other donors’ programs to improve efficiency, reduces administrative bottlenecks and fill intervention gaps. It includes TA to national and operational district levels to strengthen preventative and curative services among at-risk residents, mobile/migrant populations living in PMI target areas, and pregnant women and children under five years of age who are most vulnerable to malaria. The support will intensify case detection and prompt treatment by improving access to quality diagnosis and treatment of malaria at community and health facility levels, and in the private health sector. The support will also generate and promote the use of strategic information on drug efficacy, drug quality and entomologic monitoring for programmatic and policy purposes. OPHE will collaborate with neighboring countries in tackling artemisinin resistance. Program Component 9: Malaria Control will not include indoor residual spraying. Although the focus of the malaria control activities is primarily technical assistance, this component will involve activities for the use or recommendation for use of pesticides related to insecticide treated net (ITN) distribution and net impregnation/re-impregnation activities.

- **Program Component 10: Policy and Advocacy Technical Assistance:** OPHE and its partners will provide regular advocacy to the government and other stakeholders on the introduction or revision of policies and guidelines, such as standard operating procedures, clinical practice guidelines and standards of treatment at the varying levels of service delivery (including all three levels of referral hospitals: Comprehensive Package of Activities (CPA) 1, 2 and 3). OPHE staff will advocate formally through the formal technical and sub-technical working groups along with the various health partner fora that are active in Cambodia. This component will not be funded as a distinct program but instead will capitalize on the high level of technical expertise of OPHE staff.

The OPHE HIV/AIDS Activity Approval Document has five (5) distinct technical components:

- **Technical Component 1: Technical Innovation and Capacity Building:** The flagship HIV/AIDS project focuses on technical innovation and capacity building to improve the quality and delivery of integrated HIV prevention, care, support, and treatment services in clinical and community settings. To build on the strong foundation of promoting innovation through targeted TA, USAID/Cambodia will place greater emphasis on TA and focus less on service delivery. Technical innovation focuses on development and piloting of replicable, cost effective models through select implementing partner technical hubs and the national HIV/AIDS program. Capacity building will be focused on organizational capacity strengthening and management systems improvement (administration, management, governance, finance, monitoring and evaluation) for the same technical hubs.

- **Technical Component 2: Evaluation and Policy:** This technical component will focus on rigorous evaluation of the models, methodologies, and interventions carried out by other USAID-supported HIV/AIDS implementing mechanisms. Building local capacity for evaluation and identifying and applying empirical data to inform program improvement is another priority. Informed by the USAID Evaluation Policy (2011), the evaluation component will utilize the best available empirical evidence to engage in and promote methodological quality, objectivity, access to evaluation findings, and use of evaluation recommendations for decision making that will be relevant and integrated into the overall HIV/AIDS portfolio design. Findings will be disseminated to ensure transparency and an appropriate use of evaluation data and recommendations.
USAID/Cambodia will also invest in developing a more supportive policy and legal environment for access to and delivery of HIV/AIDS services by investing in the use of data to support advocacy. The focus for activities under this component will be ministerial policies, ministry of health standard operating procedures and guidelines, and the mitigation and harmonization of pending legislation which may impact service delivery.

- **Technical Component 3: Social Marketing and Commodities Security:** This component will support both the supply and demand side for HIV commodities. Critical in preventing HIV in Cambodia is ensuring the availability of condoms and lubricant to prevent new infections, which requires building the capacity of the RGC to sustain a well-functioning supply chain for these products. An appropriate demand for quality HIV/AIDS commodities and services is also required. Support for condom and lubricant social marketing will be a collaborative effort with the flagship HIV project focused on technical innovation and capacity building. This component will seek to engage the private sector more closely in achieving public health impact through a comprehensive health program for social marketing of health-related products and services along with evidence-based behavior change interventions. This component will provide TA for Cambodia’s supply chain management systems, including but not limited to, strengthening commercial sector health commodities supply chain distribution channels. Support will include transfer of knowledge and skills through training in forecasting, quantification, supply planning, procurement, quality assurance, freight forwarding, inventory management, warehousing, distribution, and logistics management information systems.

- **Technical Component 4: Health Systems Strengthening:** This component focuses on integrating HIV into the overall Cambodia health system, ensuring that high quality HIV/AIDS services are broadly available while reducing costs and increasing impact. HIV-specific contributions to strengthening the health system will be specifically targeted at addressing health system problems and underlying causes constraining access to health services by Cambodians most at risk for HIV. This component supports integration of parallel programs into existing systems and structures wherever possible. Health systems strengthening work will focus on the improvement of the national health management information system (HMIS), promoting greater access to health services for key populations most at risk of HIV/AIDS, and addressing the demand side through promotion and demand creation to increase uptake by key populations of critical HIV-related and other health services. This approach recommends the development of a stronger, integrated HMIS that will improve data quality and reliability as well as improve staff capacity in data processing, analysis and use.

- **Technical Component 5: Reproductive Health and Family Planning Integration with HIV Services:** This component will promote the integration between HIV services and reproductive health and family planning services including testing proof of concept models that are applicable to Cambodia’s concentrated epidemic and advising partner organizations and the RGC on replicable and cost-effective models of HIV and reproductive health and family planning (RH/FP) integration. This component will focus on meeting the currently unmet need for RH/FP services among people living with HIV (PLHIV) and those most at risk, particularly female entertainment workers (EWs).

**Alignment with USAID/Cambodia Mission Country Development Cooperation Strategy (CDCS)**

Education Status of Vulnerable Populations.” The proposed OPHE Health Program Design and HIV/AIDS Activity will contribute substantially to each sub-result under the following Sub-Results of Development Objective 2:

- IR 2.1 “Quality and availability of maternal and child health services improved”
- IR 2.2 “Capacity and accountability of healthcare service delivery systems strengthened”
- IR 2.3 “Effectiveness and efficiency of infectious disease control programs improved”

The CDCS Development Objective 2 aims to improve the health and educational status of Cambodians, targeting vulnerable populations through the improved delivery of health and education services by the public sector, the private sector, and civil society. By addressing gaps and challenges in healthcare delivery, the health status of vulnerable populations will steadily improve. The CDCS recognizes that the Global Fund for HIV/AIDS, Tuberculosis and Malaria is providing the majority of resources to address these diseases. There is an increasing urgency for the Cambodian government to oversee and fund the healthcare needs of its citizens. At a time when access and use of health care services has steeply increased, USAID’s strategy will focus on improving the quality of the healthcare system. If improvement in the overall system is matched with increasing investment by the Cambodian government, the country will move closer to independence from foreign assistance.

The estimated funding requirement for the OPHE Health Program Design FY 2013 – 2018 Project Appraisal Document and the OPHE HIV/AIDS Activity Approval Document FY2013 – 2017 is from $25 million to $30 million annually, from a combination of maternal child health, family planning (population), nutrition, tuberculosis, malaria and HIV/AIDS funding streams. USAID/Washington-centrally funded activities that are managed by USAID/Cambodia OPHE staff as Activity Managers include avian influenza, emerging pandemic threats, and neglected tropical diseases. While the OPHE Health Program Design FY 2013 – 2018 Project Appraisal Document does not cover these program areas as separate technical components, activities under the OPHE’s Health Program Design will contribute to the success of these USAID/Washington-funded program areas. For example, USAID/Cambodia’s CDCS recognizes the strategic role Cambodia can play in reducing health threats that have significance beyond the country’s borders, such as artemisinin-resistant malaria and counterfeit drugs. Cambodia is a focus country for combating diseases that are global threats, such as avian influenza and drug-resistant malaria, and is important in the achievement of global U.S. government goals including creating an AIDS-free Generation and stopping the potential for future pandemic disease outbreaks.

2. COUNTRY AND ENVIRONMENTAL INFORMATION

The Ministry of Health of Cambodia, with support from the World Health Organization, has developed a National Policy on Health Care Waste Management (June 2009) and Infection Prevention and Control Guidelines for Healthcare Facilities (2010). These policies provide guidance to health care facilities in Cambodia with regards to proper measures for handling medical waste.

3. EVALUATION OF POTENTIAL ENVIRONMENTAL IMPACTS

While development activities are intended to provide benefits for targeted recipients, when managed ineffectively they may cause adverse impacts that can offset or eliminate these intended benefits. Impacts
can be direct, indirect, or cumulative. They can also be beneficial or negative. The USAID Sector environmental guidelines are good resources in finding more information on potential impacts for various sectors.

The following link is to all sector guidelines: http://www.usaidgems.org/sectorGuidelines.htm

The scope of USAID/Cambodia’s Health program is focused primarily on the provision of technical assistance, and, as such, many program activities do not have potential impacts to the environment. However, some OPHE activities may occasionally undertake minor construction, repairs and renovations to existing structures, which may include repainting walls, improving lighting and electric/network wires, improving air conditioning, etc. These activities are not expected to have significant adverse environmental impact but may create minor harmful effects if not properly managed. Construction projects may cause both direct and indirect potential adverse environmental impacts. Environmental impacts of special concern include:

- Damage to sensitive or valuable ecosystems
- Compaction of the soil and grading of the site
- Sedimentation of surface waters
- Contamination of ground and water supplies
- Adverse social impacts
- Spread of disease
- Damage to aesthetics of site/area

Construction also has potential adverse impacts on workers. Typical health and safety risks to construction workers in developing countries include falls and falling objects, crush injuries from collapses and heavy equipment, flying debris, and exposure to toxics such as solvents, cement dust, lead and asbestos. Climates with increased temperatures may also lead to more health impacts on workers due to extreme heat stress.

The Health Team will work with its implementing partners and collaborating agencies to ensure there is an Environmental Monitoring and Mitigation Plan in place to avoid any negative environmental impact from such activities.

USAID/Cambodia OPHE activities that involve service delivery to clients will require disposal of medical equipment and medical waste. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism.

Chemical and pharmaceutical wastes, especially large quantities, can be a threat to the environment and human health. Since hazardous chemical wastes may be toxic, corrosive, flammable, reactive, and/or explosive, they can harm people who touch, inhale or are in close proximity to them. If burned, they may explode or produce toxic fumes. Some pharmaceuticals are toxic as well.

Waste management will follow host country Ministry of Health (MoH) guidelines by contracting local entities licensed by the MoH to handle medical waste. Clinics will collaborate with MoH referral hospitals to dispose of waste in accordance with MoH guidelines. In accordance with MoH guidelines, waste management will follow the steps below:
• Sorting: separating waste by type at the location where it is generated;
• Handling: collecting and transporting waste within the facility;
• Interim storage: storing waste within the facility until it can be disposed;
• Final disposal: eliminating or transporting solid medical waste, liquid, sharps, and hazardous chemical waste from the health facility.

Methods of medical waste treatment and disposal: methods for the treatment and disposal of medical wastes include: incineration (burning), chemical disinfection, wet and dry thermal treatment, microwave irradiation, land disposal, inertization and encapsulation (detailed information is described in MoH Infection Prevention and Control Guidelines for Health Care Facilities, July 26, 2010).

The planned malaria activities under USAID/Cambodia’s Health Program Design FY 2013 – 2018 Project Appraisal Document (PAD), as amended July 201 are not anticipated to have significant adverse environmental impact if specific mitigation and monitoring actions are implemented. The health and environmental hazards of the pesticides proposed for use are assessed in the attached Annex 1 – “Pesticide Evaluation Report and Safe Use Action Plan” (PERSUAP). In summary, synthetic pyrethroids used in insecticide-treated nets (ITNs) pose a very low risk to humans or to the environment if used correctly. Exposure predominantly occurs as a result of improper handling of insecticides during regular re-impregnation of mosquito nets (e.g., splashing on the skin, into the eyes or through ingestion) accidents caused by insufficient awareness of pesticide risks and safe handling practices, and poorly or miss-labeled containers. Minimal exposure during actual use of ITN (for example, sleeping under the nets) can occur due to inhalation of insecticide that has volatilized from the net, dermal contact with the net and oral exposure from hand-to-mouth or direct contact. However, the beneficial impacts of bed net re-impregnation are significant, as insecticide treated bed nets are proven to be more effective in preventing mosquito bites.

4. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

Recommended Threshold Decisions
USAID/Cambodia’s health program is comprised primarily of technical assistance activities focusing on capacity building and institutional strengthening. These activities (those falling primarily under Health Program Components 2, 3, 4, 6, 7 and 10 and HIV Technical Components 2 and 4) are not expected to have any impact on the natural or physical environment and; therefore, are recommended for Categorical Exclusions per 22 CFR 216.2 (c) (2) as classes of activities that do not require an Initial Environmental Examination or are Categorically Excluded:

(i) Education, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);

(iii) Analyses, studies, academic or research workshops and meetings;

(v) Document and information transfers;
Programs involving nutrition, health care or population and family planning services, except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);

Support for intermediate credit institutions when the objective is to assist in the capitalization of the institution or part thereof, and when such support does not involve reservation of the right to review and approve individual loans made by the institution;

Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment and human health (such as construction of facilities).

Small-scale cosmetic minor refurbishment, construction, renovation and rehabilitation activities, such as for health clinics or referral hospitals, in addition to procurement and disposal of medical equipment and supplies, such as condoms and hypodermic needles, may have minor adverse environmental impacts. And, malaria control activities involving the use or recommendation for use of pesticides related to insecticide treated net (ITN) distribution and net impregnation/re-impregnation also may have minor adverse environmental impacts.

Therefore, these activities (likely to fall primarily under Health Program Components 1, 5, 8 and 9, and HIV Technical Components 1, 3 and 5) are recommended for Negative Determination with Conditions per 22 CFR 216.3(2) (iii).

Conditions and Mitigation
To the extent possible, the USAID/Cambodia Health Team will work with its implementing partners and other collaborating agencies in accordance with the conditions and mitigation actions associated with the recommended Negative Determination with Conditions in the following areas:

1. Environmental compliance actions and results in USAID solicitations and awards. The Contract/Agreement Officer shall include language and reference to this IEE in appropriate solicitations and awards. Suggested language for use in solicitation and awards can be found at the following link: [http://www.usaid.gov/ads/policy/200/204sac](http://www.usaid.gov/ads/policy/200/204sac)

2. The Contract/Agreement Officer Representative (C/AOR) shall provide the IP with a copy of this IEE; the implementing partner (IP) shall be briefed on their environmental compliance responsibilities by their C/AOR. During this briefing, the IEE conditions applicable to the IP’s activities will be identified.

3. For activities with Negative Determination with Conditions, the implementing partner, in consultation with the USAID/Cambodia OPHE team, will develop an Environmental Monitoring and Mitigation Plan (EMMP) for USAID C/AOR review and approval. The document should be aligned with USAID’s environmental guidelines, available at: [http://www.usaidgems.org/workshops/Cairo2012Materials/Sourcebook/EMMPFactsheet.pdf](http://www.usaidgems.org/workshops/Cairo2012Materials/Sourcebook/EMMPFactsheet.pdf) and: [http://www.usaidgems.org/sectorGuidelines.htm](http://www.usaidgems.org/sectorGuidelines.htm)

The EMMP will be developed prior to the implementation of the projects and will also be included in annual work plans for OPHE projects. The EMMP shall also identify how the IP shall assure that IEE conditions that apply to activities supported under subcontracts and sub-grants are implemented.

Specific related guidelines can be found at the following websites:
4. All construction activities shall be conducted following principles for environmentally sound construction, as provided in the USAID Sector Environmental Guidelines - Small Scale Construction.
   a. For the rehabilitation of existing facilities and for construction of facilities in which the total surface area disturbed is less than 10,000 square feet, an Environmental Review Form, documenting a site specific environmental review, shall be developed. The format and guidance of this report will be provided by the A/COR and should include an EMMP and answers to the questions from the “Key Questions for Construction Activities” section, starting on page 6 of the above mentioned sector environmental guideline. Construction will not begin until such a review and report is completed and approved by the A/COR in consultation with Mission Environmental Officer. A USAID Engineer is available to review all construction designs.
   b. For the construction of any facilities in which the total surface area disturbed exceeds 10,000 square feet (1,000 square meters), the Implementing Partner shall conduct and prepare a supplemental IIE that should be approved by the Bureau Environmental Officer.
   c. The checklist found at the following website should be used to monitor activities: http://www.usaidgems.org/Documents/VisualFieldGuides/ENCAP_VslFldGuide--Construction_22Dec2011.pdf

5. Each activity that has healthcare waste, the implementing partners should ensure and document there is a sound healthcare waste management plan and system to minimize adverse health and environmental impacts caused by their wastes. A program to manage healthcare wastes includes the following minimum elements: 1. Written plan; 2. Clear responsibilities; 3. Written, internal rules; 4. Staff training; 5. Protective clothing; 6. Good hygiene practices; 7. Vaccinated workers; 8. Designated storage locations; 9. Waste minimization; 10. Waste segregation; 11. Waste Treatment; 12. Final disposal site; 13. Periodic reviews. The format and guidance of this report will be provided by the A/COR and should include the qualities of “MINIMAL PROGRAM CHECKLIST AND ACTION PLAN” section, starting on page 20 of the above-mentioned sector environmental guideline.
   a. The checklist found at the following website should be used for monitoring: http://www.usaidgems.org/Documents/VisualFieldGuides/medwastJan2010.pdf

6. Each project activity involving insecticide treated net (ITN) distribution and/or net impregnation or re-impregnation using pesticides will implement and monitor the following mitigation measures:

   To reduce the impact of pesticides used in impregnation or re-impregnation of ITN, the project activity will:
b. Train health workers and community-level malaria volunteers to provide clear guidance to target beneficiaries on proper drying of the net prior to use and to discourage net recipients from washing ITNs in streams and ponds.

c. Assure that used, empty pesticide sachets and un-used pesticides will be stored where they will be disposed of safely in the existing waste disposal pits.

d. Ensure the use of protective gloves and face shields.

7. OPHE, in consultation with relevant AOR(s), implementing partners; Mission Environmental Officers (MEO); Regional Environmental Officers (REO); and Bureau Environmental Officers (BEO) as appropriate, will conduct due diligence investigation of the environmental record and practices of each partner for activities falling under a Global Development Alliance (GDA). The source of funds will determine whether 22 CFR 216 is applied to the entire set of GDA activities or only to the USAID portion. In all cases, as part of the due diligence investigation it is essential to investigate what is often called the “triple bottom line” — i.e., whether the prospective partner is socially responsible, environmentally accountable and financially sound. For purposes of this discussion, due diligence means that, while the 22 CFR 216 environmental review procedures may not be applicable to a non-USAID funded parallel program or activity implemented under an alliance, USAID is still concerned about a proposed alliance partner’s past record of environmental accountability and how it might affect the partner’s specific plans under the alliance. It is important that USAID align itself with private sector entities whose interests are compatible with USAID’s and whose business practices do not pose risks to the alliance’s or USAID’s reputation.

8. The USAID/Cambodia Health Team, in consultation with Mission AOR(s); implementing partners; Mission Environmental Officers (MEO); Regional Environmental Officers (REO); and Bureau Environmental Officers (BEO) as appropriate, will actively monitor and evaluate whether environmental consequences of activities covered by this IEE arise during implementation, and modify or end activities as appropriate. If additional activities are added to the scope of the program, an amended IEE must be prepared.

9. OPHE program procurements will include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned. The Agreement Officer (AO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.

10. The Health Team AOR(s) will, in cooperation with the MEO, undertake regular and timely field visits and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions.

11. Implementing partners should have sufficient capacity to complete the environmental screening process and to implement mitigation and monitoring measures.

12. Implementation will adhere to Regulation 216 and applicable Cambodian environmental laws and policies.
13. With activities involving health commodities, the implementing partners should have a written plan to ensure appropriate procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs and nutritional supplements such as established adequate procedures and capacities in place to properly manage and dispose of such commodities.

14. The program will follow host country Ministry of Health (MoH) guidelines.

15. For programs under this new design USAID/Cambodia will develop and utilize an appropriate environmental assessment (EA) checklist and an environmental M&E program, and shall provide training in their use.

LIMITATIONS

The Cambodia Health Program will not undertake any activities determined to pose a significant effect on the environment under 22 CFR 216.2(d)(1). This IEE does not cover activities involving:

- Activities involving indoor residual spraying of pesticides for malaria control.
- Activities involving procurement, transport, use, storage, or disposal of toxic materials (other than pesticides for malaria control);
- Procurement or use and/or disposal of Asbestos Containing Materials (ACM) (i.e. piping, roofing, etc.), Polychlorinated Biphenyl’s (PCB) or other hazardous/toxic materials for construction projects;
- Procurement, use and/or disposal of equipment containing and/or generating low-level radioactive materials and wastes.

Any of these actions would require an IEE amendment to be approved by the BEO.

5. REVISIONS

If during implementation, project activities are considered outside of those described in this document, an amendment shall be submitted. Pursuant to 22 CFR 216.3(a)(9), if new information becomes available which indicates that activities to be funded might have any environmental impacts, this determination will be reviewed and revised by the USAID/Cambodia Office of Public Health and Education and submitted to the Asia Bureau Environmental Officer for approval and, if appropriate, an environmental assessment will be prepared. It is the responsibility of the OPHE AOR/CORs to inform the Mission Environmental Office and the Bureau Environmental Officer on any changes in the scope and nature of the proposed activities which might require revision of the approved Threshold Decisions.
APPROVAL OF RECOMMENDED ENVIRONMENTAL ACTIONS:

Director, Office of Public Health and Education:
Clearance: \textit{Robin Marsden} (Acting) \hfill 8/26/2014
Sherri-Nouane Duncan-Jones

Mission Environmental Officer:
Clearance: \hfill August 14, 2014
Menglim Kim

Regional Legal Advisor:
Clearance: \textit{Approved through email} \hfill August 20, 2014
Ian Robertson

Regional Environmental Advisor/Asia:
Clearance: \textit{Approved through email} \hfill Aug 22, 2014
Aaron Brownell

Mission Director:
Approval: \hfill 8/26/14
Rebecca Black

Bureau Environmental Officer:
Concurrence: \hfill August 28, 2014
William Gibson

CCed:
Project Files
MEO Tracking

Approved: \hfill \square
Disapproved: \hfill \square