Purpose and Scope of IEE

This Environmental Threshold Decision (ETD) covers activities under the new Regional HIV/AIDS Project developed by a new Project Appraisal Document (PAD) of the 2015-2019 Regional Development Cooperation Strategy (RDCS) for Central America and Mexico -CAM (DO4: HIV prevalence in Central America contained). The purpose of the IEE, which is attached in full, is to analyze the potential environmental impacts proposed under the Regional HIV/AIDS Project.
The “Regional HIV/AIDS Project” (“the Project”) will contribute directly to DO4: HIV Prevalence in Central America Contained and its three Intermediate Results (IRs) IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased; IR 4.2: Health systems strengthened and sustained; and IR 4.3: Knowledge management system adopted. The Project will complement bilateral interventions by increasing regional capacity and expertise, exchange of best practices, and the scale-up of effective models by addressing select cross-border citizen security and governance related challenges.

The Project purpose is to contain HIV prevalence in Central America. To achieve this, USAID will join resources and coordinate initiatives with other United States Government (USG) agencies and other donors, resulting in a robust and more effective response to the region’s epidemic. Activities under this DO will be implemented in partnership with bilateral government agencies in six Central American countries, as well as regional governance bodies and civil society organizations to focus on a comprehensive approach to contain the HIV/AIDS and improve the quality of services and life of people living with HIV (PLH). Project activities will complement bilateral interventions in each country by increasing regional capacity and expertise, facilitating the exchange of best practices, and promoting the scale-up of effective models by addressing select prevention, care and treatment related challenges. Activities will benefit the region as a whole, along with specific departments of Belize, Guatemala, El Salvador, Honduras, Nicaragua, and Panama.

At this stage of the epidemic, policies and program gaps still pose significant barriers to reducing HIV transmission and mitigating its impact on households, health systems, and national social and economic development. Increased collaboration to maximize synergies and integrate programming efforts will provide an opportunity to overcome some of these barriers by expanding prevention services for key populations, strengthening community-based care and support, decreasing stigma and discrimination related to HIV, facilitating the identification of individuals needing testing, treatment and care, improving strategic information, and intensifying efforts to implement appropriate policies that provide an environment to more effectively address HIV in the region. It is also important to coordinate strategic planning activities at national and regional levels and to promote evidence-based policies and programs related to HIV prevention, care, and treatment.

Summary of Environmental Threshold Determination

The Bureau of Environmental Office (BEO) concurs with the Recommended Threshold Determination and Conditions that are listed in Section 3. See Section 3 of this ETD/IEE for the complete Environmental Threshold Determination for the actions included in the Regional Health Program. The Conditions for actions that have received a Negative Determination with Conditions (e.g. medical waste, small scale construction with associated waste management, water & sanitation actions, and sub-grant components) are listed in the Sections 3.1-3.3 of the attached IEE amendment.
File Locations:

- LAC Bureau - P:\LAC.RSD.PUB\ENV\Reg 216\IEE\IEE16
- Environmental Compliance Database – this document will be posted to the environmental compliance database at http://gemini.info.usaid.gov/egat/envcomp/index.
MISSION DIRECTOR GUATEMALA/REGIONAL HEALTH PROGRAM
CLEARANCE FOR:

INITIAL ENVIRONMENTAL EXAMINATION (IEE) FOR THE REGIONAL HIV
PROJECT- DO4
Life of Project: FY 2015 – FY 2019

USAID/Guatemala hereby recommends that the LAC Bureau Environmental Officer
approves the recommendations included in this Initial Environmental Examination
(IEE) for the Regional HIV Project.

Concurrence:

[Signature]
Thomas R. Delaney
Mission Director

Date: 7/21/2016
REGIONAL HEALTH OFFICERS, MEO and REA CLEARANCE PAGE FOR:

INITIAL ENVIRONMENTAL EXAMINATION (IEE) FOR THE REGIONAL HIV PROJECT- DO4
Life of Project: FY 2015 – FY 2019

Drafted

Signed: 7/14/2016

Cleared

Signed: 7/14/16
PROJECT LOCATION: Central America and Mexico (CAM)

PROJECT TITLE: Development Objective (DO) Four: HIV Prevalence in Central America Contained

PROJECT NUMBER: 596-004-0206

LIFE-OF-PROJECT FUNDING: $104,960,000

FUNDING SOURCE: GHP/USAID
GHP/State

LIFE OF PROJECT: FY 2015 – FY 2019

REFERENCE THRESHOLD DECISION: None. New IEE for PAD level under new RDCS

IEE PREPARED BY: Lucrecia Castillo, HIV/AIDS Regional Program/Health and Education Office, USAID/Guatemala

DATE PREPARED: June 20, 2016

RECOMMENDED THRESHOLD DECISION: Categorical Exclusion with conditions;
Negative Determination with Conditions
1. Background and Activity/Program Description

1.1. Purpose and Scope of IEE

The purpose of this IEE is to analyze the potential environmental impacts proposed under the Regional HIV/AIDS Project.

In accordance with ADS 201.3.12 a “Project” is defined as a set of executed interventions, over an established timeline and budget intended to achieve a discrete development result through resolving an associated problem. More succinctly, a Project is a collaborative undertaking with a beginning and end, designed to achieve a specific purpose.

Per ADS 201.3.16.3.b, “all projects must address relevant environmental safeguards and impact in a manner consistent with relevant findings of the mandatory, country-level Tropical Forest and Biodiversity analysis (as in FAA 118/119) developed to inform the CDCS. The Mission or Washington OU must also address environmental impact issues as a pre-obligation requirement per ADS 204 and codified under 22 CFR 216”.

Background and Project Description

The 2015-2019 Regional Development Cooperation Strategy (RDCS) for Central America and Mexico (CAM) states as its overall goal: “A more inclusive, prosperous, stable, and safe Central America region.” To achieve this goal, four Development Objectives (DOs) were identified:

- DO1: Regional economic integration increased
- DO2: Regional climate-smart economic growth enhanced
- DO3: Regional citizen security improved
- DO4: HIV prevalence in Central America contained

The “Regional HIV/AIDS Project” (“the Project”) will contribute directly to DO4: HIV Prevalence in Central America Contained and its three Intermediate Results (IRs) IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased; IR 4.2: Health systems strengthened and sustained; and IR 4.3: Knowledge management system adopted. The Project will complement bilateral interventions by increasing regional capacity and expertise, exchange of best practices, and the scale-up of effective models by addressing select cross-border citizen security and governance related challenges.

Central America has a concentrated HIV/AIDS epidemic, with high prevalence among vulnerable population subgroups, deepening their social exclusion. Data available shows that in persons aged 15 to 49 years, HIV prevalence rates in the region range from 2.5 percent in Belize to 0.2 percent in Nicaragua. Country-level prevalence rates, however, mask the disproportionate impact that HIV and AIDS have on key populations, meaning those persons more vulnerable to infection because of sexual behaviors and other factors. Key populations in Central America include men who have sex with men (MSM), transgender women, and sex workers. Other priority populations include specific ethnic groups such as the Garifuna, the clients of sex
workers, migrants and prisoners. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS 2010), the Central American epidemic is most highly concentrated among MSM, with the majority of countries in the region reporting a prevalence of over 10 percent in that sub-population. Recent studies in the region suggest that HIV prevalence is even higher for the female transgender population than for MSM, possibly as high as 40 percent, with accompanying high levels of stigma, discrimination and violence experienced by this population. The lack of national data allows countries to discount the impact that HIV and gender-based violence (GBV) are having on transgender women in the region. Until now, the health sector has had the greatest involvement in the national response. It is only recently that other fields such as labor, education, and the private sector have started to organize their response to HIV issues. According to the National AIDS Spending Assessment's 2010 report, 66 percent of the total funds invested in Central America for HIV-related activities come from governments; on average, the region invests $4.71 per capita on HIV issues. However, 60 percent of the investment in prevention activities targeting key populations still comes from donors.

1.2. Project Description and Illustrative Activities

The Project purpose is to contain HIV prevalence in Central America. To achieve this, USAID will join resources and coordinate initiatives with other United States Government (USG) agencies and other donors, resulting in a robust and more effective response to the region's epidemic. Activities under this DO will be implemented in partnership with bilateral government agencies in six Central American countries, as well as regional governance bodies and civil society organizations to focus on a comprehensive approach to contain the HIV/AIDS and improve the quality of services and life of people living with HIV (PLH). Project activities will complement bilateral interventions in each country by increasing regional capacity and expertise, facilitating the exchange of best practices, and promoting the scale-up of effective models by addressing select prevention, care and treatment related challenges. Activities will benefit the region as a whole, along with specific departments of Belize, Guatemala, El Salvador, Honduras, Nicaragua, and Panama.

This Project's purpose will be accomplished through the achievement of three Intermediate Results (IR):
- IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased;
- IR 4.2: Health systems strengthened and sustained; and
- IR 4.3: Knowledge management system adopted.

**IR 4.1 Effectiveness of comprehensive prevention, care, and treatment services increased**

IR 4.1 will be achieved through advances in the following Sub-Intermediate Results (Sub-IR):
- 4.1.1 HIV prevention and diagnosis services focused on key populations increased.
- 4.1.2 Enrollment, retention, and treatment in HIV qualified health care centers and community services improved for infected individuals.
Sub-IR 4.1.1 HIV prevention and diagnosis services focused on key populations increased.

Activities will include diverse types of modalities to increase the coverage of people tested, including mobile units, HIV testing days, online references and vouchers, private clinic enrollment, among others. Besides increasing the availability of service offerings, it is important to simultaneously accelerate the sensitization and training of health workers. All of these will result in an enabling environment for key populations that facilitates the diagnosis process, as well as supports an effective system for reference from the places where they are reached to the places where HIV tests are taken. New cases will be tracked through the input of the data collected into the national and homogenous system to track new cases.

USAID support can be provided as direct service delivery or technical assistance, depending on the country. Direct service delivery includes key staff or commodities and at least quarterly support to improve the quality of services.

Sub-IR 4.1.2 Positive populations' enrollment, retention, and treatment in HIV qualified health care centers and community services improved.

USAID will help countries to improve the quality, coverage, and linkages to comprehensive HIV services, bringing HIV positive people to viral suppression. These activities will be complemented with health systems strengthening interventions, including capacity building in laboratory services, supply chain management, human resources, and quality improvement.

Activities will have two scopes, including both clinical and community services. Clinical services will work to ensure people diagnosed as HIV positive are enrolled in a qualified clinic where comprehensive care is provided, including: self-support strategy, psychological services, tuberculosis screening, pre-antiretroviral therapy care, screening for family planning needs, screening for sexually transmitted infections, and gender-based violence-related care, among others. All of these services must be free of stigma and discrimination, gender sensitive, and of high quality. Intensive outreach for individuals not under medical care within six months of a new HIV diagnosis may be considered, and special efforts will be made to reach infected people who abandon treatment. Additional support will improve information systems to register all people under care and provide follow-on services.

Community services to complement the services provided by the clinics will strengthen enrollment, treatment, retention, and suppression for HIV-positive persons. Specifically, HIV-positive persons are referred and accompanied by members of NGOs focused on key populations to clinical care and treatment services. In addition, they can also participate in or be referred to other services, and, if needed, to alcohol and drug prevention programs. For treatment, the DO will work with NGOs focused on serving people living with HIV/AIDS and identify people in the community in need of treatment. Further, work with NGO’s will include secondary prevention activities to promote adherence to treatment. Moreover, support will include counseling for HIV-positive people on the importance of treatment adherence to reach viral suppression.
Illustrative Interventions

- Prevention programs targeted for key populations, including peer outreach, small group prevention activities and prevention activities in “hot spots”, mainly focused on promoting behavioral change.
- Service provision related to the procurement, distribution, and marketing of condoms and lubricants.
- Establishment of NGO networks to provide high quality prevention services and build the capacity of local NGOs to support the implementation of evidence-based, quality HIV prevention services for key populations in compliance with new ministry of health (MOH) funding mechanisms.
- Provision of HIV testing and counseling across the range of community and facility-based settings, including mobile units to increase key populations’ ability to access the HIV test. This activity will include the proper management of solid laboratorial waste.
- Support for programs that provide timely entry into medical care and retention, after HIV positive diagnosis.
- Strengthen reference systems between community services, local clinics and HIV Comprehensive Units.

IR 4.2 Health systems strengthened and sustained

IR 4.2 will be achieved through advances in the following Sub-Intermediate Results:

4.2.1: Increased capacity and competency of governmental and non-governmental health organizations to respond to increased demand.
4.2.2: Non-health sector organizations involved in the HIV response strengthened.
4.2.3: Sustainable national investments in HIV increased.

Sub-IR 4.2.1: Capacity and competency of governmental and non-governmental health organizations to respond to the increased demand built.

The strengthening of governmental and non-governmental health organizations is a critical factor for improving uptake of health services to respond to the increased demand. It is important to address the barriers that limit access for vulnerable people, and ensure provision of relevant information and skills, client-friendliness, and accessibility to services. This capacity building will include mapping the locations and capacity of all service organizations working on the HIV response, and developing their capacity through training and tools such as protocols, manuals, and norms. USAID programs will prioritize capacity building and systems strengthening interventions that build strong leadership and governance, particularly those that strengthen the social service workforce and system.

Interventions will build on previous assistance provided in the area of health system strengthening, to ensure HIV-related system improvements are accessible and institutionalized. All technical assistance will be complemented with capacity building, training, and promotion of institutionalization with a focus on sustainability and rights-based
approach. To the extent possible, the government-to-government model currently under implementation in Honduras will be analyzed to determine the feasibility of expansion to other countries in the region.

**Sub-IR 4.2.2: Non-health sector organizations involved in the HIV response increased and strengthened.**

There is a general consensus that a true multi-sector response is required to achieve more effective implementation of national and regional HIV policies. USAID will work to involve stakeholders from a wide range of sectors and at various levels of government in the policy process to ensure more effective implementation of policies and continuity, particularly during periods of political transition.

**Sub-IR 4.2.3: Sustainable national investments in HIV increased.**

Governments in Central America currently finance HIV programs at varying levels. While countries demonstrate increased ownership of specific components of the HIV response (particularly in relation to treatment, care, and support activities), prevention activities remain quite dependent on international cooperation. USAID will strengthen country capabilities and ownership to establish leadership and improve skills and performance to manage the limited resources available and, in the near future, lead the response to the epidemic.

In a joint effort, the Central American countries and USAID developed a Regional Sustainability Strategy which is being adopted by each country to progressively absorb the cost of the epidemic. USAID will continue to support the development and implementation of the national and regional strategies to ensure the appropriate national investments in combatting the epidemic.

**Illustrative Interventions**

- Development and implementation of policy, advocacy, guidelines, and tools (including developing national adherence strategies).
- Capacity building activities that strengthen national, departmental and municipal health systems not directly tied to key populations or patients.
- Strengthen the national HIV/AIDS monitoring and evaluation system based on the Joint United Nations Programme on HIV and AIDS (UNAIDS) 12 components model.
- Share among key actors methods, tools, best practices, and lessons learned focused on the HIV cascade to monitor the HIV epidemic.
- Technical assistance to engage the private and non-health public sectors in the implementation of HIV/AIDS prevention and continuum of care through HIV anti-discriminatory policies and HIV basic services programs in the workplace.
- Increase the organizational capacity within ministries of health to establish and carry out effective funding mechanisms, management and stewardship of local NGOs to provide HIV prevention services.
• Identify mechanisms to improve the follow-up of violation quality of human rights especially on key population, such gender based violence, trafficking in persons, etc.; activities may include grants/sub-grants to local organizations.

• New activities may include grants/sub-grants to civil society organizations and small scale renovation/rehabilitation of facilities.

**IR 4.3 Knowledge management system adopted**

IR 4.3 will be realized through advances in the following Sub-Intermediate Results:

3.1 Geographic and population focused planning strengthened.

3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed.

**Sub-IR 4.3.1 Geographic and population focused planning strengthened.**

To improve HIV strategic planning in support of the continuum of care, USAID will strengthen the methodologies for estimating key populations size and the providers of services to key populations to identify gaps in the access of these people to critical HIV services. Priority areas for these interventions are based on the 2013 PEPFAR evaluation in Central America and include strengthening local capacities to perform and use epidemic data on key populations for decision making, and promoting the integration of HIV information systems.

This Sub-IR will provide technical assistance to build local capacity and promote the estimation key population size as critical component of planning and treatment, and encourage its institutionalization. This is an activity that should be led by national authorities and coordinated with UNAIDS and the Global Fund.

**Sub-IR 4.3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed.**

The purpose of this sub-IR is to harmonize reporting methods, frequency, and content, as well as support the identification of barriers to success for these interventions, based on the 2013 PEPFAR evaluation in Central America. Activities under this Sub-IR will strengthen local capacities to improve data collection and use for decision making, and conduct sociological and anthropological studies among key populations and people living with HIV/AIDS. Technical assistance will be comprised of two components: research and evaluation.

The research component will include the definition of a prioritized and targeted research portfolio, and systems for knowledge dissemination. It will combine sociological, anthropological and epidemiological studies of key populations, as well as develop skills to convey and interpret information and improve understanding the political and socio-economic determinants of vulnerability among key populations and people living with HIV/AIDS.
The content of the evaluation should adapt to emerging needs to assess PEPFAR's models of implementation and contribution to sustainable management of the HIV response in partner countries. Instead of managing several evaluation mechanisms, USAID proposes one mechanism to support all evaluation needs of the DO. The evaluation component will use a mixed approach and include building the capacity of local evaluators to provide support for regional needs with respect to performance evaluations at a lower cost, and providing technical assistance to develop more substantial and rigorous evaluations to assess, for example, the effectiveness of the combination prevention model at the regional level. This component will leverage and further build existing evaluation resources and networks and will use existing data to conduct secondary analysis, while building local capacity in the area of data analysis.

**Illustrative Interventions:**
- Technical assistance to improve key population size estimation in coordination with UNAIDS and the Global Fund.
- Technical assistance to develop coverage assessments for HIV services among key populations and identify current service provision gaps.
- Technical assistance to develop local capacity for rigorous evaluation methods; activities may include virtual training on HIV, applied research for local partners, and virtual support to develop research products.
- Evaluation of prevention intervention models, measuring cost/effectiveness and feasibility of implementation.

1.3. Locations Affected and Existing Conditions

Assistance activities under this Project will be implemented in all Central American countries with different levels of effort, being the major effort in Guatemala, El Salvador, and Honduras. However, some of the activity implementation may need to be coordinated regionally with all member states of the Central American Integration System (SICA, Spanish acronym): Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama countries. See the Background section for Existing Conditions.

At this stage of the epidemic, policies and program gaps still pose significant barriers to reducing HIV transmission and mitigating its impact on households, health systems, and national social and economic development. Increased collaboration to maximize synergies and integrate programming efforts are needed to provide an opportunity to overcome some of these barriers by expanding prevention services for key populations, strengthening community-based care and support, decreasing stigma and discrimination related to HIV, facilitating the identification of individuals needing testing, treatment and care, improving strategic information, and intensifying efforts to implement appropriate policies that provide an environment to more effectively address HIV in the region. Increased coordinated strategic planning activities at national and regional levels is required to promote evidence-based policies and programs related to HIV prevention, care, and treatment.
Medical waste is a by-product from the training exercises and patient care conducted at clinics and hospitals for HIV. Hospitals have a shortage of red bags for disposing of medical waste and the chain from red bag to disposal in incinerators is often not followed. Incinerators at hospitals and clinics are scarce and most medical waste is collected and brought to the main cement factory for incineration.

Many of the clinics and hospitals are in disrepair and do not provide a healthy and safe environment for the patients. Small scale rehabilitation in the form of minor repairs to walls (painting and plastering), windows, and water and sanitation repairs (replacing broken toilets and septic systems) are required to bring the clinics up to a sanitary and safe condition.

1.4. Applicable Environmental Policies, Procedures or Regulations

Section 117 of the Foreign Assistance Act of 1961, as amended, requires that the impact of USAID’s activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID’s Automated Directives System (ADS) Parts 201.3.11b and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, requires that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

USAID implementing partners must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern. The program will follow recommendations in the following documents to manage medical waste: “Healthcare Waste Management. A World Health Organization (WHO) handbook for the safe handling, treatment, and disposal of wastes. 1997 and the “National Management Plan of Medical Wastes in Hospitals, Health Centers and Convergence Centers. December 2001” of the Ministry of Health (MOH) of Guatemala”; as well as the “Política Nacional para la Gestión Integral de Residuos y Desechos Sólidos, 2015” of Guatemala.

Renovation/rehabilitation of facilities actions supported by this Project will comply with each country’s national environmental laws, policies, procedures and regulations, as applicable. All construction and security/law enforcement laws and regulations for each of the participating countries will be followed as well as the laws and regulations of the US. Construction will be done to meet US standards. The USAID Environmental Guidelines for Small Scale Construction will also be followed which provide direction on US construction standards as well as the Guatemalan Municipality Code for the Management of Solid Waste Act.12-2002.
2. EVALUATION OF ENVIRONMENTAL IMPACT POTENTIAL

Potential Impacts of Small Scale Renovations:
The Project will also work in each participating country with governments and representatives of CSO and community leaders to improve the quality of care at the facility and community level, and to prevent human rights violations and encourage reporting of these violations. Activities under Sub-IRs 4.1.1 HIV prevention and diagnosis services focused on key populations increased; 4.1.2 Positive populations’ enrollment, retention, and treatment in HIV qualified health care centers and community services improved, include small scale reconstruction and/or rehabilitation for improving facilities that are in disrepair, inadequate or unsafe to be used. Small scale reconstruction also include improving primary services systems, such as small scale water systems, and making adaptations for accessibility for persons with disabilities. Small scale renovations/rehabilitation/reconstruction have the potential to cause a negative impact to the environment by unauthorized disposal of construction materials, debris, and hazardous waste (i.e. asbestos) leading to pollution of water sources, erosion, and/or human safety issues. Extraction of building materials (such as sand, rock, gravel) can also cause erosion if not obtained from an official quarry. Mitigation Measures in the EMMP will assist to minimize these potential impacts.

Small-scale construction/rehabilitation activities have a well-known set of potential adverse impacts, which are described here:

- **Disturbance to existing landscape/habitat.** Construction typically necessitates clearing, grading, trenching and other activities that can result in near-complete disturbance to the pre-existing landscape/habitat within the plot or right-of-way. If the plot or right-of-way contains or is adjacent to a permanent or seasonal stream/waterbody, grading and leveling can disrupt local hydrology.

- **Sedimentation/fouling of surface waters.** Runoff from cleared ground or materials stockpiles during construction can result in sedimentation/fouling of surface waters, particularly if the site is located proximate to a stream or waterbody.

- **Standing water.** Construction may result in standing water on-site, which readily becomes breeding habitat for mosquitoes and other disease vectors; this is of particular concern as malaria is endemic in much of Southern Africa.

- **Occupational and community health and safety hazards.** The construction process and construction sites present a number of hazards: fall and crush injuries, hazards from hand or power tools and equipment used in construction, and exposure to hazardous substances, such as solvents in paint, cement dust, etc.

- **Increased Air and Noise Pollution** can result during construction or rehabilitation from the actions of construction equipment and workers. Experience shows that these impacts are controllable below the level of significance with basic good construction management practices, including occupational safety and health practices.
- **Adverse impacts of materials sourcing.** Construction requires a set of materials often procured locally: timber, fill, sand and gravel, bricks. Unmanaged extraction of these materials can have adverse effects on the environment. For example, stream bed mining of sand or gravel can increase sedimentation and disturb sensitive ecosystems; purchase of timber from unmanaged or illegal concessions helps drive deforestation.

While USAID’s Implementing Partners (IPs) generally have direct control over their general contractors (GCs), construction materials are often procured by GCs from sub-vendors. In the case of timber, these sub-vendors are often the terminus of a long and untraceable supply chain. This separation from source both limits the actions that IPs can take to assure environmentally responsible sourcing of these materials and reduces IP responsibility for these impacts—the exception is burnt bricks, for which the impacts can be avoided by requiring use of an alternative material.

However, IPs can and should undertake reasonable due diligence to assure that they do not bear direct responsibility for adverse impacts, and to reduce indirect impacts so far as feasible.

<table>
<thead>
<tr>
<th>Activity or intervention sub-category</th>
<th>Recommended Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction and/or rehabilitation of new or existing structures (e.g., health clinics, etc.)</td>
<td><strong>Negative determination</strong>, subject to the following <strong>conditions</strong>:</td>
</tr>
<tr>
<td></td>
<td>• No complicating factors. The site is not within 30m of a permanent or seasonal stream or water body, will NOT involve displacement of existing settlement/inhabitants, has an average slope of less than 5 percent and is not heavily forested, in an otherwise undisturbed local ecosystem, or in a protected area;</td>
</tr>
<tr>
<td></td>
<td>• <strong>Construction will be undertaken in a manner generally consistent with the guidance for environmentally sound construction</strong>, provided in the Small Scale Construction chapter of the USAID Sector Environmental Guidelines. (<a href="http://www.usaidgems.org/sectorGuidelines.htm">http://www.usaidgems.org/sectorGuidelines.htm</a>) At minimum, (1) During construction, prevent sediment-heavy run-off from cleared site or material stockpiles to any surface waters or fields with berms, by covering sand/dirt piles, or by choice of location. (Only applies if construction occurs during rainy season.); (2) Construction must be managed so that no standing water on the site persists more than 4 days; (3) IPs must require their general contractor to certify that it is not extracting fill, sand or gravel from waterways or ecologically sensitive areas, nor is it knowingly purchasing these materials from vendors who do so; (4)</td>
</tr>
</tbody>
</table>
IPs must identify and implement any feasible measures to increase the probability that timber is procured from legal, well-managed sources.

- **Asbestos.** If the presence of Asbestos is suspected in a facility to be renovated, the facility must be tested for asbestos before rehabilitation works begin. Should asbestos be present, then the work must be carried out in conformity with host country requirements, (if any) and in conformity with guidance to be provided by the MEO, in consultation with the REA. All results of the testing for asbestos shall be communicated to the C/AOR.

- **Paint.** No lead-based paint shall be used. When lead-free paint is used, it will be stored properly so as to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers.

- **Waste handling equipment and infrastructure.** USAID intervention must result in the facilities' possessing adequate provision for handling the wastes they may generate; including human wastes.

### Renovation/Repair of Water and Sanitation Systems:

**Point of use water treatment** presents strong benefits if required dosage levels and procedures are followed. Health risks related to excessive dosing of water are minimal; the risk is rather of under-treatment and re-contamination that renders the POU treatment ineffective. Further, appropriate dilution/dosage is the major focus of the intervention.

Renovation and repairs of water and sanitation systems can:

1. Create stagnant (standing) water in the vicinity of the water supply point and creation of diseases vectors breeding sites (mosquitoes, risks of contamination of fetched water, foot infection of water point users, seepage in and contamination of the wells, etc.).

2. Create human health risks from provision of biologically or chemically contaminated water. Even if water is not contaminated initially, it can become so thru flooding, failure to exclude livestock from the water point, use of contaminated containers to draw water from hand-dug wells, and other factors.
3. Lead to human health risks from contamination of water fetched from the water points to the end users (arising from contamination of containers, mishandling, etc.).

However, for small-scale interventions, these impacts can be controlled below the level of significance by appropriate siting, water quality assurance protocols (including testing), design (including drainage and exclusion of livestock from water points) and maintenance. With respect to the last, capacity-building in equipment/system maintenance is an essential corollary to construction/installation of small-scale water supplies.

Social marketing/education/outreach/community mobilization on hygienic water handling/storage, hand-washing, use of sanitation facilities (CLTS---community-led total sanitation) and the importance of protecting water supplies is, like system and equipment maintenance, an essential corollary to construction and installation of small-scale water and sanitation infrastructure. Experience shows without behavior change, the physical infrastructure will not be used or maintained.

<table>
<thead>
<tr>
<th>Activity or intervention sub-category</th>
<th>Recommended Determination</th>
</tr>
</thead>
</table>
| Improved approaches to drinking water and water resources management, including: | Negative Determination **Subject to the following conditions:** For small-scale water supply and distribution infrastructure activities (defined as total investment in a given community of less than $250,000), the conditions are as follows:

- **Good-practice design standards** must be implemented for new construction and rehabilitation works, generally consistent with USAID’s Sector Environmental Guidelines: Water Supply & Sanitation: [http://www.usaidgems.org/Sectors/watsan.htm](http://www.usaidgems.org/Sectors/watsan.htm).

  These standards must be specified in the EMMP and must include siting of new wells well away from groundwater contamination sources (e.g. latrines, cesspits, dumps), exclusion of livestock from water points, and prevention of standing water at water supply points.

- **Capacity-building** in equipment/system maintenance must be co-programmed with construction/installation of small-scale sanitation infrastructure.

- **Water quality assurance plan.** Prior to drinking water provision, the project will prepare and receive approval for a Water Quality Assurance Plan (WQAP). The WQAP will be prepared in consultation with the cognizant AOR/COR and/or Activity Manager. Its purpose is to ensure that all new and rehabilitated USAID-funded sources of drinking water provide water that is safe for human consumption. The |
completed WQAP must be approved by: the AOR/COR and/or Activity Manager; the MEO; and the REA.

- Once approved, the WQAP must be implemented in full, and for the duration of drinking water activities. Implementation must include testing of water prior to making the supply point available to beneficiaries.
- The WQAP constitutes a key element of the project’s EMMP. As with all other elements of the EMMP, project budgets, workplans, and staffing plans must provide for its full implementation. The approved WQAP must include at minimum the following sections:

  o Project information (name of project, name of IP, period of performance, contact information, name of COR/AOR)
  o A description of the drinking water points to be subject to the WQAP (approximate numbers, water source(s), technology (ies), general geographic area and installation context).
  o An inventory of applicable water quality standards, including those promulgated by USAID, as well as the cognizant host-country regulatory entity/entities. (The World Health Organization [WHO] Guidelines for Drinking-water Quality may be substituted for host-country standards that are not accessible, unclear or outdated.)
  o The responsible parties/entities/institutions, under host country law or policy, for monitoring and managing water quality of the water points subject to this WQAP. If other than the IP, a summary assessment of their capacity and their involvement.
  o A technical assessment of the equipment, resources and expertise that will be required to monitor and report on compliance with applicable water quality standards. This should include, for example, sampling materials, reagents, transportation, storage, laboratory facilities and capacity, communications, training or certification criteria, etc.
  o Protocol for initial testing and ongoing monitoring of
Potential Medical Waste Impacts:
Activities implemented under IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased will include technical assistance, consultations, and training aimed at strengthening institutions at the national and community level, working with NGOs, peer educators and cyber-educators to develop combination prevention activities including promoting the HIV test and referral to clinics if the result is positive. Also, this will facilitate some Viral Load equipment to ensure the proper follow-on of people under Antiretroviral Treatment (ART) and improve the adherence to the HIV care and treatment (reagents and other supplies for those equipment will be purchased by local countries).

Although healthcare activities provide many important benefits to communities, they can also unintentionally do harm via poor management of the wastes they generate. These wastes generally fall into three categories in terms of public health risk and recommended methods of disposal:

- **General** healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special
handling; 75 – 90 percent of waste generated by healthcare facilities falls into this category, and paper waste can be incinerated or taken to the landfill without any additional treatment.

- **Hazardous** healthcare wastes, including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.

- **Highly hazardous** healthcare wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

<table>
<thead>
<tr>
<th>Activity or intervention sub-category</th>
<th>Recommended Determination</th>
</tr>
</thead>
</table>
| Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and similar regulatory efforts) | **Negative determination**, subject to the following **condition**:
- Support for healthcare service delivery-related policy development and implementation must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices.
- A monitoring plan detailing how the implementing partner will handle medical waste issues shall be submitted to the Mission Environmental Officer for approval prior to commencing activities that involve creation of medical waste and will be open to subsequent review. The program will follow recommendations in the most recent versions of the following documents to manage medical waste: “Safe management of wastes from healthcare activities”, a World Health Organization (WHO) handbook for the safe handling, treatment, and disposal of wastes and any guidelines and regulations issued by the local MOH. For Guatemala, the 1997 “Plan de Manejo de Desechos Médicos en Hospitales, Centros, Puestos de Salud y Centros de Convergencia.” prepared by the Ministry of Health of Guatemala” will be replaced by the Acuerdo Gubernativo 509-2001, Reglamento de manejo de residuos hospitalarios prepared in December 2001. |
Improved institutional response to public health priorities (e.g., GRA programming for HIV/AIDS-related activities, etc.)

Negative determination, subject to the following condition:

- Technical assistance and capacity building must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices; and
- Technical assistance and capacity building must be characterized by and integrate BMPs from USAID Sector Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities.

**Pharmaceutical Wastes and Medical Supplies, including distribution of condoms:**

Potential Impacts in the environment is identified during testing offer or in training and technical assistance activities (especially for IR 4.1), which can generate potential hazardous medical waste (sharps/needles, gloves or materials with blood, etc.) which can contamination the environment and transmit disease.

Pharmaceutical drugs including vaccines have specific storage time and temperature requirements, and may expire or lose efficacy before they are used, particularly in remote areas where demand is low and/or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution and/or lack of a routine system of disposal.

The effects of pharmaceutical waste in the environment are different from conventional pollutants. Drugs are designed to interact within the body at low concentrations to elicit specific biological effects in humans, and which may also cause biological responses in other organisms. There are many drug classes of concern, including antibiotics, antimicrobials, antidepressants, and estrogenic steroids. Their main pathway into the environment is through household use and excretion, and through the disposal of unused or expired pharmaceuticals.

Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals has been discovered in fresh waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life.

Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies (including new or used condoms) at low temperatures or in open containers which results in the release of toxic pollutants into the air. Inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public.

**Potentially infectious wastes:** Improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease through several mechanisms. 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. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use "recycled" contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

Healthcare activities or interventions can have direct or indirect impacts on waste management:

- **Where USAID support for healthcare service delivery is direct**, USAID bears full responsibility for adverse impacts when its support fails to address waste management or to consider the capacity of medical facilities to properly handle, label, treat, store, transport and properly dispose of medical waste.

- **Where USAID instead funds capacity building for the entities that manage delivery of care** (e.g., the GRA, NGOs, CSOs, etc.), USAID generally has far less control over service delivery on the ground. Reduced control means that USAID's responsibility for adverse impacts is shared or attenuated, but not eliminated.

For example, proper waste management requires that the systems and structures governing health care delivery address and require appropriate management. Where USAID's support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.

<table>
<thead>
<tr>
<th>Activity or intervention sub-category</th>
<th>Recommended Determination</th>
</tr>
</thead>
</table>
| Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and) | **Negative determination**, subject to the following condition:  
- Support for healthcare service delivery-related policy development and implementation must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices. For Guatemala, the 1997 "Plan de Manejo de Desechos Médicos en Hospitales, Centros, Puestos de Salud y Centros de..." |
<table>
<thead>
<tr>
<th>similar regulatory efforts</th>
<th>&quot;Convergencia,&quot; prepared by the Ministry of Health of Guatemala will be replaced by the Acuerdo Gubernativo 509-2001, Reglamento de manejos solidos hospitalarios prepared in December 2001</th>
</tr>
</thead>
</table>
| Management of healthcare supply chains (e.g., commodity procurement and distribution, etc.), including condoms | **Negative determination**, subject to the following **condition**:  
- Technical assistance and capacity building must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices; and  
- Technical assistance and capacity building must be characterized by and integrate BMPs from USAID Sector Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities.  
- Implementing partners conducting activities involving procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, must ensure, to the greatest extent practicable, that the medical facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of such commodities.  
- Consignees for any pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS).  
- If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible, then follow WHO guidelines for Safe Disposal of Unwanted Pharmaceuticals ([www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf](http://www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf)).  
- Disposal of packaging and other public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guideline ([http://www.usaidgems.org/Sectors/solidWaste.htm](http://www.usaidgems.org/Sectors/solidWaste.htm)) |
Training (including supportive supervision) is one of a class of activities under 22 CFR 216 eligible for categorical exclusion. However, training of health care providers is intended to improve and expand the delivery of and/or access to health care services. As detailed in section 3.1, the delivery of these services presents a set of potentially significant adverse environmental and health impacts, particularly waste-and bio-safety related.

Further, the purpose of the training activities and the development of training curricula are to influence the actions of healthcare providers/service delivery agents. Appropriate management of health care waste depends heavily on individual actions of these agents (e.g., is there consistent separation of sharps and “red bag” waste?). Training therefore must, as appropriate in the context of the scope of the training, address proper handling, use and disposal of health care waste, including proper disposal of blood, sputum, and sharps. For example, training administrative staff on case management may not be appropriate for waste disposal training, but training nurses on delivery of vaccinations would be appropriate to discuss how to dispose of used needs and vaccine packaging.

<table>
<thead>
<tr>
<th>Activity or intervention sub-category</th>
<th>Recommended Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in HIV/AIDS care (e.g., build capacity consistent with PEPFAR initiatives)</td>
<td>Negative Determination Subject to the following conditions:</td>
</tr>
<tr>
<td></td>
<td>- When techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste, training/curricula/supervision must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STIs, sputum samples for diagnosis of TB).</td>
</tr>
<tr>
<td>Training in reproductive health</td>
<td></td>
</tr>
<tr>
<td>Training in maternal and child health</td>
<td></td>
</tr>
</tbody>
</table>

Note that this condition applies to BOTH activities targeting home care AND community health workers; IPs must, as appropriate, include healthcare waste (HCW) management messages and develop appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe. Positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials should be delivered, as appropriate, along with standard health care messages, and these messages should be included in training, protocols, and guidelines.

- Where USAID directly supports health service delivery, the Health Team and IPs must ensure, to the greatest extent feasible, that the medical facilities and operations benefitting from USAID support have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose
of blood, sharps and other medical waste and that norms and training include environmental health considerations. The ability of IPs and the Health Team to assure such procedures and capacity is limited by its level of control over the management of the beneficiary facilities and operations. Where the IPs identify deficiencies in the procedures and capabilities it shall notify USAID and provide recommended action steps for Agency consideration.

For all activities in this category, the USAID Sector Environmental Guidelines for Healthcare Waste (http://www.usaidgems.org/Sectors/healthcareWaste.htm) contains guidance, which must inform compliance with these conditions, particularly in the section titled, “Minimum elements of a complete waste management program.” See also WHO’s “Safe Management of Wastes from Healthcare Activities.”

<table>
<thead>
<tr>
<th>Training in TB care  (e.g., build clinical capacity for TB screening, counseling, testing and treatment)</th>
<th>Negative Determination Subject to the following conditions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste, training/curricula/supervision must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STIs, sputum samples for diagnosis of TB).</td>
<td></td>
</tr>
<tr>
<td>• Where USAID directly supports diagnostic testing, USAID must assure that the TB laboratories meet the reference standards established by WHO related to a) codes of practice, b) equipment, c) laboratory design and facilities, d) health surveillance, e) training, and f) waste handling. Depending on the specific tests conducted by a facility, additions and modifications to the WHO measures may be warranted for different levels of risk as described in WHO’s Tuberculosis Laboratory Biosafety Manual (2012 ed or later) (<a href="http://apps.who.int/iris/bitstream/10665/77949/1/9789241504638_eng.pdf">http://apps.who.int/iris/bitstream/10665/77949/1/9789241504638_eng.pdf</a>)</td>
<td></td>
</tr>
<tr>
<td>• Training in TB care, including diagnosis, treatment, and public health, must conform to the international standards articulated in the World Health Organization’s International Standards for Tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>
As noted above, integration of BMPs from USAID Sector Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities

<table>
<thead>
<tr>
<th>Training in family planning</th>
<th>Categorical Exclusion per:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• §216.2(c)(viii): Programs involving nutrition, health care, or population and family planning services EXCEPT those involving the collection and/or analysis of blood or body fluid samples</td>
</tr>
</tbody>
</table>

Sub-Grants:
Small grants/sub-grants components of activities can lead to potential impacts as the specific actions of these grants/sub-grants are not know as the time of the approval of this IEE. Thus, each grant/sub-grant will be required to submit an EMMP for approval by the Implementing Partner and MEO. Additionally, under the three Sub-Intermediate Results the Project will provide grants/sub-grants to civil society organizations that offer services addressing gender based violence, follow-on to care and ART, prevention activities and HIV advocacy interventions at national and community level.

Activities carried out under IR 4.2, Sustainable national investments in HIV increased will develop and implement policy, advocacy, guidelines, and tools (including developing national adherence strategies). Activities under Sub-IRs 4.2.1 Capacity and competency of governmental and non-governmental health organizations to respond to the increased demand built, and Sub-IR 4.2.2: Non-health sector organizations involved in the HIV response increased and strengthened may include: Capacity building activities that strengthen national, departmental and municipal health systems not directly tied to key populations or patients; strengthen the national HIV/AIDS monitoring and evaluation system based on the Joint United Nations Programme on HIV; share tools, best practices, and lessons learned focused on the HIV cascade to monitor the HIV epidemic; and technical assistance activities to promote more involve from other non-health sectors. New activities may include grants/sub-grants to civil society organizations to implement a systems approach to human rights protection and promotion. In relation to Sub-IR 4.2.3, it will include only advocacy activities, high level of negotiations, and meetings that demand use of information for decision making, use of tools or technology to convince authorities to move to a sustainability approach.

Activities carried out under IR 4.3, Knowledge management system adopted will promote the use of evidence among stakeholders and the Mission to take decisions and continue and/or
modify/adapt the program and intervention. Activities under Sub-IRs 43.1 Geographic and population focused planning strengthened and 4.3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed may include technical assistance to develop, implement and disseminate the results of studies, research and use of monitoring tools between different decision makers. New activities may include contracts/grants/sub-grants to develop the researches or improve capabilities in technical local staff.

<table>
<thead>
<tr>
<th>Activity or intervention sub-category</th>
<th>Recommended Determination</th>
</tr>
</thead>
</table>
| Improved information sharing (e.g., facilitate 'peer-to-peer' knowledge transfers, professional exchanges and internships, etc.) on prevention activities including prevention and reduction of Stigma and discrimination through NGOS | Categorical Exclusion, per §216.2(c)2  
• (i) Education, technical assistance, or training programs;  
• (ii) Analyses, studies, academic or research workshops and meetings; and  
• (v) Document and information transfers.  
Specific policy initiatives must reflect Best Management Practices (BMPs) from USAID Sector Human Rights guidelines (or similar) for key populations. |

3. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

3.1. Recommended Threshold Decisions and Conditions

The threshold determinations presented below are recommended for this project:

A. Categorical Exclusion

Pursuant to 22CFR 216.2(c)(2)(i) and (viii), a categorical exclusion for activities involving HIV/AIDS prevention efforts and others identified under IR 4 of the CAM DO4, except disposal of medical waste.

Pursuant to 22CFR 216.2(c)(2)(i), (iii), and (viii), a categorical exclusion for non-medical waste technical trainings, research, studies, workshops, overseen and tutorial activities under the IR 4.3 Knowledge management system adopted, and its Sub-Intermediate Results:
- Sub-IR 4.3.1 Geographic and population focused planning strengthened.
- Sub-IR 4.3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed.

B. Negative Determination with Conditions for activities involving handling and disposal of medical waste included in IRs 4.1 and 4.2 and all actions under this Project that include
grant/sub-grant component and in small scale renovations/rehabilitation/reconstruction and small scale water systems.

- IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased
  Sub-IR 4.1.1 HIV prevention and diagnosis services focused on key populations increased.
  Sub-IR 4.1.2 Positive populations’ enrollment, retention, and treatment in HIV qualified health care centers and community services improved.

- IR 4.2: Health systems strengthened and sustained
  Sub-IR 4.2.1: Capacity and competency of governmental and non-governmental health organizations to respond to the increased demand built.
  Sub-IR 4.2.2: Non-health sector organizations involved in the HIV response increased and strengthened.
  Sub-IR 4.2.3: Sustainable national investments in HIV increased.

3.2 General Recommended Conditions and Monitoring for Activities given a Negative Determination with Conditions:

### 3.2 Conditions, Mitigation, Monitoring and Evaluation:

- Each activity manager or Contracting (or Agreement) Officer Representative (COR or AOR) is responsible for making sure environmental conditions are met (ADS 204.3.4). In addition, CORs/AORs are responsible for ensuring that appropriate environmental guidelines are followed, mitigation measures in the IEE are funded and implemented, and that adequate monitoring and evaluation protocols are in place to ensure implementation of mitigation measures. The COR/AOR and Chief of Party for implementing mechanisms will require the use of the Environmental Mitigation and Monitoring Plan (EMMP) (attachment I).

- For all NDWC activities listed above that may involve small scale infrastructure, scale water systems, medical waste, and sub-grants will require the preparation of the EMMP form. The EMMP will be used for all of the activities listed within this IEE that receive a Negative Determination with Conditions threshold decision. The EMMP shall be reviewed and approved by the AOR/COR, Mission Environment Officer (MEO), and the Regional Environmental Advisor (REA) prior to any implementation of these activities. The EMMP specific actions shall be consistent with the activity’s Annual Work Plan. At the end of each year, the Activity shall compile the monitoring results from Table 3 of the EMMP and present a summary of the monitoring in an Environmental Compliance Monitoring section of their Annual Monitoring Report. The Annual Environmental Compliance Monitoring Report shall be submitted by the Implementing Partner to the AOR/COR and the MEO for their review and approval. This Report shall be shared with the REA by the MEO. The EMMP shall be revised and/or updated to include the Year 2 specific actions, impacts, and necessary mitigation measures. For each year, an updated EMMP shall be prepared based on the annual work plan. Monitoring of the EMMP mitigation measures using Table 3 of the EMMP shall be done by the Implementing
Partners. An annual environmental report (or reporting schedule as per the contract) shall be completed using Table 3.

- Each grant/sub-grant shall be required to have an approved EMMP prior to implementation of the grant/sub-grant activities. The main implementing Partner, AOR/COR, and MEO are responsible to review and approve the grants/sub-grants.

- The EMMP shall be used to determine if an EA is needed for activities approved within the Annual Program Statement Activity.

- The Implementing Partner (IP) shall ensure that appropriate environmental guidelines are followed and that mitigation measures described in the EMMP and this IEE for each of these activities are funded and implemented, including any necessary training or capacity building, and adequate monitoring. The IP will also have qualified environmental staff to oversee the EMMP and its execution.

- Follow the Ministry of Environment and Natural Resources and Ministry of Public Works guidelines of each country in the Region for specific activities, and any other local applicable law. Follow the Environmental Sectorial Guidelines already approved by USAID within the LAC Bureau Environmental Guidelines, for:
  i) small scale infrastructure
  ii) water and sanitation
  iii) health facilities
  iv) solid waste management
  v) health care waste
  (http://www.usaidgems.org/sectorGuidelines.htm)

- Any activities involving large scale construction (over 1000 sq. meters), large infrastructure, irrigation, or other similar actions would require an IEE amendment to recommend a Positive Determination and the preparation of an Environmental Assessment.

- The A/COR, Mission MEOs and REA will be required to conduct spot monitoring checks for all of the activities listed in this IEE to ensure that the conditions listed in the IEE, Environmental Threshold Decision (ETD), and EMMP are being followed. The A/COR, MEO, and REA should use the EMMP monitoring form (Table 3) to conduct monitoring of activity mitigation measures.

- The implementing contractor or partner will ensure that all activities conducted under this Project comply with this ETD. Also, through its regular reporting requirements, a section on environmental compliance (e.g. mitigation monitoring results) will be included using Table 3 of the EMMP as a monitoring tool for documenting the monitoring results.
Amendments

- Amendments to Initial Environmental Examinations (IEE) shall be submitted for LAC Bureau Environmental Officer (BEO) approval for any activities not specifically covered in the IEE, which include:
  - Funding level increase beyond ETD amount,
  - Time period extension beyond ETD dates (even for no cost extension), or
  - A change in the scope of work, such as the design of new activities not listed in this IEE, the use of pesticides or activities subject to Foreign Assistance Act sections 118 and 119 (e.g. procurement of logging equipment), to clear the Deferral ETD regarding potential large scale infrastructure, among others.

- Amendments to IEEs include Environmental Assessments (EA) or Programmatic Environmental Assessment (PEA) and approval of these documents by the LAC BEO could require an annual evaluation for environmental compliance.

3.3 Environmental Compliance Language for Awards

The following language is to be inserted into all solicitations (RFP, RFA, APS, GDA, etc.) to tell partners how the Agency expects them to comply with 22 Code of Federal Regulations 216.

Each technical office, along with the MEO, will ensure that environmental compliance language from this IEE is included in all procurement and obligating documents, such as activity-related Development Objective Agreements, and under Global Acquisition and Assistance Systems (GLAAS). The following language regarding environmental compliance will be included in any kind of procurement instrument within this Project:

Categorical Exclusion and Negative Determination Only. “The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID’s activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID’s Automated Directives System (ADS) Parts 201.5.10g and 204 (http://www.usaid.gov/who-we-are/agency-policy/series-200), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. [Offeror/ applicant/contractor/recipient] environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this [RFP/RFA/contract/task order/grant/cooperative agreement].

In addition, the contractor/recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID.
No action funded under this [contract/task order/grant/CA] will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE) duly signed by the Bureau Environmental Officer (BEO).

As part of its initial Work Plan, and all Annual Work Plans thereafter, the contractor/recipient, in collaboration with the USAID COR/AOR and MEO, REA or BEO, as appropriate, shall review all ongoing and planned activities under this [contract/task order/grant/CA] to determine if they are within the scope of the approved Regulation 216 environmental documentation.

At least one Negative Determination with Conditions, with sub-awards. An Initial Environmental Examination (IEE) [(insert IEE # or hyperlink, if available)] has been approved for [the Activity] funding this [RFA/RFP/contract/task order/grant/cooperative agreement (CA)]. The IEE covers activities expected to be implemented under this [contract/task order/grant/CA]. USAID has determined that a Negative Determination with Conditions applies to one or more of the proposed actions. This indicates that if these actions are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The [offeror/applicant/contractor/recipient] shall be responsible for implementing all IEE conditions pertaining to actions to be funded under this [solicitation/award].

As part of its initial Work Plan, and all Annual Work Plans thereafter, the contractor/recipient, in collaboration with the USAID COR/AOR, and MEO, REA, or BEO, as appropriate, shall review all ongoing and planned actions under this [contract/task order/grant/CA] to determine if they are within the scope of the approved IEE.

If the contractor/recipient plans any new actions outside the scope of the approved IEE, the contractor/recipient shall inform USAID in writing of these changes. No such new actions shall be undertaken prior to receiving written USAID approval.

When the approved IEE contains one or more Negative Determinations with Conditions, the [contractor/recipient] shall:

- Prepare an environmental mitigation and monitoring plan (EMMP) for each proposed action under the Negative Determination with Conditions in the IEE, describing how the contractor/recipient will, in specific terms; implement all IEE conditions that apply within the scope of the award. The EMMP format is attached. The EMMP shall include monitoring the implementation of the conditions and their effectiveness.
- Integrate a completed EMMP into the initial work plan.
- Prepare an Environmental Compliance Report (ECR) at the end of the year or as per reporting requirements of the contract. The ECR shall be based on the monitoring of mitigation measures using Table 3 of the EMMP.
- A revised EMMP must be completed and approved in subsequent Annual Work Plans, making any necessary adjustments to implementation in order to minimize adverse
impacts to the environment.

A provision for sub-awards is included under this award. Therefore, the [contractor/recipient] will prepare an EMMP for each proposed sub-award, except those that qualify for a categorical exclusion. In the case of a categorical exclusion, [contractor/recipient] shall complete and submit for USAID approval table 1 of the EMMP (Environmental Review Form- ERF). In order to ensure the funded proposals will result in no adverse environmental impacts. Implementation of sub-awards shall not begin prior to USAID written approval of the corresponding EMMP. The contractor/recipient is responsible for ensuring that mitigation measures specified in the EMMP are implemented.”

Additional language to include for RFAs/RFPs
USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise. Respondents to the [RFA/RFP] shall include as part of their [application/proposal] their approach to achieving environmental compliance and management, to include:

- The respondent’s approach to developing and implementing an EMMP.
- The respondent’s approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities.
- The respondent’s illustrative budget for implementing the environmental compliance activities. For the purposes of this solicitation, [offerors/applicants] should reflect illustrative costs for developing the EMMP and environmental compliance implementation and monitoring in their cost proposal.

Contract Officers will use the Annex document listed in ADS 204.5 “Environmental Compliance: Language for Use in Solicitations and Awards: An Additional Help for ADS Chapter 204,” dated May 19, 2008, for including appropriate compliance language in all solicitations and awards.

Annex A: Guidelines for Implementing Partners on the USAID LAC Environmental Mitigation and Monitoring Plan (EMMP)
Guidelines for Implementing Partners

USAID/Latin American and Caribbean Bureau (LAC) ENVIRONMENTAL MITIGATION and MONITORING PLAN (EMMP)

November 19, 2015

A. Background

All activities funded by USAID must conform to its environmental procedures outlined in 22 CFR 216, which require Initial Environmental Evaluations (IEE) to ensure that “environmental factors and values are integrated into the USAID decision-making process” and that “the environmental consequences of USAID-financed activities are identified and considered by USAID and the host country prior to a final decision to proceed and that appropriated environmental safeguards are adopted”.

All USAID activities and programs funded through USAID’s Latin America and the Caribbean (LAC) Missions are issued an Environmental Threshold Decision (ETD) by the Bureau Environmental Officer (BEO) pursuant to the IEE as per 22 CFR 216.3(a)2. One category of Threshold Decision is the Negative Determination (22 CFR 216.3(a)3), which is given to projects that are not “found to have a significant effect on the environment” when certain conditions are in place. In LAC, the development of an Environmental Mitigation and Monitoring Plan (EMMP) is often one of the conditions set forth in the Negative Determination. The EMMP ensures compliance with 22 CFR 216 by identifying and mitigating environmental effects of USAID activities and by meeting any other conditions specified in the applicable ETD. It is also used for any sub-award activities where the specific actions of sub-award are not yet identified at the time of award. In addition, Table 3 of the EMMP form can be used as a Mitigation and Monitoring Plan for Environmental Assessments (EA).

Activities carried out by implementing partners (IPs) of USAID/LAC Missions include a range of discrete activities under various awards that will likely have a risk for significant environment effects. Examples include activities such as infrastructure refurbishment or medical waste management. This EMMP procedure will provide for both the screening for environmental risk, the preparation of a mitigation plan and reporting on monitoring of these mitigation measures. Gender and persons with disabilities are also considered as social impact factors in the development of a mitigation plan as these have a direct bearing on the type and kind of mitigation measure to be prescribed. Global Climate Change (GCC) and its impact on the project, as well as the project’s to exacerbate GCC is also a consideration within the EMMP process. Finally, the EMMP is an effective tool for applying USAID’s Sector Environmental

---

1 This replaces all previous Environmental Mitigation Plan and Report (EMPR) forms
Guidelines to an activity or program which has been developed as per 22 CFR 216.3(a)3(iii). (http://www.usaidgems.org/sectorguidelines.htm).

The EMMP initially categorizes activities into three risk categories: No Risk, Medium Risk, and High Risk. Those with No Risk can continue without further review upon completion of the Table 1 screening form and review and approval of the risk analysis by the Agreement/Contract Officer’s Representative (AOR/COR) and the Mission Environment Officer (MEO). The EMMP typically deals with those activities at Medium Risk (see Figure 2). Those with High Risk must be reconsidered for the need of an EA. Risk is further defined in section C1 below.

All awardees that receive a Negative Determination with Conditions ETD will be required to fill out an Environmental Mitigation and Monitoring Plan (as attached) per activity type that includes:

1. Narrative (Justification/Background, Baseline Information/Existing Conditions, Description of Activities, and Social Considerations sections must be completed at a minimum).

2. The Environmental Screening Form (Table 1),

3. The Environmental Mitigation Plan (Table 2), and

4. The Environmental Monitoring Table (Table 3).

AOR/CORs, Activity Managers, and Implementing Partners can work with the USAID MEO to ensure that environmental effects are sufficiently identified and mitigation actions are agreed upon, including clear guidance on the procedures for GCC and social considerations, where fitting.

B. Timing of EMMP

All solicitations for activities that fall within the NWDC will included this document as part of the solicitation package as per the ADS 204 annex regarding solicitation language. As per direction outlined here and in the Environmental Considerations section of all solicitation, potential applicants must present a draft EMMP with their submission. This is important as the funding for mitigation implementation identified in Table 3 must be incorporated in the applicant’s proposal budget. The draft EMMP can also serve as a criteria for selection by the Technical Evaluation Committee reviewing proposals.

Once the IP is chosen, a revised initial EMMP is submitted by the applicant or contractor to the AOR/COR at the time the initial work plan is submitted. The MEO, and the Regional Environmental Advisor (REA) must approve this EMMP before work can commence. For sub-awards, the awardee is required to fill out the EMMP and submit it for approval to the Chief of Party (COP). The COP then submits the EMMP for review and final approval to the
AOR/COR and MEO. Implementation of activities shall not occur until final approvals of the EMMPs are received.

A format for this initial EMMP can be seen in attachment 1; it includes:

1. An initial screening process using the “Environmental Screening Form” (Appendix 1, Table 1) to assure the activity is at the Medium Risk Level.

2. The identification of potential impacts and related mitigation measures using the “Environmental Mitigation Plan” (Appendix 1, Table 2) for each sub-activity.

3. The Environmental Monitoring Table (Appendix 1, Table 3) includes the necessary mitigation measures to be monitored, the monitoring indicators, who will conduct the monitoring, and when will the monitoring occur. Table 3 also includes a monitoring chart that documents who conducted the monitoring and the effectiveness of the mitigation measures.

At the end of each year of implementation, the EMMP is resubmitted with the same information as provided initially, along with a report reflecting the status of implementation and effectiveness monitoring of the identified mitigation measures using the “Environmental Monitoring Table” (Appendix 1, Table 3). This serves as the Annual Environmental Compliance Report (ECR) required by most implementing mechanisms.

Results from the ECR are subsequently incorporated into a revised EMMP that shall be submitted to the AOR/COR for approval by the MEO/REA that reflects any new activities in the activity’s year along with any changes to mitigation measures the prior year’s

**Figure 1: Timeline of reporting requirements for the Environmental Mitigation and Monitoring Plan (EMMP)**

- IP submits draft EMMP
- USAID approves EMMP before implementation

**Year 1**
- Activity Design
- IP submits Environmental Compliance Report (ECR) end of year 1, and receives approval for the Annual EMMP for year 2
- Activity Implementation

**Year 2**
- Activity Implementation
- IP submits Environmental Compliance Report (ECR) end of year 2, and receives approval for the Annual EMMP for year 3

**Year 3**
- Activity Implementation/Project completion
- IP submits Environmental Compliance Report (ECR) end of year 3, and receives approval for the Annual EMMP for year 4, or;
- IP submits a Final ECR at the end of the project.
monitoring. This process of submitting the EMMP monitoring report at the end of the year, together with a revised EMMP that reflects the following year’s work plan, is repeated each year until the close of the activity (See Figure 1).

C. Initial Environmental Mitigation and Monitoring Plan

1. Classification of Level of Risk

Different activities under an award can have varying levels of risk for environmental effects and therefore require different courses of action (Figure 2). No-risk activities, classified under “a” below, do not require the development of an Environmental Mitigation Plan (Table 2) or an Environmental Monitoring Table (Table 3) and could be covered under a Categorical Exclusion (22 CFR 216.2(c)). The AOR/COR should consult with the MEO to determine if the action in question has already received an Categorical Exclusion or if one must be requested from the BEO. Activities identified as Medium-risk (“b”) require the IP to screen those potential environmental effects and develop a plan to mitigate them. High-risk activities (“c”) include activities that have irrevocable change and/or cannot be mitigated by the implementation of industry standards, best management practices, or design specific implementation standards and, therefore, are considered to have significant environmental effects that will require an EA (22 CFR216.2(d)).
Figure 2 below depicts a schematic of required action based on the level of risk of a particular activity under an award. Note: all sub-award activities are required to have an EMMP completed. If all questions on Table 1 are checked No, then the sub-award activity falls under the low risk category and implementation could start directly without further analysis, pending approval of the work plan by the AOR/COR and MEO.

![Figure 2: Schematic of required action based on the level of risk of a particular activity under an award](image)

a). Discrete activities that do not require mitigation plans (No-Risk):

An illustrative list of no-risk discrete activities where no mitigation reporting is required includes:

- Education or training, unless it implements or leads to implementation of actions that impacts the environment (such as construction of schools or use of pesticides)
- Community awareness initiatives
- Controlled research/demonstration activities in a small area
- Technical studies or assistance (unless actions include agriculture and pesticides)
- Information transfers

If there is a risk that the actual implementation of subjects learned during training could adversely affect the environment (e.g., training on agricultural techniques), the training is
expected to include as part of its curriculum, an analysis of environmental effects and a plan for mitigation. Mitigation measures such as Good Agricultural Practices/Best Management Practices would need to be identified for use in training as a mitigation measure and listed in Table 2 of the EMMP.

Many discrete activities under an agreement will fall between the two extremes of low and high risk and may cause some significant environmental effects that can be avoided or mitigated with proper planning. For these activities, the IP will be responsible for completing the EMMP on an annual basis.

c) Discrete activities that cannot be supported (High-Risk):

Under USAID’s Environmental Procedures, if there is a proposed action that may have significant environmental effects, an approved EA is required prior to its implementation (22 CFR 216.2(d)1). In the case of pesticide use, a Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) will be prepared by the partner and approved by the LAC BEO (22 CFR 216.3 (b)). Such activities include, but are not limited to:

- Agricultural, livestock introduction or other activities that involve forest conversion
- Resettlement of human populations
- Construction of water management systems such as dams or impoundments
- Drainage of wetlands
- Introduction of exotic plants or animals in protected areas
- Permanent modification of the habitat supporting an endangered species
- Industrial level plant production or processing (this does not include community or regional plant nurseries aimed at restoring areas after fires, for example)
- Installation of aquaculture systems in sensitive water bodies including rivers, lakes, and marine waters (not land-based fish ponds)
- Procurement of timber harvesting equipment, including chainsaws
- Use of restricted use pesticides (insecticides, herbicides, fungicides, etc.)
- Large-scale reconstruction in un-degraded lands, such as within protected areas
- Large-scale new construction (over 1,000 meters$^2$)
- Timber harvesting, or cutting of trees over 20 cm diameter breast height related to forest management or for commercial products.
- Construction of penetration roads and/or reroutes

d) Cumulative effects

Even though individual activities may be considered medium risk, when those activities are analyzed in terms of other USAID actions and/or other non-USAID actions that are
likely to occur, cumulative effects must be considered and may require the development of an EA.

e) Extraordinary circumstances

Certain extraordinary circumstances must be considered and may require an EA. These include
- impacts to sensitive terrestrial or aquatic areas (see question 14)
- impacts to unique cultural or historical features (see question 28)

2. Environmental Screening Form

The Environmental Screening Form (Appendix 1, Table 1) contains information relevant to the potential environmental effects over the life of activity with regard to natural resources, the environment, and human health. If items in Column “A” of the Environmental Screening Form are checked “YES”, then items for monitoring and mitigation are to be specified in the “Environmental Mitigation Plan” (Appendix 1, Table 2). The Environmental Mitigation Plan simply outlines the plan of action for mitigation of potential environmental effects. If all Column A is checked “NO”, then Tables 2 and 3 are not required to be completed and the activity can begin upon approval from the COR/AOR and MEO. When all of Table 1 questions are checked “NO”, the MEO must ensure that the activities listed in the “Description of Activities” narrative section truly will not cause impacts to the environment. The MEO must also ensure that all of the actions for the activity are listed in the Narrative and that each action is covered in Table 1.


D. Annual Environmental Compliance Report

As per terms and conditions of all awards with USAID, each implementing partner is expected to submit an Annual Report, which normally requires an ECR. If an EMMP has been developed, it should be used to fulfill this requirement. The ECR should contain information relevant to the potential environmental effects over the life of a discrete activity under an award and includes: a) a copy of the initial EMMP completed during the initial activity planning (reference Section B
above); b) the prescribed mitigation measures using the “Environmental Mitigation Plan (Appendix 1, Table 2)”; and c) synthesized data on these mitigation measures collected throughout the year and tracked in the “Environmental Monitoring Table (Appendix 1, Table 3)”. As it is often difficult to quantitatively measure progress of complex mitigation measures, it is necessary to include inserted digital photos (with relevant maps) to describe progress of mitigation activities.

E. Sections of the EMMP

1. EMMP Coversheet
2. EMMP Narrative (to be filled out with activity specific information). NOTE: details for each of the actions to be implemented must be listed in the “Description of Activities” section of the Narrative.
3. Appendices:
   1. Environmental Screening Form (Table 1)
   2. Environmental Mitigation Plan (Table 2)
   3. Environmental Monitoring Table (Table 3)
   4. Photos, Maps, Level of Effort

Guidelines for Implementing Partners
USAID/LAC ENVIRONMENTAL MITIGATION and MONITORING PLAN (EMMP)

Appendix 1:

A. Coversheet for ENVIRONMENTAL MITIGATION and MONITOR PLAN (EMMP)

USAID MISSION DO # and Title: __________________________________________

Title of IP Activity: ______________________________________________________

IP Name: ___________________________________________________________________

Award Number: __________________________________________________________________

Funding Period: FY____ - FY____

Associated IEE/ETD: __________________________________________________________________

Life of Activity Funding (US$): __________________________________________________________________

Report Prepared by: Name: __________________________ Date: __________

Date of Previous EMMP: __________________________ (if any)

Status of Fulfilling Mitigation Measures and Monitoring:

Yes  No

___ ___  Initial EMMP.

___ ___  Annual EMMP.

USAID Mission Clearance of EMMP for XXX Activity:

Contract/Agreement Officer’s Representative: __________ Date: __________

Mission Environmental Officer: ________________ Date: __________

Regional Environmental Advisor: ________________ Date: __________

B. Environmental Mitigation and Monitoring Plan Narrative

1. Background, Rationale and Outputs/Results Expected:
Provide a brief summary of the activities under consideration and expected results.

2. Environmental Baseline:

Describe the existing condition of the area of the activity. This should include a description of/baseline information on the natural and physical resources that could potentially be effected by the activity. Provide information on the existing infrastructure, roads, agricultural systems, etc. if relevant to the activity. Succinctly describe location, site details; surroundings (include a map, even a sketch map). Include information on any “unique or extra-ordinary” resources that are within the activity area such as wetlands, critical habitat, etc. Include information on the existing climate trends and conditions such as how might environmental conditions change due to climate change for the life of the activity and expected lifespan of the interventions? Describe how the activity will involve men and women whose actions during the life of the activity may have a direct effect the environment. Methodologies for data collection and analysis for gender-sensitive implementation and monitoring of activities are encouraged.

3. Activity Description/Specific Actions to be implemented:

Provide both quantitative and qualitative information about actions to be undertaken during the activity (e.g. specific actions of construction-size, location, and type of materials to be used, etc.), types of agriculture production (full till mechanized, organic etc.), how the intervention will operate, and any connected activities that are required to implement the primary activity (e.g., road to a facility, need to quarry or excavate borrow material, need to lay utility pipes to connect with energy, water source or disposal point or any other activity needed to accomplish the primary one but in a different location). If various alternatives have been considered and rejected because the proposed activity is considered more environmentally sound, explain these.

Example:

New construction of a 900 square meter youth center located in XXX town and is 70 meters from the River XXX. Construction will be of block and cement with rebar reinforcing. Construction will include a new two-stall toilet and sinks using town water source from pipes. A 20 square meter biodigester will be used to capture waste and methane gas piped to the youth center kitchen for use as cook fuel. Biodigester will be underground and built of concrete by molds. Electrical wiring for the youth center will be installed with the power source by solar panels on the zinc roof and batteries/electrical circuits located attached to the center in a closed and locked storage room.

Activities with sub-awards require a specific EMMP for each award.

4. Evaluation of the Potential for Environmental Effects (Tables 1 and 2):
As a component of conducting environmental screening and developing the Environmental Mitigation Plan (Appendix 1, Table 2), briefly summarize environmental effects that could occur before, during, and after implementation, as well as any problems that might arise with restoring or reusing the site, if the facility or activity were completed or ceased to exist. Explain direct, indirect, and cumulative effects on various components of the environment (e.g., air, water, geology, soils, vegetation, wildlife, aquatic resources, historic, archaeological or other cultural resources, people and their communities, land use, traffic, waste disposal, water supply, energy, climate change adaptation, climate change mitigation, etc.). Indicate positive impacts and how the natural resources base will be sustainably improved.

For example, any activity that increases human presence in an area, even temporarily, will increase noise, waste, and the potential for hunting, timber harvesting, etc.

5. Environmental Mitigation Actions (Tables 2 & 3):

For the Initial EMMP, summarize the mitigation measures in the “Environmental Mitigation Plan” (Table 2) and briefly describe how these measures will be monitored in the “Environmental Monitoring Table” (Table 3). Ensure that Table 3 includes the cost of implementing and monitoring each of the mitigation measures listed.

For the Annual EMMP, describe the effectiveness of mitigation measures based on monitoring. For example:

a) What mitigation measures have been put in place? How is the success of mitigation measures being determined (i.e., indicators)? Explain if and why the mitigation measures are not working or not effective? What adjustments need to be made?

b) What is being monitored, how frequently and where, and what action is being taken (as needed) based on the results of the monitoring?

6. Social Considerations

Gender equality is a USG-wide priority and USAID has, and will continue to take a lead role in that effort. Integrating gender considerations into all stages of planning, programming, and implementation of development assistance is not only a legal mandate; it is an essential part of effective and sustainable development. The Automated Directive System (ADS) 201 sets out specific requirements to help ensure that appropriate consideration is given to gender as a factor in development planning at the Development Objective and the Intermediate Results level of Development Objectives all the way down to the activity level. This programming policy includes clear guidance on the procedures for gender integration where determined to be appropriate.

Additionally, the USAID Disability Policy Paper (http://pdf.usaid.gov/pdf_docs/PDABQ631.pdf) sets out specific requirements to help ensure that appropriate consideration is given to persons with disabilities as a factor in development planning at the Development Objective and the Intermediate Results level of Development
Objectives all the way down to the activity level. Therefore, gender and persons with disabilities considerations are included in the EMMP checklist to ensure activity implementation adheres to agency priorities and mandate. Additional information can be found at the following website: http://www.usaid.gov/sites/default/files/Guide_How_Integrate_Disability_Gender_Assessments_2010.pdf.

Ultimately, consideration of social issues helps avoid significant environmental effects (see 216.3 (a)(3)(iii)). Environmental mitigation measures should be specifically designed to take in account social issues such as gender and persons with disability, thus ensuring greater success of the mitigation measure and greater long-term sustainability of the activity. The impacts and roles of women and children should be also taken into consideration when completing Table 2 regarding environmental (social) impacts and designing mitigation measures.

7. Climate Change Integration

Climate change impacts all areas of development and is often considered both a threat and a driver to many activities that USAID supports. Good climate change integration is part of good activity design. In addition, Executive Order 13677: “Climate-Resilient International Development” encourages integration of the Agency’s GCC Initiative (GCC) of mitigation and adaptation principles throughout its portfolios. Therefore, GCC impacts (to the activity and from the activity implementation) shall also be considered. Actions that would minimize GCC impacts shall be included in the list of mitigation activities to be implemented.
Appendix 1. Environmental Screening Form (Table 1)

<table>
<thead>
<tr>
<th>Name of Activity:</th>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing Partner:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Award Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INFRASTRUCTURE (Buildings, roads, WASH, etc.)**

1. Will the activity involve construction and/or reconstruction/rehabilitation of any type of building? For new construction, if less than 1,000 m² = medium risk, if greater than 1,000 m² = high risk.\(^1\)

2. Will the activity involve building penetrating roads, road rehabilitation and maintenance or other road related infrastructure (drainage, bridges, etc..)? If penetrating road construction/rerouting = high risk\(^2\), if repair/rehabilitation (improving drainage, resurfacing of existing roads) = medium risk.

3. Will the activity involve construction or rehabilitation of water and sanitation infrastructure (irrigation systems, potable water, water harvesting, septic systems etc.). Potable water systems require testing for bacteria, arsenic and other heavy metals.

4. Will the activity involve construction or rehabilitation of any other infrastructure such as landfills, incinerators, energy infrastructure, etc.

5. Will the infrastructure activity cost more than US $500,000\(^3\)? If YES, approval of a USAID Engineer is required as mitigation measures in Table 2. Additionally, compliance with FAA 611 is required (please consult with the mission legal advisor).

6. Does the activity require adherence to national building code or other national regulatory standard? Mitigation measures in Table 2.

7. Does the activity require local planning permissions (i.e
### BIOPHYSICAL

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Will the activity involve the purchase, use, plans to use, or training in the use of pesticides (including bio pesticides like neem)?</td>
</tr>
<tr>
<td>9</td>
<td>Will the activity involve changes in water quality (pollution, sedimentation, stagnation, salinization, temperature change, etc.)</td>
</tr>
<tr>
<td>10</td>
<td>Will the activity affect surface or groundwater quantity</td>
</tr>
<tr>
<td>11</td>
<td>Will the activity involve training and/or implementation of agricultural practices/production including animal husbandry?</td>
</tr>
<tr>
<td>12</td>
<td>Will the activity involve aquaculture systems?</td>
</tr>
<tr>
<td>13</td>
<td>Will the activity involve the use or disposal of hazardous materials (used engine oil, paint, varnish, lead-based products, fluorescent light bulbs/mercury, batteries, asbestos or other hazardous or special management waste)? Consider effects to both the biophysical environment and human health.</td>
</tr>
<tr>
<td>14</td>
<td>Will the activity involve implementation of timber management, extraction of forest products, clearing of forest cover, and/or conversion of forest land by cutting of trees &gt;20cm diameter at base height (DBH)?</td>
</tr>
<tr>
<td>15</td>
<td>Is the activity in or near (within 50m) any sensitive terrestrial or aquatic areas including protected areas, wetlands, critical wildlife habitat (including nesting areas), and threatened or endangered species?</td>
</tr>
<tr>
<td>16</td>
<td>Will the activities proposed generate airborne particulates (dust), liquids, or solids (i.e. discharge pollutants) or potentially violate local air standards?</td>
</tr>
<tr>
<td>17</td>
<td>Will the activity create objectionable odors?</td>
</tr>
<tr>
<td>18</td>
<td>Will the activity occur on steep slopes (greater than 15%)?</td>
</tr>
<tr>
<td>19</td>
<td>Will the activity contribute to erosion?</td>
</tr>
<tr>
<td>20</td>
<td>Will the activity change existing land use in the vicinity?</td>
</tr>
<tr>
<td>21</td>
<td>Is the proposed activity incompatible with land type (i.e., annual crops on steep slopes, infrastructure on poorly drained soils)?</td>
</tr>
<tr>
<td>22</td>
<td>Will the activity affect unique geologic or physical features?</td>
</tr>
<tr>
<td>23</td>
<td>Will the activity have potential effects to inhabitants, natural landscapes, or flora/fauna downstream from the activity site?</td>
</tr>
</tbody>
</table>
24 Will the activity have a direct or indirect effect, or include actions with mangroves, coral reefs and other marine/coastal ecosystems?

**GLOBAL CLIMATE CHANGE**

25 Are activity activities or outcomes vulnerable to changes in the weather or climate such as changes in precipitation patterns, increased temperatures or sea level rise?

26 Does the activity’s activities exacerbate climate change vulnerabilities (i.e., drought, flooding, decrease water supply)?

27 Will the activity create greenhouse gas emissions from decomposing waste, burning of organic matter, or use of fossil fuels etc. (consider duration and scale)

**SOCIO ECONOMIC**

28 Will the activity contribute to displacement of people, housing or businesses?

29 Will the activity affect indigenous peoples and/or unique cultural or historical features?

30 Will the activity expose people or property to flooding?

**ENVIRONMENT & HEALTH**

31 Will the activity create conditions encouraging an increase in illness, diseases, or disease vectors (waterborne, STDs or other)?

32 Will the activity generate hazards or barriers for pedestrians, motorists or persons with disabilities?

33 Will the activity involve the use, storage, handling or disposal of syringes, gauzes, gloves and other biohazard medical waste?

34 Will the activity expose workers to occupational hazards?

35 Will the activity increase existing noise levels?

**GENDER**

36 Does the activity activity inhibit the equal involvement of men and women?

37 Do the activity results disproportionately benefit/impact men and women?

**OTHER**

38 Does the activity/activity involve a sub-award component?

39 Is an operations and maintenance plan required? (for all type of infrastructure, equipment, road rehabilitation, or water and sanitation action = Yes)

**RECOMMENDED ACTION (Check Appropriate Action):**
<table>
<thead>
<tr>
<th>(a)</th>
<th>The activity has no potential for significant effects on the environment. No further environmental review is required (Categorical Exclusion). No further action required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>The activity includes mitigation measures and design criteria that if, applied will avoid a significant effect on the environment (Negative Determination with Conditions). EMMP Required.</td>
</tr>
<tr>
<td>(c)</td>
<td>The activity has potentially substantial or significant adverse environmental effects, therefore, an EA is required before activity implementation (Positive Determination). NOTE: if any question is marked as High Risk, an EA is required and Tables 2 and 3 of the EMMP do not need to be completed.</td>
</tr>
</tbody>
</table>
| (d) | The activity has significant adverse environmental effects that cannot be mitigated. Proposed mitigation is insufficient to eliminate these effects and alternatives are not feasible. The activity is not recommended for implementation.  
*For sub awards, do not fund.* |

1 Construction activities need to be reviewed for scale, planned use, building code needs and maintenance. New construction having a footprint larger than 1000 meters$^2$ or 10,000 feet$^2$ is considered large scale and high risk. Some small construction activities, such as building an entrance sign to a park, may require simple mitigation measures whereas larger buildings will require more extensive review and monitoring.

2 New construction of roads are considered high risk and will require a full environmental assessment of the planned construction, i.e. a Positive Determination. Any reroutes of a road or trail longer than 100 meters is considered a high risk. Reroutes within a protected area, nearby a water source/wetlands, and/or archaeological site are considered a high risk.

3 Pursuant to FAA, section 611, Completion of Plans and Cost Estimates.

4 The purchase of packaged store pesticides are included. The planned procurement and/or use or training on the use of pesticides will trigger the need to develop an amended Initial Environmental Examination that meets USAID pesticide procedures (Pesticide Evaluation Report and Safer Use Action Plan or “PERSUAP”) for the activity.

5 Any activities that involve the commercial harvesting of trees or converting forests is considered high risk and will require a full environmental assessment of the activity (i.e. Positive Determination). The reference to cutting trees of greater than 20 cm dbh is for actions related to forest management and commercial forest products and not for individual trees being cut for construction or non-commercial purpose.

6 Less than 50 meters is based on best practices from US Federal and State regulations.

7 A positive response to gender questions require follow up only when there are other positive responses on questions, and an EMMP is developed.

8 If the Activity includes a sub-award component, each sub-awardee shall be required to prepare an EMMP prior to implementation of the sub-award.
Appendix 2. Environmental Mitigation Plan (Table 2)

Enter the Question/Row # of the potential negative effects with check marks in Column A (Table 1) and complete table below for mitigation measures to reduce or eliminate the issue. In the Sub-Activity or Component Column, list the main actions to be implemented. Under each action, list the tasks (Steps) that are needed to implement this action.

<table>
<thead>
<tr>
<th># of the question from Table 1</th>
<th>Action or component with the different tasks required to implement the action.</th>
<th>Description of Environmental Effect</th>
<th>Environmental Mitigation Measures*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Component - Construction and maintenance of latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Step 1- design</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Step 2- location</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Step 3- purchase of materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Step 4- build latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Step 5- site clean-up/disposal of construction waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Step 6- use of latrine/operations and maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Component – Purchase and construction of a water storage system</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please be as specific as possible. Sample mitigation measures are located in the USAID Sector Environmental Guidelines or other pertinent guidelines, see http://www.usaidgems.org/sectorGuidelines.htm. Details on exact monitoring plan are illustrated in Table 3, Environmental Monitoring and Evaluation Tracking Table.
APPENDIX 3. ENVIRONMENTAL MONITORING TABLE (Table 3)

<table>
<thead>
<tr>
<th>Description of Mitigation Measure (same as in Table 2)</th>
<th>Responsible Party for implementing and monitoring mitigation measures</th>
<th>Monitoring Methods</th>
<th>Indicators of implementation and effectiveness of indicators</th>
<th>Frequency</th>
<th>Estimated Cost of implementing mitigation measures and monitoring</th>
<th>Dates Monitored</th>
<th>Problems Encountered</th>
<th>Mitigation Effectiveness</th>
<th>Recommended Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>