**INITIAL ENVIRONMENTAL EXAMINATION FACESHEET**

<table>
<thead>
<tr>
<th>Activity/Project Title</th>
<th>Community HIV Care and Treatment Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM AREA HL. 3.1: Health</td>
<td>Solicitation #: TBD</td>
</tr>
<tr>
<td>Contract/Award Number (if known):</td>
<td>TBD</td>
</tr>
<tr>
<td>Geographic Location:</td>
<td>Ethiopia/East Africa</td>
</tr>
<tr>
<td>Originating Bureau:</td>
<td>Africa Bureau</td>
</tr>
</tbody>
</table>

| Supplemental IEE: | Yes ☐ No ☒ |
| Amendment: | Yes ☒ No ☐ |
| Programmatic IEE: | Yes ☒ No ☐ |

**DCN and date of Original document:** #Ethiopia_DO2_GHI - 2015-07-16. Approved 07/16/2015

**DCN and ECD link(s) of Amendment(s):**

**Ethiopia DO2_Health_HIV_Amend#1_9212017**

**Funding Amount:** $ 4,000,000

**Implementation Start/End:** July 2017 to July 2022

**Prepared By:** Yitayew Abebe, Mission Environmental Officer USAID/Ethiopia

**IEE Submitted by:** Yitayew Abebe, Mission Environmental Officer USAID/Ethiopia

**Date Submitted:** September 8, 2017

**Expiration Date:** December 31, 2022

**Environmental Media and/or Human Health Potentially Impacted (check all that apply):**

- ☐ Air
- ☒ Water
- ☐ Land
- ☐ Biodiversity
- ☒ Human Health
- ☐ Other

**Recommended Threshold Determination (check all that apply):**

- ☒ Negative Determination
- ☒ with conditions
- ☒ Categorical Exclusion

- ☐ Positive Determination
- ☐ Deferral
- ☐ Exemption
- ☐ USG Domestic NEPA action

**Additional Elements**

- ☒ Conditions
- ☒ EMMP
- ☐ WQAP
- ☐ Pesticides
- ☐ Deferred
- ☐ Other: ESF/ERR
- ☐ DCA

**Climate Change:**

- ☒ GCC/Adaptation
- ☐ GCC/Mitigation
- ☐ Climate Change Vulnerability Analysis (included)

**Adaptation/Mitigation Measures:** The CDCS level CRM for the Health sector indicates that the potential climate change risk is MODERATE. The activity level CRM for this activity is rated as LOW (Annex 1)

**Other Relevant Environmental Compliance Documentation:** file #Ethiopia_DO2_GHI -2015-07-16
RECOMMENDED DETERMINATION
The purpose of the amendment file #Ethiopia_DO2_GHI -2015-07-16 IEE is to review additional activities under the Development Objective 2 Increased Utilization of Quality Health Services Program activities. Specifically, it covers a new Community HIV Care and Treatment Activity, described below.

This IEE recommends the following determinations:

**Categorical Exclusions** are recommended for the following classes of activities, except to the extent that the activities directly affect the environment (such as construction of facilities). Specifically, this is for activities covered by the following citations in Reg. 216, subparagraph 22 CFR 216.2(c) (2):

- Activities involving education, training, and technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- Activities involving analyses, studies, academic or research workshops and meetings;
- (v) Activities involving document and information transfers;
- (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- (xi) Programs of maternal or child feeding conducted under Title II of P.L. 480; and
- (xiv) Studies, projects or programs intended to develop the capability of recipient countries and Organizations to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.).

**Negative Determinations with Conditions** are recommended for the following, per 22 CFR 216.3(a)(2)(iii):

- Activities which might entail blood handling, injections or other generation of healthcare waste such as for the components of any HIV/AIDS Reproductive Health, Primary Health Care, Anti-retroviral (ARV), and immunization interventions that directly or indirectly result in the generation and disposal of bio-hazardous health care waste. HIV/AIDS/STD and TB prevention and treatment activities could directly or indirectly involve testing and therefore contaminated blood handling, used syringes, sharps generation, and disposal of medical waste.
- Procurement and distribution of contraceptives
APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED

CLEARANCE:
Mission Director: Leslie Reed Date: 09/07/17

CONCURRENCE:
Bureau Environmental Officer: Brian Hirsch Date: 9/21/2017

☑ Approved
☐ Not Approved

File Name: Ethiopia DO2-Health HIV IEE Amendment

ADDITIONAL CLEARANCES:
Deputy Mission Director: S. R. Date: 9/7/17

Mission Environment Officer (MEO): Y. A. Date: Aug 8, 2017

HAPN Office Chief: R. S. Date: 8/21/19

Reg. Environmental Advisor: D. K. Date: 
1.0 Background and Program Description

1.1 PURPOSE AND SCOPE OF IEE

The purpose of the amendment#1 file #Ethiopia_DO2_GHI -2015-07-16 IEE is to review additional activity under the Development Objective 2 Increased Utilization of Quality Health Services Program activities. As with all IEEs, and in accordance with 22 CFR 216, it reviews the reasonably foreseeable effects of the proposed new activity interventions on the environment and recommends threshold determinations.

1.2 PROGRAM BACKGROUND (CONTEXT & JUSTIFICATION)

This activity will strengthen community systems to support the delivery of high impact HIV community based services, working through community structures. This approach relies on strong partnerships with: CBO, CSO, FBO, CC, CCC, and PLHIV associations as well as local governments to interact, coordinate, and deliver an effective response to the epidemic. The activity will focus on: strengthening systems to deliver community based health services in alliance with facility based services; strengthening the technical and organizational capacity of community structures; and the development and standardization of reporting methodology and tools, in order to facilitate the use of data for evidence based decision-making. The continuum of care cascade will be strengthened through provision of comprehensive prevention, care, and treatment services at the community level, using the differentiated care model to meet the individual needs of a client. Simultaneously, coordination of and development of linkages and completed referral systems between clinical and community services will be strengthened. Organizational, technical and financial capacity of the community structures will be strengthened through engagement of civil society organizations and improvement of the system for conducting in-service training, mentoring and supportive supervision.

1.3 DESCRIPTION OF NEW ACTIVITY

The Community HIV Care and Treatment Activity has three core objectives:

Objective 1: Community health and support systems for service delivery strengthened. Illustrative activities:

- Identify and address systems level barriers to achieve 90-90-90 goals.
- Community based targeted HIV testing and focused index case tracing (partners, widowed, divorced, etc.) to health facility based care.
• Education on the use and distribution of condoms to targeted beneficiaries.
• Interventions to make communities more receptive to adolescent sexual and reproductive health needs, including ALHIV.
• Community support groups to track and support PLHIV, including mother/infant pairs.
• Establishment of and strengthening capacity for treatment adherence support groups.
• Targeting men for partner testing and involvement in PMTCT care.
• Community health worker involvement in case management of HIV infected pregnant mothers, support for birth preparedness, health facility deliveries, breastfeeding support, post-natal counseling and support.
• Implementation of Positive Health, Dignity and Prevention (PHDP) interventions focused on achieving four main goals: (1) keeping PLHIV physically healthy; (2) keeping PLHIV mentally and psychologically healthy; (3) preventing transmission of HIV; and (4) involving PLHIV in HIV prevention activities, program design, implementation and monitoring, leadership, and advocacy.
• Implementation of community/home based services for Safe water and hygiene practices.
• Patient education both at the facility and within the community through lay counsellors/ expert patients and support groups to create demand for viral load testing and to ensure PLHIV have the correct action taken when their viral load is high (ex/more than 1,000 copies/ml).
• Develop a service delivery matrix through mapping of existing community based services. This activity will include identifying what services exist where, what type of services, and contact info as well as a way to maintain this information. This will help to avoid duplication of activities and help to create efficiency.

Objective 2: Referral and linkage systems between community, facility, and social services strengthened. Illustrative interventions include:

• Work with government to establish a system to identify a focal person at community level in each catchment area to actively monitor which community partners are using the post referral feedback system as intended and bolster its use where weak. This focal person would work closely with health facility based case managers and ART adherence supporters to close the referral loop. Where CCCs exist, the focal person could be a committee member.
• Include community health workers (including volunteers, social workers and health extension professionals) in capacity building activities to strengthen linkages and referrals among them in a consistent manner.
• Adopt a standardized bidirectional referral form for use by all community partners (community to community, community to health facility, health facility to community) and explore whether it could be formatted as a client or family folder to complement health facility based folder, using the same unique identifier for each household or individual that is provided by the health facility based case manager to harmonize the records.
• Linking women who receive ANC at health posts to HIV testing at health centers.
• Education, testing, and linkage to ART prevention program for sero-discordant couples.
• Screening for STIs and linkage to STI clinics for appropriate treatment (component of PHDP).
• Trace TB index cases at household level and link/accompany them to the HIV Testing Services (HTS).
• Growth monitoring for children to link children with EID and pediatric ART services.
• PLHIV peer escorts to accompany clients between community and facility based care and from facility to facility.
• Community based mental health screening among index cases with linkages to clinical care for positive screens. Qualified staff assigned as ES focal person responsible for the ES intervention.

Objective 3: Quality of HIV services at community level improved: Illustrative interventions include:

• Develop/adapt, standardize, and institutionalize quality assurance/quality improvement practices within community structures with responsibility for oversight or implementation of community based HIV service delivery.
• Develop/adapt, standardize, and institutionalize quality assurance/quality improvement tools including orientation and capacity building in these tools across service delivery stakeholders.
• Develop continuous quality assurance/quality improvement (QA/QI) improvement plan/system to ensure that services provided in the community are standardized and of high quality.
• Ensure staff or point of contact is identified who are responsible for quality improvement activities. Make sure that the staff person and/or the committee members that will be formed will be gender balanced, as much as possible.
• Organize a functional quality improvement committee/team that convenes regularly, follows implementation of quality improvement plans and routinely reviews performance and service delivery standards.
• Implement a system for review and use of performance data to inform implementation of quality improvement initiatives.

2.0 COUNTRY AND ENVIRONMENTAL INFORMATION (BASELINE INFORMATION)

2.1 Location of intervention
Rest of the details is as captured in the original IEE File #:Ethiopia_DO2_GHI

2.2 Global Climate Change in Ethiopia:

Ethiopia is one of the most vulnerable countries to climate disasters, and these disasters are likely to increase in frequency and possibly magnitude as the climate changes. The specific climate risks associated with different parts of USAID/Ethiopia’s portfolio will depend not only on the economic sector in question (e.g., agriculture, health, education), but also on geographic location (e.g., highlands, lowlands). This is because not only is the
climate in the highlands quite different from that in the lowlands, but climate change is expected to affect those geographies differently. Furthermore, addressing an identified climate risk to one sector may require a multi-sectoral approach. For example, the recent 2015 drought significantly affected primary school attendance in the lowlands, but adequately addressing this issue will require looking beyond the education sector to interventions in the agriculture, health, and disaster risk reduction sectors.

Climate risk in the health sector varies significantly by health issue and geography. For example, Malaria is much more climate sensitive than HIV/AIDS. USAID/Ethiopia recently conducted Climate Risk Management for the new CDCS under development. Based on the climate risk screening result, the climate risk for the health sector is rated as Moderate. The primary purpose of the Community HIV Care and Treatment this activity is to strengthen community systems to support the delivery of high impact HIV community based services, working through community structures and build their capacities. Accordingly, the potential climate change risk to this activity is LOW. Annex 1 CRS table.

3. EVALUATION OF ISSUES WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL AND RECOMMENDED THRESHOLD DETERMINATIONS

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% of waste generated by healthcare facilities falls into this category, and it can be burned 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.

**Pharmaceutical Wastes & Medical Supplies, Including Condoms.** Pharmaceutical drugs including vaccines have specific storage time and temperature requirements, and may expire or lose efficacy before they are able to be 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 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 and marine 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 results in 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.** However, 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.
### 4.0 RECOMMENDED THRESHOLD DECISIONS & MITIGATION ACTIONS (INCLUDING MONITORING AND EVALUATION)

Table 1: Threshold decisions and mitigation plans

<table>
<thead>
<tr>
<th>Activity</th>
<th>Potential Adverse Environmental Impacts</th>
<th>Recommended Determinations Including Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health and support systems for service delivery strengthened</td>
<td>• No adverse environmental impact</td>
<td><strong>Categorical Exclusion</strong> per 22CFR216.2(c)(2),:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(i) Education, technical assistance, training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);</td>
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<td></td>
<td></td>
<td>(iii) analyses, studies, workshops and meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(v) document and information transfer</td>
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<tr>
<td></td>
<td></td>
<td>(viii) programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);</td>
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<td></td>
<td>((xiv) Programs to develop capability of recipient countries and organizations in development planning.</td>
</tr>
<tr>
<td>HIV, TB testing, and linkage to ART prevention program</td>
<td>• Activities such as HIV, TB testing, and linkage to ART prevention program for sero-discordant couples,</td>
<td><strong>Negative Determination</strong> subject to the following condition:</td>
</tr>
<tr>
<td></td>
<td>• Screening for STIs and linkage to STI clinics for appropriate treatment (component of PHDP) and</td>
<td>1. The testing component is more likely to create environmental issues, largely related to the collection, handling, and disposal of blood products. USAID supported activities should make provision for the incorporation of standard practices and protocols for the safe handling and disposal of these materials, in consultation and coordination with MOH and other partners</td>
</tr>
<tr>
<td></td>
<td>• Trace TB index cases at household level and link/accompany them to the HIV Testing Services (HTS) have potentials for</td>
<td>2. Appropriate management and disposal protocols must be developed for pharmaceutical and chemical wastes resulting from this activity. The implicated IP must assure their implementation, to the maximum degree consistent with IP control or influence over actions on the ground.</td>
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<tr>
<td></td>
<td></td>
<td>3. Ensure that medical facilities have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste.</td>
</tr>
<tr>
<td>Activity</td>
<td>Potential Adverse Environmental Impacts</td>
<td>Recommended Determinations Including Conditions</td>
</tr>
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</tr>
<tr>
<td></td>
<td>adverse environmental impacts.</td>
<td>4. Adequate quantity of Waste bags for general waste (black in color) will be provided to focal sites.</td>
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<td>5. Adequate quantity of color coded bin liners (yellow and Red) will be supplied to each focal site.</td>
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<td>6. Adequate quantity of sharps containers (Safety boxes) will be supplied to each focal site.</td>
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<td></td>
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<td>7. Provision should be made for the incorporation of standard practices and protocols for safe handling and disposal of medical wastes, in consultation and coordination with the MOH and other partners.</td>
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<td></td>
<td></td>
<td>8. Training of Health workers and waste handlers at focal sites on Injection safety and safe waste handling, storage, treatment and final disposal and provision of safety materials.</td>
</tr>
</tbody>
</table>

**4.2 GENERAL PROJECT IMPLEMENTATION AND MONITORING REQUIREMENTS**

In addition to the specific conditions enumerated in Section 3, the negative determinations recommended in this IEE are contingent on full implementation of the following general monitoring and implementation requirements:

1. **IP Briefings on Environmental Compliance Responsibilities.** The health team shall provide each Implementing Partner (hereinafter IP), with a copy of this IEE; each IP shall be briefed on their environmental compliance responsibilities by their cognizant C/AOR. During this briefing, the IEE conditions applicable to the IP’s activities will be identified.

2. **Development of EMMP.** Each IP whose activities are subject to one or more conditions set out in section 3 of this IEE shall develop and provide for C/AOR review and approval an Environmental Mitigation and Monitoring Plan (EMMP)
documenting how their project will implement and verify all IEE conditions that apply to their activities.

These EMMPs shall identify how the IP shall assure that IEE conditions that apply to activities supported under subcontracts and subgrant are implemented. (In the case of large subgrants or subcontracts, the IP may elect to require the subgrantee/subcontractor to develop their own EMMP.)


5. **Health team monitoring responsibility.** As required by ADS 204.5.4, the Health team will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether there are new or unforeseen consequences arising during implementation that were not identified and reviewed in this IEE. If new or unforeseen consequences arise during implementation, the team will suspend the activity and initiate appropriate, further review in accordance with 22 CFR 216. USAID Monitoring shall include regular site visits.

6. **New or modified activities.** As part of its Work Plan, and all Annual Work Plans thereafter, IPs, in collaboration with their C/AOR, shall review all on-going and planned activities to determine if they are within the scope of this IEE.

If Health activities outside the scope of this IEE are planned, the health team shall assure that an amendment to this IEE addressing these activities is prepared and approved prior to implementation of any such activities.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be modified to comply or halted until an amendment to the documentation is submitted approved.

7. **Compliance with Host Country Requirements.** Nothing in this IEE substitutes for or supersedes IP, sub grantee and subcontractor responsibility for compliance with all applicable host country laws and regulations. The IP, sub grantees and subcontractor must comply with host country environmental regulations unless otherwise directed in writing by USAID. However, in case of conflict between host country and USAID regulations, the latter shall govern.
ANNEX 1. Activity-Level Climate Risk Management for Community HIV Care and Treatment Activity in Ethiopia.1

<table>
<thead>
<tr>
<th>Defined or Anticipated Interventions</th>
<th>Potential Climate Risks</th>
<th>Climate Risk Rating</th>
<th>Risk Mitigation Measure</th>
<th>Opportunities to Strengthen Climate Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: Community health and support systems for service delivery strengthened.</strong> Illustrative activities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify and address systems level barriers to achieve 90-90-90 goals.</td>
<td>None</td>
<td>LOW</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>• Community based targeted HIV testing and focused index case tracing (partners, widowed, divorced, etc.) to health facility based care.</td>
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<tr>
<td>• Education on the use and distribution of condoms to targeted beneficiaries.</td>
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<tr>
<td>• Interventions to make communities more receptive to adolescent sexual and reproductive health needs, including ALHIV.</td>
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<tr>
<td>• Community support groups to track and support PLHIV, including mother/infant pairs.</td>
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<td></td>
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<tr>
<td>• Establishment of and strengthening capacity</td>
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</table>

1 BEO Note: This table is underdeveloped. True, some health issues are likely to be sensitive to climate change, while others less so. It would be helpful to some programs to know that they are really pretty free from climate risk, and focus then on those parts of the sector most at risk. And true, generally, HIV/AIDS and Tuberculosis are much less vulnerable than matters like vector borne disease, malnutrition and water borne diseases. It is also important to note that these disease issues are likely to vary within Ethiopia by location and topography. The Climate Vulnerability Analyses done in Ethiopia could have been cited, such as the 2016 Ethiopia Climate Risks and Opportunities Report.
- Targeting men for partner testing and involvement in PMTCT care.
- Strengthen Community health worker involvement in case management of HIV infected pregnant mothers, support for birth preparedness, health facility deliveries, breastfeeding support, post-natal counseling and support.

**Objective 2: Referral and linkage systems between community, facility, and social services strengthened.** Illustrative interventions include:

- Work with government to establish a system to identify a focal person at community level in each catchment
- Include community health workers (including volunteers, social workers and health extension professionals) in capacity building activities to strengthen linkages and referrals among them in a consistent manner.
- Adopt a standardized bidirectional referral form for use by all community partners
- Linking women who receive ANC at health posts to HIV testing at health centers.
- Education, testing, and linkage to ART prevention program for sero-discordant couples.
- Screening for STIs and linkage to STI clinics for appropriate treatment (component None

| None | LOW | N/A |
of PHDP).

- Trace TB index cases at household level and link/accompany them to the HIV Testing Services (HTS).
- Growth monitoring for children to link children with EID and pediatric ART services.
- PLHIV peer escorts to accompany clients between community and facility based care and from facility to facility.

<table>
<thead>
<tr>
<th>Objective 3: Quality of HIV services at community level improved: Illustrative interventions include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop/adapt, standardize, and institutionalize quality assurance/quality improvement practices within community structures with responsibility for oversight or implementation of community based HIV service delivery.</td>
</tr>
<tr>
<td>- Develop/adapt, standardize, and institutionalize quality assurance/quality improvement tools including orientation and capacity building in these tools across service delivery stakeholders.</td>
</tr>
<tr>
<td>- Develop continuous quality assurance/quality improvement (QA/QI) improvement plan/system to ensure that services provided in the community are standardized and of high quality.</td>
</tr>
</tbody>
</table>

| | None | LOW | N/A |
- Ensure staff or point of contact is identified who are responsible for quality improvement activities.
- Organize a functional quality improvement committee/team that convenes regularly, follows implementation of quality improvement plans and routinely reviews performance and service delivery standards.
- Implement a system for review and use of performance data to inform implementation of quality improvement initiatives.