US Agency for International Development (USAID)  
USAID/Armenia  
Initial Environmental Examination (IEE)

Activity/Project Name: Improved Quality and Utilization of Selected Healthcare Services in Priority Areas  
Assistance Objective: Investing in People  
Program Area: Health  
Country(ies) and/or Operating Unit: Armenia/E&E  
Originating Office: Sustainable Development Office (SDO)  
Date: September 18, 2018

| PAD Level IEE: | Yes | No | DCN of Original RCE/IEE: | DCN: 2013-ARM-008 |
| Supplemental IEE: | Yes | No | DCN of Amendment(s): | DCN: 2015-ARM-014 |
| RCE/IEE Amendment: | Yes | No | DCN: 2018-ARM-003 |

If Yes, Purpose of Amendment (AMD): New Activity - Institutionalization of Patient-Centered Tuberculosis (TB) Treatment in Armenia

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DCN(s) of All Related EA/IEE/RCE/ER(s): TBD  
Implementation Start/End: FY14-FY19  
Funding Amount: LOP Amount: $8,368,153  
IEE Expiration Date (if any): FY19  
Recommended Environmental Determination:  
Categorical Exclusion: ☒  
Positive Determination: ☐  
Negative Determination: ☒  
Deferral: ☐  
Additional Elements:  
Conditions: ☒  
Local Procurement: ☒  
Government to Government: ☐  
Donor Co-Funded: ☐  
Sustainability Analysis (included): ☐  
Climate Change Vulnerability Analysis (included): ☐

1. Background and Project Description

1.1. Purpose and Scope of IEE

The purpose of this amendment to PAD level IEE is to analyze potential environmental impacts and recommend environmental determination for the Institutionalization of Patient-Centered Tuberculosis (TB) Treatment in Armenia activity with a total estimated cost of up to $386,124.48 and period of performance from October 1, 2018 through August 31, 2019. The activity does not increase the total amount or extend the time of the Health PAD.

The new activity will entail technical assistance, training, and awareness raising. This work will not include any design or physical construction/renovation activities or the purchase of medical equipment and supplies.
1.2 Project Overview

Recent data show improvements in the main Tuberculosis (TB) indicators in Armenia. TB morbidity decreased from 47.6 in 2007 to 23.1 per 100,000 inhabitants in 2017. The TB mortality rate for the same period was reduced from 5.4 to 1.8. However, TB remains a major public health threat in Armenia. The 79% treatment success for drug-susceptible TB and 58% for the drug-resistant TB is below the World Health Organization (WHO) targets of 85% and 75%, respectively. This indicates that timely and effective access to TB diagnosis and effective treatment of people with TB remains a challenge in Armenia.

The focus on hospital-based TB care undermines the ability of health systems to provide universal, equitable, high-quality, and financially sustainable care. At the primary healthcare (PHC) level, service providers have limited incentive to provide quality care that matches the needs of TB patients. The lack of proper psychosocial support provided to patients and their family members compromises the quality of TB treatment and may even cause its interruption. Low public awareness of TB and a subsequent lack of care-seeking behavior and TB related stigma also have a negative impact on treatment outcomes.

According to the Armenia Demographic Health Survey (ADHS) 2015-2016, 86% of women and 84% of men have heard of tuberculosis (TB). However, fewer women (61%) and men (69%) know that TB can be cured. Among women who have heard of TB, the most common misconceptions about TB transmission are that TB can be spread by sharing utensils (21%), and by touching a person with TB (10%). Similarly, 12% of men who have heard of TB believe that TB can be spread by sharing utensils, and 8% believe that TB can be transmitted through touching a person who has TB. Poor awareness of TB may prevent patients from seeking care and contribute to the spread of disease. In addition, misconceptions may create a TB related stigma, which in its turn can impact health-seeking practices and challenge TB control.

Developing more integrated patient-centered TB care systems has the potential to improve access to care, patient satisfaction, awareness and self-care, and treatment outcomes. This process requires a shift from a hospital-dominated model to a PHC level service delivery model, which is more accessible to the people it serves, and more likely to be used by and benefit patients. The role of hospitals becomes limited to delivering specialized care for complex cases.

In October 2017, USAID revised the scope of the Improving Tuberculosis, Maternal and Child Health, and Family Planning/Reproductive Health Outcomes in Armenia (Health G2G) activity under Assistance Agreement No. AAG-111-G-10-002. USAID discontinued funding for Objective 1: Improved quality and utilization of out-patient TB services in Armenia, as the Ministry of Health (MOH) did not demonstrate sufficient capacity to achieve the referenced objective. In particular, the MOH failed to promote and scale-up successful and cost-effective patient-centered approaches for supervised TB treatment, which were developed and piloted by the American University of Armenia (AUA) to improve compliance with treatment regimens and achieve better outcomes. This new approach entailed the supervision of a TB patient’s drug intake by a trained family member. This was achieved through enhancing the quality of TB treatment at the out-patient level; improving health care providers’ counselling skills; raising awareness of patients, their family members, and community on TB care; designing patient-friendly drug packages and reminders; and providing psychological counselling to patients and their family members. The evaluation of the new approach demonstrated its clinical effectiveness coupled with a substantially reduced workload for healthcare workers, reduced transportation expenses and time savings for TB patients, higher support from family members, better patient quality of life, and a lower depression score in patients.
In order to fill this programmatic gap, USAID is planning to enter into a direct agreement with the AUA. The total estimated cost of the proposed activity is up to $386,124.48 with a period of performance from October 1, 2018 through August 31, 2019.

1.3 Project Description

The activity aims to institutionalize a patient-centered model of TB care in Armenia to support patients’ progress through the care pathway and achieve sustained treatment outcomes. It is based on the best available evidence and knowledge of good practices in the delivery of prevention, detection and diagnosis, treatment and support services.

While not specifically outlined under the individual Result Areas below, research, both quantitative and qualitative, is expected to play an important role in informing activities and evaluating their impact. Such research and analysis must be closely coordinated among all stakeholders to ensure that it is both complementary, cost-effective, and contributes to and maximizes the collective impact. AUA is expected to consult regularly with USAID on the timing, content, and subject of such research.

**Expected outcomes and results of the project:**

*By the end of the activity implementation, it is expected that the following results will be achieved:*

**Result Area 1:** Strategy for improved quality and safety of TB service delivery (including the adoption of medical waste management best practices at PHC facilities) at the Primary Healthcare (PHC) level endorsed by stakeholders.

**Result Area 2:** PHC providers’ capacity to effectively counsel TB patients and their family members to exercise supervised TB treatment strengthened and sustained. The activities include training, provision of essential tools (guides, charts, checklists, etc.) for treatment supervision counselling, and supportive supervision.

**Result Area 3:** Effective communication approaches to raise patient, community, and population awareness of TB institutionalized.

The activity will contribute to the continuous improvement of the following indicators:

- TB case detection rate;
- Treatment success rate;
- TB mortality and prevalence rate.

2. Baseline Environmental Information

2.1 Locations Affected and Environmental Context

*General Baseline data*
Over the past decade, the USG and the GOAM have worked closely together to lay the foundation for a more equitable and efficient Armenian health system. A Basic Benefits Package (BBP) was introduced, which provides free primary health care and maternity services to all Armenians. Every resident is also now able to choose his/her own health care provider in the Open Enrollment System. Additionally, improvements were made in family doctor and nursing skills, and independent family medicine practices were introduced. Armenia will be accelerating actions in support of the elimination of measles and rubella in the European Region by 2015 and will be implementing policies to sustain polio-free status leading to global polio eradication. Armenia will be working towards scaling up the Stop TB strategy and multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB) response and developing the respective policies and tools, addressing determinants of TB and improved collaborative TB/HIV activities, optimization of HIV in addition to sexually transmitted infections and viral hepatitis (B&C) prevention, diagnosis, treatment and care outcomes.

Despite these impressive strides in the health care sector, targeted work remains to ensure the broadest range of services is available to the Armenian population, especially women and girls, financial resources are used in the most efficient manner, the quality of services continues to improve, and citizens are able to exercise their health rights and responsibilities. Armenia faces numerous environmental problems, with high levels of environmental pollution especially in urban areas. Key environmental concerns include land contamination from hazardous industrial waste, deforestation, desertification, and water pollution.

**Sector Specific Baseline Data:**

Armenia has made significant progress in reducing the rate of under-five mortality and infant mortality; though it has not achieved the MDG target of less than 10 deaths per 1,000 live births. 2015-16 Armenia Demographic and Health Survey (ADHS) documented a pattern of steady and consistent decline of under-five mortality rate from 39 per 1,000 live births in 2000 ADHS to 30 deaths in 2005, and 16 in 2010. According to the official data, provided by the National Statistical Service, under-five mortality in Armenia has steadily declined since 2010, reaching 10.4 deaths per 1,000 live births in 2015. Similar to the under-five mortality rate, the officially reported infant mortality rate has declined by about half, dropping from 18.5 to 9.7 deaths per 1,000 live births between 1990 and 2013. However, Armenia has not achieved its MDG target of less than 8 deaths per 1,000 live births. According to ADHS, 89% of Armenian children aged 24 – 35 months have received all recommended vaccines.

Despite the fact that almost all (96%) Armenian women receive some antenatal care and virtually all births in Armenia occur in health facilities, maternal mortality rates (MMR) are not good. In 2015, the officially reported MMR was 16.8 per 100,000 live births. Armenia failed to achieve the MDG target for reducing the maternal mortality to less than 10 per 100,000 live births. The ADHS revealed some increase in modern contraceptive use and decrease in abortion rate. However, only 57% of married women reported the use of a contraceptive method: 28% were using modern methods and 29% were using traditional methods. Overall, 13% of currently married women have an unmet need for family planning.

2.2 Description of Applicable Environmental and Natural Resource Legal Requirements Policies, Laws, and Regulations
Due the nature of the assistance offered within the framework of the proposed project, there is little relevant legislation on the requirements of the latter needs to be addressed. The project may be relevant to the stipulations of the Law in Populations Environmental Education and Upbringing, as it refers to standards for teaching environment. The project will also positively impact access to environmental information in compliance with Aarhus Convention, to which Armenia is a party.

The sanitary legislation of the Republic of Armenia consists of the RA Law on the Provision of Sanitary-Epidemiological Security of the Population, as well as relevant sanitary regulations and hygienic statutory acts complementing the law. The law defines the legal, economic and organizational aspects of the sanitary-epidemiological security in the Republic of Armenia, the authorities of the State on prevention of the impact of dangerous and harming factors of the environment on the human organism and provision of favorable conditions for the vitality of the population and the future generations. The sanitary regulations and hygienic statutory acts define the criteria for the enhancement and security of the environment and state the requirements for the provision of favorable living conditions for the population. The implementation of sanitary regulations is mandatory for all Governmental bodies, enterprises, institutions, officials and citizens.

Waste management is the principal issue in the Republic of Armenia (RA) and it is regulated through RA International Agreements, RA Constitution, RA Law on Waste and a number of other legal acts. RA Law on Waste adopted on November 24, 2004 is a key piece of legislation regulating relations on waste collection, storage, transportation, processing, recycling, removal and volume reduction. The main objectives and principles of the law are establishment of a unified state policy in the area of waste management, provision of conditions and requirements for an environmentally friendly policy on waste management, provision of economic incentives for resource-saving activities, avoidance of generation of excessive waste, promotion of waste utilization and mitigation of adverse impacts of waste on human health and the environment, setting of legal basis for the regulation of waste management. Medical waste management in Armenia is regulated by the Ministry of Health decree N 03-N issued on March 4, 2008. The decree defines the main sanitary and epidemiological requirements for collection, temporary storage, disinfection, disposal, transportation, and burring of different types of medical waste, including chemical, drugs, disposables, liquids, anatomic substances, etc. It also defines the safety requirements for the personnel involved in waste management.

2.3 Country/Ministry/Municipality Environmental Capacity Analysis

The RA Ministry of Health is responsible for epidemiological and environmental health monitoring and infectious disease control to protect the population’s health. Through the network of State Hygiene and Anti-Epidemic Inspection the MOH analyzes and controls sanitary and epidemiological situation; defines sanitary-epidemiological safety standards, rules and norms; coordinates preventive activities for communicable and noncommunicable diseases; monitors legal and physical entities with regard to the requirements of sanitary laws and bylaws; and identifies and prevents possible hazards to population health and safety.
In 2001, with the support of the WHO Regional Office for Europe and based on the WHO Recommended Surveillance Standards, the Ministry of Health developed the National Surveillance Standards of Infectious Diseases, which were subsequently approved and recommended for implementation within the system of state sanitary-epidemiological surveillance and control. In 2003, with the technical assistance from the WHO Regional Office for Europe, a strategy for structural reform of the SHAE Inspection was developed and presented for professional guidance and implementation. The system was further strengthened within the first World Bank health project through the provision of modern bacteriological laboratory equipment to 40 epidemiological centers, and 2 mobile laboratories to marz epidemiological centers.

Climate Change Vulnerability Analysis and Climate Risk Screening

<table>
<thead>
<tr>
<th>Activities</th>
<th>Potential Climate Risk</th>
<th>Climate Risk Rating*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result Area 1:</strong> Strategy for improved quality and safety of TB service delivery at PHC level endorsed by stakeholders.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Assessment of the quality of TB services in PHC facilities</td>
<td>Severe weather events may impact the schedule</td>
<td>Low</td>
</tr>
<tr>
<td>1.2 Development of strategy and roadmap for enhancing the quality of TB services at PHC level</td>
<td>N/A</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Result 2:</strong> PHC providers’ capacity to effectively counsel TB patients and their family members to exercise supervised TB treatment strengthened and sustained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Develop tools and materials for HCPs, TB patients, and treatment supporters to facilitate family member supervised TB treatment</td>
<td>N/A</td>
<td>Low</td>
</tr>
<tr>
<td>2.2 Training of HCPs on effective counselling of TB patients and treatment supporters to implement family member supervised TB treatment</td>
<td>Severe weather events may impact the schedule</td>
<td>Low</td>
</tr>
<tr>
<td>2.3 Provision of psychological counseling to TB patients and their family members</td>
<td>N/A</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Result 3:</strong> Effective communication approaches to raise patient, community, and population awareness of TB institutionalized.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Develop effective TB communication approached to increase access of wide number of public to TB information</td>
<td>N/A</td>
<td>Low</td>
</tr>
<tr>
<td>3.2 Train civil society organizations on TB advocacy and information communication</td>
<td>Severe weather events may impact the schedule</td>
<td>Low</td>
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</tbody>
</table>
Climate Risk Screening was based on analysis of the existing climate information from Armenia's risk profile and respective references and the impact upon this project. See Annex 1 of this IEE for further details of the climate risk screening for the activity.

3. Analysis of Potential Environmental Impact

Pursuant to 22 CFR 216.3(a)(92)(iii), the originator of the proposed project has reviewed the potential environmental impacts of the action summarized in the foregoing IEE.

4. Recommended Environmental Actions

4.1 Recommended Mitigation Measures

<table>
<thead>
<tr>
<th>Defined/Illustrative Activities</th>
<th>Potential Impacts</th>
<th>Mitigation Measures</th>
<th>Recommended Threshold Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Assessment of the quality of TB services in PHC facilities</td>
<td>No adverse impact anticipated</td>
<td>• The implementing partner will plan the assessment in a way to consider having alternative days and venue if schedule is impacted by severe weather conditions, including flood.</td>
<td>Categorical Exclusion</td>
</tr>
<tr>
<td>1.2 Development of strategy and roadmap for enhancing the quality of TB services at PHC level</td>
<td>Potential impact to water, air, and health</td>
<td>• The strategy and roadmap for enhancing the quality of PHC level TB services will incorporate action items to ensure the compliance with national protocols on proper handling, storage, use, and disposal of medical waste.</td>
<td>Negative Determination</td>
</tr>
<tr>
<td>2.2 Training of HCPs on effective counselling of TB patients and treatment supporters to implement family member supervised TB treatment</td>
<td>Potential impact to water, air, and health</td>
<td>• Provide the personnel of health facilities with information and training on proper handling, storage, use, and disposal of medical waste. • Provide the USAID Agreement Officer Representative (AOR) and MEO with the certification regarding the compliance with national protocols on proper handling, storage, use, and disposal of medical waste.</td>
<td>Negative Determination</td>
</tr>
</tbody>
</table>
4.2 Recommended Environmental Determination:

**Categorical Exclusions:**

A categorical exclusion is recommended for the following identified activities under 22 CFR 216.2(c)(2):

- Activities 1.1, 2.1, 2.3, 3.1, and 3.2 under §216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.).

**Negative Determination with Conditions:**

Under §216.3(a)(2)(iii), a negative determination with conditions is recommended for the activities 1.2, and 2.2.

4.3 Terms and Conditions:

The implementer should follow the following:

4.3.1 Activities 1.2 and 2.2 will be implemented with the requirements of the local environmental legislation and health standards, as well as will be introducing best international practices. The IP will provide the personnel of health facilities with information and training on proper handling, storage, use, and disposal of medical waste. The IP will also provide the USAID Agreement Officer Representative (AOR) and MEO with the certification regarding the compliance with national protocols on proper handling, storage, use, and disposal of medical waste.

4.4 USAID Monitoring and Reporting

4.4.1 The AOR/COR, with the support of the MEO, is responsible for monitoring compliance of activities by means of desktop reviews and site visits.

4.4.2 If at any time the project is found to be out of compliance with the IEE, the AOR/COR or MEO shall immediately notify the BEO.
4.4.3 A summary report of Mission’s compliance relative to this IEE shall be sent to the BEO on an annual basis, normally in connection with preparation of the Mission’s annual environmental compliance report required under ADS 203.3.8.5 and 204.3.3.

4.4.4 The BEO or his/her designated representative may conduct site visits or request additional information for compliance monitoring purposes to ensure compliance with this IEE, as necessary.

4.5 Implementing Partner (IP) Monitoring and reporting

4.5.1 The originator of the proposed project has reviewed the potential environmental impacts of the action summarized in the foregoing IEE.

4.5.2 IPs shall report on environmental compliance requirements as part of their routine project reporting to USAID.

5. Mandatory Inclusion of Requirements in Solicitations, Awards, Budgets and Workplans

5.1 Appropriate environmental compliance language, including limitations defined in Section 6, shall be incorporated into solicitations and awards for this activity and projects budgets shall provide for adequate funding and human resources to comply with requirements of this IEE.

5.2 Solicitations shall include Statements of Work with task(s) for meeting environmental compliance requirements and appropriate evaluation criteria.

5.3 Environmental mitigation and monitoring requirements, when available, shall also be included in solicitations and awards.

5.4 The IP shall incorporate conditions set forth in this IEE into their annual work plans.

5.5 The IP shall ensure annual work plans do not prescribe activities that are defined as limitations, as defined in Section 6.

5.6 The USAID Mission will include an indicator for environmental compliance as part of the project’s performance monitoring plan.

6. Limitations of the IEE: This IEE does not cover activities (and therefore should changes in scope implicate any of the issues/activities listed below, a BEO-approved amendment shall be required), that:

6.1 Normally have a significant effect on the environment under §216.2(d)(1) [See http://www.usaid.gov/our_work/environment/compliance/regulations.html]

6.2 Support project preparation, project feasibility studies, engineering design for activities listed in §216.2(d)(1);

6.3 Affect endangered species;

6.4 Result in wetland or biodiversity degradation or loss;

6.5 Support extractive industries (e.g. mining and quarrying);

6.6 Promote timber harvesting;

6.7 Provide support for regulatory permitting;

6.8 Result in privatization of industrial or infrastructure facilities;
6.9 Lead to new construction of buildings or other structures;
6.10 Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, cleanup of spray equipment, and disposal) of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials and/or pesticides (cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act); and
6.11 Procure or use genetically modified organisms.

7. Revisions
Under §216.3(a)(9), if new information becomes available that indicates that activities covered by the IEE might be considered major and their effect significant, or if additional activities are proposed that might be considered major and their adverse effect significant, this environmental threshold decision will be reviewed and, if necessary, revised by the Mission with concurrence by the BEO. It is the responsibility of the USAID COR/AOR to keep the MEO and BEO informed of any new information or changes in the activity that might require revision of this IEE.
8. Recommended Environmental Threshold Decision Clearances:

Approval:

[Signature]

Peter A. Wiebler, USAID/Caucasus Mission Director

Date: 9/20/18

Clearance:

[Signature]

Marina Vardanyan, Mission Environmental Officer

Date: Sep 18, 2018

Clearance:

[Signature]

Astghik Grigoryan, AOR, SDO

Date: 09/18/2018

Concurrence:

[Signature]

Mark Kamiya
E&E Bureau Environmental Officer

Date: 9/20/18

Distribution:

IEE File
MEO (to also provide a copy to AOR/COR)
<p>| Activity 1.1 | October 1, 2018 – August 31, 2019 | Nationwid e | N/A | N/A | Low | Schedule works in a way to avoid severe weather events, including flood. | N/A | N/A | N/A | N/A |
| Activity 1.2 | October 1, 2018 – August 31, 2019 | Nationwid e | N/A | N/A | Low | N/A | N/A | N/A | N/A | N/A |</p>
<table>
<thead>
<tr>
<th>Activity 2.1</th>
<th>October 1, 2018 – August 31, 2019</th>
<th>Nationwide</th>
<th>N/A</th>
<th>N/A</th>
<th>Low</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>Activity 2.2</td>
<td>October 1, 2018 – August 31, 2019</td>
<td>Nationwide</td>
<td>N/A</td>
<td>N/A</td>
<td>Low</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Activity 3.1</td>
<td>October 1, 2018 – August 31, 2019</td>
<td>Nationwide</td>
<td>N/A</td>
<td>N/A</td>
<td>Low</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Activity</td>
<td>October 1, 2018 – August 31, 2019</td>
<td>Nationwide</td>
<td>N/A</td>
<td>Low</td>
<td>Schedule works in a way to avoid severe weather events</td>
<td>N/A</td>
<td>N/A</td>
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</table>

**DCN:**
ERC/EMMP ANNEX 1

Certification of No Adverse or Significant Effects on the Environment

I, the undersigned, certify that the personnel of health facilities received information and training on proper handling, storage, use, and disposal of medical waste. The certification regarding the compliance with national protocols on proper handling, storage, use, and disposal of medical waste was submitted to the USAID Agreement Officer Representative (AOR) and MEO. If new impacts requiring further consideration are identified or new mitigation measures are needed, I will be responsible for notifying the USAID COR/AOR, as soon as practicable. Upon completion of activities, I will submit a Record of Compliance with Activity-Specific EMMPs using the format provided in ERC Annex 2.

________________________________________
Implementer Project Director/COP Name Date

Approvals:

________________________________________
USAID COR/AOR Name Date

________________________________________
Mission Environmental Officer Name Date

Concurrence:

________________________________________
Mark Kamiya, Bureau Environmental Officer Date

Distribution:
- Project Files
- IEE Files
The [name of the implementing organization] has finalized its activities at the [site name] to [describe activities and processes that were undertaken]. This memorandum is to certify that our organization has met all conditions of the EMMPs for this activity. A summary and photo evidence of the how mitigation and monitoring requirements were met is provided below.

1. Mobilization and Site Preparation
2. Activity Implementation Phase
3. Site Closure Phase
4. Activity Handover

Sincerely,

Implementer Project Director/COP Name

Date

Approved:

USAID/COR/AOR/Activity Manager Name

Date

Distribution:
• Project Files
• MEO
• Bureau Environmental Officer