EXECUTIVE SUMMARY

PROGRAM/ACTIVITY DATA

<table>
<thead>
<tr>
<th>Program/Activity Number</th>
<th>GH-14-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Activity Title</td>
<td>Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)</td>
</tr>
<tr>
<td>Country/Region</td>
<td>Global</td>
</tr>
<tr>
<td>USG Foreign Assistance Framework</td>
<td>Functional Objective: Investing in People</td>
</tr>
<tr>
<td></td>
<td>Program Area: 3.1 Health</td>
</tr>
<tr>
<td></td>
<td>Program Elements: 3.1.1—HIV/AIDS</td>
</tr>
<tr>
<td>Period Covered</td>
<td>June 11, 2014 - December 30, 2021</td>
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<tr>
<td>Life of Project Amount</td>
<td>$399,000,000</td>
</tr>
<tr>
<td>IEE Amendment</td>
<td>Yes, original date: 6 September 2013, amended for 30 August 2020 and now to 30 December 2021</td>
</tr>
<tr>
<td>IEE Prepared By</td>
<td>Sarah Yeiser /Judy Chen</td>
</tr>
<tr>
<td>Management Unit Contact Point</td>
<td>Judy Chen</td>
</tr>
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</table>

ENVIRONMENTAL ACTION RECOMMENDED

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<tr>
<th>Categorical Exclusion</th>
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<tr>
<td>Positive Determination</td>
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SUMMARY OF FINDINGS

Amendment 2: This Programmatic Initial Environmental Examination (PIEE) serves as an amendment to the period of performance and ceiling amount of the existing PIEE. The LINKAGES Project will now be extended to December 30, 2021, and the ceiling amount for the project will remain at $399 million. The scope of activities remains the same, and so, the remainder of the PIEE remains valid.

The purpose of this document is to review the overall activities and the potential environmental impact that will be undertaken by the LINKAGES Project. This PIEE evaluates the potential impacts of LINKAGES and has recommended a **Negative Determination with Conditions** as the highest level threshold determination appropriate for the actions described in the document that are within the scope of the cooperative agreement.

Supplemental IEEs (SIEEs) referencing this PIEE will be executed for specific country level sub-awards to ensure activities fall within the scope of this PIEE, and document compliance with agreed environmental mitigation, as appropriate. SIEEs will be prepared by the activity manager or his/her designee, and submitted to the mission/office director, the Mission Environmental Officer, and the Regional and Global Health Environmental Officers for approval.
1.3. THRESHOLD ENVIRONMENTAL DETERMINATIONS

The following table, Table 1, summarizes the recommended threshold determinations for the LINKAGES portfolio, using the categories of interventions established by this PIEE for the purposes of the environmental review. For each category of activities, the analysis of potential environmental impacts, and activity-by-activity determinations and conditions can be found within Section 2.5 of the PIEE.

Table 1: Summary of LINKAGES Categories of Activities and Threshold Determinations

<table>
<thead>
<tr>
<th>Activity or Activity Category</th>
<th>Recommended Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Systems Capacity Building</td>
<td>Negative Determination (with conditions)</td>
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<tr>
<td>2. Direct Healthcare Services Delivery</td>
<td>Negative Determination (with conditions)</td>
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<td>Negative Determination (with no conditions)</td>
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<td>Negative Determination (with conditions)</td>
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<tr>
<td>5. Studies, Surveys, and Dissemination of Results</td>
<td>Negative Determination (with no conditions)</td>
</tr>
</tbody>
</table>

1.4. SUMMARY OF IMPLEMENTATION, MONITORING, AND REPORTING MEASURES

General Implementation and Monitoring Conditions

Based on the analysis presented in Section 2.5, this PIEE recommends threshold decisions and conditions for implementation of LINKAGES activities. USAID/GH acknowledges that the environmental screening and review procedures described here do not substitute for the recipient country’s own environmental laws and policies.

The overall threshold determination for the LINKAGES is a **Negative Determination, with Conditions**. If the LINKAGES activities are similar to the activities in Section 2.5 any conditions established as part of that analysis must be implemented as part of the program design and implementation.

In addition to the specific conditions enumerated in Section 2.5, the negative determinations recommended in this PIEE are contingent on full implementation of the general monitoring and implementation requirements described in below:

- Consideration of capacity to perform environmental compliance;
- Briefings to implementing partners on their environmental compliance responsibilities;
- USAID Health team monitoring responsibilities, including conditions in new or modified activities, Supplemental Initial Environmental Examinations (SIEEs), development of Environmental Mitigation and Monitoring Plans (EMMPs), integration and implementation of EMMPs, integration of compliance responsibilities into prime and sub-contracts, and compliance with host country requirements.

Annexes A, B, and C are the three parts of the GH Environmental Mitigation and Monitoring Template (EMMT), which includes the annual Environmental Screening Form (ESF), the EMMP, and the annual Environmental Mitigation and Monitoring Report (EMMR).
## 1.5. APPROVAL OF ENVIRONMENTAL DETERMINATION AND MEASURES

### 1.5.1. Clearance:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Polly Dunford</td>
<td>Date</td>
</tr>
<tr>
<td>Office Director, GH, OHA</td>
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</table>

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Judy Chen</td>
<td>Date</td>
</tr>
<tr>
<td>AOR/COR, GH, OHA, PPIR</td>
<td></td>
</tr>
</tbody>
</table>

### 1.5.2. Concurrence:

<table>
<thead>
<tr>
<th>Concurrence via email</th>
<th>5/3/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Durbin</td>
<td>Date</td>
</tr>
<tr>
<td>Acting Global Health Bureau Environmental Officer</td>
<td></td>
</tr>
</tbody>
</table>

### 1.5.3. Distribution List:

AOR/COR or designee is responsible for distributing the approved IEE to stakeholders on the distribution list below. Stakeholders may include Regional BEOs and REAs, among others.
Hi Betzy,

I got an issue with downloading on this computer. Please accept this email as my concurrence on the LINKAGES mod to extend the project lifespan.

Dennis

On Fri, May 3, 2019 at 10:19 AM bcolon tellevate.com <bcolon@tellevate.com> wrote:

Hi Dennis,

Just wanted to follow up with you on the LINKAGES IEE amendment. It is ready for your clearance. The only change made was to the period of performance.

Thanks,

Betzy

-------- Original Message --------
From: Sarah Yeiser <syeiser@usaid.gov>
To: Betzy Colon <bcolon@tellevate.com>
Cc: Judy Chen <juchen@usaid.gov>, GH Compliance Support <ghcompliancesupport@usaid.gov>, Dennis Durbin <ddurbin@usaid.gov>
Date: May 2, 2019 at 5:20 AM
Subject: Re: LINKAGES IEE Amendment

Hi Dennis

LINKAGES end date was modified again, so we updated the end date and recirculated through our office.

Please see it attached for your review and approval

Thank you

Sarah

---

Sarah Yeiser, RN, MPH
Integrated Services Program Analyst
Bureau for Global Health, Office of HIV/AIDS, Priority Populations, Integration & Rights Division
2100 Crystal Drive, CP3-9048c, Arlington, VA 22202
Phone: 571-551-7405
Cell: 202-705-9512
SECTION 2: IEE SUPPORTING INFORMATION

2.1. PROGRAM/ACTIVITY DATA

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2.2. PURPOSE AND SCOPE

Amendment 1: This Programmatic Initial Environmental Examination (PIEE) serves as an amendment to the period of performance and ceiling amount of the existing PIEE. The LINKAGES Project will now be extended to December 30, 2021, and the ceiling amount for the project will remain at $399 million. The scope of activities remains the same, and so, the remainder of the PIEE remains valid.

The purpose of this document is to review the activities foreseen under LINKAGES and their potential environmental impact, and provide threshold determinations of environmental impact and conditions for mitigation. LINKAGES is a cooperative agreement that aims to scale up prevention, care, and treatment of HIV/AIDS to key populations.

Supplemental IEEs (SIEEs) referencing this PIEE will be executed for any country level sub-awards using field support to ensure activities fall within the scope of this PIEE, and document compliance with agreed environmental mitigation. SIEEs will be prepared by the activity manager or his/her designee (including the implementing partner) and submitted to the mission/office director, the Mission Environmental Officer, and the Regional and Global Health Environmental Officers for approval.

For purposes of this environmental analysis, the PIEE groups LINKAGES’ anticipated activities into a set of six categories and then reviews the reasonably foreseeable effects of each category of activity on the environment. On this basis, this PIEE recommends Threshold Decisions and, in some cases, attendant conditions, for these activities.

In addition, this PIEE sets out project-level implementation procedures intended to assure that conditions in this PIEE are translated into activity-specific mitigation measures, and to assure systematic compliance with this PIEE during activity and project implementation. These procedures are themselves a general condition of approval for the PIEE, and their implementation is therefore mandatory.

This IEE is a critical element of a mandatory environmental review and compliance process meant to...
achieve environmentally sound activity design and implementation.

27 NOTE: The terms “activity” and “project” are used throughout this PIEE per their standard meaning in environmental impact assessment, and NOT as per USAID’s new programming framework. As such, a project is a cluster of activities executed under a single, thematically focused prime contract or award; e.g. the “Malawi Agriculture Policy Strengthening (MAPS) Project.” By contrast, in USAID’s new programming framework, “project” describes a sector- or sub-sector portfolio, covering multiple contracts or awards, and “activity” denotes a single such contract or award (“implementation mechanism.”)

28 See footnote 1.

2.3. PROGRAM OVERVIEW

2.3.1. Background

In most countries, key populations – people who inject drugs (PWID), men who have sex with men and transgender persons (MSM), and sex workers (SW) –bear a disproportionate burden of HIV compared with that of the general population. Meanwhile, coverage rates of effective interventions among these key populations are extremely low, despite a strong evidence-base about the effectiveness of currently available interventions in preventing HIV. Among many Presidents Emergency Plan for AIDS Relief (PEPFAR) countries, access to services is alarmingly low and persistent barriers limit the implementation and scaling up of core prevention and treatment interventions. Scaling up key population program coverage, prevention, care, and treatment is essential to (general) population-level reductions in incidence.

2.3.2. Description of Activities

In order to increase the availability of HIV/AIDS services to key populations, a continuum of prevention, care, and treatment will be strengthened, in line with international best practices. This continuum recognizes that in order to improve access to prevention, care, and treatment while strengthening service delivery, an enabling environment must also be supported. This is particularly critical within highly stigmatized and marginalized populations.

PEPFAR’s “Guidance for the Prevention of Sexually Transmitted HIV Infection” (August 2011) suggests that country programs should scale up a minimum, core set of interventions adapted for different sub-groups especially vulnerable to HIV. These are consistent with the priority strategic areas for this proposal and include the following:

1. Outreach and Behavior Change Communication
2. HIV Testing and Counseling (HTC)
3. Condom and Lubricant distribution and NSP Linkages
4. Sexually Transmitted Infection (STI) Services
5. Harm Reduction
6. Continuum of Prevention, Care, and Treatment
7. Community Mobilization
8. Structural Interventions
9. Strategic Information
10. Capacity Building and Organizational Development of key population Community Groups

Outreach and Behavior Change Communication (BCC): the sharing of information, often through targeted outreach, counseling and interpersonal and group communication, is necessary to support
the development of skills among target groups and work with them to enhance key population community support systems, sustained changes in attitudes and risk behaviors and to strengthen health-seeking behavior.

**HIV Testing and Counseling (HTC):** HTC enables people to know their HIV status and make informed choices about how to manage their health and well-being and is considered the gateway to HIV treatment, care, and support services.

**Condom and Lubricant Distribution and Needle and Syringe Program (NSP) Linkages:** LINKAGES supports the provision of high-quality male and female condoms and lubricants to key populations. As condom utilization is considered more normative, strategies to introduce complementary social marketing may be introduced based on best practices. Commodities provision should be done with associated BCC to foster consistent condom and lubricant use and analysis of barriers and facilitators to consistent condom use for different populations. While the United States Government (USG) cannot at this time procure needles and syringes, these are similarly essential to HIV prevention among PWID.

**STI Services:** LINKAGES promotes the periodic screening for symptomatic STIs as essential for all sexually active and drug-using key populations. The project should foster an increased uptake of screening services coupled with key population behavioral approaches and STI treatment in line with WHO and PEPFAR guidance. The basic package for STI services include: syndromic case management for patients with symptoms, screening and treatment of asymptomatic STIs, and referrals to voluntary HTC. Service providers may be government clinics, program clinics, mobile clinics, and preferred providers through arrangements with private clinics. Monitoring on the uptake of services and evaluation of the prevalence of STIs over time should inform the approach. Provision of quality STI services provide an important means to build consistent health seeking behavior and an additional entry point for HIV counseling and testing.

**Harm Reduction:** LINKAGES supports the use of pragmatic, evidence-based interventions designed to diminish the individual and societal harms associated with drug use, including the risk of HIV infection, including the use of alcohol. The WHO/UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision sets out nine key interventions that have proven efficacy in reducing HIV transmission among PWID. Seven of them are already covered in other components of this list of interventions, and therefore only two are exclusive to injecting behavior: opioid substitution therapy (OST) and needle and syringe programs (NSP) which the USG does not endorse at this time. Only about half of the countries that report injecting drug use have also implemented OST and/or NSP.

**Continuum of Prevention, Care, and Treatment:** LINKAGES will link key populations in the continuum using approaches that may inform global best practices including through the provision of services provided in health facilities, the home, and the community, by government, private clinics (for-profit and non-for-profit), non-governmental and community-based organizations. LINKAGES will support the incorporation of viral hepatitis screening and TB screening and treatment, antiretroviral therapy (ART), and palliative and psychosocial care in line with global guidelines.

LINKAGES supports the option of pre-exposure prophylaxis (PrEP) in conjunction with other prevention measures (including the comprehensive package). Prevention measures include: peer outreach and behavioral communication, commodities including condoms, access to methadone and sterile needles and syringes, and the range of clinical services required including STI control and regular testing.
**Community mobilization:** LINKAGES will maintain that members of key populations will be empowered through the intervention to engage in forums and activities that improve service quality and access. This may be through participation in community service advisory committees, activities in safe spaces or drop-in centers and through the formation of community groups (formal and informal). Mobilization activities will be linked with community organizational strengthening efforts, community advocacy, and efforts in support of structural interventions for key populations.

**Structural Interventions:** LINKAGES will focus on interventions with key populations that are evidence-based predictors or mediators of risk, risk reduction, and resilience. They include interventions that address stigma and discrimination, and violence, both for prevention and when a response to violence including police violence, hate crime, family violence, is required. As part of these interventions legal literacy and sensitization of healthcare providers, police, security personnel and others should be included. These approaches may be expanded to address other obstacles to prevention, care and resilience, with a focus on access to services and care. Incorporation of strategic activities will develop capacity for large-scale implementation and program management, strategic information approaches (e.g. mobile tracking tools), and counseling and other mental health screening, counseling, and referrals to facilities for emergency care, post-exposure prophylaxis, and pre-exposure prophylaxis and care.

**Strategic Information:** LINKAGES supports strong quality assurance and quality improvement systems for key population programs. Major areas of strategic information: (1) program management including infrastructure, staff, and data use systems throughout layers of management; (2) specific service components and the extent to which these are functioning to meet coverage and quality targets; and (3) linkages between components of the program across the prevention, care, and treatment continuum. Strategic information systems include data collection mechanisms, programmatic training and processes that pool information from programmatic monitoring, periodic evaluation, ad hoc surveys, and qualitative information.

**Capacity Building and Organizational Development of Key Population Community Groups:** LINKAGES will undertake a range of activities to develop groups of key population community leaders and key population community organizations through training, mentoring, and provision of technical assistance. Activities will increase organizational ability to operate in accordance with a transparent governance structure and focus on organizational systems including financial systems, governance systems and management capacity to deliver effective prevention, care, and treatment interventions; fostering links to other social service- and rights-based groups; and fostering links with the government and private providers.

**Intervention Categories for Purposes of Environmental Review**
Many types of interventions will be undertaken in more than one—and sometimes several—of the technical elements described above. For the purposes of environmental review and compliance, interventions in the LINKAGES portfolio are therefore consolidated into the following categories of activities:
1. Health systems capacity building (training, technical assistance for service delivery, supply chains, etc.)
2. Healthcare services delivery
3. Social marketing, Education, and Behavior Change Communications
4. Healthcare Policy and Strategy Development
5. Studies, Surveys and Dissemination of Results
Each category has a number of entailed activities that are described in Section 2.5, along with their
Recommended Environmental Determinations.

2.4. BASELINE INFORMATION AND APPLICABLE HOST COUNTRY REQUIREMENTS

2.4.1. Locations Affected

This PIEE covers the global LINKAGES project. Specific country-level information, including environmental regulations and conditions, project activities and monitoring of prevention and mitigation efforts, and reporting, will be detailed in Supplemental Initial Environmental Examinations (SIEE) that reference this PIEE.

2.4.2. Applicable Laws, Regulations and Policies

LINKAGES is currently active in many PEPFAR OUs. There is a wide variation in applicable host country environmental, health and safety laws, regulations and potential permitting requirements, applicable international conventions, other US government agency guidelines, international organizational guidelines (such as World Health Organization), and implementing partner guidelines (when known) among other potential governing documents.

2.5. EVALUATION OF POTENTIAL ENVIRONMENTAL IMPACTS

The activities under LINKAGES are numerous and complex. Many program activities do not have direct adverse environmental impacts such as information, education, communication, community mobilization, planning, management, leadership, sustainability building, and outreach activities. However, in the course of implementation of these activities, implementing partners should take advantage of opportunities to incorporate and improve means of addressing environmental health issues (especially related to hazardous and infectious waste management) into health service delivery systems.

Certain activities supported by the program will directly or indirectly affect the environment, or have the potential to do so. As described in the section about adverse impacts of healthcare service delivery due to failure to properly manage resulting wastes, for the purposes of this environmental review, current and anticipated activities in the LINKAGES portfolio are grouped into the following six categories:
1. Health systems capacity building (training, technical assistance for service delivery, supply chains, etc.)
2. Healthcare services delivery
3. Social marketing, Education, and Behavior Change Communications
4. Healthcare Policy and Strategy Development
5. Studies, Surveys and Dissemination of Results

Each category contains a number of activities with similar potential impact on the environment. This section begins with an overview of the management of healthcare waste, and then the six categories of activities anticipated under LINKAGES are described and their potential impacts analyzed. On this basis, Recommended Determinations are made. In several cases, Negative Determinations entail conditions for implementation to prevent or mitigate potential environmental impacts. Upon approval of this PIEE, implementation of these conditions becomes mandatory.

Adverse Impacts of Healthcare Service Delivery Due To Failure to Properly Manage Resulting Wastes
This section is a general discussion and analysis of waste-related impacts of healthcare activities. It is referenced at several points in the analyses of the categories of activities that follow describing social marketing, education, and behavior change communication. It serves to support this subsequent analysis; no recommended determinations are attached specifically to this section.

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 and 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 healthcare 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 can 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.

Health Systems Capacity Building

This category includes the following activities targeting healthcare providers, training institutions, government and NGO staff:

1. **Training/formative supervision/leadership development of healthcare providers** on clinical interventions and norms for service delivery to improve quality of care and expand care related to key population HIV programs. (Healthcare “providers” refers both to clinical workers in the formal health system as well as NGO staff, birth attendants, community members and others who provide care.) Training areas may include, but are not limited to:
   a. Stigma reduction
   b. Treatment preparedness
   c. Adherence and retention support for key populations
   d. Simplified approaches for educating patients and their families

2. **Training curricula.** Technical Assistance (TA) and financial support to develop new or strengthen existing healthcare curricula/training materials/guidance for health workers, covering any of the above topics listed under activity 1, and/or to develop or strengthen guidance for approaches that are cross cutting (i.e. community mobilization or community-based approaches that are integrated into peer outreach, clinical services, structural interventions, and all aspects of the program).

3. **Strengthening supply chain management capacity.** Utilization of indirect monitoring and surveys focused on service delivery to identify when interruptions occur. The project will provide this data to service providers and/or government bodies as appropriate to contribute to their understanding of supply chain management issues to be addressed.

4. **Strengthening governmental management capacity**
   a. Development of government programs and ties to other external assistance providers to ensure country ownership and sustainability of programs
   b. Identification and prioritization of south to south opportunities within countries or regions
   c. Implement violence prevention and response systems for each key population
   d. Provision of effective approaches to capacity strengthening that provides measurable improvements in organizational readiness
   e. Design of a central logic model to inform program design, continuous quality improvement and where relevant to inform program evaluation
   f. Establishment/adaptation/utilization of existing monitoring systems for management of service delivery units and service coverage with monitoring indicators that reflect program standards and targets
   g. Capacity strengthening for reporting, monitoring and data use within implementing partners
and among national bodies, government and civil society.

5. Strengthening the capacity of NGOs and community-based and private organizations providing care.
   a. A community mobilization approach to ensure key populations are leading and engaged to participate in leadership development, the design, monitoring, and provision of services, and to take over management of particular services, etc.
   b. Establishment of community committees, a mechanism for communities to provide feedback and to shape quality of program services in part through monthly meetings where key populations review service provision, troubleshoot problems, track changes and build understanding and accountability.
   c. Identification of opportunities to promote ownership and sustainability by strengthening key population community groups and networks
   d. Integration of organizational and capacity strengthening as part of program service delivery
   e. Strengthen key population advocacy opportunities through networks and community-based efforts

Training and capacity building are classes of activities that under 22 CFR 216 are eligible for categorical exclusion. However, training in the healthcare system is intended to improve and expand the delivery of and/or access to healthcare services. As detailed in the section about adverse impacts of healthcare service delivery due to failure to properly manage resulting wastes, the delivery of these services present a set of potentially significant adverse environmental impacts, particularly waste-related.

Further, the purpose of healthcare training and capacity building is to influence the actions of healthcare providers/service delivery agents/managers. Appropriate management of healthcare waste depends heavily on individual actions of these agents: e.g. do they conscientiously separate sharps and “red bag” waste? Training therefore must, as appropriate, address proper handling, use, and disposal of healthcare waste.

Many procured commodities inevitably end up as waste (e.g. condoms, laboratory chemicals, test kits), generate waste as a consequence of their use (e.g. injectable pharmaceuticals); or have the potential to end up as waste due to spoilage or expiration (all pharmaceuticals). Improper disposal of potentially infectious and pharmaceutical wastes has potentially significant adverse impacts, as discussed in the section about adverse impacts of healthcare service delivery due to failure to properly manage resulting waste The extent of USAID control in-country supply chain and use of these commodities ranges from complete to partial, depending on the programming context. To the greatest degree practicably permitted by this level of control, USAID must work to assure appropriate management of commodity waste streams.

### 2.6. RECOMMENDED DETERMINATIONS AND CONDITIONS

Following from the analysis, the following determinations and conditions are recommended.

#### 2.6.1. Recommended Determinations

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</table>

For **healthcare and health systems training and capacity building** activities, a **Negative Determination with conditions** is recommended. The condition is as follows:

When the techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STDs, sputum samples for diagnosis of TB), the training/curricula/supervision must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps.

Note that this condition applies to activities targeting BOTH home care and community health workers: Implementing Partners 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 healthcare messages, and these messages should be included in training, protocols, and guidelines.

For **supply chain management strengthening activities**, a **Negative Determination with conditions** is recommended. The condition is as follows:

Supply chain strengthening activities at all levels must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, obsolete or surplus commodities.

**Mandatory reference.** 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.”

**Direct Healthcare Service Delivery**

This category includes the following activities:

**Direct support for on-the-ground service delivery and care** for the full range of technical elements described in the outline of the technical elements of the program delivered by NGOs, communities and community-based organizations, and private entities. Activities may include:

- Develop key population-friendly as well as key population-focused clinical services to maximize access to key population-sensitive HIV clinical care that is respectful, appropriate, and provides access to post-testing care, care, and treatment
- Support a Continuum of Care including Palliative Care—including identity protected tracking and management of pain and other symptoms, mental health, and social needs should be integrated into care services for key populations from diagnosis through a continuum of care
- Strengthen of referral systems including behavior-change training of key populations and service providers, enhancing access to voluntary periodic presumptive treatment
- Build a strategy to track individuals across the continuum
• Support integrated health services at facilities in line with key population needs and to drive demand for services
• Provision of training opportunities, hands-on support and leadership development for key population HIV programs
• Train health workers on how to reduce stigma; improve treatment preparedness, adherence and retention; provide adherence support, and care for key populations; and provide simplified approaches for educating patients and their families
• Community service quality improvement through community committees

Potential Adverse Impacts and Considerations Regarding Recommended Determinations

All activities in this category are intended to improve and expand the delivery of and/or access to healthcare services. As detailed in the discussion of adverse impacts of healthcare service delivery due to failure to properly manage resulting wastes, the delivery of these services present a set of potentially significant adverse environmental impacts, particularly waste-related.

Where USAID support for service delivery is direct and this 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, unnecessary and potentially significant adverse impacts will result for which USAID bears full responsibility.

Where USAID instead funds capacity building for the entities that manage delivery of care (e.g. government ministries), USAID is likely to have 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 healthcare delivery address and require appropriate management. Where USAID’s support means that USAID has substantial influence over these systems and structures, USAID and the implementing partners must work to best assure that these systems and structures support appropriate healthcare waste management.

Recommended Determination

Pursuant to the analysis above, the following determinations are recommended:

Direct provision of or support for ground-level service delivery. A Negative Determination subject to the condition that the implementing partners 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 implementing partners and USAID’s Health Team to assure such procedures and capacity is understood to be limited by its level of control over the management of the beneficiary facilities and operations.

Support to governmental and other organizations and systems managing health care programs and services. A Negative Determination subject to the condition that these activities must involve all feasible efforts to assure that these organizations and systems:
• address and support proper waste management (including handling, labeling, treatment, storage, transport, and disposal of medical waste)
address and support the capacity of medical facilities for waste management
• prioritize environmental health considerations

It is understood that the USAID support to health delivery and management systems does not, in most cases, equate to direct USAID control over these systems. However, implementing partners must proactively advance these principles in their analysis and recommendations.

_Mandatory references._ The USAID Sector Environmental Guidelines for Healthcare Waste ([http://www.usaidgems.org/Sectors/healthcareWaste.htm](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.” Other important references to consult in establishing a waste management program are “WHO’s Safe Management of Wastes from Healthcare Activities.”

**Social Marketing, Education, and Behavior Change Communication**

This category includes social marketing, education/outreach and BCC activities intended to:

1. Promote Positive Health—The term “positive health” (from positive health, dignity and prevention) includes support to People Living with HIV/AIDS (PLHIV) to care for themselves, have a healthy and active sex life and protect themselves and others from HIV
2. Reach particularly hard-to-reach key populations, i.e. migrant and mobile: those who solicit by phone or internet and cannot be found in physical venues
3. Strengthening regional databases and online mechanisms to provide techniques, software, tools, forums or other means for programs to connect or draw from in strengthening their capacity
4. Implement interventions to reduce stigma and discrimination against key populations: distinct for different groups of GMT, SWs, and PWIDs
5. Establishment or strengthening of community committees, a mechanism for communities to provide feedback and to shape quality of program services in part through monthly meetings where key populations review service provision, troubleshoot problems, track changes and build understanding and accountability[^29]
6. Establishment/support of safe spaces or drop-in centers as the main venue for communities to organize and for the program to carry out interpersonal and group communication and other activities that foster community mobilization

A variety of media/mechanisms and distribution channels will be used, including but not limited to print, radio, schools, traditional authorities, and clinical workers.

**Potential Adverse Impacts and Considerations Regarding a Recommended Determination**

Public awareness, education, and related social marketing initiatives are essential complements to activities that strengthen and expand care delivery systems and the healthcare workforce.

In many cases, these initiatives promote use of commodities such as condoms. Improper disposal of these items by end-users (the targets of the marketing message) has adverse environmental impacts; see discussion under 3.1 above. However, the use and subsequent disposal stimulated by these programs is geographically dispersed, reducing the intensity of the impact, and USAID and its implementing partners have very limited control over enduser actions. Taken together, these factors suggest that the categorical exclusion to which communication/education/outreach activities normally qualify can also stand in this case.

**Recommended Determination**
All activities under this objective fall under the Categorical Exclusions as described in 22 CFR 216.2 (c), and as such a **Negative Determination with no conditions** for implementation is recommended for activities in this category.

However, implementing partners should identify opportunities in behavior change interventions to include messages that emphasize the need to store potentially dangerous products out of the reach of children or animals; and proper disposal of waste (e.g. used condoms).

**Healthcare Policy and Strategy Development**

Activities in this category include:
1. Sensitization and strategic planning with local government stakeholders in partnership with relevant partners (Global Fund, PEPFAR Team, WHO, United Nations Development Programme (UNDP), etc.)
2. Contribute to National Key Population Policy Guidance and Operational frameworks
3. Contribute to nationally-owned lesbian, gay bisexual, and transgender (LGBT) policy efforts in particular through the provision of data on human rights, violence, discrimination, and stigma as relevant. In addition, by strengthening cadres of key population leaders who seek to speak on behalf of their community.
4. Provision of legal literacy and support to undertake targeted sensitization and advocacy at multiple levels including stakeholders
5. Design/adapt standard operating procedures for different services, specifically addressing gaps in national standards where relevant, or informing these where considered needed
6. Design strategy for sustaining key population community-led structural interventions beyond the life of the project
7. Joint programmatic evaluation between strategic information and program teams to inform design and planning by implementing partners
8. Collaborate with Global Fund on joint country assessments and strategic planning in coordination with the Country Coordinating Mechanisms (CCM).

**Potential Adverse Impacts and Considerations Regarding a Recommended Determination**

All policy and strategy development activities are intended to improve and expand the delivery of and/or access to healthcare services. As described in the section about the adverse impacts of healthcare service delivery due to failure to properly manage resulting wastes, the delivery of these services present a potentially significant set of adverse environmental impacts, particularly waste-related.

Where USAID-supported policy and strategy development 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, the changes to and expansion in service delivery can result in unnecessary and potentially significant adverse impacts for which USAID bears partial responsibility.

**Recommended Determination**

A **Negative Determination with Conditions**, per 22 CFR 216.3(a)(2)(iii), is recommended for the activities of this category. The condition is as follows:

Implicated implementing partners must undertake all feasible efforts to assure that clinical norms and other aspects of service delivery codified through policy and planning support:
• address and support proper waste management (including handling, labeling, treatment, storage, transport, and disposal of medical waste)
• the capacity of medical facilities for waste management;
• prioritize environmental health considerations

It is understood that the final content of policy is the decision of host country government organs. However, implementing partners must proactively advance these principles in their analysis and recommendations.

Studies, Surveys, and Dissemination of Results

Activities in this category are intended to provide information and analysis necessary to target health interventions, to assess their effectiveness, and to strengthen in-country research capacity. Activities in this category may include but are not limited to:
• Pilot Human Papilloma Virus (HPV), Hepatitis B and Hepatitis C Screening and Treatment addressing the disproportionate anal and cervical cancers key populations face and the high prevalence of hepatitis B and C through screening and care, support and treatment services
• Conduct rapid needs assessments to contribute to tailored service design. These may range considerably in design, including condom gap analysis, programmatic size estimation and mapping, mystery client surveys at clinics, qualitative assessments, and others that contribute to improved implementation
• Establishment/adaptation/utilization of unique identifier system for populations served by the program
• Population size estimation and programmatic size estimation, venue mapping and profiling to understand who to serve, with what service, at what time, through which means to build strategy
• Biomedical and Behavioral survey adaptation, design and implementation, and analysis
• Dissemination of programmatic evaluation data to inform design and planning by implementing partners, the national program and to strengthen in-country research capacity
• Conduct situational analyses and formative assessments as required to establish or strengthen key population project design in-country

Note: this category does NOT include human drug trials or experimental human-subject studies, which are not covered by this PIEE.

Potential Adverse Impacts and Considerations Regarding Recommended Determinations

No significant adverse impacts, whether direct or indirect are foreseeable from this category except for activities involving the collection and/or analysis of blood or body fluid samples or other activities that may generate medical waste. This includes HIV surveillance, which involves collection and transportation of blood samples.

Recommended Determinations

The research activities (except for those that involve collection and/or analysis of blood and/or body fluids) and dissemination of results fall under the categorical exclusion described in 22 CFR 216.2(c)(1) and (2), and as such, a Negative Determination without conditions is recommended.

A Negative Determination with conditions is recommended for activities in this category that do involve the collection and/or analysis of blood or body fluid samples. The condition is as follows: Epidemiological surveillance supported with USAID funds and involving the collection and/or
analysis of blood or body fluid samples must have adequate procedures and capacities in place to properly handle, label, treat, store, transport, and properly dispose of blood, body fluids, sharps, and other medical waste generated by these activities.

Mandatory reference. 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.”

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29 See the WHO/UNFPA guidance on ‘Implementing Comprehensive HIV/STE Programmes with Sex Workers: Practical Approaches from Collaborative Interventions

### 2.6.2. Recommended Conditions

Based on the analysis presented in the discussion about social marketing, education, and behavior change communication, this PIEE recommends threshold decisions and conditions for implementation of LINKAGES activities. USAID/GH acknowledges that the environmental screening and review procedures described here do not substitute for the recipient country’s own environmental laws and policies.

The overall threshold determination for the LINKAGES is a **Negative Determination, with Conditions**. If the LINKAGES activities are similar to the activities in Section 2.5, any conditions established as part of that analysis must be implemented as part of the program design and implementation.

In addition to the specific conditions enumerated in Section 2.5 the negative determinations recommended in this PIEE are contingent on full implementation of the following general monitoring and implementation requirements:

1. **Consideration of capacity to perform environmental compliance.** USAID procurement should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under LINKAGES. The Agreements Officer (AO)/Contract Officer (CO) shall include required environmental compliance and reporting language (www.usaid.gov/policy/ads/200/204.pdf) into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.

2. **Briefing Implementing Partners on Environmental Compliance Responsibilities.** The LINKAGES USAID Management Team shall provide each Implementing Partner, with a copy of this PIEE; each implementing partner shall be briefed on their environmental compliance responsibilities by the AOR. During this briefing, the PIEE conditions applicable to the implementing partner’s activities will be identified.

3. **USAID monitoring responsibility.** As required by ADS 204.5.4, USAID (the AOR or designee, Mission Environmental Officer, and/or other relevant staff, as available) will actively monitor and evaluate whether the conditions of this PIEE are being implemented effectively and whether there are new or unforeseen consequences arising during implementation that were not identified and reviewed in this PIEE. 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. All site visits should incorporate monitoring of environmental compliance, using the EMMP.

4. **New or modified activities.** As part of its Work Plan, and all Annual Work Plans thereafter,
implementing partners, in collaboration with their AOR, shall review all on-going and planned activities to determine if they are within the scope of this PIEE. 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. If activities outside the scope of this PIEE are planned, the team shall assure that an amendment to this PIEE addressing these activities is prepared and approved prior to implementation of any such activities.

5. Supplemental Initial Environmental Examinations. Supplemental IEEs (SIEEs) referencing this PIEE will be executed for specific country level sub-awards to ensure activities fall within the scope of this PIEE, and document compliance with agreed environmental mitigation. SIEEs will be prepared by the activity manager or his/her designee and submitted to the mission/office director, the Mission Environmental Officer, and the Regional and Global Health Environmental Officers for approval.

6. Development of EMMP. Each implementing partner whose activities are subject to one or more conditions set out in section 2.5 of this PIEE or associated SIEE shall develop and provide for COR review and approval an Environmental Mitigation and Monitoring Plan (EMMP) documenting how their project will implement and verify all PIEE/SIEE conditions that apply to their activities. These EMMPs shall identify how the implementing partner shall assure that PIEE/SIEE conditions that apply to activities supported under subcontracts are implemented. (In the case of large subcontracts, the implementing partner may elect to require the subcontractor to develop their own EMMP.) Refer to the Annexes A, B, and C of this PIEE for the GH ESF, EMMP, and EMMR templates.

7. Integration and implementation of EMMP. Each implementing partner shall integrate their EMMP into their project work plan and budgets, implement the EMMP, and report on its implementation as an element of regular project performance reporting. Implementing partners shall assure that subcontractors integrate implementation of PIEE/SIEE conditions, where applicable, into their own project work plans and budgets and report on their implementation as an element of sub-contract performance reporting. Annex A is an illustrative EMMP report, and Annex B is the required annual certification of environmental compliance. An evaluation of the implementation of the EMMP must be part of the mid-, and end-of project evaluations.

8. Integration of compliance responsibilities in prime and sub-contracts. The Management Team shall assure that any future agreements for implementation of LINKAGES activities and/or significant modification to current agreements shall reference and require compliance with the conditions set out in this PIEE or any associated SIEEs, as required by ADS 204.3.4.a.6 and ADS 303.3.6.3.e. Implementing partners shall assure that subcontractors have the capability to implement the relevant requirements of this PIEE and any associated SIEEs. The implementing partner shall, as and if appropriate, provide training to subcontractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities.

9. Compliance with Host Country Requirements. Nothing in this PIEE substitutes for or supersedes implementing partner or sub-grantee responsibility for compliance with all applicable host country laws and regulations. The implementing partners and their sub-grantees 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.

2.7. MONITORING AND REPORTING

The Implementing Partner and the AOR/COR, in consultation with the BEO, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this IEE arise during implementation and modify or end activities as appropriate. Monitoring and reporting will be documented via the Environmental Mitigation and Monitoring Template (EMMT).
The EMMT consists of three parts:

- **The Environmental Screening Form**
  The AOR/COR conducts annual screenings of their projects using the Environmental Screening Form to determine whether project activities and annual workplans remain within the scope of the activities reviewed during the IEE process. For sub-projects, sub-grants, and sub-activities, Implementing Partners must annually screen their activities and submit the completed form to the AOR/COR. If an activity does not fall within the scope of this IEE, a supplemental or amended environmental document must be prepared.

- **The Environmental Mitigation and Monitoring Plan (EMMP)**
  The Implementing Partner is responsible for submitting the Environmental Mitigation and Monitoring Plan (EMMP) to the AOR/COR for review and approval. The GH BEO concurs on the EMMP. The EMMP is submitted with the workplan, after clearance of this IEE and prior to initiating project work. Implementing Partners will use the EMMP to describe the specific actions they will undertake under each category of activity when screening reveals potential environmental impacts as outlined in Section 2.5 of this IEE. The EMMP also identifies the person responsible for monitoring compliance with mitigation measures and the indicator, method, and frequency of monitoring.
  Refer to the attached GH EMMP Template.

- **The Environmental Mitigation and Monitoring Reporting (EMMR)**
  Annually, the Implementing Partner is responsible for completing the Environmental Mitigation and Monitoring Report (EMMR) and submitting it to the AOR/COR. The EMMRs are reviewed by the AOR/COR and the BEO (and/or MEO, as appropriate). The EMMRs ensure compliance with 22 CFR 216 and ADS 204.5 by documenting that the conditions specified in this IEE have been met for all activities carried out under LINKAGES by reporting on the results of applying the mitigation measures described in the EMMP and identifying outstanding issues with respect to required conditions. Verification may require digital photos and/or site visits.

  The Implementing Partner for LINKAGES will submit the EMMR on all activities within 60 days after the end of each fiscal year for the life of the project, using the guidance and forms contained in the GH IEE BOP. Any sub-awards, sub-grants, and sub-activities must incorporate provisions stipulating a) the completion of an annual environmental monitoring report and b) that activities to be undertaken will be within the scope of the environmental determinations and recommendations of this IEE. This includes assurances that any mitigating measures required for those activities will be followed.
  Refer to the attached GH EMMR Template.
### A. Environmental Screening Form

#### LINKAGES

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Original IEE File #/DCN:</th>
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<tbody>
<tr>
<td>______________________</td>
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<thead>
<tr>
<th>Name of Prime Implementing Organization:</th>
<th>Date of Screening:</th>
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<td>______________________</td>
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<table>
<thead>
<tr>
<th>Name of Sub-awardee Organization (if this EMMT is for a sub):</th>
<th>Funding Period for this award:</th>
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<tr>
<td>______________________</td>
<td>FY____ - FY____</td>
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<table>
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<tr>
<th>Geographic location of USAID-funded activities (Province, District):</th>
<th>Current FY Resource Levels:</th>
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<tbody>
<tr>
<td>______________________</td>
<td>FY____________</td>
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<thead>
<tr>
<th>This report prepared by:</th>
<th>Date of Previous EMMT for this organization (if any):</th>
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<tbody>
<tr>
<td>Name: ____________________</td>
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<td>Date: ____________________</td>
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Indicate which activities your organization is implementing.

<table>
<thead>
<tr>
<th>Key Elements of Program/Activities Implemented</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1 Education, Technical Assistance, or Training</td>
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<tr>
<td>Includes: strategic planning, data analysis, technical consultation, surveys, knowledge and information transfer, meetings, technical material development, outreach programs, and training services.</td>
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<td>2 Research and Development</td>
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<tr>
<td>Includes: health-related research and development activities aimed at advancing knowledge and technology, including research and evaluation, monitoring and surveillance, programs, pilot studies, case studies, and assessments.</td>
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<tr>
<td>3 Public Health Commodities</td>
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<tr>
<td>Includes: procurement, storage, transportation, distribution, and disposal of public health commodities, including pharmaceuticals, nutritional supplements, chemicals (e.g., disinfectants, solvents, laboratory reagents, etc.), medical supplies, and family planning commodities (e.g., contraceptives, condoms, etc.).</td>
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<td></td>
<td>Title</td>
<td>Description</td>
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<tr>
<td>4</td>
<td>Small-Scale Construction or Rehabilitation</td>
<td>Includes: hospitals, clinics, laboratories, voluntary and counseling testing centers, or training centers. Total surface area of the disturbed environment is under 10,000 square feet and less than $200,000 total cost.</td>
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<tr>
<td>5</td>
<td>Small-Scale Water and Sanitation</td>
<td>Includes: pond and spring improvements and installation of hand-dug wells, individual or community latrines, hand-washing stations, and small-scale septic and leach field systems.</td>
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<tr>
<td>6</td>
<td>Nutrition</td>
<td>Includes: small-scale food production, procurement and distribution of supplements, preventing undernutrition, providing nutritional care and support, and improving nutritional outcomes in programs.</td>
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</table>
| 7 | Vector Control                                  | Includes: procurement, distribution, or use of pesticide products such as insecticide-treated bednets, larviciding agents, and fumigants.  
   |                                                | NOTE: USAID uses USEPA’s definition of pesticides, which includes “any substance intended for: preventing, destroying, repelling, or mitigating any pest. This includes herbicides, fungicides, plant regulators, and desiccants.” |
| 8 | Emergency Response                              | Includes: coordination with outside organizations and technical experts, deployment of resources and response teams, and development of technical materials. |

**DESCRIPTION OF ACTIVITIES:**

Provide a description of activities with sufficient details to understand the scope and scale of the interventions. The EMMP should reference the governing IEE (GH- or country-level).
B. Environmental Mitigation and Monitoring Plan
LINKAGES Program

Add Introduction and additional narrative here, as needed.

<table>
<thead>
<tr>
<th>Category of Activity from Section 2.6 of ___ IEE</th>
<th>Describe specific environmental impacts of your organization's activities (based on analysis in Section 2.5 of ___ IEE)</th>
<th>Description of Mitigation Measures for these activities as required in Section 2.6 of ___ IEE</th>
<th>Who is responsible for monitoring?</th>
<th>Monitoring Indicator</th>
<th>Monitoring Method</th>
<th>Frequency of Monitoring</th>
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<tbody>
<tr>
<td>1. Education, Technical Assistance, Training</td>
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<td>7. Vector Control</td>
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<td>8. Emergency Response</td>
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### C. Environmental Mitigation and Monitoring Report
#### __________________________ Program

Add Introduction and additional narrative here, as needed.

<table>
<thead>
<tr>
<th>List each Mitigation Measure from column 3 in the EMMP (EMMT Part 2 of 3)</th>
<th>Status of Mitigation Measures</th>
<th>List any outstanding issues relating to required conditions</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>1. Education, Technical Assistance, Training</td>
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<td>2. Research and Development</td>
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<td>4. Small-Scale Construction</td>
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<td>5. Small-Scale Water and Sanitation</td>
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<td>8. Emergency Response</td>
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Prepared by:

__________________________  ______________________  ______________________
Signature                     Date:  Name and Title

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*pg. 25*
D. References and Resources


ADS 200: Introduction to Programming Policy:

ADS 204: Environmental Procedures:

ADS 300: Agency Acquisition and Assistance (A&A) Planning:


ADS 308: Awards to Public International Organizations:

ADS 502: USAID Records Management Program:

Bureau for Global Health Project Design and Approval Guidance


Executive Order 12114: Environmental Effects Abroad of Major Federal Actions:


National Environmental Policy Act:
https://ceq.doe.gov/laws_and_executive_orders/the_nepa_statute.html