REQUEST FOR CATEGORICAL EXCLUSION

PROJECT/ACTIVITY DATA

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Project/Activity Name:</td>
<td>Vérification des Résultats pour la Santé II (VRS II)</td>
</tr>
<tr>
<td>Geographic Location(s) (Country/Region):</td>
<td>Haiti</td>
</tr>
<tr>
<td>Amendment (Yes/No), if Yes indicate # (1, 2...):</td>
<td>No</td>
</tr>
<tr>
<td>Implementation Start/End Dates (FY or M/D/Y):</td>
<td>8/1/2019 – 7/30/2022</td>
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<tr>
<td>Solicitation/Contract/Award Number(s):</td>
<td>72052119C00003</td>
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<tr>
<td>Implementing Partner(s):</td>
<td>LOGIK</td>
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<tr>
<td>Bureau Tracking ID:</td>
<td>LAC-IEE-20-21</td>
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<tr>
<td>Implementation Operating Unit(s):</td>
<td>USAID/Haiti</td>
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<td>Other Affected Operating Unit(s):</td>
<td>Global Health</td>
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<td>Lead BEO Bureau:</td>
<td>LAC</td>
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<td>Funding Operating Unit(s):</td>
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<tr>
<td>Funding Account(s) (if available):</td>
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<tr>
<td>Original Funding Amount:</td>
<td>$4,998,303</td>
</tr>
<tr>
<td>Prepared by:</td>
<td>ECOS</td>
</tr>
<tr>
<td>Date Prepared:</td>
<td>December 2019</td>
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ENVIRONMENTAL COMPLIANCE REVIEW DATA

<table>
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<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Analysis Type:</td>
<td>✔ Request for Categorical Exclusion</td>
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<tr>
<td>Environmental Determination(s):</td>
<td>☐ Categorical Exclusion(s)</td>
</tr>
<tr>
<td>RCE Expiration Date (if applicable):</td>
<td>☐ Deferred (per 22 CFR 216.3(a)(7)(iv))</td>
</tr>
<tr>
<td>Climate Risks Identified (#):</td>
<td>Low 2 Moderate # High #</td>
</tr>
<tr>
<td>Climate Risks Addressed (#):</td>
<td>Low # Moderate # High #</td>
</tr>
</tbody>
</table>
THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

PROJECT/ACTIVITY SUMMARY

Vérification des Résultats pour la Santé II (VRS II) is a new three-year contract to support verification of health service delivery quantity and quality outputs across the healthcare delivery sites supported by Project Santé. VRS II is central to USAID/Haiti’s broader goal of advancing two interrelated objectives: 1) Increasing utilization of quality, essential health services in line with the Ministère de la Santé Publique et de La Population’s (MSPP’s) approved Package of Essential Services (PES) at both healthcare facilities and community levels; and 2) Strengthening local management and operational capacities to deliver health services. Together with USAID’s other investments in Haiti’s health sector, implementation of VRS II is expected to incrementally advance the MSPP’s ability to support sustained delivery of quality primary health care services.

The overall purpose of the VRS II contract is to support verification of health service delivery quantity and quality outputs at sites supported by the four-year Project Santé Activity. Project Santé is the follow-on to the Services de Santé de Qualité pour Haïti (SSQH) Project, and VRS II will be a follow-on to the VRS-North and VRS-Central and South contracts. This new consolidated contract, VRS II, will provide external verification services of approximately 164 health service delivery sites, of which most or all will be facilities already supported through Project Santé.

The VRS II contract will specifically provide external verification of health service delivery at communal reference hospitals, health centers with and without beds, and dispensaries included in the Project Santé service delivery activity. VRS II will also contribute verification data to the process that provides financial incentive payments to the Results-Based Financing (RBF) sites under MSPP’s RBF strategy.

ENVIRONMENTAL DETERMINATIONS

Upon approval of this document, the determinations become affirmed, per Agency regulations (22 CFR 216).

Table 1 summarizes the environmental determinations applicable to the specific project Objectives.
TABLE 1: ENVIRONMENTAL DETERMINATIONS

<table>
<thead>
<tr>
<th>Projects/Activities</th>
<th>Categorical Exclusion Citation (if applicable)</th>
<th>Deferral¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Certify that facility-based performance data submitted are reliable</td>
<td>§216.2(c)(2)(iii), §216.2(c)(2)(viii)</td>
<td></td>
</tr>
<tr>
<td>Objective 2: Through periodic client surveys, certify that, at the community level, data related to health care services provided are reliable</td>
<td>§216.2(c)(2)(iii), §216.2(c)(2)(viii)</td>
<td></td>
</tr>
</tbody>
</table>

CLIMATE RISK MANAGEMENT

Per ADS 201, all strategies, projects, and activities must be screened for climate risk management (CRM). Due to the nature of most activities being related to technical assistance, capacity building, document and information sharing, meetings, workshops, etc., these activities neither have a direct or indirect impact on the environment nor are substantively impacted by climate change, and therefore have a low climate risk rating. The only likely effect such activities will suffer from due to climate change is the potential disturbance of normal activity functions due to increasing temperatures (i.e., the cancellation of meetings that would have been held in non-air conditioned rooms during heat waves) and the increasing frequency of extreme weather events (i.e., cancellation of activities due to disrupted road and telecommunication networks).

BEO SPECIFIED CONDITIONS OF APPROVAL

Not Applicable (N/A)

IMPLEMENTATION

In accordance with 22 CFR 216 and Agency policy, the conditions and requirements of this document become mandatory upon approval. This includes the relevant limitations, conditions and requirements as stated in Section 3 of this Request for Categorical Exclusion (RCE) and any BEO Specified Conditions of Approval.

¹ Deferrals must be cleared through an Amendment to this RCE prior to implementation of any deferred activities.
USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: Vérification des Résultats pour la Santé II (VRS II)

Bureau Tracking ID: LAC-16E-20-21

Approval: Gary Juste, Acting Mission Director

Clearance: Rhonda Shire, Deputy Mission Director

Clearance: Stephane Morisseau, ACOOR

Clearance: Martha Dye, Resident Legal Officer

Clearance: Betzy Color, Regional Environmental Advisor

Clearance: Abdel Abellard, Mission Environmental Officer

Concurrence: Diana Shannon, LAC Bureau Environmental Officer [required]

DISTRIBUTION:

Date
1/24/20
1/24/20
1/24/20
1/6/20
Dec 30, 2019
Dec 30, 2019
1/27/2020

4
1.0 PROJECT AND ACTIVITY DESCRIPTION

1.1 PURPOSE OF THE RCE
The purpose of this document is to establish that all proposed projects/activities belong to classes of actions eligible for Categorical Exclusions as set out in Agency regulations (22 CFR 216.2(c)) and that there are no foreseeable significant direct or indirect impacts that would preclude them from receiving a Categorical Exclusion. Upon approval of this document, the Categorical Exclusions are affirmed for the project/activity. This analysis also documents the results of the project/activity level Climate Risk Management process in accordance with USAID policy (specifically, ADS 201 mandatory reference 201mal).

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

1.2 PROJECT/ACTIVITY OVERVIEW
The VRS II contract is a critical component of USAID/Haiti’s goal of increasing the quality, demand for, and utilization of high-impact health promotion, prevention, and treatment services and fostering MSPP’s accountability and stewardship of health resources. VRS II will align with USAID/Haiti’s efforts, through the Project Santé activity, to improve health service delivery and health outcomes in Haiti. In line with the Government of Haiti’s (GOH’s) commitment to strengthen accountability and ensure all health funding alignment with national health priorities, and in partnership with the World Bank, USAID has been supporting the development, evaluation, and roll-out of a national Results-Based Financing (RBF) approach at the primary and secondary health service delivery levels. A subset of qualitative and quantitative indicators has been selected to calculate bonuses to be paid quarterly based on each facility’s performance. These payments, initiated as an incentive to increase productivity and quality of care, will support reforms including separation of the financing, fiduciary, regulatory quality assurance, contracting, and service delivery functions. It is expected that Project Santé will continue to facilitate implementation of RBF in selected sites within the USAID network. This facilitation will include support to the selected facilities to develop RBF business plans and technical assistance to support achievement of selected indicators.

Over the last three years, USAID/Haiti has contracted with two (2) implementing partners (IPs) to verify health service delivery outcomes first under the SSQH Activity, and subsequently under the follow-on activity, Project Santé. These external contractors, operating under the VRS-North and VRS-Central and South contracts, have provided the baseline verification data and reports for the quantity and quality outputs from the healthcare delivery sites supported by Project Santé.

The overall purpose of the VRS II contract is to support verification of health service delivery quantity and quality outputs at sites supported by the Project Santé Activity. Project Santé is the follow-on to the Services de Santé de Qualité pour Haïti Project, and VRS II will be a follow-on
to the VRS-North and VRS-Central and South contracts. VRS II is a new consolidated contract that will provide external verification services of approximately 164 health service delivery sites, of which most or all will be facilities already supported through Project Santé.

The VRS II contract will provide external verification of communal reference hospitals, health centers with and without beds, and dispensaries included in the Project Santé service delivery activity. VRS II will also contribute verification data to the process that provides financial incentive payments to the Results-Based Financing (RBF) sites under MSPP’s RBF strategy.

VRS II will perform quantitative and qualitative verification of Project Santé-supported sites to assess the delivery of primary health care services. These primary health care services are defined within MSPP’s PES with special emphasis on the following:

- Maternal and Child Health (MCH) including Water, Sanitation, and Hygiene (WASH) and Nutrition
- Family Planning (FP) through the institutionalization of key management practices at the facility and community levels
- HIV/AIDS and Tuberculosis (TB)

1.3 PROJECT/ACTIVITY DESCRIPTION

VRS II has two strategic objectives described below.

Objective 1: Certify that facility-based performance data submitted are reliable

Under objective one, VRS II will implement a standardized approach to verifying quantity and quality output data across all Project Santé-supported sites within the targeted geographic departments on a quarterly basis. The verification process will be completed each quarter, as defined in the algorithm (see Annex 2, attached) prepared by MSPP and the RBF manual that will guide verification activities.

VRS II will work with MSPP Unite de Contractualisation (UC), which is mandated to ensure that RBF is implemented in Haiti according to MSPP guidelines.

There are 20 quantity indicators for the health centers and 5 quantity indicators for the community reference hospitals. Each indicator has an associated tariff or fee for RBF. Facilities participating in the RBF approach through Project Santé will be reimbursed this tariff for each patient meeting the criterion of the indicator. The indicators will cover a number of technical areas, including maternal health, child health, HIV, and TB, with one indicator covering general consultations.

The quantity indicators must establish the base of funding to be received by the facility. For each indicator, the number of patients that meet a given criterion must be established along with the facility reimbursed for every patient. VRS II will review the clinic records to certify the numbers submitted and documented by the clinic.
A Quality Checklist has been established by the UC to assess the quality of services being provided in facilities. The checklist includes elements of health care waste management, supply chain, hygiene, patient consultation protocols, and patient flow.

The Quality Checklist must be composed of 15 components. Each indicator must have a relative weight. The sum of the individual scores on each indicator must provide an overall weighted score for the facility each quarter. This score must modify the base reimbursement amount to the facility established by the quantity indicators according to a predetermined formula established by MSPP. This will inform the reimbursement to the health facilities. Payment calculations, which are subject to change in line with MSPP direction, are found in the Ministry Operational Manual.

VRS II will assess the quality of the clinic healthcare services against the indicators contained in the Quality Checklist. VRS II will visually inspect the clinics to assess how well they are meeting the quality indicators outlined—such as waste management or stock-outs—and determine if the clinic is meeting the quality indicators.

**Objective 2: Through periodic client surveys, certify that, at the community level, data related to health care services provided are reliable**

Under objective two, VRS II will conduct random sample quarterly home health surveys at each supported site within the targeted geographic departments to confirm: 1) Existence of client; 2) Services were received; and 3) Level of satisfaction. This community verification must occur no later than 15 days after the end of each quarter. This must be done through community surveys using local, cost-effective means (i.e. partnering with community-based organizations, use of cell phones, etc.). This will provide additional data on the performance of the supported health facilities in delivering quality services as well as validating receipt of services by the client.

VRS II will select a number of clients seen at the clinic for every single indicator in the sub-set selected for verification, and visit the households of the selected clients.

USAID will use the data verification reports to:

- Check the quantitative data provided by the facility and document over- or under-reporting of services delivered (which would require amendments to incorrect reports and affect financial payments).
- Capture customer satisfaction from the clients and transmit (removing client identifiers) to the respective facility and Project Santé.

VRS II will develop a validation model, approved by USAID, to assess: 1) What services were actually received; and 2) Perceived quality of care provided to the client. Information obtained from clients who consent to an interview must establish, at minimum:

- Whether the patient actually exists
• Whether he/she actually visited the facility for the relevant service
• Whether he/she was satisfied with care delivered
• Whether he/she found care affordable
• Whether he/she found waiting time reasonable
• Whether he/she was satisfied with reception personnel
• Whether he/she was satisfied with the ability of the staff to treat him/her
• Whether he/she has suggestion(s) to improve facility care

Examples and illustrative activities that USAID envisions could be implemented under each strategic objective are given in Table 2:

TABLE 2: DEFINED OR ILLUSTRATIVE ACTIONS FOR EACH STRATEGIC OBJECTIVE

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>Illustrative Actions</th>
</tr>
</thead>
</table>
| Objective 1: Certify that facility-based performance data submitted are reliable    | • Visually inspecting, on a quarterly basis, the clinics to assess how well they are meeting quality indicators contained in the Quality Checklist such as waste management or stock-outs  
• Supporting use of MSPP-approved lists of quality and quantity indicators            
• Implementing a standardized approach to verifying quantity and quality output data across all Project Santé-supported sites within the targeted geographic departments on a quarterly basis  
• Ensuring the completion of the “Fiche de Déclaration Des Données” present at the time of the verification  
• Working with MSPP UC to ensure that RBF is implemented in Haiti according to MSPP guidelines |
| Objective 2: Through periodic client surveys, certify that, at the community level, data related to health care services provided are reliable | • Conducting quarterly surveys for a random sample of home health clients at each supported site within the targeted geographic departments to confirm: 1) Existence of client; 2) services were received; and 3) Level of satisfaction  
• Selecting a number of clients seen at the clinic for every single indicator in the sub-set selected for verification and visiting the households of the selected clients. |

2.0 ENVIRONMENTAL ANALYSIS

2.1 JUSTIFICATION FOR CATEGORICAL EXCLUSION

The activities under VRS II are among the classes of actions listed in 22 CFR 216.2(c)(2) and have no foreseeable significant direct or indirect adverse effect on the environment. Therefore, under 22 CFR 216.2(c)(1), neither an IEE nor an EA will be required for these activities. Instead, a Categorical Exclusion is recommended for the projects/activities described above in Section 1.3 as follows:
Table 3: Recommended Determination for Categorical Exclusion

<table>
<thead>
<tr>
<th>Project/Activity and Sub-Activity #</th>
<th>Recommended Determination for Categorical Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Certify that facility-based performance data submitted are reliable</td>
<td>Categorical Exclusion pursuant to:</td>
</tr>
<tr>
<td></td>
<td>§216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings</td>
</tr>
<tr>
<td>Objective 2: Through periodic client surveys, certify that, at the community level, data related to health care services provided are reliable</td>
<td>§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)</td>
</tr>
</tbody>
</table>

While the VRS II activities have no foreseeable significant direct or indirect adverse effect on the environment, solid waste management is a major issue for many of the countries where USAID holds meetings. Many of these countries have sub-standard solid waste management systems which have a serious negative impact on both public health, the environment and economic development. For analyses and studies classified under §216.2(c)(2)(iii), the IP will implement to the extent practicable green procurement concepts to eliminate, reduce, or recycle waste.

2.2 CLIMATE RISK MANAGEMENT

This section summarizes the methodology used and findings of the CRM Screening (see Annex 1). The project design team, in consultation with the Climate Integration Lead (CIL), considered the potential effect of climate risks/stressors (e.g., changing precipitation patterns, rising temperature, floods, droughts, fires, landslides) on the sustainability of the project. The team also took into account the potential impact of project activities on the climate (e.g., increased greenhouse gas emissions, land use changes).

3.0 LIMITATIONS OF THE CATEGORICAL EXCLUSION

The categorical exclusions recommended in this document apply only to projects/activities and sub-activities described herein.

Other projects/activities that may arise must be subject to an environmental analysis and the appropriate documentation prepared and approved, whether it be a new RCE, an amendment, or other type of 22 CFR 216 document.

It is confirmed that the projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22 CFR 216.2(d).
3.1 MANDATORY INCLUSION OF ENVIRONMENTAL COMPLIANCE REQUIREMENTS IN SOLICITATIONS, AWARDS, BUDGETS, AND WORK PLANS

USAID will ensure the environmental compliance requirements are incorporated into solicitations, awards, budgets, and work plans, including relevant limitations described in Section 3 above. In addition, CRM requirements will also be incorporated.

3.2 GENERAL IMPLEMENTATION & MONITORING REQUIREMENTS (IF APPLICABLE)

USAID will ensure that the following requirements are met:

• Provide briefings to the IP on environmental compliance responsibilities
• Ensure integration of compliance responsibilities in prime and sub-awards and grant agreements;
• Ensure compliance with applicable partner country requirements
• Review project activities annually to ensure that the scope is still covered by Categorical Exclusion

ATTACHMENTS:

Annex 1: Climate Risk Management Summary Table
### ANNEX 1. CLIMATE RISK MANAGEMENT SUMMARY TABLE

<table>
<thead>
<tr>
<th>Defined or Anticipated Project Elements</th>
<th>Climate Risks</th>
<th>Risk Rating</th>
<th>How Risks are Addressed at Project Level</th>
<th>Further Analysis and Actions for Activity Design/Implementation</th>
<th>Opportunities to Strengthen Climate Resilience</th>
</tr>
</thead>
</table>
| Objective 1: Certify that facility-based performance data submitted are reliable | Increased temperatures as well as increased intensity, duration and/or frequency of extreme climate-related events such as storms, floods, and high winds and/or landslides may:  
- Damage or otherwise negatively impact the locations hosting consultations and audits.  
- Damage or impede access routes to/from locations where consultations will take place.  
- Increase prevalence of heat-related or water-borne diseases, which could negatively impact the health of administration and/or technical staff leading audits and field visits. | Low | Due to the low risk nature of this activity and that this activity neither has direct or indirect adverse impacts on the environment nor is physical in nature, no measures are needed to address these climate risks | N/A | IPs and stakeholders should prepare to manage activities adaptively and communicate frequently to ensure flexibility to potential climate change impacts during implementation, including alternative dates and locations for meetings and alternative access routes for location-based activities.  
Facilitate interactions among stakeholders and decisionmakers on climate change impacts. |

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2 Purpose/Sub-purpose, Area of Focus, or Activity/ Mechanism.
3 List key risks related to the project elements identified through either the strategy- or project-level climate risk assessment.
4 Low/Moderate/High
5 Describe CRM measures to be integrated into activity design or implementation, including additional analysis, if applicable.
6 Describe opportunities to achieve development objectives by integrating climate resilience or mitigation measures.