US Agency for International Development (USAID) / India

Initial Environmental Examination (IEE)

Maternal Newborn Child Health (MNCH) Accelerator

**Program/Project/Activity Data**

<table>
<thead>
<tr>
<th>Activity/Project Title: Maternal Newborn Child Health Accelerator</th>
<th>Solicitation #: TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract /Award Number (if known): Award No TBD</td>
<td></td>
</tr>
<tr>
<td>Geographic Location: India</td>
<td></td>
</tr>
<tr>
<td>Originating Bureau/Office: USAID/India, Health Office</td>
<td></td>
</tr>
<tr>
<td>Supplemental IEE: ☐ Yes ☒ No</td>
<td>DCN and date of Original document: N. A</td>
</tr>
<tr>
<td>Amendment: ☐ Yes ☒ No</td>
<td>DCN and ECD link (s) of Amendment (s): N. A</td>
</tr>
<tr>
<td>Programmatic IEE: ☐ Yes ☒ No</td>
<td>Amendment No: N. A</td>
</tr>
<tr>
<td>Funding Amount: TBD</td>
<td>Life of Project Amount: $13million</td>
</tr>
<tr>
<td>Implementation Start/End: FY 2021/ FY 2024</td>
<td></td>
</tr>
<tr>
<td>Prepared By: Sachin Gupta</td>
<td>Date Prepared: January 24, 2020</td>
</tr>
<tr>
<td>Expiration Date (if any): N.A.</td>
<td>Reporting due dates (if any): N. A</td>
</tr>
<tr>
<td>Environmental Media and /or Human Health Potentially Impacted (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>None ☒ Air ☐ Water ☐ Land ☐ Biodiversity ☐ Human Health ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td>Recommended Threshold Determination:</td>
<td></td>
</tr>
<tr>
<td>☒ Negative Determination ☒ With Conditions</td>
<td>☒ Deferral</td>
</tr>
<tr>
<td>☒ Categorical Exclusion</td>
<td>☒ Exemption</td>
</tr>
<tr>
<td>☐ Positive Determination</td>
<td>☒ USG Domestic NEPA action</td>
</tr>
<tr>
<td>Climate Change</td>
<td></td>
</tr>
<tr>
<td>☐ GCC/Adaptation ☐ GCC/Mitigation ☐ XClimate Change Vulnerability Analysis (included)</td>
<td></td>
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<tr>
<td>Adaptation/Mitigation Measures: Not Applicable</td>
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</table>
1. SUMMARY OF FINDINGS

Pursuant to 22 CFR 216.2(a), an environmental analysis/evaluation and climate risk screening are required for new projects, programs or activities authorized by USAID. This Initial Environmental Examination (IEE) evaluates activities to be implemented by USAID/India’s ‘Maternal Newborn Child Health (MNCH) Accelerator’ to improve the health of the women, pregnant and lactating mothers, newborns and children less than five years old, in partnership with the Government of India (GOI), private sector and civil society.

2. RECOMMENDED ACTION

(i) Categorical Exclusion

Pursuant to 22 CFR 216.2(c)(3), the USAID/India’s Health Office, the "originator" of the Maternal Newborn Child Health Accelerator activity, has determined that the components which include the provision of “technical assistance to Ministry of Health and Family Welfare” (MOHFW) to improve maternal newborn and child health (MNCH) services in selected districts and states in India; capacity building to improve MNCH service delivery; alliance building between public and private health sectors; and documentation and knowledge sharing activities, are environmentally neutral (see Table 1) and do not have an effect on the natural or physical environment, in accordance with the stipulation of 22CFR 216.2(c)(1)(i); and consist of types of interventions entirely within the categories listed in 216.2(c)(2).

Therefore, the Health Office recommends that these activities be categorically excluded by falling under the following classes of actions:

- The action does not have an effect on the natural or physical environment {22 CFR 216.2(c)(1)(i)};
- Education, technical assistance, training programs, development of training material, workshops and meetings except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2( c)(v)}.
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly affecting the environment {22 CFR.2(c)(2)(xiv)};
- Programs involving nutrition, health care, tuberculosis, 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.) {22CFR216.2 (c) (viii)}

(ii) Negative Determination with Conditions (NDC)

The Health Office has similarly determined, pursuant to 22CFR 216.3 (a) (2), that the “demonstration of newer interventions” component is suitable for Negative Determination
with Conditions. This component involves sub-grants for demonstration of innovative models, integrating technology, new diagnostic tools, piloting new service delivery models and engaging the private sector. These demonstrations will test how best to integrate technology, tools and diagnostics across the continuum of care-from community to facility levels to improve MNCH outcomes. The activities under this component have the potential to affect people and environment (medical waste, technologies).

The relevant implementing partner/s can avoid adverse impact by following standards of good practices. The conditions that the implementing partners shall comply with and report on are:

- Assess the proposed project description and activity plan for potential environmental risks using the Environmental Review and Assessment Checklist (ER Checklist) attached as Annex 1;
- For those results that are categorized as NDC, the implementer(s) will develop an Environmental Mitigation and Monitoring Plans (EMMP), which is in line with the Government of India’s (GOI) Ministry of Environment, Forest and Climate Change Bio-Medical Waste Guideline\(^1\), 2016 and WHO guidance on Safe Management of Wastes from health-care activities, 2\(^{nd}\) Edition, 2014\(^2\) and USAID guidance\(^3\).
- Ensure that the new diagnostics and technologies meet the GOI and USG quality standards. Also, capacity of beneficiaries as well as health care workers will be built to properly store, manage and dispose these as per the GOI guidelines.
- With respect to any proposed sub-grants, the implementer will review the sub-grants for potential environmental implications, particularly with respect to introducing new technologies, and biomedical waste generation, and ensure adoption of good practices in procuring, managing, and disposing by the sub-grantees.

The AOR and the Mission Environmental Officer (MEO)/Climate Integration Lead(CIL) will review and approve the ER Checklist and EMMP. If, after review of the EMMPs, potential significant adverse environmental and/or social effects are confirmed, a Scoping Statement (SS) and Environmental Assessment (EA) shall be done by the implementer prior to start of the activity in accordance with 22 CFR 216. The EA process shall include the following steps: 1) The program description shall be reviewed and approved by Asia Bureau Environmental Officer (BEO/Asia,) 2) public consultation with potentially affected people and key relevant stakeholders, 3) Scoping Statement with refined Project Description for EA shall be reviewed and approved by the BEO/Asia, 4) draft EA report is subject to public consultation with potentially affected people and key relevant stakeholders, 5) EA report is reviewed and approved by the BEO/Asia and duly national environmental authority. The IEE shall be amended to reflect the scope of the EA report and EMMP. Further CRM at activity level shall be done by the Implementing Partner/s and recorded in ER Checklist and properly addressed in EMMP.

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\(^1\) [https://www.cpcb.nic.in/downloads/hwmd/Guidelines_healthcare_June_2018.pdf](https://www.cpcb.nic.in/downloads/hwmd/Guidelines_healthcare_June_2018.pdf)

\(^2\) [https://www.who.int/water_sanitation_health/publications/wastemanag/en/](https://www.who.int/water_sanitation_health/publications/wastemanag/en/)

3. CLIMATE RISK SCREENING

The initial screening of the activity against climate change effects indicate that the activities do not pose major or significant social or environmental risks. The proposed activities, which are mostly supporting demonstrations of innovative MNCH service delivery, engaging with the private sector, integrating technology, new diagnostic tools do not have a significant impact on environment. None of the activities which are basically demonstrating new models of MNCH service delivery have the potential to impact climate and generate green house gases. However, detailed climate risk screening will be done at the activity level and addressed in the Environmental Mitigation and Monitoring Plan (EMMP) prepared by the Implementing Partner/s.

However, the link between health and Climate Change should be understood and managed by the Implementing partner/s while undertaking the interventions as climate change poses many risks to human health, especially for the most vulnerable groups including pregnant women, lactating mothers, newborns, infants and young children. Pregnant women, lactating mothers, infants and young children will be disproportionally affected by climate change and severe weather occurrences. The Implementing Partner/s will need to adjust the activities to plan and mitigate for the increased risks that climate change poses on these most vulnerable groups.

India is vulnerable to climate change. This is because of a number of factors including high density of population, limited regulations, poverty, heavy reliance on natural resources and an environment already under stress. Climate change affects the social and environmental determinants of health, affecting disproportionately the most vulnerable segments of the population (women and children) and increasing inequities in healthcare access.

As per the Indian Institute of Public Health Gandhinagar in 2011 “Climate Change and Health Preparedness in India: Protecting local communities in Ahmedabad, Gujarat from extreme heat”, the World Bank report: “Turn Down the Heat: Climate Extremes, Regional Impacts, and the Case for Resilience-2013” and USAID Fact Sheet on India Climate Risk Profile, temperatures are projected to increase by 1.2 to 2.5 degrees celsius by 2050 with increased duration of heat waves. Sea level is expected to rise by 100-400 mm, causing increased flooding, increased precipitation during the wet season by 2-17 percent and decreased precipitation during the dry season.

Major health effects due to climate change can be summarised as follow:

a. Extreme weather related health effects:

https://www.climatelinks.org/resources/climate-risk-profile-india
The risk of floods, more than usual heavy rains and storm waters can affect the health of the overall population, as these floods, heavy rains might hinder access to health facilities by both the client (pregnant women, mothers with their infants and young children) and the healthcare provider. Health staff might not have access to the health facilities to provide MNCH services in cases of extreme weather occurrences.

Floods and heavy rain storms can also affect the quality and supply of safe water and other hygiene and sanitation structures. Floods and heavy storm waters also put an increased burden on the sewage system. Contaminated waters and run-offs from waste management systems put women and children more at increased risks of diarrhea, malnutrition or other waterborne vectors illnesses including malaria, dengue fever, and others.

Extreme heat events are becoming more severe. Heat waves are especially hard on pregnant women, newborn and infants and young children, increasing the risks of dehydration, diarrhea, and malnutrition and resulting in more frequent trips to health facilities. This increased disease burden will continue to tax the MNCH service delivery system.

b. Effects of food and water
Climate change is also expected to threaten the production, distribution and quality of food in rural and urban areas. High temperatures and droughts affect the harvest yields. Reduced access to foods affect the most vulnerable segments of population, the pregnant and lactating women and infant and young children.

c. Air-pollution related health effects
Air pollution is a serious problem in India. Recent reports estimate that one out of every eight deaths in India is caused by air pollution. Climate change and ambient air pollution are closely related. Higher temperatures result in an increase of allergens and air pollutants including particulate matter air pollution, all contributing to ambient air pollution. Ambient air pollution has been associated with increased risks of morbidity and mortality associated with acute respiratory infections (ARI). ARI is one of the major factors contributing to newborn and young children morbidity and mortality. Exposure to air pollutants can start in foetal and early life. Air pollution affects both the pregnant women, the foetus development and the young children. Air pollution negatively affects birth weight and antenatal life, growth, neurological development, psychological health, respiratory track and the development of the immune system as children develop.

To date, the GOI sees an increase of acute respiratory diseases including TB, increased level of childhood illnesses (ARI) and increase of chronic diseases all placing an increased demand on maternal and child health service delivery facilities.

Climate change impacts in any sector may therefore ultimately have a direct or indirect bearing to the health of affected communities. This makes it even more important for the stakeholders in

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the MNCH Accelerator Project to be at the forefront in understanding the climate change and variability impacts in order to better deal with real and potential challenges in improving the health of pregnant women, lactating mothers, infant and young children.

4. BACKGROUND AND ACTIVITY DESCRIPTION

4.1 Purpose and Scope of the IEE

The purpose of this IEE, in accordance with 22CFR216, is to provide the first review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, under the Maternal, Newborn, Child Health Accelerator. This IEE provides a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment is required for this new activity.

4.2 Background

Since the declaration of the Millennium Development Goals (MDGs) and the subsequent Sustainable Development Goals (SDGs), the Government of India has intensified its efforts to improve maternal and child health.

**Maternal health:**
Decreasing maternal mortality remains a priority. The national maternal mortality ratio decreased from 212 deaths per 100,000 live births in 2007 to 130 deaths per 100,000 live births in 2016\(^{10}\). India contributes to about one-fifth of maternal deaths worldwide. The causes of maternal mortality are hemorrhage (31%), anemia (19%), sepsis (16%), obstructed labor (10%), abortion (8%), toxemia/sepsis (8%) and others (8%). Identifying high risk pregnancies, ensuring that such high-risk pregnancies have access to needed obstetric care, and implementing at scale evidence-based interventions during pregnancy and delivery remain a systemic challenge.

**Child Health: Neonatal health, infant mortality and child mortality**
India has made slow progress with respect to child mortality as compared to other countries in the region. Infant mortality rates and under-five mortality rates are now estimated at 39 per thousand live births and 50 per thousand live births respectively. Almost 20% of world infant deaths are experienced in India.\(^{11}\)

When studying under-five mortality rate, it is critical to address neonatal mortality, within the first 24 hours of birth. Neonatal mortality contributes to more than one half of under-five mortality (58%). It is estimated that in India 695, 860 newborns died before their first birthday in 2016. India contributes to more than one quarter of newborn deaths in the world (26%). The major causes of neonatal mortality are preterm birth (17.7%), intrapartum complications, asphyxia- (15.2%), sepsis (8.4%) and pneumonia (3.9%). For children less than five-years old, pneumonia (10.4%) and diarrhea (8.6%) are the major causes of mortality.

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\(^{10}\) Office of Registrar General in India, Special Bulletin on Maternal Mortality in India-2014-2016

\(^{11}\) UNICEF 2017 Levels and trends in Child Mortality
Factors associated with the high maternal and child mortality and morbidities include: inequitable access to maternal, newborn and child health services with large interstate variations. Location, wealth, age, are all factors associated with utilization of MNCH services. Limited recognition of high risk pregnancies and sick newborns, bottlenecks in the referral systems across levels of care from community to health facility contribute to delays in receiving care. Limited engagement of the private sector to drive market-based solutions to increase access, demand and supply of MNCH also contributes to poor maternal, newborn and child health outcomes.

In case of project activities that are predicted to be affected by weather variability, change in precipitation patterns and water availability, the implementing partner shall conduct a climate risk screening at the activity level and prepare EMMP with proper follow-up actions to be reviewed and approved by Agreement Officer (AO) and MEO.

4.3 Description of Activities

The proposed activity will provide targeted technical assistance to the MOHFW, demonstrate newer interventions, as well as public private partnership models. The work, in general terms, is expected to include the following:

A. The activity will support the GOI efforts to improve maternal, newborn, child health outcomes in selected states and districts. Through this activity, USAID is seeking new approaches including harnessing innovations to boost the implementation of high-impact initiatives to improve maternal, newborn and child health through a continuum of care (pregnancy, delivery, post-partum care, and newborn to young children <5 years old care). This activity will implement a health-system strengthening lens from community to primary, secondary and tertiary care facilities. This new activity will provide tailored targeted technical assistance to health facilities and the outreach systems of care to improve maternal, newborn and child health. Evidence-based results from the demonstration models and activities will be documented rigorously and shared across MNCH stakeholders to guide the development of health action plans at district levels and at national level to support the revision of policies, guidelines and protocols all in an effort to improve maternal, newborn, and child health outcomes.

B. The activity will support innovative Public Private Partnerships. Recognizing that the Tea Plantations in Assam demand a renewed focus to improving MNCH, this activity will continue to build on USAID past investments and strengthen partnerships between the private sector (the tea plantations) and the public health sector of the Government of India.

C. The activity will serve as a “demonstration” model, building the evidence on how best to integrate new technology, and diagnostics to improve MNCH services. The project will serve as an “incubator” demonstrating models of private sector engagement and at

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13 ibid
community level by fostering market-driven solutions to increase access to MNCH products and services, specifically solutions to diagnose and treat pneumonia and diarrhea in children less than five years old.

D. Across the activities, the project will integrate a rigorous learning agenda to continue to build a supportive MNCH policy environment.

**4.4 Illustrative Activities**

1) Technical assistance to support demonstration of new models for community outreach workers (ASHAs) to deliver an integrated package of MNCH during pregnancy, delivery, post-partum and for newborn and child health care at community level, as part of their home visits. Innovative approaches to build capacity of the community outreach workers will be developed and tested.

2) Demonstrations of new approaches, integrating technology, to build the technical capacity of health staff to provide MNCH services, including possibly using remote technical centers, hands-on skilled building, web-based tools, etc.

3) Technical assistance and integration of technology to improve timely referral systems for high risk pregnancy and sick newborns from community to facilities and across facility levels will be provided.

4) Demonstrate integration of technology, new diagnostics and tools to improve maternal, newborn and child health outcomes.

5) Support enterprise-driven models to improve access to treatment of diarrhea, pneumonia and malnutrition such as for example engaging with private manufacturers of oral rehydration solution and zinc\(^{14}\) to extend the private distribution of these products.

6) Provide technical assistance to facilitate private sector engagement for improved maternal, newborn and child health outcomes in Assam tea plantations. As the tea plantations provide a specific context, the project will continue to demonstrate innovative models where public health services build the capacity of the private sector in providing MNCH services.

7) Support lessons learned to build institutional capacity of private sector and GOI to plan, implement, and scale up high impact MNCH interventions. The project at district level will provide technical assistance to build the capacity of district GOI staff to develop health action plans. At State and national level, the project will support a rigorous learning agenda to share lessons-learned for future scale up and revise policies, guidelines/protocols.

**4.5 Intended results**

The MNCH Accelerator will contribute to improving maternal, newborn and child health outcomes by demonstrating the feasibility to use technology and new diagnostic solutions, by demonstrating how best to harness private sector’s expertise and engagement across the continuum of care-community to facility-for pregnant, lactating women, newborn, and young children less than five years old. Specifically, the MNCH Accelerator will contribute to:

\[^{14}\text{https://www.who.int/elena/titles/zinc_diarrhoea/en}\]
• Improved pregnancy, intra-partum and post-partum quality of care services
• Increased percentage of women who receive quality ANC, intrapartum and postpartum care
• Improved recognition and access to services for high-risk pregnant women
• Increased quality of newborn care services for sick newborn
• Improved access to pneumonia treatment for children < 5 years old
• Improved access to diarrheal treatment for children < 5 years old
• Increased market-driven solution in the field of maternal, newborn and child health
• Increased capacity of districts to use data for district health action plans.

4.6 Alignment with USAID CDCS (2020-2024) in draft

While developing USAID/India CDCS (2020-2024), USAID/INDIA prioritized three sector metrics to support India in its Journey to Self-Reliance: Child Health, Biodiversity and Habitat protection, and Education Quality. Child and maternal health are one of the large themes of the CDCS given the disproportionate effects of maternal and child health on mortality in India compared to the rest of the world. Across these three sectors, the CDCS weaves three cross-cutting issues: Government effectiveness, Social Group Equality and Economic Gender Gap to define USAID strategic approach. The MNCH Accelerator supports USAID/India in reaching the DO1: Human Development of Marginalized Population Improved and IR 1.1. Use of quality services and healthy behaviors increased, and the three cross-cutting themes. The MNCH Accelerator activities aim at improving access, supply and demand for quality MNCH services for the most vulnerable segments of the population, seeking to address some of the inequities due to location, social exclusion (including caste), age, education and gender inequities. The MNCH seeks to build the capacity of health staff and health program planners (districts, state and national levels) to improve MNCH system delivery to improve the GOI’s effectiveness.

4.7 Government of India Policies

• Separate legislation has been framed by the Indian government on biomedical waste. The first standard on the subject was brought out by the Bureau of Indian Standards (BIS), IS 12625: 1989, entitled “Solid Wastes-Hospitals-Guidelines for Management.” The Central Government later notified “Biomedical waste (Management and Handling) Rules,” on 20th July, 1998, under the Environment (Protection) Act, 1986. These rules apply to all those who generate, collect, receive, store, transport, treat, dispose or handle biomedical waste in any form.
• According to Biomedical Waste (Management and Handling) rules, it is the duty of every occupier of an institution generating biomedical waste, which includes hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathology laboratories, blood banks etc., to take all steps to ensure that such wastes are handled without any adverse effect to human health and the environment. Procedures for segregation and handling of waste are also specified in the rules.
4.8 Geographic Focus

Based on the review of maternal, newborn and child health indicators, consultations with USAID and the GOI, and considering USAID prior and current investments, the project will work in selected states (states TBD) and districts, including some selected aspirational districts\textsuperscript{15} based on the priority-needs and state-level systems to encourage innovations. The project will also demonstrate models of engagement in selected tea plantations in Assam.

5. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

Recommended Action: Categorical Exclusion and Negative Determination with Conditions
(Please refer to Summary Section)

All activities under the project consist of technical assistance, training, mentoring, monitoring and evaluation. The table below lists all the activities according to Reg. 216 requirements and recommends Threshold Decisions and environmental compliance actions.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Components and illustrative activities</th>
<th>Effect on Natural or Physical environment or Climate Change</th>
<th>Threshold Decisions and Reg. 216 Actions Required</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Technical assistance to support demonstrations of new models for community outreach workers (ASHAs) to deliver an integrated package of MNCH services.</td>
<td>None</td>
<td>Categorical exclusion</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrate new approaches to build the technical capacity of health staff at facility to provide MNCH services, including using remote technical centers for example.</td>
<td>None</td>
<td>Categorical exclusion</td>
</tr>
<tr>
<td>3</td>
<td>Technical assistance to improve timely referral systems for high risk pregnancy and sick newborns from community to facilities and across facility levels</td>
<td>None</td>
<td>Categorical exclusion</td>
</tr>
<tr>
<td>4</td>
<td>Demonstrate integration of technology, new tools to improve maternal, newborn and child health services at community and facility levels.</td>
<td>Demonstrations will include integrating evidence-based tools, technology to improve maternal, newborn</td>
<td>Negative Determination with Conditions that are established above in 2(ii):</td>
</tr>
</tbody>
</table>

\textsuperscript{15} “Transformation of Aspirational Districts” is an initiative launched by Government of India across 117 Aspirational Districts (ADs) of the country in January 2018. The initiative aims to improve India's ranking under Human Development Index (HDI), raising living standards of its citizens and ensuring inclusive growth of all.
<table>
<thead>
<tr>
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<tr>
<td></td>
<td>and child health. Thus, safe procurement and storage, management, and disposal of medical tools will need to be ensured to decrease the negative risk on the environment. Depending on the new technologies being tested, these could have an impact on the environment. For example, telemedicine with tablets will need a plan for managing disposal of these tablets at the end of their lives, other technological innovations might put an increased demand on the energy grid. All these considerations will need to be evaluated when proposing innovative technology.</td>
<td>The implementing partner/s (IP) will develop an Environmental Mitigation and Management Plan (EMMP) that would include measures to ensure compliance with best practices on site selection, construction, operation and maintenance as well as comply with all the GOI and USAID Environmental Guidelines for small scale activities.</td>
<td></td>
</tr>
<tr>
<td>S. No.</td>
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<tr>
<td>5</td>
<td>Support enterprise-driven models to improve access to treatment of diarrhea, pneumonia and malnutrition for children less than five-years old.</td>
<td>The delivery of the diarrheal ORS and zinc at community level through the private sector might increase the effect on the environment. Ensuring the safe disposal of the ORS/Zinc sachets needs to be considered in the project activities.</td>
<td>Negative determination with conditions The implementing partner/s (IP) will develop an Environmental Mitigation and Management Plan (EMMP) that would include measures to ensure compliance with best practices on site selection, construction, operation and maintenance as well as comply with all the GOI and USAID Environmental Guidelines for small scale activities.</td>
</tr>
<tr>
<td>6</td>
<td>Provide technical assistance to facilitate private sector engagement for improved maternal, newborn and child health outcomes in Assam tea plantations.</td>
<td>None</td>
<td>Categorical exclusion</td>
</tr>
<tr>
<td>7</td>
<td>Support lessons learning, knowledge management to build institutional capacity of private sector and GOI to plan, implement, and scale up high impact MNCH interventions.</td>
<td>None</td>
<td>Categorical exclusion</td>
</tr>
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</table>

6. **MITIGATION, MONITORING & EVALUATION:**

6.1 **Specific Responsibilities**
The Agreement Officer’s Representatives (AOR), with assistance from MEO/DMEO, shall ensure environmental conditions set forth in this IEE are fully transposed into procurement instruments, implemented, reported and timely overseen. For the components determined under Negative Determination with conditions the IP shall prepare Environmental Review Checklist/Report (ERC/R) with climate risk screening at activity level and shall develop commensurate Environmental Mitigation and Monitoring Plan (EMMP) for this component, which shall be reviewed and approved by the AOR and Mission Environmental Officer.

The IP shall have sufficient technical and financial capabilities to implement all approved conditions.

The AOR and the MEO/CIL shall review and approve environmental compliance documentation, conduct spot checks to ensure that conditions in the IEE are met, mitigating measures identified are implemented, and adequate measurement protocols are in place to ensure their implementation, and provide guidance when required to the IP. The A/COR and MEO/CIL shall explain at the post award conference all conditions approved in the IEE to the IP.

6.2 Reporting Requirements

The IP shall regularly report to USAID on and have a section on environmental compliance in its Annual Work Plans. The Final Report will also have a section that will summarize activities related to environmental compliance and will describe results.

7. LIMITATIONS OF THE IEE:

This IEE does not cover activities involving:

- Assistance for the procurement, use or recommendation for use of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials.
- Activities involving support to wood processing, agro-processing, industrial enterprises, and regulatory permitting.
- Assistance, procurement, or use of genetically modified organisms (GMOs).
- DCA programs.
- Procurement, or use of Asbestos, Lead, Arsenic, Mercury Containing Materials (ACM) (i.e. piping, roofing, etc.), PCB containing transformers, or other hazardous/toxic materials for construction projects; and
- Procurement use and/or disposal of equipment containing and/or generating low radioactive materials and wastes.

None of these actions are envisioned. Any of these actions would require an amendment to the IEE and its approval by the BEO/OAPA.

8. REVISIONS

Pursuant to 22 CFR 216.3(a) (9), if new information becomes available which indicates that activities to be funded under the MNCH Accelerator might be “major” and their effects
“significant,” this determination will be reviewed and revised by USAID/India and submitted to the Bureau Environmental Officer (BEO) for approval, and, if appropriate, an environmental assessment will be prepared in accordance with the procedures stipulated in 22 CFR 216. It is the responsibility of the AOR to timely inform the MEO and BEO of any changes in the scope and nature of the approved activities, which may warrant the revision of the approved Threshold Decisions. The Bureau Environmental Coordinator has authority to approve IEEs under 22 CFR 216.3(a) (2).
9. APPROVAL OF ACTIONS RECOMMENDED

Clearances:

Activity Manager
Sachin Gupta
Date: 2/24/2020

Dy Mission Environmental Officer & Mission Climate Integration Lead
Chandan Samal
Date: 1/6

Regional Environmental Adviser for SCA and OAPA:
Andrei Barannik
Date: Feb 17, 2020

Resident Legal Officer:
Diana Weed
Date: 2/24/20

Deputy Mission Director (A):
Karen Klimowski
Date: 2/26/20

Mission Director (A):
Keith Simmons
Date: 2/27/20

Concurrence:
Will Gibson
Date: 2/27/20

Cc’ed: project file, MEO tracking, OAA, RLO
**Environmental Review and Assessment Checklist**

**Environmental Screening Report:** Activities screening results, and recommended determinations.

The Environmental Screening Report presents the environmental issues associated with the proposed activities. It documents mitigation and monitoring commitments. Its purpose is to allow the implementer and USAID to evaluate the likely environmental impacts of the project.

All the results will have to comply with the respective country’s approved IEE requirements.

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<thead>
<tr>
<th>Sl. No.</th>
<th>Proposed results</th>
<th>Screening Result</th>
<th>Recommended Determinations (complete for all moderate/unknown and high-risk activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Very Low Risk</td>
<td>High Risk*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Moderate risk or unknown*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>With specified mitigation, no significant adverse impact</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Significant adverse impact</td>
</tr>
</tbody>
</table>

*These screening results require completion of an Environmental Review Report.*
Maternal Newborn Child Health Accelerator
Climate Risk Screening

Pursuant to ADS Chapter 201 and Executive Order 13677, Missions must assess climate-related risks and vulnerabilities in all programs and address them as appropriate. As presented in the Activity-Level Climate Risk Management Table, the Health Office has rated the possible climate risks associated with the MNCH Accelerator Activity interventions as low. The Summary Table includes recommendation for how these climate risks will be addressed during the implementation of the MNCH Accelerator, as well as opportunities for strengthening climate resilience.

Table 2: MNCH Accelerator: Activity Level Climate Risk Management Summary Table.

<table>
<thead>
<tr>
<th>Tasks/Defined or Illustrative Interventions</th>
<th>Climate Risks</th>
<th>Risk Rating</th>
<th>How Risks are Addressed</th>
<th>Opportunities to Strengthen Climate Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance to support demonstrations of new models for community outreach workers (ASHAs) (^{16}) to deliver an integrated package of MNCH services.</td>
<td>Potential disruption of care at community levels if outreach workers are affected themselves by storms, floods, drought or other severe weather occurrences.</td>
<td>Low</td>
<td>Accepted. During capacity building activities, the project will include TA activities to build the capacity of community health workers to plan and provide care in such situations. Raising awareness among families about the poor health outcomes associated with climate change will be integrated in MNCH service.</td>
<td>During capacity building activities, the project will support efforts led by communities to plan and organize for severe weather occurrences and to prepare and mitigate the health risks associated with climate change.</td>
</tr>
</tbody>
</table>

\(^{16}\) Accredited social health activist (ASHA) is a community level health worker instituted by the Government of India
<table>
<thead>
<tr>
<th>Demonstrate new approaches to build the technical capacity of health staff at facility to provide MNCH services, including using remote technical centers for example.</th>
<th>Inclement weather can impact the project activities in several ways: TA activities could be delayed; inclement weather such as floods, increased air pollution will increase demand on the health system, taxing the MNCH service delivery. Severe weather occurrence can disrupt supply chain of medical commodities; and severe weather can also affect demand and access to MNCH services.</th>
<th>Low</th>
<th>Accepted. During capacity building activities, the project will include TA activities to build the capacity of health care providers and planners to plan and provide care in such situations.</th>
<th>Using IEE as a vehicle to raise awareness of potential challenges associated with climate change. Planning contingencies/scenarios in the work planning. Activities will be planned reviewing current climate patterns; scenario planning will be included in the work plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance to improve timely referral systems for high risk pregnancy and sick newborns from community to facilities and across facility levels</td>
<td>Severe weather can affect how clients (pregnant women, lactating mothers, children) access the facilities, health care workers might not be in the facilities. Thus, severe weather occurrences can affect the objectives of improving the referral/triage systems across the continuum of care. Severe weather occurrences, (drought, floods) can also affect negatively the health of pregnant women, infants and young children,</td>
<td>Low</td>
<td>Accepted. New or more varied stakeholders/partners may be engaged in health services to help develop and implement climate risk management measures, which can increase the overall sustainability and impact of the investments.</td>
<td>Activities will be planned reviewing current climate patterns; scenario planning will be included in the work plans.</td>
</tr>
<tr>
<td>Support enterprise-driven models to improve access to treatment of diarrhea, pneumonia and malnutrition for children less than five-years old.</td>
<td>Increasing their risks of poor nutritional status/malnutrition; diarrhea, and acute respiratory infections, taxing the health system.</td>
<td>Low</td>
<td>Accepted</td>
<td>New coalitions and partnerships may provide cost-effective opportunities to address climate-related challenges to health services.</td>
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<tr>
<td>Floods, storm waters or increased scarcity of safe drinking water in times of drought all increased the risk of diarrhea. Ambient air pollution increases the risk of acute respiratory infection including pneumonia.</td>
<td>Floods, storm waters or increased scarcity of safe drinking water in times of drought all increased the risk of diarrhea. Ambient air pollution increases the risk of acute respiratory infection including pneumonia.</td>
<td>Low</td>
<td>Accepted</td>
<td>The activities include district-level health action planning which will include renewed efforts to link pregnant women and young children to the GOI’s existing schemes to reduce inequalities of access to MNCH services.</td>
</tr>
<tr>
<td>Provide technical assistance to facilitate private sector engagement for improved maternal, newborn and child health outcomes in Assam tea plantations.</td>
<td>Climate change (flood, drought) can affect the tea plantation industry-possibly reducing production and thus reducing income of female workers. Limited financial resources could hinder demand seeking and access to MNCH services.</td>
<td>Low</td>
<td>Accepted</td>
<td>The activities include district-level health action planning which will include renewed efforts to link pregnant women and young children to the GOI’s existing schemes to reduce inequalities of access to MNCH services.</td>
</tr>
<tr>
<td>Support lessons learnt, knowledge management to build institutional capacity of</td>
<td>The technical assistance activities could be delayed due to inclement weather, but these will still occur</td>
<td>Low:</td>
<td>Accepted;</td>
<td>Activities will include building the capacity of districts to integrate climate change mitigation plans in their health actions plans. When feasible, how best</td>
</tr>
<tr>
<td>Private sector and GOI to plan, implement, and scale up high impact MNCH interventions.</td>
<td>during the life of the project.</td>
<td>to mitigate the impact of severe weather occurrence on health outcomes will be integrated in policies. Lessons learned will foster also learning about how best to plan for climate change and its effect on maternal child health.</td>
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