# INITIAL ENVIRONMENTAL EXAMINATION: ANGOLA

## PROJECT/ACTIVITY DATA

<table>
<thead>
<tr>
<th><strong>Project/Activity Name:</strong></th>
<th>USAID/Angola Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geographic Location(s) (Country/Region):</strong></td>
<td>Angola</td>
</tr>
<tr>
<td><strong>Amendment (Yes/No), if Yes indicate # (1, 2...):</strong></td>
<td>No</td>
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<tr>
<td><strong>Implementation Start/End Date (FY or M/D/Y):</strong></td>
<td>FY 2020 – FY 2024</td>
</tr>
<tr>
<td><strong>If Amended, specify New End Date:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Solicitation/Contract/Award Number(s):</strong></td>
<td>Multiple (refer to table within the document)</td>
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<tr>
<td><strong>Implementing Partner(s):</strong></td>
<td>Multiple (refer to table within the document)</td>
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**Tracking ID of Other, Related Analyses:**

## ORGANIZATIONAL/ADMINISTRATIVE DATA

<table>
<thead>
<tr>
<th><strong>Implementing Operating Unit(s):</strong> (e.g. Mission or Bureau or Office)</th>
<th>USAID/Angola</th>
</tr>
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<tbody>
<tr>
<td><strong>Other Affected Operating Unit(s):</strong></td>
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<tr>
<td><strong>Lead BEO Bureau:</strong></td>
<td>AFR</td>
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<tr>
<td><strong>Funding Account(s) (if available):</strong></td>
<td>Multiple</td>
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<tr>
<td><strong>Original Funding Amount:</strong></td>
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<tr>
<td><strong>If Amended, specify funding amount:</strong></td>
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</tr>
<tr>
<td><strong>If Amended, specify new funding total:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Prepared by:</strong></td>
<td>Ávindo Lopes; Domingos Menezes, USAID/Angola</td>
</tr>
<tr>
<td><strong>Date Prepared:</strong></td>
<td>15 August 2019</td>
</tr>
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ENVIRONMENTAL COMPLIANCE REVIEW DATA

<table>
<thead>
<tr>
<th>Analysis Type:</th>
<th>☒ Environmental Examination</th>
<th>☐ Deferral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Determination(s):</td>
<td>☐ Categorical Exclusion(s)</td>
<td>☒ Negative with conditions</td>
</tr>
<tr>
<td></td>
<td>☐ Positive</td>
<td>☐ Deferred (per 22 CFR 216.3(a)(7)(iv))</td>
</tr>
<tr>
<td>IEE Expiration Date (if applicable):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Analyses/Reporting Required:</td>
<td>Environmental Mitigation and Monitoring Plan and Environmental Review Forms</td>
<td></td>
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<tr>
<td>Climate Risks Identified (#): Low</td>
<td>Low <strong><em>X</em>#10</strong>_ Moderate <em><strong>#3</strong></em> High <em><strong>#</strong></em></td>
<td></td>
</tr>
<tr>
<td>Climate Risks Addressed (#): Low</td>
<td>Low <strong><em>X</em>#</strong>_ Moderate <em><strong>#</strong></em> High <em><strong>#</strong></em></td>
<td></td>
</tr>
</tbody>
</table>

THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

PROJECT/ACTIVITY SUMMARY

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the health and democracy and governance activities under the USAID Angola portfolio project, and on this basis, to recommend determinations and, as appropriate, attendant conditions, for these activities. Upon final approval of this IEE, these recommended determinations are affirmed as 22 CFR 216 Threshold Decisions and Categorical Exclusions, and conditions become mandatory elements of project/program implementation.

This IEE addresses all activities expected to be implemented by USAID/Angola, as encompassed by the mission-wide USAID Angola portfolio. Activities implemented through the USAID Angola portfolio will support the USAID/Angola Country Development Cooperation Strategy (CDCS) objective of “achieving a transformed USAID-Angola partnership to strengthen the use of Angola’s resources to meet the country’s development needs”. Activities will be implemented through multiple implementing partners and mechanisms over the five year period.

ENVIRONMENTAL DETERMINATIONS

A Categorical Exclusion is recommended for the following classes of activities, as per CFR 216.2(c)(2)(i) education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); (v) document and information transfer; (viii) programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, wastewater treatment, etc.); (xiv) studies, projects or programs intended to develop the capability of recipient countries to engage in development planning; and (xv) activities which involve the application of design criteria or standards developed and approved by USAID.
The activities with categorical exclusion determination include:

- Capacity building to communities and MOH for improved community- and facility-based health services through training, technical assistance in clinical diagnosis, treatment, and service delivery, as well as the institutionalization of feedback and reporting systems to ensure accurate reporting of services and commodities as well as quality of care;
- Community engagement to increase demand for quality services and promotion of healthy behaviors;
- Technical assistance for Health Systems Strengthening through, institutionalized quality assurance and quality improvement initiatives for improved healthcare, strengthened human resources for health management at all levels, strengthened data quality, and increased financial sustainability of services including but not limited through introduction of innovative health financing models;
- Monitoring, Learning, Assessment, and Evaluation Activities.

While a Negative Determination with Conditions is recommended for the following illustrative activity classes HIV/AIDS, malaria, TB, and other diagnostic testing.

These activities entail the use, storage, transportation and disposal of blood and/or the generation of medical waste (e.g., used syringes) for diagnostics. These activities present the potential for disease transmission from the generation, management and disposal of blood (including blood products) and medical waste and require appropriate mitigation measures and conditions.

Treatment of malaria, HIV/AIDS, TB, and other illnesses or health complications during delivery:

- **Activities such as direct clinical or treatment services have the potential for generation and disposal of medical waste.** It is required that best practice approaches be adopted to ensure that adequate application of medical waste management and disposal procedures are exercised.
  - Management of expired medicines or commodities, and outdated equipment:
  - Activities to support the Government of Angola with the proper disposal of expired commodities or equipment, particularly those that are procured with USAID resources, are critical.
- **HIV/AIDS testing or training related to malaria prevention.** Involves use and disposal of medical waste. Such training will include information on how to minimize and/or mitigate these impacts. Examples include instruction on safe disposal of sharps and biological samples generated from HIV/AIDS testing or training in proper household behaviors to minimize exposure during indoor residual spraying campaigns and proper use of insecticide-treated materials like bed nets. Likewise, demand creation efforts for VCT, etc. have downstream implications on health care waste management capacity.
- **Small-scale water supply and sanitation activities.**

**TABLE 1:** ENVIRONMENTAL DETERMINATIONS BY CATEGORIES
<table>
<thead>
<tr>
<th>USAID/Angola Health and Non-Health Activities (as organized by Intervention Category)</th>
<th>Categorical Exclusion Citation (if applicable)</th>
<th>Negative Determination</th>
<th>Positive Determination</th>
<th>Deferral</th>
</tr>
</thead>
</table>
| **Intervention Category 1:** Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety.  
- Generalized health system strengthening (HSS) initiatives.  
- Improved access to data, information and analysis for policy development.  
- Effective governance | X  
22 CFR  
216.2(c)(2)(i),(v),(vii) | ☐ | ☐ | ☐ |
| **Intervention Category 2:** Support for policy development and implementation that impacts natural resource management and/or environmental health and safety  
- WASH service delivery initiatives (e.g., promotion of GRA's Water for All program, engagement with Ministry of Energy and Water [MINEA], etc.)  
- Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and similar regulatory efforts | X  
with conditions | ☐ | ☐ | ☐ |
| **Intervention Category 3:** Support for citizens' engagement with local government. | X  
22 CFR  
216.2(c)(2)(i),(v),(vii) | ☐ | ☐ | ☐ |

1 Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.  
2 Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.
<table>
<thead>
<tr>
<th>Intervention Category 4:</th>
<th>X</th>
<th>22 CFR</th>
<th>216.2(c)(2)(i),(v),(vii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance and capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 5:</th>
<th>X</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance and capacity building in strategic planning and implementation for the improved delivery of public services.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 6:</th>
<th>X</th>
<th>with conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance and capacity building to public-private partnerships (PPPs).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 7:</th>
<th>X</th>
<th>with conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate Credit/Loan Process</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 8:</th>
<th>X</th>
<th>with conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct support and capacity building for health system strengthening (HSS).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 9:</th>
<th>X</th>
<th>with conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance and training of healthcare workers and/or delivery agents.</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 10:</th>
<th>X</th>
<th>with conditions</th>
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</thead>
<tbody>
<tr>
<td>Procurement and supply chain strengthening</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 11:</th>
<th>X</th>
<th>with conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria vector control.</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 12:</th>
<th>X</th>
<th>22 CFR</th>
<th>216.2(c)(2)(i),(v),(vii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection and analysis and information sharing.</td>
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</table>
**Intervention Category 13:**
WASH provision

The following provides a summary by implementing mechanism:

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Prime Implementing Partner</th>
<th>Award Number</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Estimated Cost (TEC)</th>
<th>Activities categories</th>
<th>Threshold Decisions</th>
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</thead>
<tbody>
<tr>
<td>Malaria, Family Planning and HIV/AIDS</td>
<td>Population services International (PSI)</td>
<td>AID-654-A-17-00003</td>
<td>01/17/2017</td>
<td>01/16/2022</td>
<td>$63,000,000</td>
<td>Intervention Category 7</td>
<td>Negative Determination with conditions</td>
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<td>HIV Care and Treatment (HTC)</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>$9,000,000</td>
<td>Intervention Category 6</td>
<td>Negative Determination with conditions</td>
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<td>HIV/AIDS (PMTCT)</td>
<td>Mothers to Mothers</td>
<td>72067418CA00004</td>
<td>10/01/2019</td>
<td>12/10/2022</td>
<td>$3,000,000</td>
<td>Intervention Category 1</td>
<td>Categorical exclusion</td>
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<tr>
<td>Local works</td>
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<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>$10,000,000</td>
<td>Intervention Category 1</td>
<td>Categorical exclusion</td>
</tr>
</tbody>
</table>

The number of mechanisms in the table above is not limited since USAID Angola has a history of receiving and applying for Central Initiatives funding from Washington, which then requires the selection of a new implementing partner, it is envisaged that future mechanisms will be similar in nature and determination to those mentioned in the table above. When a new implementing mechanism is designed, it will undergo environmental screening. Environmental screening will entail a review of the activities proposed under the new implementing mechanism,
determining which activity categories the proposed activities fit into and the associated threshold decisions and conditions. The implementing mechanism and associated conditions will then be added into the table above and conditions outlined. The addition of the new implementing mechanism(s) will be documented as an amendment or supplement to this IEE.

CLIMATE RISK MANAGEMENT

Within the 13 intervention categories described below, the climate risk assessment is categorized as ranging from low to moderate.

BEO SPECIFIED CONDITIONS OF APPROVAL

The negative determinations recommended in this IEE are contingent on full implementation.

1. Health Care Waste Management Conditions

   a. Where USAID support increases the delivery of healthcare services, such as through the provision of supplies, equipment, and/or staffing, USAID will take responsibility for ensuring the proper management of medical waste from that facility; including, but not limited to, proper handling, labeling, treatment, storage, transport and final disposal.

   b. When USAID supports healthcare service delivery in partnership with other actors, including the host country, the GRA, NGOs, CSOs, etc., USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies* in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed.

   * Significant deficiencies are defined as not meeting “minimum approaches” as established by WHO Guidance for each of the following aspects of medical waste management: health care waste management policy; planning; waste minimization; segregation, storage and transport; treatment and disposal; wastewater management; waste management costing; health and safety practices; hygiene and infection control; training, education and public awareness.

   c. USAID must regularly monitor the state of healthcare waste management in the healthcare facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity.

   d. When reports or other information indicate significant deficiencies in the management and disposal of medical waste in a given facility, USAID will commit its resources (independently or through collaborative efforts) to a speedy correction of significant deficiencies. In this case, USAID will request from implementing partners or prepare internally a Corrective Action Plan that will resolve the subject deficiencies as quickly as possible, not to exceed 6 months
from the initial indications of deficiencies.

e. As applicable, all efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, diagnostic tests kits (including HIV test kits), VMMC disposable kits etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodity at end-of-life, appropriate end-of-life management must be assured. Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals. https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1


f. Any healthcare waste generated by USAID-funded training, capacity building and/or technical assistance activities must be appropriately managed, including disposal, following WHO guidelines as well as the Government mandatory procedures and guidelines. https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1

g. Training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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). Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.

2. BEO Reporting Conditions

• New activities and those revised to incorporate a change in scope or nature will require an IEE amendment to identify and address potential environmental impacts. This condition is mentioned again in Section 7 of this IEE.

• Mitigation measures need to be determined for the environmental impacts at the level of the EMMP/EMMR. These EMMPs/EMMRs will be shared with the REA and the BEO Team (and other mission stakeholders, as appropriate) in a Google Drive folder.

• As there are WASH activities covered under this IEE, the AFR BEO requires that a
water quality assurance plan (WQAP) is prepared according to the WQAP Template (https://www.usaid.gov/environmental-procedures/environmental-compliance-esdm-program-cycle/special-compliance-topics/water): 

- Complete a WQAP for WASH-related activities under this IEE, and request and receive AFR BEO review and approval of WQAP.
- The review results should be written and on record in the Signing Statement of the WQAP.

Annual environmental analysis shall be conducted for activities with Negative Determination with conditions and Positive Determinations. This shall be a check on downstream environmental compliance and tracking the effectiveness of EMMP implementation.

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 in this document as stated in Sections 3, 4, and 5 of the IEE and any BEO Specified Conditions of Approval.
USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: _USAID Angola portfolio________________________

Bureau Tracking ID: https://ecd.usaid.gov/document________________________

Approval: John Groppke, Mission Director  9/17/19

Clearance: Cleared Via email  Aug 26, 2019
Julie Nenon, Country Representative

Clearance: Cleared Via email  Aug 20, 2019
Domingos Menezes, Mission Environment Officer

Clearance: Cleared via email  September 17, 2019
Jeanette Normand, Regional Environmental Officer

Clearance: Cleared  March 31, 2020
Colin Quinn, Afr Bureau Climate Integration Lead

Concurrence: Brian Hirsh, Bureau Environmental Officer  April 1, 2020

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GDO
Program Office
AFR BEO, REO, MEO
RLO
GH BEO
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1.0 PROJECT/ACTIVITY DESCRIPTION

1.1 PURPOSE OF THE IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the health and democracy and governance activities under the USAID Angola portfolio, and on this basis, to recommend determinations and, as appropriate, attendant conditions, for these activities. Upon final approval of this IEE, these recommended determinations are affirmed as 22 CFR 216 Threshold Decisions and Categorical Exclusions, and conditions become mandatory elements of project/program implementation.

This IEE addresses all activities expected to be implemented by USAID Angola, as encompassed by the mission-wide USAID Angola portfolio. Activities implemented through the USAID Angola portfolio will support the USAID Angola Country Development Cooperation Strategy (CDCS) objective of “achieving a transformed USAID-Angola partnership to strengthen the use of Angola’s resources to meet the country’s development needs”. Activities will be implemented through multiple implementing partners and mechanisms over the five year period.

1.2 PROJECT/ACTIVITY OVERVIEW

Angola ranks 149 out of 187 countries on the Human Development Index (HDI) and faces a significant burden of disease and shortage of healthcare resources, similar to most countries in sub-Saharan Africa. In the World Bank “Doing Business” Index, Angola places 181 out of 189 countries, and ranked last in the measure Resolving Insolvency and third to last in Enforcing Contracts. The country has limited non-oil economic growth and income generation opportunities for the average Angolan, resulting in continued high unemployment, high cost of living, significant income disparities, and volatile land tenure issues.

The current macroeconomic crisis highlights the underlying problem with the Angolan public health system: Angolan institutions need standardized systems in place that economize the inefficient fiscal procedures, governance structures, and service delivery protocols that impede the full execution of social sector programs. In addition, ambitious development strategies, hasty fiscal decentralization agendas, and a dearth of institutional capacity to account for and deliver quality health services have limited the government’s ability to improve and respond to the health status and well-being of its people. As a result, Angola’s recent social sector investments are not on target to achieve established health development goals.

For instance, Malaria remains a major public health problem in Angola, likely the primary cause of death in the country, and is responsible for the highest percentage of medical visits, contributing to approximately 35% of overall demand for primary health care. According to UNAIDS data from the Angolan National Institute of HIV/AIDS (INLS) in 2018, the number of people living with HIV is approximately 330,000 [290,000-390,000], with an adult prevalence rate of 2.0% [1.7-2.3]. Annual deaths due to AIDS are approximately 14,000 while the number of orphans aged 0 to 17 due to AIDS is estimated to be 160,000. Angola has observed a slight
uptick in HIV incidence; in fact, Angola is one of only two countries on the continent that have epidemic trends trending upwards towards more infections.

USAID Angola’s health and democracy and governance activities are a response to these human, environment, and development needs and support the identified priorities of the Government of the Republic of Angola (GRA) for the health and environmental sectors.

Activities implemented through the USAID Angola portfolio will support the USAID Angola objective of “achieving a transformed USAID-Angola partnership to strengthen the use of Angola’s resources to meet the country’s development needs.” The CDCS objective will be met through two complementary Development Objectives (DOs):

DO1: Improved health status and wellbeing of the population; and

DO2: Strengthened responsiveness to citizens’ needs.

The two DOs are supported by four project Intermediate Results (IRs):

IR1: Sustainable platforms built for the supply and demand of health services in priority areas;

IR2: Public administration modernized through targeted technical assistance;

IR3: Public financial management strengthened through targeted technical assistance; and

IR4: Mechanisms for public participation in government enhanced.

Overall funding for the life of the USAID Angola portfolio is estimated at $160 million, covering FY 2020-FY 2023. The project focuses on several key issues:

1. Malaria, through the Presidential Malaria Initiative (PMI)
2. HIV/AIDS, through the President’s Emergency Plan for AIDS Relief (PEPFAR)
3. Health system strengthening
4. Family planning, reproductive health and maternal and child health
5. Public financial management and Democracy, Rights, and Governance
6. Water, sanitation, and education
7. Credit guarantee to enhance financial sector investment in the health and nutrition areas
8. Growth of small and medium agro-enterprises to improve food security and nutrition
1.3 PROJECT/ACTIVITY DESCRIPTION AND INTERVENTION

The USAID Angola portfolio will be implemented through a number of separate mechanisms (or contracts/awards). Each mechanism consists of a specified set of interventions. In order to facilitate environmental review of the entire USAID Angola portfolio, this IEE assesses potential environmental impacts and makes recommended determinations by intervention type (rather than by individual mechanism). For example, if numerous mechanisms comprising the USAID Angola portfolio entail a similar form of training or capacity building, e.g., disease surveillance—this type of capacity building will be discussed and assessed only once in this IEE and will apply across the project. This approach limits redundancy (and length) and generally simplifies interpretation of the IEE by USAID staff and partners.

For the purpose of the environmental review and compliance, this IEE organizes activities under the USAID Angola portfolio into 13 intervention categories:

**Intervention Category 1:** Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety

**Intervention Category 2:** Support for policy development and implementation that impacts natural resource management and/or environmental health and safety

**Intervention Category 3:** Support for citizens’ engagement with local government

**Intervention Category 4:** Technical assistance and capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions

**Intervention Category 5:** Technical assistance and capacity building in strategic planning and implementation for the improved delivery of public services

**Intervention Category 6:** Technical assistance and capacity building to public-private partnerships (PPPs)

**Intervention Category 7:** Facilitate credit/loan process

**Intervention Category 8:** Direct support and capacity building for health system strengthening (HSS)

**Intervention Category 9:** Technical assistance and training of healthcare workers and/or delivery agents

**Intervention Category 10:** Procurement and supply chain strengthening

**Intervention Category 11:** Malaria vector control

**Intervention Category 12:** Data collection and analysis and information sharing

**Intervention Category 13:** WASH provision
Each category contains a number of entailed activities. In Sections 3.2 – 3.14, the entailed activities are described, and their potential impacts analyzed. On this basis, Recommended Determinations are made. In most cases, Negative Determinations entail conditions. Upon approval of this IEE, implementation of these conditions becomes mandatory.

2.0 BASELINE ENVIRONMENTAL INFORMATION

Introduction. Per-capita income in Angola has almost tripled in the past 12 years while the country’s assets grew to sixty-two billion dollars, with oil revenue accounting for more than 90 percent of Angola’s foreign exchange earnings. Yet inequality is a major issue in Angola, as half of Angolans live on less than two dollars a day. In terms of natural resources management, Angola boasts desirable beaches and waterfalls, elusive bird species, and millions of acres of arable land and mineral wealth, but lacks the infrastructure to fully capitalize on these resources.

Geography. Angola is located in Southern Africa between Namibia and the Democratic Republic of the Congo (DRC) with 1,600 km of coastline along the South Atlantic Ocean. Total land areas is 1,246,700 km2. The province of Cabinda is an enclave separated from the rest of the country by the DRC (see Figure 1). Angola mainly consists of broad tablelands at around 1,000 m with a high plateau in the center of the country which reaches 1,830 m. The highest point is Mt. Moco, at 2,620 m. There are many rivers in Angola but only a couple are navigable: the Cuanza River in central Angola and the Congo River in the north.

Demography. A 2014 estimate cites the population of Angola at 27 million. The capital city of Luanda is home to 7 million people. The next largest city is Huambo, with a population of 1.2 million. The urban population accounts for 43 percent of the total population, and Angola has an
annual urbanization rate of 4.97 percent (2010-2015 estimate). Forty-three percent of the population is under the age of 14, 20.5 percent is between the ages of 15 and 24 and almost 30 percent is between the ages of 25 and 54. Life expectancy is about 55 years of age. Seventy-one percent of the population is literate (82 percent male and 60.7 percent female). The major ethnic groups are the Ovimbundu (37 percent), Kimbundu (25 percent) and Bakongo (13 percent).

Climate. Angola’s climate is cooler in the South due to the influence of the Benguela current offshore which brings fog and mist in the winter. The highlands and plateaus are also cool due to their altitude. Temperatures are the highest in the north, closer to the Equator. There are two distinct seasons: the rainy and warm season from October to April, and the dry and cold season from May to September. The heaviest rainfall is in the north, where up to 1,800 mm can fall annually. Rainfall decreases along the coast from the north to south as the effects of the Benguela current take effect, and rainfall can be as little as 50 mm. The capital city of Luanda receives about 300 mm of rain annually.

Ecosystems. Angola has thirteen ecoregions (see Figure 2):

1. Kaokoveld desert
2. Namibian savanna woodlands
3. Angolan Mopane woodlands
4. Zambezian Baikiaea woodlands
5. Western Zambezian grasslands
6. Zambezian Cryptosepalum dry forests
7. Angolan Miombo woodlands
8. Angolan montane forest-grassland mosaic
9. Angolan scarp savanna and woodlands
10. Western Congolian forest-savanna mosaic
11. Southern Congolian forest savanna mosaic
12. Central Zambezian Miombo woodlands

An estimate of current forest cover (based on a 118/119 analysis done in 2008) is 40-45 million ha, or 35 percent of land cover. About 80 percent of the forests are miombo and savanna, and only about two percent is rainforest. The Kaokoveld desert is a harsh, dry landscape but the Kunene River, which flows through the region, is home to large mammals such as elephants, black rhinos and giraffes. The Angolan scarp savanna and woodlands contain high diversity of vegetation and endemism due to the meeting of several major ecological zones in this area. The rainforest along the west-facing scarp supports a large number of endemic birds, plants and animals. Forests in Angola are threatened by deforestation for charcoal production and agriculture use, selective harvesting of valuable tree species, anthropogenic fires, and diamond mining.

Mangrove forests comprise about 1,250 km2, or 0.1 percent of the national territory, and provide ecosystem regulation such as storm buffering and sediment loading along the Angolan coast. The mangroves also provide habitats for crustaceans and fish that are important for livelihoods. Angola’s marine ecosystems are under pressure from threats including population growth, ineffective environmental governance, over-fishing, pollution related to energy and mineral extraction and logging.

Biodiversity: Although there is little sampling data and few taxonomic studies, Angola is known to have diverse flora and fauna within and outside its protected areas. Angola is home to at least 8,000 plant species, 275 mammal species, 78 amphibian species, 227 reptile species, and 915 bird species (IUCN 1992; Republic of Angola 2006; BirdLife International 2012). The number of insect species catalogued exceeds 300, but the total number is certain to be many orders of magnitude higher. More than 420 fish species have been identified and 655 crustaceous species have been found in Angolan waters. Angola reputedly has the second highest number of endemic plants (1,260 species) in Africa. It hosts 12 endemic bird and 19 endemic reptile species.
The country’s two most famous endemics are the prostrate conifer Welwitschia mirabilis in the southern part of Angola (Namibe province) and the giant black sable antelope (Hippotragus niger variani) from the Malanje and Bié provinces. The black sable antelope was first discovered in 1909, and by the 1970s was only found in Cangandala National Park and Luando Strict Nature Reserve. The species was considered extinct after several decades of armed conflict facilitated poaching and left protected areas without staff, but field work rediscovered the black sable antelope in 2005. The giant sable is the subject of extensive research and conservation efforts in Cangandala National Park and Luando Strict Nature Reserve, including the tracking of collared animals, re-locations of black sables between Cangandala and Luanda to increase genetic diversity for breeding, and fenced enclosures to prevent hybridization with roans Hypotragus equinus.

Direct threats to biodiversity include commercial hunting, subsistence poaching and the illegal pet trade (e.g., grey parrot); indirect threats include habitat degradation and loss from bushfires, logging, and poor management of protected areas.

Water Resources. Excluding Cabinda province, Angola can be subdivided into nine large hydrographic basins (Figure 3):

1) Perennial coastal system
4) Cunene system
7) Cuando system
2) Ephemeral coastal system
5) Kwanza system
8) Zambezi system
3) Zaire system
6) Cubango system
9) Cuanhama, or Etosha, system
Angola’s management of its hydrographic basins is of critical importance to neighboring countries, and the entire Southern Africa region, for two primary reasons. First, seven of Angola’s nine major hydrographic basins are transnational. Of these, four originate in Angola (Cunene, Cubango, Cuando, and Cuanhama). Furthermore, the Cunene, Cubango, and Cuando rivers flow into two arid countries, Namibia and Botswana. The Cuanhama system is an enclosed basin that feeds into Namibia’s Etosha pan system, one of the most important wildlife conservation areas in Southern Africa. Second, from a hydrologic viewpoint, the central plateau is critical to the water supply of neighboring countries. The headwaters of three major rivers—Kwanza, Cunene, and Cubango—originate there, with the majority of secondary rivers constituting the coastal drainage systems. The economic well-being of millions of people in the region depends on how these watersheds are managed. This is both an opportunity for collaboration and a potential source of regional conflict.

The surface water resources in Angola are relatively abundant. At least 26 perennial rivers flow into the Angolan coast and many others flow towards the north, east and southeast. Several rivers, mainly in the southwest, have intermittent water supplies, depending on the season and rainfall amounts. Most rivers originate from the plateau region, and Angola functions as a water tower for neighboring countries. Wide estuaries such as those of the Congo, Dande, Cuanza and Cunene rivers provide the food and water essential to the livelihood of the population, including those of neighboring countries. As noted in the IUCN (1992) report, Angola’s rivers were in good condition in 1992. Save for areas near urban centers and selected estuaries, this
is still the situation in most of Angola with one serious exception: the rivers in the diamond producing areas, especially in Lunda Norte, particularly the Cuango River. The north flowing diamond-bearing rivers in Lunda Norte are fringed by gallery forests that have species composition representative of the Guineo-Congolian biome, in sharp contrast with the surrounding vegetation. From a biodiversity conservation perspective, these forests are far more important than their relatively small geographic extent suggests.

Groundwater resources are relied upon by about 3.5 million people in Angola (about 19 percent of the population). Groundwater use is mostly concentrated in the arid southern and coastal areas of the country where water is less available. Groundwater is also more recently being tapped to augment urban water supplies in peri-urban areas. Groundwater data is lacking and there is currently no national development strategy for groundwater, but the government is working to strengthen the existing monitoring structure to improve sustainability.

Protected Areas: The current protected area network consists of national parks, regional parks, and reserves. The network includes two new national parks in southeastern Angola that were approved in 2011 (Mavinga and Luiana), based in part on work done under USAID’s Integrated River Basin Management project (USAID 2009). This network covers approximately 8.5% of the national territory, a relatively low proportion in Africa. According to the National Biodiversity Strategy and Action Plan (MINAMB 2006a) and the Fourth National Report to the CBD (Republic of Angola 2009), Angola intends to increase the extent of the protected area network to cover 15% of the country. Angola also has a number of game reserves: Ambriz (1,125 km2); Luengué (13,800 km2); and, Milano (6,150 km2). Angola’s original protected area system was not designed to provide balanced representation of the country’s exceptionally rich biodiversity, nor to protect ecosystem processes or mitigate the impacts of climate change. These new challenges need to be addressed in response to the demands of Angola’s rapidly growing economy, its social development programs, and its expanding regional and global linkages (Huntley 2010).

Most of the protected areas in Angola represent Zambezian biomes. The protected area network does not include some of the most biodiverse ecosystems in Angola: the Afro-montane cloud forests represented in the country’s highest points, such as the Morro do Moco in Huambo Province, and other sites in Bié Province. These residual patches are repository for a significant number of bird and plant species endemic to Angola. However, these areas and species are severely threatened by burning and logging. The semi-deciduous humid forests of Angola’s northwestern highland (Uíge, Cuanza Norte, and Bengo) are also excluded from the country’s protected area system. Floristically, they are related to the Guineo-Congolese biome in what was Angola’s coffee producing area. These coffee plantations have been abandoned and now support a healthy population of small antelopes, primates, and an impressive avifauna. The wildlife, primarily primates and antelopes, are under heavy hunting pressure. The Ministry of Environment (MINAMB) has been evaluating proposals to establish a Maiombe Forest Transfrontier Conservation Area TFCA in partnership with the Republic of Congo and the Democratic Republic of Congo.

A new ‘Angolan Protected Area Expansion Strategy’ (APAES) was developed by an expert on Angolan biodiversity resources, Dr. Brian Huntley, in collaboration with MINAMB (Huntley 2010).
APAES was approved by the Council of Ministers, the highest decision-making body in Angola, in April 2011. This strategy outlines 11 areas of high diversity in Angola especially worthy of protection, with all major biomes and geographic regions of the country represented. However, baseline biodiversity assessments are still needed to inform conservation and management practices at each site.

Climate Change. Angola’s climate is primarily tropical, but varies geographically, with semi-arid areas in the south and coastal lowlands and rainforest in the north. Current climate variability, including incidence of floods and droughts, adversely impact different areas of the country. These events are exacerbated by an under-developed emergency preparedness system (NORAD 2008; Republic of Angola 2011b, 2012).

Over the next 50 to 100 years, climate models predict that Angola will experience increased temperatures, more extreme weather events, an expansion of arid and semi-arid regions, seasonal shifts in rainfall, localized floods, increased wildfires, sea level rise, increased rainfall in the northern parts of the country, changes in river flows and changes in sea and lake temperatures (Eriksen et al. 2008; NORAD 2008; FAO 2011; Republic of Angola 2011b, 2012). Available projections agree that there will be a decline in the length of agricultural growing period in southern Angola and along the coast, while areas in the north that currently benefit from two growing seasons may in the future only experience one (NORAD 2008).

In light of these projected changes in climatic conditions, the country’s key vulnerabilities by sector include forestry and biodiversity, human health, infrastructure, fisheries, and agriculture and food security, freshwater resources, and coastal zone management (Eriksen et al. 2008; FAO 2011; Republic of Angola 2011b, 2012). Another issue of increasing concern is the increased transmission of disease among wildlife species, and between wildlife and humans.

2.1 LOCATIONS AFFECTED AND ENVIRONMENTAL CONTEXT (ENVIRONMENT, PHYSICAL, CLIMATE, SOCIAL, THREATENED AND ENDANGERED SPECIES)

Constitution. On 21 January 2010, the National Assembly of Angola approved a new constitution to replace the interim constitution in effect since independence in 1975. The constitution clarifies the ambiguous land rights that existed in Angola, stating that all land is owned by the state, which can decide who is entitled to use it. The state will only provide land rights to Angolan nationals or companies registered in Angola. The Constitution provides the basis for the Environment Framework Law through Article 39, including the following provisions:

1) Everyone has the right to live in a healthy and unpolluted environment and the duty to defend and preserve it.

2) The state shall take the requisite measures to protect the environment and species of flora and fauna throughout the national territory, maintain the ecological balance, ensure the correct location of economic activities and the rational development and use of all natural resources, within the context of sustainable development, respect for the rights of future generations and the preservation of species.
3) Acts that endanger or damage the conservation of the environment shall be punishable by law.

In addition, Article 90(e) reads that the state shall promote social development by “ensuring that all citizens enjoy the benefits resulting from collective efforts in terms of development, specifically with regard to quantitative and qualitative improvements to standards of living.” These articles are essential to sustainable development by focusing on conservation and protection of natural resources, biodiversity and a healthy environment, with a view toward maintaining the natural ecological balance and meeting basic human needs.

**Environment Framework Law.** The 1998 Environment Framework Law (Lei de Bases do Ambiente), No. 5/98 of 19 June 1998 is based on Article 39 of the Angolan Constitutional Law (as amended), and provides the framework for all environmental legislation and regulations in Angola. The Environment Framework Law is administered by the Ministry of the Environment (MINAMB). The law provides the definitions of important concepts, such as the protection, preservation and conservation of the environment; the promotion of quality of life; and the use of natural resources. The law also incorporates the main international sustainable development declarations and agendas (e.g., UN Agenda 21), and establishes citizens’ rights and responsibilities.

Key provisions include:

- Article 12 bestows on the government the responsibility to “defend” the environmental patrimony through the involvement of communities and environmental defense associations among others.

- Article 13(1) prohibits “all activities that threaten biodiversity, conservation, reproduction, quality, and quantity of biological resources, especially those threatened with extinction.” Article 13(2) states that the government must ensure that adequate measures are taken to “maintain and regenerate animal species, recover damage habitat, and control, especially, the activities or substances likely to be harmful to animal species and their habitat.”

- Article 14 allows for the establishment of environmental protection areas and the setting of rules for those areas, including the identification of activities that would be prohibited or permitted in protected areas and their surroundings.

- Article 16 mandates Environmental Impact Assessments (EIAs) for all undertakings that may have an impact on the balance and wellbeing of the environment and society. Clause 2 of this Article states that the government will develop more specific legislation on EIAs, which was accomplished with the July 2004 passage of the Ministerial Decree No. 51/04 on EIAs. The term ‘environment’ is not defined in the EIA Decree, but environmental impacts are described as “any change to the environment, either to better or worse, especially with effects on the air, water, soil and subsoil, biodiversity, health of persons and cultural heritage, resulting directly or indirectly from human activities.” This definition implies that health and cultural aspects are included, but other social aspects are not specified, such as social cohesion, wellbeing or livelihoods. The Environment Framework Law establishes a broad rationale for the kinds of
projects that are subject to an EIA, stating that an EIA is compulsory when actions “interfere with the social and environmental equilibrium and harmony.” The projects that require an EIA include activities in the agriculture, fisheries and forestry; extractive industries, such as petroleum, mining and dredging; energy industry; gas industry; chemical industry; and infrastructure sectors.

- Article 17 deals with the issue of environmental licensing and Article 18 with environmental auditing.

Although none of the environmental legislation refers to transboundary impacts, Angola’s active involvement in the Benguela Current Large Marine Ecosystem project, the Permanent Joint Technical Committee with Namibia, the Okavango River Commission, and Transfrontier Conservation Areas (TFCAs) shows a commitment to dealing with cross-border environmental impacts. For instance, Angola’s National Action Plan for its portion of the Okavango River Basin acknowledges the need to respect downstream uses, conservation, and biodiversity (Republic of Angola 2011a).

Decree on Environmental Impact Assessment. The goal of this decree is to ensure environmental protection from human activities that are likely to impact the environment. The decree provides regulations to supplement the Environmental Framework Law on EIAs, mainly the procedures and mechanisms to be used in EIAs; establishes rules for conducting an EIA for public and private projects; and identifies which projects should be subject to an EIA and what elements to include in the EIA itself.

Water. The Water Law (Lei das Águas), No. 6/02 of 21 June 2002, focuses on regulating the management and distribution of water resources. This Act establishes priorities for surface water resources in Angola, and notes that water resources are state property. The Act describes a number of principles of water management that the government should put into practice. These principles include: the right of individuals and entities to access water; integrated management of water resources; institutional coordination and community participation; the harmonization of the water management policy with land use planning and environmental policies; water as a renewable resource for people; and recognizing the responsibility of polluters to bear the costs of pollution. Finally, the Water Law encourages the development of a new administrative policy for the water sector, which includes a decentralized system of control over the use of water, as well as for the protection of water resources and the environment.

The State Secretariat for Water Law on Internal Waters, Ocean and Exclusive Economic Zone (Lei sobre águas internas, oceanos e zona económica exclusiva), No. 21/92 of 28 August 1992, regulates control over internal waters and lakes; the use of natural resources; the protection of the marine environment; the promotion of scientific marine research; and, the use of artificial structures.

International and Regional Conventions. Angola is a party to the following regional and international treaties and conventions related to conservation and natural resource management:
• African Convention on the Conservation of Nature and Natural Resources

• Bamako Convention on the Ban on the Import and Transboundary Movement and Management of Hazardous Wastes within Africa

• Cartagena Protocol on Biosafety

• Convention on Biological Diversity

• United Nations Convention to Combat Desertification (UNCCD)

• Convention on the Conservation of Migratory Species of Wild Animals

• Convention on World Cultural and Natural Heritage

• Cunene River Water Use Agreement – Angola and Namibia

• International Convention for the Prevention of Pollution from Ships (MARPOL)

• International Treaty on Plant Genetic Resources for Food and Agriculture

• Kavango Zambezi Transfrontier Conservation Area Treaty – Angola, Botswana, Namibia, Zambia and Zimbabwe

• Permanent Okavango River Basin Water Commission – Angola, Botswana, Namibia

• Protocol to the Convention on the Prevention of Marine Pollution by Dumping of Wastes

• The Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade

• Regional Agreement on the Conservation of African-Eurasian Birds of Prey

• SADC Protocol on Shared Fisheries

• SADC Protocol on Forestry

• SADC Protocol on Shared Watercourse Systems

• SADC Protocol on Wildlife Conservation and Law Enforcement

• Stockholm Convention on Persistent Organic Pollutants

• United Nations Framework Convention on Climate Change (UNFCCC)

• Kyoto Protocol to the UNFCCC on greenhouse gas reductions

• United Nations Convention on the Law of the Sea
• Vienna Convention on Protection of the Ozone Layer
3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK

As set out in section 1.4, for the purpose of environmental review, current and anticipated activities in the USAID Angola portfolio are grouped into the following intervention categories. This IEE includes several illustrative activities for each intervention category. Specific intervention categories are:

**Intervention Category 1:** Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety

**Intervention Category 2:** Support for policy development and implementation that impacts natural resource management and/or environmental health and safety

**Intervention Category 3:** Support for citizens’ engagement with local government

**Intervention Category 4:** Technical assistance and capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions

**Intervention Category 5:** Technical assistance and capacity building in strategic planning and implementation for the improved delivery of public services

**Intervention Category 6:** Technical assistance and capacity building to public-private partnerships (PPPs)

**Intervention Category 7:** Facilitate credit/loan process

**Intervention Category 8:** Direct support and capacity building for health system strengthening (HSS)

**Intervention Category 9:** Technical assistance and training of healthcare workers and/or delivery agents

**Intervention Category 10:** Procurement and supply chain strengthening

**Intervention Category 11:** Malaria vector control

**Intervention Category 12:** Data collection and analysis and information sharing

**Intervention Category 13:** WASH provision

Each category contains a number of entailed activities. The section below provides an illustrative description of activities by each intervention category, including the general impacts of health care programs related to waste generated in conjunction with health care systems. Although waste may not be directly generated by USAID support, by supporting health systems in general, it is a reasonable and ethical responsibility for all support to consider how to address health care waste in an appropriate manner and to contribute to the improvement for overall waste treatment and disposal.
3.1 Adverse Impacts of Health Care Service Delivery Due to Failure to Properly Manage Resulting Wastes

This section is a general discussion and analysis of waste-related impacts of health care activities. It is referenced at multiple points in the analyses of the specific intervention categories that follow in Sections 3.2 – 3.14. It supports 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 percent of waste generated by healthcare facilities falls into this category, and paper waste can be incinerated or taken to the landfill without any additional treatment.

- **Hazardous healthcare wastes**, including infectious waste (except for 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, including 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 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/or 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 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 which results in the 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:** Improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste.

These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use “recycled” contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

**Healthcare activities or interventions can have direct or indirect impacts on waste management:**

- **Where USAID support for healthcare service delivery is direct, USAID bears full responsibility for adverse impacts when its 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.**
- **Where USAID instead funds capacity building for the entities that manage delivery of care** (e.g., the GRA, NGOs, CSOs, etc.), USAID generally has far 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 health care delivery address and require appropriate management. Where USAID’s support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.
3.2 Intervention Categories and their Environmental Impacts

Intervention Category 1: Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety.

Entailed activities. This intervention category consists of the following activities:

Generalized health system strengthening (HSS) initiatives (e.g., promotion of national policies and systems to improve healthcare provision)

Improved access to data, information and analysis for policy development (e.g., facilitating events to share lessons learned, reviewing and evaluating trends, assessing reform efforts, etc.)

More effective governance (e.g., support for public sector reform, local government transparency, stronger environmental oversight, etc.)

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

One of the objectives of the USAID Angola portfolio is to advance institutional reforms that will help the Government of the Republic of Angola (GRA) meet the country’s public health and broader development needs. Institutional reforms at this scale are often rooted in policy initiatives that (re)define the structure and/or mandate of state entities and the delivery of government services. USAID Angola portfolio entails support for these types of policy interventions, including efforts to improve health care provision, expand capacity for complex decision-making, and generally enhance the delivery of public-sector services. The policy development and implementation activities encompassed by this intervention category do not have a natural resource management (NRM) or environmental health and safety dimension—they are anticipated to have no discernable adverse impact on the environment, direct or indirect.

Additionally, the types of policy development and implementation activities encompassed by this intervention category are eligible for Categorical Exclusion under 22 CFR §216.2(c)2. A Categorical Exclusion is therefore recommended for all activities implemented under Intervention Category 1.

Intervention Category 2: Support for policy development and implementation that impacts natural resource management and/or environmental health and safety.

Entailed activities. This intervention category consists of the following activities:

- **WASH** service delivery initiatives (e.g., promotion of GRA’s Water for All program, engagement with Ministry of Energy and Water [MINEA], etc.)
- Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and similar regulatory efforts)
Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

In addition to the policy initiatives encompassed by Intervention Category 1, USAID Angola portfolio will support the development and implementation of policies that are linked—directly or indirectly—to NRM and/or environmental health and safety. These include policies to improve access to water and sanitation services (e.g., WASH), as well as certain health sector initiatives that present the risk of adverse impacts stemming from the generation and management and/or disposal of medical waste. (See Section 3.1 for a fuller discussion of the waste-related impacts of health care activities.

Any adverse impacts generated by policy efforts in this Intervention Category are likely to be indirect in nature. That is to say that while the policies do not specifically target elements of NRM or environmental health and safety, they are intended to create or promote scenarios or circumstances that may lead to adverse impacts. For example, WASH policies that prioritize the expansion of water and sanitation services in urban or peri-urban communities may not fully account for the quality and quantity of local surface or groundwater supplies, encouraging the potentially unsustainable withdrawal or abstraction of available resources. This may have adverse impacts on ecosystem health (e.g., excess diversion or abstraction of streams, rivers, or other surface water bodies) as well as human health if ‘safe’ water cannot be adequately provided in sufficient quantities (e.g., water schemes fail to meet anticipated demand, or provide water that fails to meet applicable standards).

Similarly, targeted health policy initiatives can create situations in which government efforts to improve service delivery lead to an increase in health care waste that the existing infrastructure is not prepared to support in an environmentally sound fashion. The procurement and distribution of health care commodities (i.e., supply chain management), in particular, has the potential to overwhelm the waste management/disposal capacity of health care facilities. While supply chain management and related healthcare provision policies and regulation can help improve access and standards of care, they must also be designed and implemented in a manner consistent with sound environmental health and safety.

Based on the potential for these and similar indirect adverse environmental impacts, the policy development and implementation activities comprising Intervention Category 2 are not eligible for Categorical Exclusion and will be subject to conditions.

Intervention Category 3: Support for citizens’ engagement with local government.

Entailed activities. This intervention category consists of the following activities:

- Improved dialogue between government, the private sector, and civil society (e.g., facilitate opportunities for local solutions through increased public participation)
- Improved information sharing (e.g., transferring and exchanging knowledge between the GRA and its citizens)
- Increased role of women and marginalized populations in civil society (e.g., reduce barriers to participation in local governance and representation)
opportunities for target populations (e.g., programs for underserved youth, adults and preschool children in poor urban and rural areas)

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

Parallel to its policy-related objectives, USAID Angola’s portfolio will support increased citizen engagement and public participation to advance institutional reforms and improve government services, particularly at the local level. These interventions are often characterized as enabling the ‘demand’ side of a traditional supply-and-demand relationship; citizens are equipped and encouraged to identify and articulate their concerns and needs to government entities. The government is able to respond and effectively ‘supply’ the desired (or improved) public services through implementation of the types of reforms and policy initiatives described above.

In the context of Intervention Category 3, support for enhanced citizen engagement entails improved communication and information sharing between the GRA and its citizens, as well as targeted efforts to increase the role of women and other marginalized groups and improve educational opportunities. These interventions are central to improved local governance and the ability of the GRA to undertake effective development planning. The types of technical assistance, education, information sharing, etc. that characterize the activities that comprise Intervention Category 3 are anticipated to have no discernable adverse impact on the environment, direct or indirect. These activities are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2. A Categorical Exclusion is recommended for all activities implemented under Intervention Category 3.

**Intervention Category 4: Technical assistance and capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions.**

**Entailed activities.** This intervention category consists of the following activities:

1. Support to GRA entities (e.g., assistance to Ministry of Finance, Ministry of Health, etc.)
2. Support to CSOs and NGOs (e.g., capacity building in organizational core competencies)
3. Establishment and promotion of organizational management 'best practices' (e.g., identify knowledge sharing opportunities among Angolan CSOs)
4. Increased expertise in budget management and fiscal processes (e.g., build institutional capacity through sharing of best practices in budget execution, projection methods, etc.)
5. Improved use of administrative and management tools and resources (e.g., integration of Information Technology [IT] systems, monitoring and evaluation [M&E] techniques, etc.)

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

As Angolan institutions assume increased responsibility for meeting the country’s development objectives, these entities will need to perform better, achieving significant operational gains in efficiency and efficacy. USAID Angola portfolio will support institutional capacity building among
the GRA, NGOs and CSOs in order that they acquire—and can demonstrate—the administrative and management expertise required meeting expectations and fulfilling their missions. The majority of activities undertaken in Intervention Category 4 are expected to entail technical assistance in management and administrative techniques and practices that can streamline operations and help organizations successfully implement core functions. This includes HR, financial management and oversight, and the integration of tools and resources such as IT systems and M&E methodologies.

USAID Angola portfolio efforts in this intervention category are intended to prepare local institutions to better respond to citizen and stakeholder demands for stronger, more transparent governance and improved public sector performance. In this regard they complement the policy-related and citizen engagement.

Activities discussed above will support organizational capacity needed to implement a national development agenda is central to USAID Angola’s portfolio strategy of increased local responsibility for national development objectives. The entailed technical assistance and institutional capacity building are anticipated to have no discernable adverse impact on the environment, direct or indirect. These activities are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c).

A Categorical Exclusion is recommended for all activities implemented under Intervention Category 4.

**Intervention Category 5: Technical assistance and capacity building in strategic planning and implementation for the improved delivery of public services.**

**Entailed activities.** This intervention category consists of the following activities:

- Budget development (e.g., financial planning and resource allocation for programs or activities)
- Improved institutional response to public health priorities (e.g., GRA programming for HIV/AIDS-related activities, etc.)
- Management of healthcare supply chains (e.g., commodity procurement and distribution, etc.)
- Promotion of Angolan-led strategic initiatives (e.g., establish systems, procedures, and protocols for host-country ownership of the health sector development agenda)

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

Similar to the institutional capacity building encompassed by other Intervention Category 4, Intervention Category 5 will focus on the ability of organizations to plan for and implement their core mission. However, these interventions specifically target improved delivery of public services (healthcare, in particular), aspects of which present the risk of indirect adverse environmental impacts. For this reason, not all of the USAID Angola portfolio activities anticipated under Intervention Category 5 are eligible for Categorical Exclusion.
Certain USAID Angola portfolio activities are anticipated to have no discernable adverse impact on the environment, direct or indirect. This includes efforts to improve budgeting and financial planning processes such that adequate funds and resources are allocated or made available for relevant programming. It also includes efforts to increase the role of Angolan institutions in the planning and implementation of strategic initiatives, particularly with regard to the development of the country’s health sector. These activities are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

Activities that are more closely linked to service delivery include efforts to improve institutional response to public health priorities, and support for the management of healthcare supply chains. While these activities do not center on NRM or environmental health and safety, they are intended to facilitate the expansion of healthcare services in Angola. These interventions therefore present the indirect risk of adverse environmental impacts. For example, a more robust response to public health priorities is likely to entail the increased consumption of pharmaceutical products and healthcare commodities, both of which will generate a larger healthcare waste stream that existing facilities may be unable to manage in an environmentally sound fashion. (See Section 3.1 for a fuller discussion of the waste-related impacts of health care activities.) Similarly, support for healthcare supply chains can be expected to lead to an increase in consumption and corresponding growth in waste.

Technical assistance and capacity building from USAID Angola portfolio in the planning and implementation of healthcare programming will help enable the improved delivery of critical public services. This support, however, must be undertaken in a manner that is consistent with sound environmental health and safety. Based on the potential for indirect adverse environmental impacts described above, certain activities comprising Intervention Category 5 are subject to conditions.

**Intervention Category 6: Technical assistance and capacity building to public-private partnerships (PPPs).**

**Entailed activities.** This intervention category consists of the following activities:

- Assistance establishing PPPs (e.g., engaging counterparts and private-sector entities to identify, discuss, negotiate, and agree on partnerships)
- Improved information sharing (e.g., facilitate 'peer-to-peer' knowledge transfers, professional exchanges and internships, etc.)
- Foster establishment of innovative PPPs

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

In concert with policy-related efforts and support for citizen engagement and improved institutional capacity, USAID Angola portfolio will facilitate the formation and operation of public-private partnerships (PPPs). PPPs present an opportunity to combine the strengths of government entities (e.g., the Ministry of Health) with those of NGO, CSOs and commercial enterprises. In this regard PPPs are often able to plan and implement more responsive and impactful development programming, drawing on the comparative advantages of partner
entities. This approach is consistent with the USAID Angola portfolio goal of transitioning responsibility for development activities to Angolan organizations. PPPs will complement the GRA in the delivery of public services and raise the profile of the private sector (including NGOs and CSOs) as a valuable partner in advancing healthcare and other service delivery initiatives.

USAID Angola portfolio support to PPPs is expected to consist primarily of technical assistance and organizational capacity building. This will include efforts to help form or establish PPPs by bringing together potential partners, as well as facilitating better information sharing and identifying opportunities for new, more dynamic partnerships. Many forms of technical assistance and capacity building are typically eligible for Categorical Exclusion under 22 CFR §216.2(c)2. However, because certain of the PPPs formed or cultivated with USAID Angola portfolio support are expected to focus on the improved delivery of public services and/or the implementation of healthcare-oriented development programming, certain indirect adverse environmental impacts are possible under Intervention Category 6. For example, USAID Angola portfolio support could be used to establish a PPP that is working with clinicians or other healthcare providers to improve patient outcomes or responsiveness to public health priorities. In this context the PPP’s efforts would be expected to impact healthcare waste generation and management practices. (See Section 3.1 for a fuller discussion of the waste-related impacts of health care activities.)

For this reason, not all PPP-related activities are eligible for Categorical Exclusion. Those that are eligible include information sharing initiatives and efforts to foster the establishment of innovative PPPs; these activities are anticipated to have no discernable adverse impact on the environment, direct or indirect.

Direct USAID Angola portfolio assistance for the establishment of PPPs will be subject to conditions such that the formation and operation of these entities adequately addresses issues of sustainability and environmentally sound design and management. These conditions will offset the indirect risk that certain PPPs may present in fulfillment of their mission, particularly those with a mandate to improve—or expand access to—Angolan healthcare services.

**Intervention Category 7: Facilitate Credit/Loan Process**

**Entailed activities.** This intervention category consists of the following activities:

1. Encourage private sector entities to utilize the existing Development Credit Authority (DCA) mechanism to invest in healthcare provision (e.g., facilities, training, equipment, commodities).

2. Facilitate loan-making process (e.g., technical assistance with loan applications, engagement with private financial sector, etc.).

3. Support financial institutions in developing and disseminating information on financing and credit options.

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**
The provision of targeted financial assistance and support for loan making can present the possibility of indirect adverse impacts. As increased financing is made available to the healthcare sector, additional investments will likely occur in health facilities, warehouses, and health worker housing; training, technical assistance, and education for village health team workers; and commodity procurement, among other activities. Taken together, these forms of investment and subsequent changes in healthcare service delivery present the risk of potentially significant adverse impacts, as detailed in Section 1.3. The indirect risks associated with financing interventions warrant specific conditions.

**Intervention Category 8: Direct support and capacity building for health system strengthening (HSS).**

**Entailed activities.** This intervention category consists of the following activities:

- Improved delivery of targeted healthcare services (e.g., HIV/AIDS, malaria, and family planning care)
- Improved healthcare support functions (e.g., laboratory services)
- Improved standards of care for public health priorities (e.g., model system for HIV/AIDS prevention, care and treatment)
- Establish new healthcare linkages for key populations
- Clinical monitoring, mentoring and supervision

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

The activities in this intervention category are intended to improve and expand the delivery of and/or access to health care services. As detailed in Section 1.3, the delivery of these services presents a set of potentially significant adverse environmental and health impacts, particularly related to medical waste. Expansion of these services while strengthening delivery and/or access to health care services may result in adverse environmental impacts. Therefore, these remaining activities DO present potential adverse environmental impacts. These impacts may be direct or indirect:

- Where USAID support for service delivery is direct, USAID bears full responsibility for adverse impacts when its 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.
- Where USAID instead funds capacity building for the entities that manage delivery of care (e.g. government ministries, NGOs), USAID generally has far 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 health care delivery address and require appropriate management. Where USAID’s support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.
Improving healthcare service delivery primarily entails targeted technical assistance, but improved delivery also involves mobilizing and engaging with at-risk populations such that they can benefit from these services. Establishing new healthcare linkages for key populations requires effective community outreach and education, but these activities do not have an adverse impact on the environment, and are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

Intervention Category 9: Technical assistance and training of healthcare workers and/or delivery agents.

Entailed activities. This intervention category consists of the following activities:

- Training in HIV/AIDS care (e.g., build capacity consistent with PEPFAR initiatives)
- Training in malaria care (e.g., institutionalize malaria case management model)
- Training in TB care (e.g., build clinical capacity for TB screening, counseling, testing and treatment)
- Training in family planning
- Training in reproductive health
- Training in maternal and child health

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

Training (including supportive supervision) is one of a class of activities under 22 CFR 216 eligible for categorical exclusion. However, training of health care providers is intended to improve and expand the delivery of and/or access to health care services. As detailed in section 3.1, the delivery of these services presents a set of potentially significant adverse environmental and health impacts, particularly waste-and bio-safety related.

Further, the purpose of the training activities and the development of training curricula are to influence the actions of healthcare providers/service delivery agents. Appropriate management of health care waste depends heavily on individual actions of these agents (e.g., is there consistent separation of sharps and “red bag” waste?). Training therefore must, as appropriate in the context of the scope of the training, address proper handling, use and disposal of health care waste, including proper disposal of blood, sputum, and sharps. For example, training administrative staff on case management may not be appropriate for waste disposal training, but training nurses on delivery of vaccinations would be appropriate to discuss how to dispose of used needles and vaccine packaging.

While USAID does not have control over the actions of healthcare providers/service delivery agents/managers post-training, it can assure that the curricula, training and leadership programs fully and appropriately integrate sound management of health care waste.

Training activities are subject to conditions because they result in the increase of hazardous wastes (i.e., from the collection and/or analysis of blood or body fluid samples).

Intervention Category 10: Procurement and supply chain strengthening
**Entailed activities.** This intervention category consists of the following activities:

- Pharmaceutical procurement and distribution for the prevention and treatment of HIV/AIDS and associated complications (e.g., ARVs)
- Pharmaceutical procurement and distribution for the prevention and treatment of STIs
- Pharmaceutical procurement and distribution for the prevention and treatment of malaria, including intermittent preventive treatment of pregnant women (IPTp) (e.g., prophylaxis, artemisinin-based combination therapies [ACTs], etc.)
- Pharmaceutical procurement and distribution for family planning (e.g., contraceptives)
- Procurement of clinical equipment and supplies (e.g., to improve public health surveillance, health management information systems, family planning and maternal health, and monitoring and evaluation)

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

The environmental impacts of activities associated with procurement and distribution of pharmaceuticals, nutritional supplements, and medical devices are discussed in Section 3.3

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 (i.e., all pharmaceuticals). Improper disposal of potentially infectious and pharmaceutical waste has potentially significant adverse impacts, as discussed in section 3.3.

As noted above, 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 from acquisition to disposal. Where the IPs identify deficiencies in the procedures and capabilities it shall notify USAID and provide recommended action steps for Agency consideration.

**Intervention Category 11: Malaria vector control.**

**Entailed activities.** This intervention category consists of the following activities:

- Procurement and distribution of long-lasting insecticide-treated nets (LLITNs)
- Indoor residual spraying (IRS) activities

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

The USAID Angola portfolio’s malaria vector control activities represent a critical public health response. The procurement and distribution of long-lasting insecticide-treated net (LLITNs) and indoor residual spraying (IRS) program are cornerstones of the President’s Malaria Initiative (PMI).

Both of these activities, which depend on the use of pesticide, present the risk of significant adverse impacts to human health and the environment. Both activities have previously received
a Positive Threshold Decision under 22 CFR §216.3(a)2 and are the subject of detailed Environmental Assessments and related documentation and environmental management resources (e.g., Best Management Practices Manuals, etc.).

The potential adverse impacts inherent to these activities and that have been previously identified and assessed pose similar if not the same risks in the context of USAID Angola malaria vector control efforts. The implementation of these malaria vector control activities by USAID Angola is therefore conditional on full compliance with existing, approved 22 CFR §216 documentation related to LLITN and IRS programming.

**Intervention Category 12: Data collection and analysis and information sharing.**

**Entailed activities.** This intervention category consists of the following activities:

- Public health surveillance (e.g., studies, surveys, assessments, etc.)
- Sharing of public health data
- Development of improved funding models (e.g., for diversified health sector support)
- Dissemination of healthcare-related research and analysis (e.g., “lessons learned” and best practices)
- Targeted healthcare research and performance monitoring (e.g., ART assessments and surveys, etc.)
- Improved information technology (IT) (e.g., system upgrades, etc.)

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

Numerous USAID Angola portfolio activities, as well as the efforts of many Angolan partners, will depend on the improved collection, analysis, and sharing of data and information. In many cases these measures will inform the design and implementation of the types of health sector interventions described above; they are intended to enable more effective decision making and better development outcomes.

The types of data collection and analysis and information sharing that characterize the activities that comprise Intervention Category 11 are anticipated to have no discernable adverse impact on the environment, direct or indirect. These activities are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

A Categorical Exclusion is recommended for all activities implemented under Intervention Category 11.

**Intervention Category 13: Water and sanitation (WASH) provision, including small-scale infrastructure.**

**Entailed activities.** This intervention category consists of the following activities:

- Construction or rehabilitation of small-scale water and sanitation infrastructure (e.g., via the GRA Water for All program), including protection of existing water sources. This may include boreholes, shallow wells, latrines, and spring capping and conversion of
open wells to pumps, including associated infrastructure such as towers/tanks/standpipes.

- Capacity-building for equipment/system maintenance.
- Support to access for financing for water and sanitation improvements at community levels. Examples include: assessment of the private sector for water and sanitation, focusing on micro-enterprise approaches.
- Mapping existing water/sanitation facilities and undertaking WASH needs assessments to identify target communities.
- Promotion of point-of-use water treatment, with a principal focus on distribution and use of water-guard (sodium hypochlorite) and chlorine for water treatment.

**Potential Adverse Impacts & Considerations Regarding Recommended Determinations.**

In general, well-executed water and sanitation interventions bring substantial health and environmental benefits. However, for many activities, active efforts are required to prevent unintended adverse impacts that can offset or negate these benefits:

Point of use water treatment presents strong benefits if required dosage levels and procedures are followed. Health risks related to excessive dosing of water are minimal; the risk is rather of under-treatment and re-contamination that renders the POU treatment ineffective. Further, appropriate dilution/dosage is the major focus of the intervention. There is thus no contraindication to the categorical exclusion per 22 CFR 216.2 (c) (viii) for which health care activities are eligible.

Wells, boreholes, and water supply systems. In operation, wells bore holes and small water systems can:

1. Deplete groundwater when abstraction exceeds replenishment of groundwater resource.

2. Create stagnant (standing) water in the vicinity of the water supply point and creation of diseases vectors breeding sites (mosquitoes, risks of contamination of fetched water, foot infection of water point users, seepage in and contamination of the wells, etc.)

3. Create human health risks from provision of biologically or chemically contaminated water. Even if water is not contaminated initially, it can become so through flooding, failure to exclude livestock from the water point, use of contaminated containers to draw water from hand-dug wells, and other factors.

4. Lead to human health risks from contamination of water fetched from the water points to the end users (arising from contamination of containers, mishandling, etc.).

However, for small-scale interventions, these impacts can be controlled below the level of significance by appropriate siting, water quality assurance protocols (including testing), design (including drainage and exclusion of livestock from water points) and maintenance. With respect to the last, capacity-building in equipment/system maintenance is an essential corollary to construction/installation of small-scale water supplies.
**Latrines/Small-scale Sanitation.** In operation, latrines can contaminate shallow groundwater and wells and, when not well maintained or of an open-pit design, can be the source of multiplication of flies, mosquitoes, spread of diseases, and foul odors.

NOTE: Poorly designed sanitation facilities can lead to insect-borne diseases: There are two groups to consider. Firstly, culex mosquitoes, which do not transmit malaria but can transmit filariasis, breed extensively in septic tanks and flooded latrines. Secondly, flies and cockroaches often thrive on excreta and have been implicated in some transmission of fecal-oral disease. Mosquitoes, flies, and cockroaches all constitute a great nuisance, and poor urban households have consistently been shown to spend substantial amounts of their scanty household income on using control coils and nets.

However, for small-scale interventions these impacts can be controlled below the level of significance by appropriate siting, design, and maintenance. With respect to the last, capacity-building in equipment/system maintenance is an essential corollary to construction/installation of small-scale sanitation.

**Support WASH innovation technologies for latrines.**

Innovative latrine technologies may be promoted for their cost advantages, ease of construction, attractiveness to users, because they better address environmental contamination and disease vector problems, or for other reasons. As a class, however, they present the same potential risks as existing latrine technologies and may or may not be an appropriate design choice in a specific context. Assessing and managing these risks for field testing or wider installation of innovative latrine technology requires a specific examination of the technology and its proposed use context.

**Social marketing/education/outreach/community mobilization** on hygienic water handling/storage, hand-washing, use of sanitation facilities (CLTS-community-led total sanitation) and the importance of protecting water supplies is, like system and equipment maintenance, an essential corollary to construction and installation of small-scale water and sanitation infrastructure. Experience shows without behavior change, the physical infrastructure will not be used or maintained.

**Support to access for financing for water and sanitation improvements** at the community level presents risks if increased finance availability is not accompanied by complementary interventions that better assure that the small-scale/household installations conform to appropriate design and siting criteria and are properly operated and maintained. Such complementary interventions include, e.g. training local contractors, working with community WASH committees to assure that credit is directed toward well-designed installations, etc.

**Mapping** of existing facilities and undertaking WASH needs assessments are activities that involve document collection, education, and outreach and are therefore eligible for Categorical Exclusion per 22 CFR 216.2. of existing facilities and undertaking WASH needs assessments are activities that involve document collection, education, and outreach and are therefore eligible for Categorical Exclusion per 22 CFR 216.2.
4.0 ENVIRONMENTAL DETERMINATIONS

The recommended environmental determinations this section are based on the following logic:

*Categorical Exclusions* - Interventions and activities with no foreseeable direct or indirect environmental impact and failing within the activities eligible to qualify for a pre-threshold determination of a Categorical Exclusion per 22 CFR 216.2(c), are identified and will not be considered further. Monitoring of activities for the changes or unforeseen impacts must still be in place.

*Negative Determinations with Conditions* - Interventions and activities with low or moderate environmental impact requiring measures are assigned a Negative Determination with Conditions. Conditions are those requirements or specific mitigation measures applicable to the project planning, implementation, and operation. Conditions are detailed for these activities in the below table.

Pursuant to 22 CFR 216.2(c)(2), the following types of activities are eligible for Categorical Exclusion from further environmental analysis, UNLESS they have a [foreseeable] effect on the natural or physical environment, either indirectly or directly.

(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);

(ii) Analyses, studies, academic or research workshops and meetings;

(iii) Document and information transfers;

(v) Programs involving nutrition, health care services except to the extent designed to include activities directly affecting the environment (such as construction of facilities)

(vii) Programs involving nutrition, health care services except to the extent designed to include activities directly affecting the environment (such as construction of facilities)

(viii) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities).

The following table summarizes the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22CFR216.
<table>
<thead>
<tr>
<th>USAID/Eswatini HIV/AIDS Care and Treatment Activities (as organized by Intervention Category)</th>
<th>Categorical Exclusion Citation (if applicable)</th>
<th>Negative Determination</th>
<th>Positive Determination</th>
<th>Deferral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention Category 1:</strong> Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety.</td>
<td>X</td>
<td></td>
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<tr>
<td>● Generalized health system strengthening (HSS) initiatives.</td>
<td>22 CFR</td>
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<tr>
<td>● Improved access to data, information and analysis for policy development.</td>
<td>216.2(c)(2)(i),(v),(vii)</td>
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<td>● Effective governance</td>
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<tr>
<td><strong>Intervention Category 2:</strong> Support for policy development and implementation that impacts natural resource management and/or environmental health and safety</td>
<td>X</td>
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<tr>
<td>● WASH service delivery initiatives (e.g., promotion of GRA’s Water for All program, engagement with Ministry of Energy and Water [MINEA], etc.)</td>
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<tr>
<td>● Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and similar regulatory efforts</td>
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<tr>
<td><strong>Intervention Category 3:</strong> Support for citizens’ engagement with local government.</td>
<td>X</td>
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<td>22 CFR</td>
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<tr>
<td>216.2(c)(2)(i),(v),(vii)</td>
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<tr>
<td><strong>Intervention Category 4:</strong> Technical assistance and</td>
<td>X</td>
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</table>

3 Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.
4 Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.
capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions

<table>
<thead>
<tr>
<th>Intervention Category 5: Technical assistance and capacity building in strategic planning and implementation for the improved delivery of public services.</th>
<th>X with conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Category 6: Technical assistance and capacity building to public-private partnerships (PPPs).</td>
<td>X with conditions</td>
</tr>
<tr>
<td>Intervention Category 7: Facilitate Credit/Loan Process</td>
<td>X with conditions</td>
</tr>
<tr>
<td>Intervention Category 8: Direct support and capacity building for health system strengthening (HSS).</td>
<td>X with conditions</td>
</tr>
<tr>
<td>Intervention Category 9: Technical assistance and training of healthcare workers and/or delivery agents.</td>
<td>X with conditions</td>
</tr>
<tr>
<td>Intervention Category 10: Procurement and supply chain strengthening</td>
<td>X with conditions</td>
</tr>
<tr>
<td>Intervention Category 11: Malaria vector control.</td>
<td>X with conditions</td>
</tr>
<tr>
<td>Intervention Category 12: Data collection and analysis and information sharing.</td>
<td>X 22 CFR 216.2(c)(2)(i),(v),(vii)</td>
</tr>
<tr>
<td>Intervention Category 13: WASH provision</td>
<td>X</td>
</tr>
</tbody>
</table>
4.2 CLIMATE RISK MANAGEMENT

The purpose of the climate risk management (CRM) screening is to identify climate-related risks to USAID programming in the health sector in Angola, and to help ensure USAID activities are more resilient to both current and future climate variability and change. This screening is part of implementing the Mandatory Reference for ADS Chapter 201: Climate Risks Management for USAID Projects and Activities. The CRM screening was completed through a desktop review.

The CRM screening was completed through a desktop review. This included reviewing:

• Current USAID/Angola CDCS
• Health activities PAAM
• Review of implementing partner agreement program descriptions (multiple)
• USAID Climate Change Risk Profile – Southern Africa (2016); and the
• USAID Climate Risk Management Toolkit

The CRM screening (Annex 1) was completed by utilizing the above resources. The matrix outlines specific climate risks to project design and implementation, and opportunities to address those risks.

To ensure infrastructure is resilient to climate change, the following language will be included in solicitations: Engineering analysis preceding design activities must include consideration of climate change and its potential impacts on the location (siting), functionality and sustainability of resulting infrastructure and infrastructure services. Such analysis must include identification of relevant data sets and gaps, review of local building standards and codes for adequacy; and determination of safety factors or other measures of uncertainty that will be carried through design. The results of this analysis, including risks identified and how they are addressed, shall be documented. As USAID screens for all potential risks associated with activities that include construction investments during the planning and activity design phase, detailed risk assessment and the processes for integrating climate change consideration into construction projects will be part of the architecture and engineering (A&E) plans.
5.0 CONDITIONS AND MITIGATION MEASURES

5.1 CONDITIONS
The environmental determinations in this IEE are contingent upon full implementation of the following general implementation and monitoring requirements, as well as ADS 204 and other relevant requirements.

5.1.1 DURING PRE-AWARD:

5.1.1.1 Pre-Award Briefings: As feasible, the design team and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide a pre-award briefing for potential offerors on environmental compliance expectations/responsibilities at bidders’ conferences.

5.1.1.2 Solicitations: The design team, in coordination with the A/CO, will ensure solicitations include environmental compliance requirements and evaluation criteria. A/CO will ensure technical and cost proposal requirements include approach, staffing, and budget sufficient for complying with the terms of this IEE.

5.1.1.3 Awards: The A/COR, in coordination with the A/CO, will ensure all awards and sub-awards, include environmental compliance requirements.

5.1.2 DURING POST-AWARD:

5.1.2.1 Post-Award Briefings: The A/COR and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide post-award briefings for the IP on environmental compliance responsibilities.

5.1.2.3 Workplans and Budgeting: The A/COR will ensure the IP integrates environmental compliance requirements in work plans and budgets to comply with requirements, including EMMP implementation and monitoring.

5.1.2.4 Staffing: The A/COR, in coordination with the IP, will ensure all awards have staffing capacity to implement environmental compliance requirements.

5.1.2.5 Records Management: The A/COR will maintain environmental compliance documents in the official project/activity file and upload records to the designated USAID environmental compliance database system.

5.1.2.6 Host Country Environmental Compliance: The A/COR will ensure the IP complies with applicable and appropriate host country environmental requirements unless otherwise directed in writing by USAID. However, in the case of a conflict between the host country and USAID requirements, the more stringent shall govern.
5.1.2.7 Work Plan Review: The A/COR will ensure the IP verifies, at least annually or when activities are added or modified, that activities remain within the scope of the IEE. Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.

5.1.2.8 IEE Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an IEE Amendment will be required.

5.1.2.14 USAID Monitoring Oversight: The A/COR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, REA, BEO), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).

5.1.2.16 Environmental Compliance Mitigation and Monitoring Plan: The A/COR will ensure the IP develops, obtains approval for, and implements Environmental Mitigation and Monitoring Plans (EMMPs) that are responsive to the stipulated environmental compliance requirements. All EMMPs must be uploaded to this site once approved by the Mission’s MEO: https://drive.google.com/drive/u/0/folders/1q7HGMzgopJ-MuKxkQEJ4GSPp9R7Qzv-5

5.1.2.17 Environmental Compliance Reporting: The A/COR will ensure the IP includes environmental compliance in regular project/activity reports, using indicators as appropriate; develops and submits the Environmental Mitigation and Monitoring Reports (EMMRs); and completes and submits a Record of Compliance (RoC) describing their implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub activities (as applicable). And where required by Bureaus or Missions, ensure the IP prepares a closeout plan consistent with contract documentation for A/COR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned. All updates to EMMPs must be uploaded to this site once approved by the Mission’s MEO: https://drive.google.com/drive/u/0/folders/1q7HGMzgopJ-MuKxkQEJ4GSPp9R7Qzv-5

5.1.2.18 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the A/COR, place a hold on activities, take corrective action, and report on the effectiveness of corrective actions. The A/COR initiates the corrective action process and ensures the IP completes and documents their activities. Where required by Bureaus or Missions, ensure Record of Compliance is completed.

5.2 AGENCY CONDITIONS

5.2.1 Sub-award Screening: The A/COR will ensure the IP uses an adequate environmental screening tool to screen any sub-award applications and to aid in the development of EMMPs.
5.2.2 Programmatic IEEs (PIEE): PIEEs stipulate requirements for additional environmental examination of new or country specific projects/activities. The A/COR of any project/activity being implemented under a PIEE will ensure appropriate reviews are conducted, typically through a Supplemental IEE, and approved by the cognizant BEO.

5.2.3 Supplemental IEEs (SIEEs): An SIEE will be prepared for any new project/activity being planned which fall under a PIEE. The SIEE will provide a more thorough analysis of the planned activities, additional geographic context and baseline conditions as well as specific mitigation and monitoring requirements.

5.2.4 Other Supplemental Analyses: The A/COR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.

5.2.5 Compliance with human subject research requirements: The AM, A/COR shall assure that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.
### 5.3 MITIGATION MEASURES

The mitigation measures presented in this section constitute the minimum required based on available information at the time of this IEE and the environmental analysis in Section 4. These measures shall provide general direction for completing the project/activity Environmental Mitigation and Monitoring Plan (EMMP) and/or the EA and PERSUAP, if required.

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<tr>
<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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<tbody>
<tr>
<td><strong>Intervention Category 1: Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety.</strong></td>
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<tr>
<td>Generalized health system strengthening (HSS) initiatives.</td>
<td>No associated conditions</td>
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<tr>
<td>Improved access to data, information and analysis for policy development. Effective governance</td>
<td>No associated conditions</td>
</tr>
<tr>
<td>More effective governance (e.g., support for public sector reform, local government transparency, stronger environmental oversight, etc.)</td>
<td>No associated conditions</td>
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</table>
## Projects/Activities/Interventions

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<tr>
<th>Intervention Category 2: Support for policy development and implementation that impacts natural resource management and/or environmental health and safety</th>
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**WASH service delivery initiatives**

(e.g., promotion of GRA’s Water for All program, engagement with Ministry of Energy and Water [MINEA], etc.)

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**Negative Determination** subject to the following conditions:

1. All water supply activities will develop and follow Water Quality Assurance Plans (WQAPs) and USAID-funded water supplies, including point of use treatment, provide safe drinking water, defined as meeting local and United States Environmental Protection Agency water quality standards. Development of the WQAP must be consistent with USAID’s WQAP Template [https://www.usaid.gov/sites/default/files/documents/1860/Africa_Bureau_WQAP_Template_Final.docx](https://www.usaid.gov/sites/default/files/documents/1860/Africa_Bureau_WQAP_Template_Final.docx)

2. Siting of latrines and water sources will consider the potential for surface and groundwater contamination.

3. Any activity promoting sanitation, including training, will integrate and promote general awareness of the environmental, health and safety risks presented by sanitation activities and measures to manage these risks, and follow good construction practices as per [https://www.usaid.gov/sites/default/files/documents/1860/SectorEnvironmentalGuidelines_Water_San_2015.pdf](https://www.usaid.gov/sites/default/files/documents/1860/SectorEnvironmentalGuidelines_Water_San_2015.pdf)

4. Erosion control methods around construction sites must be implemented.

5. Construction sites will be properly labelled to minimize the likelihood of injuries to the beneficiary communities.

6. Disease vector control by managing water pools during construction.


8. All construction must, at a minimum, prevent sediment-heavy run-off from cleared site or material stockpiles to any surface waters or fields with berms, by covering sand/dirt piles, or by choice of location.

9. Construction must be managed so that no standing water on the site persists more than 4 days; fill, sand and gravel must not be extracted from waterways or ecologically sensitive areas, nor knowingly purchased from vendors who do so; implementing partner must identify and implement any feasible measures to increase the probability that timber is procured from legal, well-managed sources.

10. The use of fire cured (burnt) bricks should be avoided wherever possible in construction or rehabilitation. Implementing partner staff and contractors will be sensitized about the social impacts such as the spread of HIV/AIDS, substance abuse and sexual misconduct.
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<td>Water Supply and Sanitation: Follow environmentally sound practices as outlined in the USAID Sector Environmental Guidelines – Water Supply and Sanitation. This document can be found at: <a href="https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/sector-environmental-guidelines-resources#w">https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/sector-environmental-guidelines-resources#w</a>, and the IP should:</td>
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<td>• Calculate yield and extraction rates in relation to other area water uses and available supply;</td>
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<td></td>
<td>• Design improvements with an appropriate scale and capacity;</td>
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<td>• Assess water quality to determine if water is safe to drink at pump testing or after equipping water points and to establish a baseline so that any future degradation can be detected. At a minimum, arsenic and/or fecal coliform, nitrates and fluoride tests should be conducted;</td>
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<td>• Maintain periodic testing. Ongoing testing is the only way to determine if a water supply is or has become contaminated (other than by observing dramatic and sustained increases in water-borne disease);</td>
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<td>• Minimize downstream effects of intervention, perhaps by establishing some form of communication with downstream parties. Preventing microbial contamination of groundwater sources from sanitation activities depends on several factors: Type of latrine; Water table; Soil type; Distance to nearest water source.</td>
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<td>• Balancing these factors to determine the best combination of siting and sanitation technology should involve input from engineers and/or hydrologists.</td>
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<td>Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and similar regulatory efforts)</td>
<td>Negative Determination subject to the following conditions:</td>
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<tr>
<td></td>
<td>1. All efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, tests kits, etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodities at end-of-life, appropriate end-of-life management must be assured.</td>
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<tr>
<td></td>
<td>3. Any healthcare waste directly generated by USAID-funded training activities must be appropriately managed. *</td>
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|                                 | 4. Training, supervision, curricula development and other health care worker/work force capacity building must address appropriate management practices* concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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).

Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.

5. In cases where USAID is supporting health facilities and service delivery but not directly providing care, the health team must ensure, to the greatest extent feasible, that the medical facilities and operations benefiting from USAID support have adequate procedures and capacities in place to appropriately* handle, label, treat, store, transport and dispose of blood, sharps and other medical waste and that norms and training include environmental health considerations.

Note:

- Where USAID support increases the delivery of healthcare services, such as through the provision of supplies, equipment, and/or staffing, USAID will take responsibility for ensuring the proper management of medical waste from that facility; including, but not limited to, proper handling, labeling, treatment, storage, transport and final disposal.
- When USAID supports healthcare service delivery in partnership with other actors, including the host country, the GRA, NGOs, CSOs, etc., USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies* in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed.

* Significant deficiencies are defined as not meeting “minimum approaches” as established by WHO Guidance for each of the following aspects of medical waste management: health care waste management policy; planning; waste minimization; segregation, storage and transport; treatment and disposal; wastewater management; waste management costing; health and safety practices; hygiene and infection control; training, education and public awareness.

- USAID must regularly monitor the state of healthcare waste management in the healthcare facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity.
- When reports or other information indicate significant deficiencies in the management and disposal of medical waste in a given facility, USAID will commit its resources (independently or through collaborative
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<td>efforts) to a speedy correction of significant deficiencies. In this case, USAID will request from implementing partners or prepare internally a Corrective Action Plan that will resolve the subject deficiencies as quickly as possible, not to exceed 6 months from the initial indications of deficiencies.</td>
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<td>• As applicable, all efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, diagnostic tests kits (including HIV test kits), VMMC disposable kits etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodity at end-of-life, appropriate end-of-life management must be assured. Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals. <a href="https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1</a></td>
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<td></td>
<td>• Any healthcare waste generated by USAID-funded training, capacity building and/or technical assistance activities must be appropriately managed, including disposal, following WHO guidelines as well as the GKOE mandatory procedures and guidelines. <a href="https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1</a></td>
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<td></td>
<td>Training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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). Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.</td>
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**Intervention Category 3: Support for citizens’ engagement with local government.**
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<tr>
<th>Projects/Activities/Interventions</th>
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<td>Improved dialogue between government, the private sector, and civil society (e.g., facilitate opportunities for local solutions through increased public participation)</td>
<td>No associated conditions</td>
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<tr>
<td>Improved information sharing (e.g., transferring and exchanging knowledge between the GRA and its citizens)</td>
<td>No associated conditions</td>
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<tr>
<td>Projects/Activities/Interventions</td>
<td>Recommended Determination (and Condition(s), as applicable)</td>
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<tr>
<td>Increased role of women and marginalized populations in civil society</td>
<td>No associated conditions</td>
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<tr>
<td>Increased educational opportunities for target populations (e.g., programs for underserved youth, adults and preschool children in poor urban and rural areas)</td>
<td>No associated conditions</td>
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<tr>
<td><strong>Intervention Category 4: Technical assistance and capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions.</strong></td>
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<tr>
<td>Support to GRA entities (e.g., assistance to Ministry of Finance, Ministry of Health, etc.)</td>
<td>No associated conditions</td>
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<tr>
<td>Support to CSOs and NGOs (e.g., capacity building in organizational core competencies)</td>
<td>No associated conditions</td>
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<tr>
<td>Establishment and promotion of</td>
<td>No associated conditions</td>
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<tr>
<td>Projects/Activities/Interventions</td>
<td>Recommended Determination (and Condition(s), as applicable)</td>
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<tr>
<td>organizational management ‘best practices’ (e.g., identify knowledge sharing opportunities among Angolan CSOs)</td>
<td>No associated conditions</td>
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<tr>
<td>Increased expertise in budget management and fiscal processes (e.g., build institutional capacity through sharing of best practices in budget execution, projection methods, etc.)</td>
<td>No associated conditions</td>
</tr>
<tr>
<td>Improved use of administrative and management tools and resources (e.g., integration of Information Technology [IT] systems, monitoring and evaluation [M&amp;E] techniques, etc.)</td>
<td>No associated conditions</td>
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</table>

**Intervention Category 5:** Technical assistance and capacity building in strategic planning and implementation for the improved delivery of public services.
### Projects/Activities/Interventions

| Budget development (e.g., financial planning and resource allocation for programs or activities) |

#### Negative Determination subject to the following conditions:

1. All efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, tests kits, etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodities at end-of-life, appropriate end-of-life management must be assured.


2. Any healthcare waste directly generated by USAID-funded training activities must be appropriately managed. *

3. Training, supervision, curricula development and other health care worker/work force capacity building must address appropriate management practices* concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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).

Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.

4. In cases where USAID is supporting health facilities and service delivery but not directly providing care, the health team must ensure, to the greatest extent feasible, that the medical facilities and operations benefiting from USAID support have adequate procedures and capacities in place to appropriately* handle, label, treat,
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<td>store, transport and dispose of blood, sharps and other medical waste and that norms and training include environmental health considerations.</td>
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Note:

- Where USAID support increases the delivery of healthcare services, such as through the provision of supplies, equipment, and/or staffing, USAID will take responsibility for ensuring the proper management of medical waste from that facility; including, but not limited to, proper handling, labeling, treatment, storage, transport and final disposal.

- When USAID supports healthcare service delivery in partnership with other actors, including the host country, the GRA, NGOs, CSOs, etc., USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies* in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed.

  * Significant deficiencies are defined as not meeting “minimum approaches” as established by WHO Guidance for each of the following aspects of medical waste management: health care waste management policy; planning; waste minimization; segregation, storage and transport; treatment and disposal; wastewater management; waste management costing; health and safety practices; hygiene and infection control; training, education and public awareness.

- USAID must regularly monitor the state of healthcare waste management in the healthcare facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity.

- When reports or other information indicate significant deficiencies in the management and disposal of medical waste in a given facility, USAID will commit its resources (independently or through collaborative efforts) to a speedy correction of significant deficiencies. In this case, USAID will request from implementing partners or prepare internally a Corrective Action Plan that will resolve the subject deficiencies as quickly as possible, not to exceed 6 months from the initial indications of deficiencies.

- As applicable, all efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, diagnostic tests kits (including HIV test kits), VMMC disposable kits etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodity at end-of-life, appropriate end-of-life management must be assured. Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals.
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<tr>
<td>• Any healthcare waste generated by USAID-funded training, capacity building and/or technical assistance activities must be appropriately managed, including disposal, following WHO guidelines as well as the GKO</td>
<td>E mandatory procedures and guidelines.</td>
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Training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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). Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.

**Intervention Category 10:** Procurement and supply chain strengthening

**Promotion of Angolan-led strategic initiatives** (e.g., establish systems, procedures, and protocols for host-country ownership of the health sector development agenda)

**No associated conditions**

**Intervention Category 6:** Technical assistance and capacity building to public-private partnerships (PPPs).
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<th>Projects/Activities/Interventions</th>
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| Assistance establishing PPPs (e.g., engaging counterparts and private-sector entities to identify, discuss, negotiate, and agree on partnerships) | **Negative determination**, subject to the following **conditions**:
1) Support for the establishment of PPPs will be based on completion of an appropriate screening, identification, and/or recommendation process for public-private investments that ensures the full consideration and integration of:
   a. environmental, health and safety (EHS) risks and appropriate management practices to control these risks; and
   b. compliance with all applicable GRA laws and regulations.
2) PPPs established with USAID support will incorporate as a core value the fostering of an environmentally sound/sustainable approach, and this value will be fully mainstreamed and integrated in their programming and activities. |
| Improved information sharing (e.g., facilitate ‘peer-to-peer’ knowledge transfers, professional exchanges and internships, etc.) | **No associated conditions** |
| Foster establishment of innovative PPPs | **No associated conditions** |

**Intervention Category 7: Facilitate Credit/Loan Process**

This intervention category consists of the following activities that share conditions:

1. **Encourage private sector entities to utilize the existing Development Credit Authority (DCA) mechanism**

---

**Negative Determination** subject to the following **conditions**:
1) Implementing and procurement documentation must require that programs and activities will comply with host-government environmental requirements, legislation and standards. Furthermore, where appropriate, technical assistance and training will include environmental awareness and sensitivity components, including exposure to the principles and procedures of Environmental Impact Assessment (EIA).
2) For DCA agreements, the Agency will:
   a) require the lending institutions to incorporate conditions in their DCA-guaranteed loan agreements that require borrowers to comply with all applicable local environmental laws and regulations;
   b) require that the lending institutions ensure that they know the purposes of the guaranteed loans;
   c) include its standard legal agreement language, which prevents loans from coming under coverage if those loans are associated with certain activities;
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| to invest in healthcare provision (e.g., facilities, training, equipment, commodities). | d) require that lending institutions represent to the Agency that they will ensure that they:  
  i. Adhere to their internal environmental policies;  
  ii. Issue sub-loans to borrowers in line with their environmental policies; and  
  iii. Include provisions that USAID’s environmental officers have the right to review the guaranteed lending institutions’ environmental policies. |
| 2. Facilitate loan-making process (e.g., technical assistance with loan applications, engagement with private financial sector, etc.). | |
| 3. Support financial institutions in developing and disseminating information on financing and credit options. | |

**Intervention Category 8:** Direct support and capacity building for health system strengthening (HSS).

This intervention category consists of the following activities that share conditions:

1. Encourage private sector entities to

**Negative Determination** subject to the following **conditions**:

1) Implementing and procurement documentation must require that programs and activities will comply with host-government environmental requirements, legislation and standards. Furthermore, where appropriate, technical assistance and training will include environmental awareness and sensitivity components, including exposure to the principles and procedures of Environmental Impact Assessment (EIA).

2) For DCA agreements, the Agency will:

a) require the lending institutions to incorporate conditions in their DCA-guaranteed loan agreements that require
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<td>utilize the existing DCA mechanism to invest in healthcare provision (e.g., facilities, training, equipment, commodities).</td>
<td>borrowers to comply with all applicable local environmental laws and regulations; b) require that the lending institutions ensure that they know the purposes of the guaranteed loans; c) include its standard legal agreement language, which prevents loans from coming under coverage if those loans are associated with certain activities; d) require that lending institutions represent to the Agency that they will ensure that they: i. Adhere to their internal environmental policies; ii. Issue sub-loans to borrowers in line with their environmental policies; and iii. Include provisions that USAID’s environmental officers have the right to review the guaranteed lending institutions’ environmental policies.</td>
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<tr>
<td>2. Facilitate loan-making process (e.g., assistance with loan applications, engagement with private financial sector, etc.).</td>
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<tr>
<td>3. Support financial institutions in developing and disseminating information on financing and credit options</td>
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**Intervention Category 9: Technical assistance and training of healthcare workers and/or delivery agents.**

This intervention category consists of the following activities that share conditions:

1. Training in HIV/AIDS care (e.g., build capacity consistent with conditions): **Negative Determination** subject to the following conditions:

   1. All efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, tests kits, etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodities at end-of-life, appropriate end-of-life management must be assured.

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<tr>
<td>with PEPFAR initiatives</td>
<td>environmental-guidelines-resources#hw</td>
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<tr>
<td>2. Training in malaria care</td>
<td>2. Any healthcare waste directly generated by USAID-funded training activities must be appropriately managed. *</td>
</tr>
<tr>
<td>(e.g., institutionalize</td>
<td>3. Training, supervision, curricula development and other health care worker/work force capacity building must address appropriate management practices* concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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).</td>
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<tr>
<td>malaria case management model</td>
<td>Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.</td>
</tr>
<tr>
<td>3. Training in TB care</td>
<td>4. In cases where USAID is supporting health facilities and service delivery but not directly providing care, the health team must ensure, to the greatest extent feasible, that the medical facilities and operations benefiting from USAID support have adequate procedures and capacities in place to appropriately* handle, label, treat, store, transport and dispose of blood, sharps and other medical waste and that norms and training include environmental health considerations.</td>
</tr>
<tr>
<td>(e.g., build clinical</td>
<td>Note:</td>
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<tr>
<td>capacity for TB screening,</td>
<td>• Where USAID support increases the delivery of healthcare services, such as through the provision of supplies, equipment, and/or staffing, USAID will take responsibility for ensuring the proper management of medical waste from that facility; including, but not limited to, proper handling, labeling, treatment, storage, transport and final disposal.</td>
</tr>
<tr>
<td>counseling, testing and</td>
<td>• When USAID supports healthcare service delivery in partnership with other actors, including the host country, the GRA, NGOs, CSOs, etc., USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies* in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed.</td>
</tr>
<tr>
<td>and treatment</td>
<td>* Significant deficiencies are defined as not meeting “minimum approaches” as established by WHO Guidance for each of the following aspects of medical waste management: health care waste management policy; planning; waste minimization; segregation, storage and transport; treatment and disposal; wastewater management; waste management costing; health and safety practices; hygiene and infection control; training, education and public awareness.</td>
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<td>4. Training in family planning</td>
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<td>5. Training in reproductive</td>
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<td>health</td>
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<td>6. Training in maternal and</td>
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<tr>
<td>child health</td>
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<tr>
<td>Projects/Activities/Interventions</td>
<td>Recommended Determination (and Condition(s), as applicable)</td>
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<tr>
<td>• USAID must regularly monitor the state of healthcare waste management in the healthcare facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity.</td>
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<tr>
<td>• When reports or other information indicate significant deficiencies in the management and disposal of medical waste in a given facility, USAID will commit its resources (independently or through collaborative efforts) to a speedy correction of significant deficiencies. In this case, USAID will request from implementing partners or prepare internally a Corrective Action Plan that will resolve the subject deficiencies as quickly as possible, not to exceed 6 months from the initial indications of deficiencies.</td>
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<tr>
<td>• As applicable, all efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, diagnostic tests kits (including HIV test kits), VMMC disposable kits etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodity at end-of-life, appropriate end-of-life management must be assured. Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals.</td>
<td></td>
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</tbody>
</table>
https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1  
| • Any healthcare waste generated by USAID-funded training, capacity building and/or technical assistance activities must be appropriately managed, including disposal, following WHO guidelines as well as the GKOE mandatory procedures and guidelines. |  
https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1 |

Training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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). Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal.
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<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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<tr>
<td></td>
<td>of condoms and other potentially harmful materials.</td>
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</table>

**Intervention Category 10: Procurement and supply chain strengthening**

This intervention category consists of the following activities that share conditions:

1. Pharmaceutical procurement and distribution for the prevention and treatment of HIV/AIDS and associated complications (e.g., ARVs)

2. Pharmaceutical procurement and distribution for the prevention and treatment of STIs

3. Pharmaceutical procurement and distribution for the prevention and treatment of malaria, including intermittent preventive

**Negative Determination** subject to the following **conditions**: Negative Determination subject to the following conditions:

1. All efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, tests kits, etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodities at end-of-life, appropriate end-of-life management must be assured.


3. Training, supervision, curricula development and other health care worker/work force capacity building must address appropriate management practices* concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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).

Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.

4. In cases where USAID is supporting health facilities and service delivery but not directly providing care, the health team must ensure, to the greatest extent feasible, that the medical facilities and operations benefiting from USAID support have adequate procedures and capacities in place to appropriately* handle, label, treat, store, transport and dispose of blood, sharps and other medical waste and that norms and training include environmental health considerations.

Note:
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<th>Projects/Activities/Interventions</th>
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| treatment of pregnant women (IPTp) (e.g., prophylaxis, artemisinin-based combination therapies [ACTs], etc.) | • Where USAID support increases the delivery of healthcare services, such as through the provision of supplies, equipment, and/or staffing, USAID will take responsibility for ensuring the proper management of medical waste from that facility; including, but not limited to, proper handling, labeling, treatment, storage, transport and final disposal.  
• When USAID supports healthcare service delivery in partnership with other actors, including the host country, the GRA, NGOs, CSOs, etc., USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies* in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed.  
* Significant deficiencies are defined as not meeting “minimum approaches” as established by WHO Guidance for each of the following aspects of medical waste management: health care waste management policy; planning; waste minimization; segregation, storage and transport; treatment and disposal; wastewater management; waste management costing; health and safety practices; hygiene and infection control; training, education and public awareness. |
| 4. Pharmaceutical procurement and distribution for family planning (e.g., contraceptives) | • USAID must regularly monitor the state of healthcare waste management in the healthcare facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity.  
• When reports or other information indicate significant deficiencies in the management and disposal of medical waste in a given facility, USAID will commit its resources (independently or through collaborative efforts) to a speedy correction of significant deficiencies. In this case, USAID will request from implementing partners or prepare internally a Corrective Action Plan that will resolve the subject deficiencies as quickly as possible, not to exceed 6 months from the initial indications of deficiencies. |
| 5. Procurement of clinical equipment and supplies (e.g., to improve public health surveillance, health management information systems, family planning and maternal health, and monitoring and evaluation) | • As applicable, all efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, diagnostic tests kits (including HIV test kits), VMMC disposable kits etc.), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodity at end-of-life, appropriate end-of-life management must be assured.  
Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals.  
https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?sequence=1  
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<td></td>
<td><em>procedures/sectoral-environmental-social-best-practices/seg-healthcare-waste/pdf</em></td>
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<td></td>
<td>• Any healthcare waste generated by USAID-funded training, capacity building and/or technical assistance activities must be appropriately managed, including disposal, following WHO guidelines as well as the GKOÉ mandatory procedures and guidelines.</td>
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<td></td>
<td><a href="https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?jsessionid=29E4FC7B64774558FF832EB6C1E8EEDE?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?jsessionid=29E4FC7B64774558FF832EB6C1E8EEDE?sequence=1</a></td>
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<tr>
<td></td>
<td>Training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when 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). Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.</td>
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**Intervention Category 11: Malaria vector control**

**Indoor Residual Spraying (IRS)**

**Negative determination subject to the following conditions** for IRS activities that may involve use of pesticides that are subject to the 2017 Programmatic Environmental Assessment (PEA) for *Integrated Vector Management Programs for Malaria Vector Control.*

**The conditions are that the Mission shall carry out the Angola Malaria Vector Control Supplemental Environmental Assessment (SEA).**

As such, IRS activities must comply with the requirements of the 2017 Malaria Vector Control PEA and the Angola SEA, including.

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<table>
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<tr>
<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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</table>
| • Training of spray operators must conform to the PMI Best Management Practice (BMPs) for IRS.  
Social marketing for program participation must include, as appropriate, health and safety messaging regarding appropriate preparation of residences for and precautions to observe following IRS. | |
| Distribution of long-lasting insecticide-treated bed nets (LLITNs) | **Negative Determination subject to the following conditions:**  
The implicated IP(s) is/are required to purchase and use only WHO-approved brands of long-lasting treated nets (LLINs) and adhere to all relevant stipulations made in the 2017 PEA for *Integrated Vector Management Programs for Malaria Vector Control*. |
| Laboratory capacity building and support for entomological research to identify mosquito species, monitor mosquito resistance and mechanism(s) to insecticide, and monitor mosquito net durability | **Negative Determination subject to the following conditions:**  
The implicated IP(s) is/are required to adhere to all relevant stipulations made in the 2017 PEA for *Integrated Vector Management Programs for Malaria Vector Control* as concern entomological/resistance monitoring and related research and analysis. |
| Insectary for raising mosquito colonies (mosquitoes that transmit malaria) for routine and ad hoc research testing, including small-scale facilities renovation/rehabilitation | **Negative Determination subject to the following conditions for very small-scale construction/renovation/rehabilitation activities (less than 1000m² total disturbed area):**  
1. No complicating factors. The site/facility is not within 30m of a permanent or seasonal stream or water body, will NOT involve displacement of existing settlement/inhabitants, has an average slope of less than 5 percent and is not heavily forested or in an otherwise undisturbed local ecosystem. The facility does NOT deliver health care services, serves as a diagnostic laboratory, or provide practical or lab-based health training.  

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### Projects/Activities/Interventions

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<tr>
<th>Project/Activity/Intervention</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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<tr>
<td></td>
<td><strong>practices/sector-environmental-guidelines-resources.</strong> At minimum during construction,</td>
</tr>
<tr>
<td></td>
<td>(a) Prevent sediment-heavy run-off from cleared site or material stockpiles to any surface waters or fields with berms, by covering sand/dirt piles, or by choice of location (only applies if construction occurs during rainy season);</td>
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<td></td>
<td>(b) Construction must be managed so that no standing water on the site persists more than four (4) days;</td>
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<td></td>
<td>(c) IPs must require their general contractor to certify that it is not extracting fill, sand or gravel from waterways or ecologically sensitive areas, nor is it knowingly purchasing these materials from vendors who do so;</td>
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<td></td>
<td>(d) IPs must identify and implement any feasible measures to increase the probability that any timber is procured from legal, well-managed sources.</td>
</tr>
</tbody>
</table>

3. **Asbestos.** If the presence of Asbestos is suspected in a facility to be renovated, the facility must be tested for asbestos before rehabilitation works begin. Should asbestos be present, then the work must be carried out in conformity with host-country requirements, (if any) and in conformity with guidance to be provided by the HPN Unit, in consultation with the MEO and REA. All results of the testing for asbestos shall be communicated to the C/AOR.

4. **Paint.** No lead-based paint shall be used. When lead-free paint is used, it will be stored properly to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers.

5. **Waste handling equipment and infrastructure.** USAID intervention must result in the facilities’ possessing adequate infrastructure and equipment to appropriately handle the wastes they may generate, including health care waste and appropriate sanitation facilities as per host-country and WHO requirements.

6. **WASH.** Construction/renovation/rehabilitation activities will NOT include provision (i.e., introduction, repair, extension, etc.) of water and sanitation services.

### Intervention Category 12: Data collection and analysis and information sharing

<table>
<thead>
<tr>
<th>This intervention category consists of the following activities that share conditions:</th>
</tr>
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<tbody>
<tr>
<td>No associated conditions</td>
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</table>

1. **Public health**
<table>
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<tr>
<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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</thead>
<tbody>
<tr>
<td>surveillance (e.g., studies, surveys, assessments, etc.)</td>
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<tr>
<td>2. Sharing of public health data</td>
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<tr>
<td>3. Development of improved funding models (e.g., for diversified health sector support)</td>
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<tr>
<td>4. Dissemination of healthcare-related research and analysis (e.g., “lessons learned” and best practices)</td>
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<tr>
<td>5. Targeted healthcare research and performance monitoring (e.g., ART assessments and surveys, etc.)</td>
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<tr>
<td>6. Improved information technology (IT) (e.g., system upgrades, etc.)</td>
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</table>

**Intervention Category 13: Water and sanitation (WASH) provision, including small-scale infrastructure.**
<table>
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<tr>
<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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<tbody>
<tr>
<td>This intervention category consists of the following activities that share conditions:</td>
<td>For small-scale water supply and distribution infrastructure activities (defined as total investment in a given community of less than $250,000), the conditions are as follows:</td>
</tr>
<tr>
<td>1. Construction or rehabilitation of small-scale water and sanitation infrastructure (e.g., via the GRA Water for All program), including protection of existing water sources. This may include boreholes, shallow wells, latrines, and spring capping and conversion of open wells to pumps, including associated infrastructure such as towers/tanks/standpipes.</td>
<td>1. <strong>Good-practice design standards</strong> must be implemented for new construction and rehabilitation works, generally consistent with USAID’s Sector Environmental Guidelines: Water Supply &amp; Sanitation: <a href="http://www.usaidgems.org/Sectors/watsan.htm">http://www.usaidgems.org/Sectors/watsan.htm</a>. These standards must be specified in the EMMP and must include siting of new wells well away from groundwater contamination sources (e.g. latrines, cesspits, dumps), exclusion of livestock from water points, and prevention of standing water at water supply points.</td>
</tr>
<tr>
<td>2. Capacity-building for equipment/system maintenance.</td>
<td>2. <strong>Capacity-building</strong> in equipment/system maintenance must be co-programmed with construction/installation of small-scale sanitation infrastructure.</td>
</tr>
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</table>

**Water quality assurance plan.** Prior to drinking water provision, the project will prepare and receive approval for a Water Quality Assurance Plan (WQAP). The WQAP will be prepared in consultation with the cognizant AOR/COR and/or Activity Manager. Its purpose is to ensure that all new and rehabilitated USAID-funded sources of drinking water provide water that is safe for human consumption. The completed WQAP must be approved by: the AOR/COR and/or Activity Manager; the MEO; and the REA.

Once approved, the WQAP must be implemented in full, and for the duration of drinking water activities. Implementation must include testing of water prior to making the supply point available to beneficiaries. The WQAP constitutes a key element of the project’s EMMP. As with all other elements of the EMMP, project budgets, workplans, and staffing plans must provide for its full implementation. The approved WQAP must include at minimum the following sections:

- Project information (name of project, name of IP, period of performance, contact information, name of COR/AOR)
- A description of the drinking water points to be subject to the WQAP (approximate numbers, water source(s), technology(ies), general geographic area and installation context).
- An inventory of applicable water quality standards, including those promulgated by USAID, as well as the cognizant host-country regulatory entity/entities. (The World Health Organization [WHO] Guidelines for Drinking-water Quality may be substituted for host-country standards that are not accessible, unclear or outdated.)
- The responsible parties/entities/institutions, under host country law or policy, for monitoring and managing water quality of the water points subject to this WQAP. If other than the IP, a summary assessment of their capacity and their involvement.
- A technical assessment of the equipment, resources and expertise that will be required to monitor and report on compliance with applicable water quality standards. This should include, for example, sampling materials, reagents, transportation, storage, laboratory facilities and capacity, communications, training or certification criteria, etc.
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<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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</table>
| 3. Support to access for financing for water and sanitation improvements at community levels. Examples include: assessment of the private sector for water and sanitation, focusing on mic | Protocol for initial testing and ongoing monitoring of water quality, to include:  
• contaminants for which initial testing and ongoing monitoring will be conducted  
• water quality assessment methods, including test type and frequency  
• data management and reporting; the project must maintain a central registry of monitoring results by water point and date; GPS coordinates for water points are expected  
• designation of ‘responsible party’ for each aspect of protocol  
• response procedures in the event water does not meet water quality standards  

| Efforts to improve access to clean water and sanitation facilities | **Negative Determination** subject to the following **conditions**:  
The design and implementation of any water or sanitation supply activity (including improved access) is contingent on the integration of the formal AFR sub-project/sub-grant review process. The Environmental Review Form (ERF) (available at: [http://www.usaidgems.org/subsidiary.htm](http://www.usaidgems.org/subsidiary.htm)) must be completed and approved prior to the commencement of any such activities. The awardee/implementing partner must assure implementation of any environmental mitigation and monitoring conditions specified by the approved ERF/ERR, including potentially the preparation of Water Quality Assurance Plan (WQAP). The environmental mitigation and monitoring conditions established by the approved ERF/ERR (and WQAP) must be generally consistent with applicable good-practice guidance in USAID’s Sector Environmental Guidelines ([https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/sector-environmental-guidelines-resources](https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/sector-environmental-guidelines-resources))  

| All other activities consistent with the illustrative interventions characterizing this Intervention Category. | **No associated conditions**  

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USAID/ANGOLA  
IEE VERSION 3.1
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<th>Projects/Activities/Interventions</th>
<th>Recommended Determination (and Condition(s), as applicable)</th>
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<tr>
<td>Mapping existing water/sanitation facilities and undertaking WASH needs assessments to identify target communities</td>
<td>No associated conditions</td>
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</table>
6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

The determinations recommended in this document apply only to activities described herein. Other activities that may arise must be documented in either a separate IEE, an IEE amendment if the activities are within the same activity, or other type of environmental compliance document and shall be subject to an environmental analysis within the appropriate documents listed above.

Other than projects/activities determined to have a Positive Threshold Determination, it is confirmed that the activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22 CFR 216.2(d).

In addition, other than activities determined to have a Positive Threshold Determination or a pesticide management plan (PERSUAP), it is confirmed that the activities described herein do not involve any actions listed below. Any of the following actions would require additional environmental analyses and environmental determinations:

- Support project preparation, project feasibility studies, or engineering design for activities listed in §216.2(d)(1);
- Affect endangered and threatened species or their critical habitats per §216.5, FAA 118, FAA 119;
- Provide support to extractive industries (e.g. mining and quarrying) per FAA 117;
- Promote timber harvesting per FAA 117 and 118;
- Lead to new construction, reconstruction, rehabilitation, or renovation work per §216.2(b)(1);
- Support agro-processing or industrial enterprises per §216.1(b)(4);
- Provide support for regulatory permitting per §216.1(b)(2);
- Lead to privatization of industrial facilities or infrastructure with heavily polluted property per §216.1(b)(4);
- Research, testing, or use of genetically engineered organisms per §216.1(b)(1), ADS 211
- Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, clean-up of spray equipment, and disposal) of pesticides or activities
involving procurement, transport, use, storage, or disposal of toxic materials. Pesticides cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act per §216.2(e) and §216.3(b).

7.0 REVISIONS

Per 22 CFR 216.3(a)(9), when ongoing programs are revised to incorporate a change in scope or nature, a determination will be made as to whether such change may have an environmental impact not previously assessed. If so, this IEE will be amended to cover the changes. Per ADS 204, it is the responsibility of the USAID A/COR to keep the MEO/REA and BEO informed of any new information or changes in the activity that might require revision of this environmental analysis and environmental determination.
### ATTACHMENTS:

Annex 1. Project 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 at the Project Level?</th>
<th>Further Analysis and Actions for Activity Design/Implementation</th>
<th>Opportunities to Strengthen Climate Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention 1:</strong> Support for policy development and implementation that does not impact natural resource management and/or environmental health and safety (This intervention is covered under HIV/AIDS and Water and Sanitation Key Issues)</td>
<td>Increased precipitation and temperatures as well duration of rain/flooding may affect impact deployment or use of diagnostic equipment.</td>
<td>Low</td>
<td>N/A</td>
<td>Implementing partners identify periods of high rains and adjusts timing of activities accordingly.</td>
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<td><strong>Intervention 2:</strong> Support for policy development and implementation that impacts natural resource management and/or environmental health</td>
<td>Increased frequency, intensity and duration of heavy rains and heat waves, impacting directly the venues of capacity building activities, practical</td>
<td>Low</td>
<td>N/A</td>
<td>Implementing partners identify periods of high rains and adjusts timing of activities accordingly.</td>
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<td>and safety – (This intervention is covered under Water, sanitation, and education and Public financial management and Democracy, Rights, and Governance)</td>
<td>training, with access routes to these activities affected by floods.</td>
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**Intervention 3:** Support for citizens’ engagement with local government. This intervention will support the Public financial management and Democracy, Rights, and Governance key issue.

<table>
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<tr>
<th>Increased frequency, intensity and duration of heavy rains and heat waves, impacting directly community engagement campaigns and training, with floods affecting the locations and pace of training and community engagement</th>
<th>Low</th>
<th>N/A</th>
<th>Implementing partners to identify high periods of rain and adjust the timing of activities accordingly.</th>
</tr>
</thead>
</table>

**Intervention 4:** Technical assistance and capacity building in organizational management, financial oversight, and administration to strengthen governance and accountability of local institutions.

| Increased frequency, intensity and duration of heavy rains and heat waves, impacting directly the venues of capacity building activities, practical training, with access routes to these activities affected by floods. | Low | N/A | Implementing partners to identify high periods of rain and adjust the timing of activities accordingly. |
This intervention. This intervention will support Public financial management and Democracy, Rights, and Governance key issue.

<p>| Increased frequency, intensity and duration of heavy rains and heat waves, impacting directly the venues of capacity building activities, practical training, the deployment or use of diagnostic equipment, bed net distribution, campaigns with risks of biological waste to be dragged by rains and access routes to these activities affected by floods. | Low | N/A | Implementing partners identify periods of high rains and adjusts timing of activities accordingly. |
| Increased frequency, intensity and duration of heavy rains and heat waves, impacting directly the venues of capacity building activities, practical training, the deployment or use of diagnostic equipment, bed net distribution, campaigns with risks of biological waste to be dragged by rains and access routes to these activities affected by floods. | Low | N/A | Implementing partners identify periods of high rains and adjusts timing of activities accordingly. |
| High rain and floods may impact beneficiaries’ ability to access the financial | Low | N/A | Beneficiaries to avoid working with financial institutions in high rain periods. |</p>
<table>
<thead>
<tr>
<th>Institution. Drought may also impact the availability of water in the beneficiaries’ potential infrastructures development.</th>
</tr>
</thead>
</table>

**Intervention 6:** Technical assistance and capacity building to public-private partnerships (PPPs). This intervention will support the Public financial management and Democracy, Rights, and Governance, Malaria, HIV/AIDS, Water, sanitation, and education and Family Planning.

Increased frequency, intensity and duration of heavy rains and heat waves, impacting directly the training and capacity building of health workers.

| Low | N/A | Plan the capacity building training activities in periods of reduced precipitation. |

**Intervention 7:** Facilitate credit/loan process. This intervention will support the Credit guarantee to enhance financial sector investment in the health and nutrition areas key issue.

Long periods of rains and floods impacting ability to train and provided capacity building to health workers and delivery agents.

| Low | N/A | Schedule the training and capacity building sessions on periods of reduced rain. |

**Intervention 8:** Direct support and

Increased frequency, intensity and duration

<p>| Low | N/A | Consider the weather forecast and rain |</p>
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Intervention 9:</strong> Technical assistance and training of healthcare workers and/or delivery agents.</td>
<td>This intervention will support the Malaria, HIV/AIDS and family Planning key issues. Of rain and/or flooding and may impact the procurement, lifetime or use of commodities for treatment. Increasing temperatures and variability in rainfall patterns can affect the geographic distribution seasonal presence, and biting rates of malaria vectors, which can affect the timing and location of efficacy for these activities.</td>
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</tbody>
</table>

**Intervention 10:** Procurement and supply chain strengthening. | This intervention will support the Malaria, HIV/AIDS and family Planning key issues. Frequency, intensity of precipitation and increased heat waves impact the ability to engage and collect data at the community level and health centers. | Moderate | The implementation plan is prepared for activities to take in to account the periods of high precipitations which also coincides with the increase in heat waves. This is based on meteorological data. Adjust the timing for data collection and analysis to periods of reduced rains. |
<table>
<thead>
<tr>
<th><strong>Intervention 11:</strong> Malaria vector control. This intervention will support the Malaria key issue.</th>
<th>Increased frequency, intensity and duration of rain impacting soil and causing erosion around water systems</th>
<th>Moderate</th>
<th>The project specification document anticipates conducting a feasibility assessment that will consider appropriate type of water source to be installed based on the soil type, as well as determine the direct, indirect and/or cumulative impact the activity might have on the surrounding area, and consequently on erosion.</th>
<th>Water Groups report presence of stagnant water bodies around water systems. Apply concrete to prevent erosion. Data soil type, slope and typography will be gathered to determine the potential for significant erosion; Level/spread soil on ground after excavation; Monitor drains and keep it clear.</th>
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</thead>
<tbody>
<tr>
<td><strong>Intervention 12:</strong> Data collection and analysis and information sharing. This intervention will support the Malaria, HIV/AIDS and family Planning key issues</td>
<td></td>
<td>Low</td>
<td>N/A</td>
<td></td>
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<td><strong>Intervention 13:</strong> WASH provision.</td>
<td>Create human health risks from provision of</td>
<td>Moderate</td>
<td>Following the</td>
<td>Implementation of the WQAP will be</td>
</tr>
<tr>
<td>This intervention will support the Water, sanitation, and education key issue</td>
<td>biologically or chemically contaminated water.</td>
<td>water quality assurance protocols, the activity will prepare and seek the Water Quality Assurance Plan (WQAP). The WQAP will ensure testing of water prior to making the supply point available to beneficiaries. To ensure provision of water that is safe for human consumption.</td>
<td>enforced through quarterly reports, site visits and regular REA visits. Upon approval, the WQAP will include the water points subject to the WQAP, water sources, number and installation context. It will also include an inventory of the applicable water quality standards including those promulgated by USAID and local authorities' regulatory bodies. The WAQP also includes a sustainability strategy for longer-term water quality assurance.</td>
<td></td>
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</tbody>
</table>