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INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY DATA

Project/Activity Name:	INTEGRATE
Geographic Location(s) (Country/Region):	Global
Amendment (Yes/No), if Yes indicate # (1, 2...):	No
Implementation Start/End Date (FY or M/D/Y):	Oct 1, 2025 to Sept 30, 2030 Projects and activities that commence within this initial time frame may proceed for the duration of the proposed activities.
If Amended, specify New End Date:	
Solicitation/Contract/Award Number(s):	N/A
Implementing Partner(s):	
Bureau Tracking ID:	GH-23-11012
Tracking ID of Related RCE/IEE (if any):	N/A
Tracking ID of Other, Related Analyses:	N/A

ORGANIZATIONAL/ADMINISTRATIVE DATA

Implementing Operating Unit(s): (e.g. Mission or Bureau or Office)	USAID/GH/OHA
Other Affected Operating Unit(s):	GH/ID, AFR, ASIA,
Lead BEO Bureau:	GH
Funding Account(s) (if available):	
Original Funding Amount:	
If Amended, specify funding amount:	N/A
If Amended, specify new funding total:	N/A
Prepared by:	Jessica Rodrigues
Date Prepared:	10/05/2023

ENVIRONMENTAL COMPLIANCE REVIEW DATA

Analysis Type:	☒ Environmental Examination	☐ Deferral
Environmental Determination(s):	☒ Categorical Exclusion(s) ☒ Negative (with conditions) ☐ Positive ☐ Deferred (per 22 CFR 216.3(a)(7)(iv))	
IEE Expiration Date (if applicable):	IEE may be subject to re-evaluation, or extended, after 5 years from the date of concurrence	
Additional Analyses/Reporting Required:	EMMPs and annual EMMRs	
Climate Risks Identified (#):	Low __8__ Moderate __14__ High ____	
Climate Risks Addressed (#):	Low __8__ Moderate __14__ High ____	

THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

PROJECT/ACTIVITY SUMMARY

The purpose of the INTEGRATE Project is to contribute to sustaining the gains in the HIV response and enable pandemic preparedness and resilience in the face of other health threats by integrating current HIV systems for prevention, care, and treatment services into existing country health systems and primary health care platforms, in alignment with country priorities

The proposed mechanisms under INTEGRATE will provide critical financial and technical assistance to protect recent years' investments gains and drive continued progress toward USAID's global health goals of preventing child and maternal deaths and combating infectious diseases. Globally, achieving HIV epidemic control through integrated and resilient health systems and strengthening global health security are critical to achieving both of these goals. A core design feature of INTEGRATE is prepositioning technical expertise and resources that can be deployed to support communities and health facilities to integrate HIV prevention, care and treatment services into primary health care systems, to support the governance structures required to manage integrated health services, and to leverage existing HIV platforms and systems investments to encompass the prevention, detection, and response for other emerging health threats. Results and intermediate results are included in the table below:

Result 1: Improved integration of health services across community and facility settings for people living with HIV and individuals at risk of HIV acquisition or who could benefit from prevention services	Result 2: Improved health systems and governance structures for integrated HIV services within primary health care	Result 3: Improved public health systems to prevent, detect, and respond to HIV and other emerging epidemic threats
IR 1.1: Strengthened delivery of people-centered and simplified, integrated essential health services that include HIV services through the local primary health care system, at the community level, and the private sector, while supporting local governments to achieve and maintain	IR 2.1: Identification of bottlenecks and weaknesses of existing health systems that limit the ability to achieve sustainable epidemic control or better integrate services for clients	IR 3.1: Improved fiscal investment in surveillance and accountability that improves national surveillance for HIV and other diseases

epidemic control.		
IR 1.2: Increased implementation of integrated person-centered differentiated service delivery models that address the evolving and various needs of clients	IR 2.2: Improved health system capacity to provide HIV services integrated with primary healthcare	IR 3.2: Improved health systems capacity to mitigate the spread of public health threats
IR 1.3 Improved demand and utilization of quality services for HIV and individuals at risk of HIV acquisition	IR 2.3 Increased capacity of country-level systems to fund, implement, monitor, and sustain high-quality SBC interventions that address integrated essential health services	IR. 3.3: Increased local organizational capacity and expanded transformative partnerships to maintain, manage, use, and disseminate data & system analytics to inform program interventions in response to health threats
	IR 2.4: Improved coordinated community and facility responses and services that address the holistic needs of people living with HIV and individuals at risk of HIV acquisition	

The Initial Environmental Examination (IEE) and Climate Risk Assessment (CRM) for this project closely relate to and significantly draw from those that were conducted for Polio Eradication, Immunization and Post Eradication Transition Project GH-21-10599, and Amendment #1 of the NGO Polio Eradication Project PAD #REQ-GH-1700046, both of which are still current. Activities under this project carry threshold determinations of both Categorical Exclusion and Negative with Conditions. In line with the project's logical framework, activities to be supported through INTEGRATE under Categorical Exclusion will include community mobilization, surveillance, and linkages between ongoing and routine HIV prevention, care and treatment and other health services; and liaising between community and government stakeholders on HIV and other health issues. Activities considered under Negative Determination with Conditions will include supporting the management of integrated HIV and broader health services and technical assistance for the proper disposal of hazardous medical waste.

TABLE 2: DEFINED OR ILLUSTRATIVE PROJECTS/ACTIVITIES AND SUB-ACTIVITIES

Activity objectives and illustrative activities and sub activities are included below:

Objective 1 — Support health facility and community sites to achieve or maintain sustained epidemic control through integrating HIV prevention, care and treatment services and related programs into the existing health system while strengthening primary health care systems

Activity 1.1: Planning and coordination with governments, local partners, community leaders and key stakeholders

Activity 1.2: Tool development to assess integration readiness and support transition to integration of HIV into primary health care

Activity 1.3: Strengthen, coordinate and decentralize drug distribution for ARVs, NCDs and other essential medications

Activity 1.4: Support SBC interventions to improve counseling, reduce stigma and measure client

satisfaction with an integrated model of care

Activity 1.5: Conduct operational and formative research to inform and assess effectiveness of integrated service delivery

Objective 2 — Support systems-level activities and governance structures necessary for the design, administration, management, and technical implementation of integrated essential health services that include HIV services and related programs delivered through the local primary health care system

Activity 2.1: Provide technical assistance and leadership for integration of HIV into primary health care

Activity 2.2: Support integration of supply chain logistics (including electronic logistic management systems) and stock management of health commodities beyond those for HIV, to include other essential medications and diagnostics (i.e., self-test kits, glucose strips) for NCDs, family planning, COVID, STIs, VMMC, post-GBV care, and other community programming and PHC needs

Activity 2.3: Build upon PEPFAR-supported laboratory systems for HIV detection and management to strengthen integrated laboratory services that enhance primary health care, including laboratory diagnostic work on common platforms across disease states and emerging epidemic threats (e.g., TB, HPV, HIV/EID, COVID).

Activity 2.4 Integrate client health records systems, other HIV monitoring and evaluation tools and databases into the local information systems, including PHC QA/QI activities to eliminate disease-specific systems and records and promote client-centered data systems and monitoring

Activity 2.5 Support national HRH strategic planning, pre-service and in-service training to align the PEPFAR-supported health workforce with the local health workforce structure and upskill the PEPFAR-supported health workforce to provide other PHC services as a bridge towards a unified HRH system

Activity 2.6 Strengthen community health systems (planning, data and financing) and capacitate community health workforce to improve linkages between clinic and community health services and supporting social accountability focused on integration of HIV with other disease programs and services.

Objective 3 — Expand the reach of HIV services, platforms, and systems investments to encompass the prevention, detection, and response for other emerging epidemic threats

Activity 3.1: Expand partnerships to establish and provide ongoing support for an integrated public health surveillance system to identify HIV and other potential events of concern for public health security

Activity 3.2: Capacitate National Public Health Institutes to lead HIV/AIDS routine population-level surveillance and survey efforts to build national capacity to conduct HIV surveillance and other public health threats

Activity 3.3 Capacitate a multisectoral workforce to prevent, detect, and respond to public health threats, including infection prevention and control, RCCE, occupational health safety and security, and emergency response protocols in order to ensure continuity of HIV and other essential health services

Activity 3.4: Support infection prevention and control, health care acquired infections (HCAIs) surveillance, and safe environment in health facilities for HIV/TB and other HCAIs

Activity 3.5 Strengthen public health communications systems to effectively engage the public, through

media, social media, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement in the prevention, care and treatment of HIV and other public health threats.

ENVIRONMENTAL DETERMINATIONS

Upon approval of this document, the determinations below become affirmed as threshold decisions, and conditions become mandatory elements of the project implementation, per Agency regulations (22 CFR 216). In all other instances, all implementing partners under the INTEGRATE project shall promote and take all practicable steps to maximize adherence of the partners and interventions it works with to these points.

The most restrictive determination for the sum of the activities proposed under the INTEGRATE project is a Negative Determination, per 22 CFR 216.3 (a)(2)(iii), with conditions, indicating that the proposed actions will not have a significant effect on the environment, but that mitigating actions should be taken. Categories of activities proposed under the project are grouped below with their corresponding threshold determination, by potential environmental impact in section 3.0, along with the relevant mitigation conditions in section 5.0.

TABLE 1: ENVIRONMENTAL DETERMINATIONS

Activity Categories	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination ¹	Deferral ²
1. Interventions for education, technical assistance, and training 1a. Includes: Strategic planning, data analysis, technical consultations, surveys, development of guidelines, policies, and action plans, knowledge and information transfer, meetings, technical material development, outreach programs, and training services. See activities 1.1, 1.2, 1.3, 1.4, 2.1, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5 1b. Emerging	X 22CFR216.2(c)(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.); (iii) Analyses, studies, academic or research workshops and	☐	☐	☐

¹ Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

² GH does not grant Deferrals during the IEE process. Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

threat/pandemic preparedness and surveillance including outbreak case investigation and response See activities 3.1, 3.2, 3.3, 3.4, 3.5 1c. Cold chain and/or vaccine logistics system capacity strengthening through monitoring and reporting See activities 2.2 and 2.3	meetings;			
2. Interventions for procurement of healthcare and related commodities See activities 2.1, 2.2, 2.3, 3.4		X	☐	☐
3. Interventions resulting in the generation of healthcare or laboratory waste. 3a. HIV and integrated health service delivery and management support 3b. Logistics network support for transport and testing of specimens by reference labs See activities 2.2, 2.3		X	☐	☐
4. Interventions requiring small scale construction or rehabilitation of existing facilities. See activity 3.4		X	☐	☐
5. Development research See activity 1.5	X 22CFR216.2(c)(ii) Controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored	☐	☐	☐

CLIMATE RISK MANAGEMENT

As illustrated in the Climate Risk Management (CRM) screening matrices in Annex 1, this project may involve a range of potential negative climate impacts associated with both acute (event-driven) and chronic (long-term shifts) climate hazards. Climate risk ratings summarized in Annex 1 range from low to moderate levels. The climate risks described in these matrices are not intended to be exhaustive or definitive, but instead broadly illustrate relevant potential climate impacts that can negatively affect the proposed project development actions. Considering the unknown scope and scale of project activities, a precautionary approach was adopted when assigning a climate risk level for each category. These risk assessments may be adjusted as needed when activity and geography details are more defined.

Opportunities:

Opportunities identified in Annex 1 address potential actions taken within and in coordination with the project for improving climate resilience for the particular project element. These are not required mitigation measures, but are high-level considerations for award design and adaptive management under this project. Examples include:

- Integrating National Adaptation and/or Health Security Plan objectives during designs. Consider host government documentation of climate risks and adaptation strategies as they may identify areas for strengthening resilience. National Adaptation Plans may provide points of entry for strengthening health systems or addressing increased prevalence of disease vectors.
- Facilitating dialogues on climate change. During activity design, stakeholders should be engaged to understand which climate hazards are of greatest concern to them, and to inform integration of climate mitigation and adaptation measures into activity design, planning, monitoring, and adaptive implementations. Stakeholders may include Ministries of Environment, Agriculture, Health, and Finance; community-based organizations; private sector partners; and other donors.
- Contingency planning. Some climate risks must be accepted in order to achieve lifesaving project objectives, particularly in certain fragile, conflict-affected, and other vulnerable contexts. Activities under this project will foster climate resilient-design, to include scenario and contingency planning for extreme weather events. Planning may include documenting anticipating next steps if the activity cannot achieve a particular objective due to a climate-related event; exploring the potential to leverage insurance schemes; and costing of financial liabilities for health facilities in the event of damage to such events.
- Building flexibility into annual budgeting processes. Activities under this project, in consultation with all relevant stakeholders, will address the need to anticipate potential increases in operational and other costs due to climate events. Identifying savings through improved efficiencies in energy use may also build health system resilience capacities and free up some budget to absorb surge costs associated with responding to any unforeseen climate events.
- Aligning national waste management plans with activity planning. Many countries have drafted national waste management plans which would likely cover the activities planned under this project. At the same time, this project presents opportunities to refine existing waste management plans and to ensure adequate waste management planning that

encompasses the activities implemented with project funds as part of broader health systems strengthening and integration.

Numerous resources are available for implementing partners (IPs) to consult when developing CRM documentation requirements at the activity level:

- A critical resource used in identifying and assessing the climate risks is [USAID's Climate Risk Screening and Management Tool](#) for strategy, project, and activity design.
- IPs are advised to consult previous CRMs to research common environmental concerns and solutions among health activities globally. IPs can utilize the [USAID Environmental Compliance Database](#) to search for USAID-approved CRMs.
- For technical guidance on environmentally sound design and management for USAID development activities, consult the [USAID Sector Environmental Guidelines](#).
- The [USAID Environmental Procedures and Climate Risk Management](#) website contains detailed guidance and best-practice considerations for CRM to address climate impacts and improve the effectiveness and sustainability of USAID's efforts.
- The [USAID Environmental Compliance Budgeting Toolkit](#) provides IPs with guidance on how to identify costs for environmental management tasks described in the Environmental Mitigation and Monitoring Plan (EMMP) and CRM, where required.
- [Climatelinks](#) is a global knowledge portal for those working at the intersection of climate change and international development.

Please see Annex 1 for detailed CRM analyses.

BEO SPECIFIED CONDITIONS OF APPROVAL

The BEO has advised that while the IEE and CRM reflect the approximately five-year period from October 1, 2025 to September 30, 2030, the BEO may review and request updates to the IEE and CRM analysis during Year 5.

Once awards are made, the BEO shall approve an Environmental Mitigation and Monitoring Plan (EMMP) for all relevant awards, as necessary, before significant programmatic implementation begins.

Buy-ins to the activity or project described in this IEE must follow Mission/Regional environmental procedures with respect to any additional supplemental environmental analysis and documentation and incorporate any specific Mission/Regional requirements or mitigation measures into the Scope of Work (SOW), as appropriate.

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, as well as any BEO Specified Conditions of Approval.

This IEE is valid through FY30. Projects and activities covered under this IEE may proceed for their entire proposed duration provided the project or activities commence within the five-year validity period and the activities remain in the scope of this IEE.

This IEE may be subject to re-evaluation or modification to determine if the activities undertaken remain within the scope of the approved categorical exclusions. If no change of scope or significant environmental issues are identified during the initial 5-year validity period, this IEE may be extended without the need for a supplemental environmental analysis.

Missions, Bureaus, and Independent Offices that buy- into a GH mechanism covered under this IEE may use this IEE for compliance with 22 CFR 216; however, each Mission, Bureau, or Independent Office must follow their own procedures as required including determining the need to produce supplemental Mission-level environmental documentation.

USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT NAME: INTEGRATE Project

Bureau Tracking ID: GH-23-11012

Approval:

Han Kang, Office of HIV/AIDS, Director [Required]

Date

Clearance:

Carol Holtzman, Design Team Co-lead [as appropriate]

1/2/2024

Date

Clearance

Jessica Ejike

Jessica Ejike, Design Team Co-lead [as appropriate]

1/2/2024

Date

Concurrence:

Dennis Durbin, USAID/GH Bureau Environmental Officer and
Climate Integration Lead [required]

Date

DISTRIBUTION:

Global Health (ghcompliancesupport@usaid.gov)

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INITIAL ENVIRONMENTAL EXAMINATION

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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 environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the Climate Risk Management process in accordance with USAID policy (specifically, [ADS 201mal](#)).

This IEE is a critical element of USAID's mandatory environmental review and compliance process meant to achieve environmentally sound design and implementation. Potential environmental impacts should be addressed through formal environmental mitigation and monitoring plans (EMMPs) and/or Environmental Assessments (EAs), if needed.

1.2 PROJECT OVERVIEW

The purpose of the INTEGRATE Project is to contribute to sustaining the gains in the HIV response and enable pandemic preparedness and resilience in the face of other health threats by integrating current HIV systems for prevention, care, and treatment services into existing country health systems and primary health care platforms, in alignment with country priorities.

The proposed mechanisms under INTEGRATE will provide critical financial and technical assistance to protect recent years' investments gains and drive continued progress toward USAID's global health goals of preventing child and maternal deaths and combating infectious diseases. Globally, achieving HIV epidemic control through integrated and resilient health systems and strengthening global health security are critical to achieving both of these goals. A core design feature of INTEGRATE is prepositioning technical expertise and resources that can be deployed to support communities and health facilities to integrate HIV prevention, care and treatment services into primary health care systems and to support the governance structures required to manage integrated health services and to leverage existing HIV platforms and systems investments to encompass the prevention, detection, and response for other emerging health threats.

1.3 PROJECT DESCRIPTION

Inputs for the INTEGRATE project will include financial and technical assistance to protect recent years' investments gains and drive continued progress toward USAID's global health goals of preventing child and maternal deaths and combating infectious diseases. Globally, achieving HIV epidemic control through integrated and resilient health systems and strengthening global health security are critical to achieving both of these goals. A core design feature of INTEGRATE is prepositioning technical expertise and resources that can be deployed to support communities and health facilities to integrate HIV prevention, care and treatment services into primary health care systems, to support the governance structures required to manage integrated health services, and to leverage existing HIV platforms and systems investments to encompass the prevention, detection, and response for other emerging health threats. Results and intermediate results are described below:

Result 1: Improved integration of health services across community and facility settings for people living with HIV and individuals at risk of HIV acquisition or who could benefit from prevention services	Result 2: Improved health systems and governance structures for integrated HIV services within primary health care	Result 3: Improved public health systems to prevent, detect, and respond to HIV and other emerging epidemic threats
IR 1.1: Strengthened delivery of people-centered and simplified, integrated essential health services that include HIV services through the local primary health care system, at the community level, and the private sector, while supporting local governments to achieve and maintain epidemic control.	IR 2.1: Identification of bottlenecks and weaknesses of existing health systems that limit the ability to achieve sustainable epidemic control or better integrate services for clients	IR 3.1: Improved fiscal investment in surveillance and accountability that improves national surveillance for HIV and other diseases
IR 1.2: Increased implementation of integrated person-centered differentiated service delivery models that address the evolving and various needs of clients	IR 2.2: Improved health system capacity to provide HIV services integrated with primary healthcare	IR 3.2: Improved health systems capacity to mitigate the spread of public health threats
IR 1.3 Improved demand and utilization of quality services for HIV and individuals at risk of HIV acquisition	IR 2.3 Increased capacity of country-level systems to fund, implement, monitor, and sustain high-quality SBC interventions that address integrated essential health services	IR 3.3: Increased local organizational capacity and expanded transformative partnerships to maintain, manage, use, and disseminate data & system analytics to inform program interventions in response to emerging threats
	IR 2.4: Improved coordinated community and facility responses and services that address the holistic needs of people living with HIV and individuals at risk of HIV acquisition	

TABLE 2: ILLUSTRATIVE ACTIVITIES AND ACTIVITY CATEGORIES

Objective 1 — Support health facility and community sites to achieve or maintain sustained epidemic control through integrating HIV prevention, care and treatment services and related programs into the existing health system while strengthening primary health care systems

Activity 1.1: Planning and coordination with governments, local partners, community leaders and key stakeholders

Activity 1.2: Tool development to assess integration readiness and support transition to integration of HIV into primary health care

Activity 1.3: Strengthen, coordinate and decentralize drug distribution for ARVs, NCDs and other essential medications

Activity 1.4: Support SBC interventions to improve counseling, reduce stigma and measure client satisfaction with an integrated model of care

Activity 1.5: Conduct operational and formative research to inform and assess effectiveness of integrated service delivery

Objective 2 — Support systems-level activities and governance structures necessary for the design, administration, management, and technical implementation of integrated essential health services that include HIV services and related programs delivered through the local primary health care system

Activity 2.1: Provide technical assistance and leadership for integration of HIV into primary health care

Activity 2.2: Support integration of supply chain logistics (including electronic logistic management systems) and stock management of health commodities beyond those for HIV, to include other essential medications and diagnostics (i.e., self-test kits, glucose strips) for NCDs, family planning, COVID, STIs, VMMC, post-GBV care, and other community programming and PHC needs

Activity 2.3: Build upon PEPFAR-supported laboratory systems for HIV detection and management to strengthen integrated laboratory services that enhance primary health care, including laboratory diagnostic work on common platforms across disease states and emerging epidemic threats (e.g., TB, HPV, HIV/EID, COVID).

Activity 2.4 Integrate client health records systems, other HIV monitoring and evaluation tools and databases into the local information systems, including PHC QA/QI activities to eliminate disease-specific systems and records and promote client-centered data systems and monitoring

Activity 2.5 Support national HRH strategic planning, pre-service and in-service training to align the PEPFAR-supported health workforce with the local health workforce structure and upskill the PEPFAR-supported health workforce to provide other PHC services as a bridge towards a unified HRH system

Activity 2.6 Strengthen community health systems (planning, data and financing) and capacitate community health workforce to improve linkages between clinic and community health services and supporting social accountability focused on integration of HIV with other disease programs and services.

Objective 3 — Expand the reach of HIV services, platforms, and systems investments to encompass the prevention, detection, and response for other emerging epidemic threats

Activity 3.1: Expand partnerships to establish and provide ongoing support for an integrated public health surveillance system to identify HIV and other potential events of concern for public health security

Activity 3.2: Capacitate National Public Health Institutes to lead HIV/AIDS routine population-level surveillance and survey efforts to build national capacity to conduct HIV surveillance and other public health threats

Activity 3.3 Capacitate a multisectoral workforce to prevent, detect, and respond to public health threats, including infection prevention and control, RCCE, occupational health safety and security, and emergency response protocols in order to ensure continuity of HIV and other essential health services

Activity 3.4: Support infection prevention and control, health care acquired infections (HCAIs) surveillance, and safe environment in health facilities for HIV/TB and other HCAIs

Activity 3.5 Strengthen public health communications systems to effectively engage the public, through media, social media, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement in the prevention, care and treatment of HIV and other public health threats.

The proposed activities will involve activity categories that will have an environmental impact including: 1) procurement of healthcare and related commodities, 2) healthcare delivery or analysis services that may generate healthcare waste, and 3) small scale construction. These activity categories will require mitigation measures outlined in section 5.0. Mitigation measures and will be further refined in the environmental mitigation and monitoring plan.

The proposed interventions may also include technical assistance, education, analysis, and research actions that are categorically excluded.

Will this project involve construction³ as defined by ADS 201 and 303? Yes x No

Minor construction/renovation activities may include small scale renovation health facilities to facilitate more integrated care, reorganizing client flow and to improve access to public health commodities and quality medical services. Examples include minor expansions or additions to medical clinics, removing walls or creating partitions for privacy within health centers or the assembly of prefabricated storage facilities for public health commodities.

2.0 BASELINE ENVIRONMENTAL INFORMATION

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

Missions and their respective Bureaus can buy-in to the global INTEGRATE mechanism and are responsible for preparing any supplemental environmental documentation. Activities under the INTEGRATE Project may be implemented in any countries with USAID missions or in countries covered by USAID regional missions. Environmental procedures are detailed in relevant national policies. Applicable country and environmental information will be detailed for each country activity in the Request for Application document, where applicable for completed awards.

Activities may take place in a range of locations, from family homes and to established public and private sector urban and rural health facilities. That said, all initiatives associated with project activities are to take place in established dwellings and are not expected to have significant environmental impact should all conditions be met. Target population access issues due to poor infrastructure, security issues, community mistrust, limited government involvement, voluntary and forced migration, harsh weather conditions, and extreme weather events are all anticipated in many locations under this project. Transportation for project purposes will involve use of existing roads and other travel routes; new construction or rehabilitation of roads or facilities will not occur under this project. Where applicable for an Implementing Partner, the EMMP will ensure compliance of project activities with all applicable country laws.

Changes in the baseline conditions of operating locations due to climate change are not expected to be significant over the life of the project, though shifts in epidemiologic patterns may begin to occur and impact services provided.

³ **Construction, as defined by ADS 201 and 303**, includes: construction, alteration, or repair (including dredging and excavation) of buildings, structures, or other real property and includes, without limitation, improvements, renovation, alteration and refurbishment. The term includes, without limitation, roads, power plants, buildings, bridges, water treatment facilities, and vertical structures. In the box below, describe any construction planned for this project/activity. Refer to [ADS 201maw](#) for required Construction Risk Management procedures.

Per 22 CFR 216.5 USAID must ensure its assistance programs do not negatively impact threatened or critically endangered species or their habitats. Due to the global nature of this PAD, it is not possible to make a determination at this time about activity impact. Once activities are further refined, an assessment and determination will be made to ensure minimal impact on the environment in order to protect these species. Any action that is likely to adversely impact threatened or endangered species or their critical habitat will require additional environmental review.

2.2 APPLICABLE AND APPROPRIATE PARTNER COUNTRY AND OTHER INTERNATIONAL STANDARDS (E.G. WHO), ENVIRONMENTAL AND SOCIAL LAWS, POLICIES, AND REGULATIONS

As appropriate, awards will work with facility, local, regional, and/or national officials, to implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as described by WHO in "WHO's Safe Management of Wastes from Healthcare Activities."

National policies and laws shall also be considered, though most countries follow WHO Guidelines. Countries in which the project will work will be determined after each award, and context-specific considerations will be included in country-specific EMMPs (as an annex to the country workplan), where applicable, including considerations regarding the capacity of local governmental and non-governmental organizations to implement applicable permit requirements, policies, laws and regulations.

The status of country level environmental policies, standards, laws, and regulations vary by country. The final country selection for this project has not yet been made, so this baseline information is not yet available. The appropriate international standard is listed in the mitigation plan. Here is a summary of relevant standards:

- USAID: [Healthcare Waste](#) (2019)
- USAID: [Integrated Waste Management Plan \(IWMP\)](#) (2022)
- WHO: [Safe management of waste from health-care activities](#)
- WHO: [Laboratory Biosafety Manual- Fourth Edition](#) (2020)
- CDC and NIH: [Biosafety in Microbiological and Biomedical Laboratories](#) (BMBL) 6th Edition (2020)
- U.S. National Institute of Health: [NCCIH Clinical Research Toolbox](#) (2020)
- [Guidelines of the American Society of Mammalogists for the use of wild mammals in research](#) (2011)
- USAID Sector Environmental Guidelines: [Construction](#) (2017)
- ENCAP Visual Field Guide: [Construction for quick identification of serious environmental & occupational health and safety concerns in small-scale construction](#).

2.3 COUNTRY/MINISTRY/MUNICIPALITY ENVIRONMENTAL CAPACITY ANALYSIS (AS APPROPRIATE)

N/A

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK

The activities under this award are numerous and complex. Many activities, such as information, education, communication, community mobilization, planning, management, leadership, and outreach activities, do not have direct adverse environmental impacts. Activities that are categorically excluded do not need further analysis or reporting, other than an annual review, to ensure the scope of work has remained under the terms of a categorical exclusion. However, in the course of implementation of these activities, implementing partners should take advantage of opportunities to incorporate and improve means of addressing environmental health issues (such as hazardous and infectious waste management) into health service delivery systems.

Certain activities supported may directly or indirectly affect the environment, or have the potential to do so. Based on analyses conducted by the AOR, these activities could affect the environment in the following ways:

1. Activities that directly or indirectly cause the procurement, storage, management and disposal of public health commodities, including vaccines, laboratory supplies, and reagents;
2. Activities, such as provision of healthcare services, that directly or indirectly result in the generation and disposal of hazardous or highly hazardous waste or in techniques that have a direct or indirect environmental impact;
3. Activities related to small-scale, non-structural rehabilitation; and

Each of these potential impacts is discussed in detail below. Categorically excluded activities with a de minimis impact are not included.

PROJECT: INTEGRATE

TABLE 3A. POTENTIAL PROJECT IMPACTS

Activity categories	Potential environmental and social impacts
1. Interventions for education, technical assistance, and training 1a. Includes: Strategic planning, data analysis, technical consultations, surveys, development of guidelines, policies, and action plans, knowledge and information transfer, meetings, technical material development, outreach programs, and training services. See activities 1.1, 1.2, 1.3, 1.4, 2.1, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5 1b. Emerging threat/pandemic preparedness and	22CFR216.2(c)(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.); (iii) Analyses, studies, academic or research workshops and meetings

surveillance including outbreak case investigation and response See activities 3.1, 3.2, 3.3, 3.4, 3.5 1c. Cold chain and/or vaccine logistics system capacity strengthening through monitoring and reporting See activities 2.2 and 2.3	
2. Interventions for procurement of healthcare and related commodities See activities 2.1, 2.2, 2.3, 3.4	Procurement: Pharmaceuticals are chemicals used for diagnosis, treatment (cure/mitigation), alteration, or prevention of disease, health condition, or structure/function of the human body. Pharmaceuticals, including vaccines, have specific storage time and temperature requirements and may expire before they can be used, particularly in remote areas. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution and lack of a routine system of disposal. The effects of pharmaceuticals in the environment are different from conventional pollutants. Procurement or acceptance of donated PHC that are defective, expired, or counterfeit may lead to public health impacts due to the potential of these PHC being unsafe and/or ineffective if used by consumers. Adverse health and environmental impacts may also occur if defective, expired, or counterfeit PHC are not properly managed and treated and/or disposed. Pharmaceuticals are designed to interact within the body at low concentrations to elicit specific biological effects in humans, which may cause biological responses in other organisms. 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 have been discovered in fresh and marine waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life. Exposure risks for aquatic organisms are much larger than those for humans, because aquatic organisms have continual (and multi-generational) exposures, exposures to higher concentrations, and possible low-dose effects. Traditional environmental toxicology focuses on the acute effects of concentrated exposures, rather than on the chronic effects of low-level exposures. Measured toxicities of some tested pharmaceuticals have shown that the acute effects of single substances in the aquatic environment is very unlikely. However, effects of pharmaceuticals may be subtle because they occur in the environment in low concentrations. Some tests with combinations of various pharmaceuticals have revealed stronger

effects than expected from the effects measured singly. More research is needed on combination effects, and chronic studies are needed to assess the environmental risk of drug residues. Certainly, pollution prevention (e.g., source elimination or minimization) is preferable to remediation or restoration to minimize both public cost and human/ecological exposure.

Antibiotics and undiluted disinfectants should not be disposed of into the sewage system as they may kill bacteria necessary for the treatment of sewage. Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies at low temperatures or in open containers, resulting in release of toxic pollutants into the air. Inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public. In some countries, scavenging in unprotected insecure landfills is a hazard.

Likewise, the mass procurement and distribution of commodities such as medicines and medical equipment have the potential to contribute to solid waste. Many countries do not have facilities to manage solid wastes other than uncontrolled burns. Plastics and other inorganic materials pose solid waste management issues for some countries.

Storage:

Improper storage of PHC can result in pharmaceuticals being damaged due to failure to meet storage condition requirements, theft through inadequate security, damage from pests, and hazards such as fire. Environmental and social impacts may result from damaged products getting into the environment or local community due to improper storage. In addition, equipment used to operate the storage facility (e.g., mobile equipment, chillers, HVAC systems, fuel storage tanks) should be properly maintained to prevent accidents or spills from occurring that may lead to health or environmental impacts.

Distribution:

Improper distribution and/or transportation of PHCs can result in reduction in PHC quality (e.g., damaged or defective supplies) through inadequate temperature or humidity controls. Environmental impacts may occur from the use of vehicles to distribute supplies (e.g., fuel operation, maintenance) or if an accident or spill occurs during transportation that releases commodities to the environment. Unsecured vehicles can result in theft.

Waste Management:

Improper on-site handling, storage, and treatment and/or disposal of HCW may lead to adverse health and environmental impacts. Workers and others handling HCW may be in direct contact with hazardous waste during treatment and/or disposal activities, which could lead to health impacts. Treatment of HCW in an incinerator may lead to air pollution. Disposal of waste via landfilling may lead to leaching of hazardous waste into the soil and surrounding water sources. In addition, improperly managed or unsecured landfills may allow scavengers to collect untreated, disposed PHC for reuse (e.g., personal use, circulation in the community), which could result in health impacts.

Small-scale healthcare initiatives, such as rural health posts or clinics, mobile clinics, urban clinics and small hospitals, and community health workers and training in health workers provide important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. These health workers working in these underserved contexts are the front line of defense against epidemics and a key component of any comprehensive health development program. The medical and health services they provide improve newborn, child, and maternal health, prevent disease, cure debilitating illnesses, and alleviate the suffering of the dying.

However, improper training, handling, storage and disposal of the waste generated in these 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 specimens 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.

If the project's training activities for professional health workers or community health workers involve techniques that would generate and require disposal of hazardous or highly hazardous waste, the implementing partners shall be required to include training in or ensure that the training curriculum covers best management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps.

As appropriate, the implementing partners will work with facility, local, regional, and/or national officials to implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as

	spelled out by the WHO in "WHO's Safe Management of Wastes from Healthcare Activities." National policies and laws should also be considered, although most countries follow WHO Guidelines. References for this section include: *http://www.who.int/water_sanitation_health/medicalwaste/pharmaceuticals/en/ *Pharmaceuticals In The Environment: Sources, Fate, Effects And Risks (2nd ed). 2004. Klaus Kummerer, ed (http://www.springer.com/us/book/9783662092690).
3. Interventions resulting in the generation of healthcare or laboratory waste. 3a. HIV and integrated health service delivery and management support 3b. Logistics network support for transport and testing of specimens by reference labs See activities 2.2, 2.3	Waste Management: Improper on-site handling, storage, and treatment and/or disposal of HCW may lead to adverse health and environmental impacts. Workers and others handling HCW may be in direct contact with hazardous waste during treatment and/or disposal activities, which could lead to health impacts. Treatment of HCW in an incinerator may lead to air pollution. Disposal of waste via landfilling may lead to leaching of hazardous waste into the soil and surrounding water sources. In addition, improperly managed or unsecured landfills may allow scavengers to collect untreated, disposed PHC for reuse (e.g., personal use, circulation in the community), which could result in health impacts. Small-scale healthcare initiatives, such as rural health posts or clinics, mobile clinics, urban clinics and small hospitals, and community health workers and training in health workers provide important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. These health workers working in these underserved contexts are the front line of defense against epidemics and a key component of any comprehensive health development program. The medical and health services they provide improve newborn, child, and maternal health, prevent disease, cure debilitating illnesses, and alleviate the suffering of the dying. However, improper training, handling, storage and disposal of the waste generated in these 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 specimens 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. If the project's training activities for professional health workers or community health workers involve techniques that would generate and require disposal of hazardous or highly hazardous waste, the implementing partners shall be required to include training in or ensure that the training curriculum covers best management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps. As appropriate, the implementing partners will work with facility, local, regional, and/or national officials to implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as spelled out by the WHO in "WHO's Safe Management of Wastes from Healthcare Activities." National policies and laws should also be considered, although most countries follow WHO Guidelines. References for this section include: *http://www.who.int/water_sanitation_health/medicalwaste/pharmaceuticals/en/ *Pharmaceuticals In The Environment: Sources, Fate, Effects And Risks (2nd ed). 2004. Klaus Kummerer, ed (http://www.springer.com/us/book/9783662092690).
4. Interventions requiring small scale construction or rehabilitation of existing facilities. See activity 3.4	Environmental impacts from small-scale rehabilitation are typical, but easily mitigated with proper planning. Common impacts requiring mitigation include: generation of solid waste, potential for soil and groundwater contamination, improper siting, site grading, drainage, and lack of erosion control, which can compromise waterways, water sources, and sensitive areas; potential for air pollution (both indoor and outdoor); noise, traffic, congestion, odor, and visual quality impacts; socioeconomic impacts; occupational and public health and safety impacts (exposure to asbestos, lead, VOCs, spills, and construction accidents); resource depletion; and indirect impacts from energy and water use (water and energy efficient designs should be employed). Rehabilitation activities may generate debris and wastes that contain both non-hazardous and hazardous materials and require proper disposal and/or treatment. This may include chemicals, solvents, and materials containing toxic substances (e.g., asbestos, lead-based paint, formaldehyde). Workers and others handling construction,

	rehabilitation, and/or demolition debris and wastes may be exposed to hazardous materials if the appropriate personal protective equipment (PPE) is not used.
5. Development research See activity 1.5	22CFR216.2(c)(ii) Controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored

3.1 THREATENED AND ENDANGERED SPECIES

The activities proposed include work in already developed areas, clinical settings, and existing infrastructure. Therefore, the activities are not likely to adversely impact threatened and endangered species, or their critical habitat. Activity level actions that include construction or infrastructure improvements should be assessed for the presence of threatened or endangered species, or their critical habitat. Any activity that may adversely impact threatened or endangered species or their critical habitat may not proceed without an Environmental Assessment.

4.0 ENVIRONMENTAL DETERMINATIONS

4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

The following table summarizes the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22 CFR 216. Specified conditions, detailed in Section 5, become mandatory obligations of implementation, per ADS 204.

Based on the environmental analysis conducted the recommended determinations were found to involve a negative determination with conditions. Activities involving education, technical assistance or training, except to the extent they directly affect the environment (such as support on laws, policies or standard operating procedures that affect pharmaceutical waste, etc.), are recommended for categorical exclusion per 22 CFR 216.2(c)(2)(i).

USAID is responsible for ensuring that the environmental consequences of USAID-financed activities and mitigation measures are used to reduce or eliminate impacts. To the extent that implementing partners demonstrate to the satisfaction of the AOR that they maintain effective environmental mitigation measures and environmental monitoring throughout the duration of the project, USAID will consider these internal processes functionally comparable to USAID 22 CFR Part 216 requirements.

The following table summarizes the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22CFR216. Specified conditions detailed in Section 5 become mandatory obligations of implementation, per ADS 204.

TABLE 4: ENVIRONMENTAL DETERMINATIONS

Activity Categories	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination ⁴	Deferral ⁵
1. Activities for education, technical assistance, and training 1a. Includes: Strategic planning, data analysis, technical consultations, surveys, development of guidelines, policies, and action plans, knowledge and information transfer, meetings, technical material development, outreach programs, and training services. 1b. Emerging threat/pandemic preparedness and surveillance including outbreak case investigation and response 1c. . Cold chain and/or vaccine logistics system capacity strengthening through monitoring and reporting	X 22CFR216.2(c)(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.); (iii) Analyses, studies, academic or research workshops and meetings		☐	☐
2. Activities for procurement of healthcare and related commodities		X	☐	☐
3. Activities resulting in the generation of healthcare or laboratory waste. 3a. HIV and integrated health service delivery and management support 3b. Logistics network support for transport and testing of specimens by reference labs		X	☐	☐
4. Activities requiring small scale construction or rehabilitation of existing facilities.		X	☐	☐

⁴ Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

⁵ GH does not grant Deferrals during the IEE process. Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

5. Development research	X 22CFR216.2(c)(ii) Controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored	☐	☐	☐
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4.2 CLIMATE RISK MANAGEMENT

This section summarizes the methodology used and findings of the CRM Screening, in accordance with [ADS 201mal](#). The project design team, in consultation with the CIL, considered the potential effect of climate risks/stressors on the sustainability of the project (changing precipitation patterns, rising temperature, floods, droughts, fires, landslides, etc.) in addition to the impact of project activities on the climate (increased greenhouse gas emissions, land use changes, etc.). See Annex 1 for the complete CRM table.

As illustrated in the Climate Risk Management (CRM) screening matrices in Annex 1, this project may involve a range of potential negative climate impacts associated with both acute (event-driven) and chronic (long-term shifts) climate hazards. Climate risk ratings summarized in Annex 1 range from low to moderate levels. The climate risks described in these matrices are not intended to be exhaustive or definitive, but instead broadly illustrate relevant potential climate impacts that can negatively affect the proposed project development actions. Considering the unknown scope and scale of project activities, a precautionary approach was adopted when assigning a climate risk level for each category. These risk assessments may be adjusted as needed when activity and geography details are more defined.

Opportunities:

Opportunities identified in Annex 1 address potential actions taken within and in coordination with the project for improving climate resilience for the particular project element. These are not required mitigation measures, but are high-level considerations for award design and adaptive management under this project. Examples include:

- Integrating National Adaptation and/or Health Security Plan objectives during designs. Consider host government documentation of climate risks and adaptation strategies as they may identify areas for strengthening resilience. National Adaptation Plans may provide points of entry for strengthening health systems or addressing increased prevalence of disease vectors.
- Facilitating dialogues on climate change. During activity design, stakeholders should be engaged to understand which climate hazards are of greatest concern to them, and to inform integration of climate mitigation and adaptation measures into activity design, planning, monitoring, and adaptive implementations. Stakeholders may include Ministries of Environment, Agriculture, Health, and Finance; community-based organizations; private sector partners; and other donors.

- Contingency planning. Some climate risks must be accepted in order to achieve lifesaving project objectives, particularly in certain fragile, conflict-affected, and other vulnerable contexts. Activities under this project will foster climate resilient-design, to include scenario and contingency planning for extreme weather events. Planning may include documenting anticipating next steps if the activity cannot achieve a particular objective due to a climate-related event; exploring the potential to leverage insurance schemes; and costing of financial liabilities for health facilities in the event of damage to such events.
- Building flexibility into annual budgeting processes. Activities under this project, in consultation with all relevant stakeholders, will address the need to anticipate potential increases in operational and other costs due to climate events. Identifying savings through improved efficiencies in energy use may also build health system resilience capacities and free up some budget to absorb surge costs associated with responding to any unforeseen climate events.
- Aligning national waste management plans with activity planning. Many countries have drafted national waste management plans but have little funding or capacity to implement those plans. Even fewer countries consider climate change within those plans. This project presents opportunities to adapt host country waste management plans, not only in line with project objectives, but also to strengthen local capacity to develop and implement more environmentally sustainable and climate-resilient health waste management policies and plans.

Numerous resources are available for implementing partners (IPs) to consult when developing CRM documentation requirements at the activity level:

- A critical resource used in identifying and assessing the climate risks is USAID's Climate Risk Screening and Management Tool for strategy, project, and activity design.
- IPs are advised to consult previous CRMs to research common environmental concerns and solutions among health activities globally. IPs can utilize the USAID Environmental Compliance Database to search for USAID-approved CRMs.
- For technical guidance on environmentally sound design and management for USAID development activities, consult the USAID Sector Environmental Guidelines.
- The USAID Environmental Procedures and Climate Risk Management website contains detailed guidance and best-practice considerations for CRM to address climate impacts and improve the effectiveness and sustainability of USAID's efforts.
- The USAID Environmental Compliance Budgeting Toolkit provides IPs with guidance on how to identify costs for environmental management tasks described in the Environmental Mitigation and Monitoring Plan (EMMP) and CRM, where required.
- Climatelinks is a global knowledge portal for those working at the intersection of climate change and international development.
- There are a total of 22 climate risk factors identified including 8 climate risk factors categorized as low and 14 as moderate.

Climate risks may delay healthcare service delivery or distribution of commodities for the proposed interventions. The program is global so climate events will not interrupt overall activity proposals as work may proceed in areas unaffected by severe climate events. The benefit of

providing these healthcare services outweighs potential risks to activity performance in climate impacted areas so USAID accepts the climate risks involved.

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 AO, 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 AOR, in coordination with the AO, will ensure all awards and sub-awards, include environmental compliance requirements.
- 5.1.1.4 Training: The A/COR and AM(s) assigned to this project are to enroll in and successfully complete the Bureau for Global Health Environmental Management Process Training online course prior to receiving GH BEO clearance on this document.

5.1.2 During Post-Award:

- 5.1.2.1 Post-Award Briefings: The AOR 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 AOR 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 AOR, in coordination with the IP, will ensure all awards have staffing capacity to implement environmental compliance requirements.

- 5.1.2.5 Records Management: The AOR 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 AOR 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 AOR 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 AOR 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 AOR 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.
- 5.1.2.17 Environmental Compliance Reporting: The AOR 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 AOR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned.
- 5.1.2.18 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the AOR, place a hold on activities, take corrective action, and report on the effectiveness of corrective actions. The AOR 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.
- 5.1.2.19 **Threatened and Endangered Species:** Activities that may adversely impact the continued existence of threatened or endangered species or their critical habitat are not authorized. Activity level actions that include construction or infrastructure improvements must be assessed for the presence of threatened or endangered species, or their critical habitat. Any activity that may adversely impact threatened

or endangered species or their critical habitat may not proceed without an Environmental Assessment.

5.2 AGENCY CONDITIONS

- 5.2.1 Sub-award Screening: The AOR 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 AOR 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 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 AOR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.
- 5.2.5 Resolution of Deferrals: If a deferral of the environmental threshold determination was issued, the AOR will ensure that the appropriate 22CFR216 environmental analysis and documentation is completed and approved by the BEO before the subject activities are implemented.
- 5.2.6 Positive Determination: If a Positive Determination threshold determination was made, the AOR will ensure a Scoping Statement, and if required an Environmental Assessment (EA), is completed and approved by the BEO before the subject activities are implemented.
- 5.2.7 Compliance with human subject research requirements: The AM, AOR 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 illustrative 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. Additional examples are provided in Annex 1. Categorically excluded activities are not included in the table as they do not require mitigation measures.

PROJECT: INTEGRATE

TABLE 5A. SUMMARY OF MITIGATION MEASURES FOR INTEGRATE PROJECT

Activity Categories	Mitigation Measure(s)
1. Activities for education, technical assistance, and training 1a. Includes: Strategic planning, data analysis, technical consultations, surveys, development of guidelines, policies, and action plans, knowledge and information transfer, meetings, technical material development, outreach programs, and training services. 1b. Emerging threat/pandemic preparedness and surveillance including outbreak case investigation and response 1c. . Cold chain and/or vaccine logistics system capacity strengthening through monitoring and reporting	22CFR216.2(c)(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.); (iii)Analyses, studies, academic or research workshops and meetings
2 procurement, storage, management, distribution, and disposal of public health commodities and supplies	Procurement Promote and distribute information, including on the importance of proper usage, storage, and disposal, to minimize waste and environmental impact. The project will promote sound planning for health visits and other activities, to minimize the risk of overcrowding that may further burden the health system. Procure PHC that comply with host country and international regulatory, shipping, and packaging requirements to ensure that only appropriate products enter the supply system. This includes products manufactured at facilities that meet good manufacturing practice (GMP) certification requirements, as recommended by the World Health Organization (WHO). Develop and implement an inspection and quality assurance process for assessing and monitoring product quality. Coordinate forecasting and supply planning activities with quantification teams (e.g., host country officials, program staff, etc.) to meet current needs and minimize the risk of stockouts or surplus of health commodities. Storage: Promote SOPs on safe and effective commodity storage and disposal to mitigate damage and early expiration. Confirm that training protocols include guidelines on safe waste disposal of public health commodities used during capacity development

	activities. Procurement guidelines include safe commodity storage, distribution, and waste management protocols. Distribution: Improper distribution and/or transportation of PHCs can result in reduction in PHC quality (e.g., damaged or defective supplies) through inadequate temperature or humidity controls. Environmental impacts may occur from the use of vehicles to distribute supplies (e.g., fuel operation, maintenance) or if an accident or spill occurs during transportation that releases commodities to the environment. Unsecured vehicles can result in theft.
3. Activities resulting in the generation of healthcare or laboratory waste. 3a. HIV and integrated health service delivery and management support 3b. Logistics network support for transport and testing of specimens by reference labs	Waste Management: Develop, implement, and train staff on an Integrated Waste Management Plan (IWMP) (or comparable SOP) that provides procedures for treating and/or disposing of HCW in conformance with international best practices and host country requirements. Treatment and/or disposal considerations include, but are not limited to: waste minimization procedures, proper handling of wastes, storage of wastes (including PPE), containers and labeling, safe treatment and/or disposal practices and procedures, inspection protocols and frequency, and documentation requirements (e.g., waste manifests). Provide training to workers on the IWMP (or comparable SOP) developed for properly handling, segregating, storing, and treating and/or disposing of HCW. Include, as part of technical assistance at national and subnational (including district) levels, guidance on conducting environmental assessments to examine the potential impact of planned activities on medical waste and other issues, and on developing, monitoring, and reporting on the implementation of management and waste management plans. Ensure that training and other capacity building materials reflect sound medical waste management standards and plans. Include in laboratory transport and testing standard operating procedures and protocols guidelines on proper handling, storage, and disposal of health commodities, laboratory supplies, and (esp. infectious) specimens and reagents that may have a negative impact on the environment.
4. Activities requiring small scale construction or rehabilitation of existing facilities.	Conduct site surveys to adequately evaluate site conditions. Develop design plans involving the use of appropriate materials, in compliance with international best management practices and host country laws and regulations. Develop waste management plans that include procedures for properly disposing of non-hazardous and hazardous materials and recovering reusable materials to reduce the disposal of debris through recycling. Develop a design plan that includes the use of appropriate building materials and complies with international best management practices and host country laws and regulations

	and design storage areas so that hazardous materials are aboveground and in leak-proof containments to avoid spills from occurring even during natural disaster events. Develop an Integrated Waste Management Plan (IWMP), or comparable SOP, that includes procedures for properly treating and/or disposing of non-hazardous and hazardous materials in accordance with international best management practices and host country laws and regulations.
5. Development research	22CFR216.2(c)(ii) Controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored

6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

The determinations recommended in this document apply only to projects/activities and activity categories described herein. Other projects/activities that may arise must be documented in either a separate IEE, an IEE amendment if the activities are within the same project/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 projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22 CFR 216.2(d). The activities described herein are not likely to adversely impact threatened or endangered species or their critical habitat. Any activity that is likely to adversely affect threatened or endangered species or their critical habitat will result in a Positive Determination and necessitate production of a Scoping Statement and Environmental Assessment.

In addition, other than projects/activities determined to have a Positive Threshold Determination and/or a pesticide management plan (PERSUAP), it is confirmed that the projects/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:** Climate Risk Management Summary Table for Activity-Level IEE
- **Annex 2:** References and Resources

ANNEX 1. ACTIVITY CLIMATE RISK MANAGEMENT SUMMARY MATRICES

INTEGRATE PROJECT

Tasks/Defined or Illustrative Interventions	Climate Risks ⁶	Risk Rating ⁷	How Risks are Addressed ⁸	Opportunities to Strengthen Climate Resilience ⁹
Increased access and use of quality integrated HIV and other health services	Disruption in drug/commodities supply chains due to extreme weather/climate event or infectious disease outbreak	Moderate	• USAID may work with implementing partners to develop contingency plans and integrate opportunities to strengthen climate resilience for areas with moderate/high risk to extreme climatic events to ensure health services are resilient to shocks • USAID may integrate capacity building opportunities for health providers in areas where there is a high risk of disease outbreaks or shifts in epidemiology • USAID will work with implementing partner to ensure that construction designs incorporate construction techniques that can withstand severe	• Leverage existing resources such as early warning systems and forecasting models that can detect future extreme weather/climate events as well as monitoring and forecasting of disease outbreaks linked to weather conditions that can disrupt the health system • Private sector commodities and logistics networks exist that can be leveraged for support during extreme climate - related events • Develop contingency plans for areas with moderate/high risk to extreme climatic events to ensure health services are resilient to shocks as appropriate • Leverage investments to reduce health-related climate impacts to also improve the broader health care system • Increase the capacity of health care and emergency services to support disaster planning and management • Develop new public-private partnerships to build climate-resilient health care infrastructure • Facilitate interactions among stakeholders and health decision makers on climate change impacts • Use demographic and health surveys for the country to provide information to support climate-resilient health services
	Increased incidence and duration of extreme temperatures can affect shelf life or effectiveness of commodities	Moderate		
	Disruption or cancellation of health training, data collection, surveillance, monitoring, and related activities due to extreme events (e.g., floods) and potentially displaced populations from these events	Low		
	Lack of capacity for providers to diagnose and treat emerging diseases	Moderate		
	Strained public health budgets from diversion of resources for the provision of emergency health care in the wake of climate -related disasters.	Moderate		
	Absenteeism for health care workers increased due to extreme weather that potentially displaces workers or shifts priorities to family or local community response	Moderate		

⁶ List key risks related to the defined/illustrative interventions identified in the screening and additional assessment.

⁷ Low/Moderate/ High

⁸ Describe how risks have been addressed in activity design and/or additional steps that will be taken in implementation. If you choose to accept the risk, briefly explain why.

⁹ Describe opportunities to achieve multiple development objectives by integrating climate resilience or mitigation measures

	Disruption or destruction of health information systems data entry, collection or equipment due to extreme weather/climate events or infectious disease outbreaks	Moderate	storms and/or flooding • USAID will work with existing supply chain partners (e.g. GHSC- PSM) to ensure that central medical stores buildings can withstand severe weather and climate events and ensure that shipments are scheduled to minimize delays during severe climate events. • collaborate with implementing partners in the formulation and implementation of strategies and approaches to encourage partner governments to institutionalize HIV testing and treatment platforms • Options to address this could include expanding prevention efforts in anticipation of extreme events, like drought, providing mobile services, or providing supplemental services to those at	• Restrict development in flood-prone areas and use permeable paving materials and other design elements to reduce stormwater runoff during heavy rains • Support policies, regulations, and investments that reduce greenhouse gas emissions, improve air quality, and reduce risks of respiratory illness • Design health infrastructure (e.g., hospitals) and health system supply chains to minimize their greenhouse gas footprint, as appropriate. For example, install solar panels where feasible
	Displacement due to droughts/floods has been associated with increased risk-taking behavior (e.g., transactional sex and migration for work leading to spread of HIV).	Moderate		
	Reduced agricultural productivity and increased food insecurity due to temperature or rainfall variability can affect testing or initiation of and/or adherence to ARTs.	Moderate		
	Increased psycho-social stress caused by loss of livelihood, seasonal or permanent migration and social conflict due to climate change impacts.	Moderate		
	Lack of access to facilities due to extreme weather/climate event such as flooding that can damage infrastructure and facilities	Moderate		
Small scale renovation* Unlikely or limited	Increased frequency of severe storms, power outages, and floods could damage buildings and equipment and lead to flooding, corrosion, erosion, and other damage to construction	Moderate/high		
Delivery and storage of commodities involved in HIV prevention care and treatment such as condoms, circumcision kits,	Increased frequency of severe storms could damage medical store buildings and delay shipments	Moderate/high		

pre-exposure prophylaxis, post-exposure prophylaxis, HIV testing kits, antiretroviral medications. Also delivery and storage of commodities involved in pandemic preparedness and response activities.	Extreme weather events can disrupt mobility/transport, delay delivery of medicines and supplies, and reduce supply of clean water.	Moderate/high	risk of engaging in transactional sex, migration, or undernutrition.	
	Increases in temperature and rainfall variability can reduce agricultural productivity and impact nutrition, a particular concern for pregnant women and children and/or those on ARTs.	Moderate/high		
Provide technical support and capacity building for integrated HIV programming	Extreme weather/climate events shifts focus from health programming to emergency management	Low		
Increase advocacy, leadership and coordination for integrated health planning and service delivery	Disruption of meeting or training events due to extreme weather/ climate events or infectious disease outbreaks	Low		
Development of policy, planning documents and tools to improve health outcomes across HIV and other disease programs	Extreme weather shifts focus to emergency management	Low		
	Less predictable extreme weather events means greater budget resources spent on unforeseen events, making policy implementation challenging	Low		
	Disruption of meeting, training or dissemination events due to extreme weather/ climate events or infectious disease outbreaks	Low		

	Routine ministry and donor staff reduced due to workforce strained by responding to extreme weather events or emerging pathogens	Low		
Data collection for studies, assessments and/or evaluations	Disruption of data collection due to extreme weather/ climate events or infectious disease outbreaks	Low		

ANNEX 2. REFERENCES AND RESOURCES

22 CFR 216: http://www.usaid.gov/our_work/environment/compliance/22cfr216

ADS 200: Introduction to Programming Policy:

<http://www.usaid.gov/sites/default/files/documents/1870/200.pdf>

ADS 204: Environmental Procedures: <http://www.usaid.gov/sites/default/files/documents/1865/204.pdf>

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

<http://www.usaid.gov/sites/default/files/documents/1868/300.pdf>

ADS 302: USAID Direct Contracting: <http://www.usaid.gov/sites/default/files/documents/1868/302.pdf>

ADS 308: Awards to Public International Organizations:

<http://www.usaid.gov/sites/default/files/documents/1868/308.pdf>

ADS 502: USAID Records Management Program:

<http://www.usaid.gov/sites/default/files/documents/1868/502.pdf>

Bureau for Global Health Project Design and Approval Guidance

Environmental Compliance: Language for Use in Solicitations and Awards, An Additional Help to ADS 204:

<http://www.usaid.gov/sites/default/files/documents/1865/204sac.pdf>

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

<http://www.archives.gov/federal-register/codification/executive-order/12114.html>

Executive Order 13677: Climate-Resilient International Development:

<https://www.whitehouse.gov/the-press-office/2014/09/23/executive-order-climate-resilient-international-development>

Foreign Assistance Act: <http://www.usaidgems.org/lawsRegsPolicies/faa.htm>

National Environmental Policy Act:

https://ceq.doe.gov/laws_and_executive_orders/the_nepa_statute.html

USAID Sector Environmental Guidelines: <http://www.usaidgems.org/sectorGuidelines.htm>