SUMMARY OF PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
For
Implementation Science for FP/RH Cooperative Agreement

PROGRAM/ACTIVITY DATA

IEE Number:	GH-13-007
Program/Project Number:	TBD
Country:	Worldwide
Functional Objective:	Investing in People
Program Area:	Health
Program Elements:	Program Element 3.1.7: Family Planning and Reproductive Health, Program Element 3.1.5: Other Public Health Threats, Program Element 3.1.6: Maternal and Child Health, Program Element 3.1.9: Nutrition, Program Element 3.1.8: Water Supply and Sanitation; Program Area 3.2: Education - Program Element 3.2.1: Basic Education; Program Area 3.3: Social and Economic Services and Protection for Vulnerable Populations - Program Element 3.3.3: Social Assistance
Funding Period:	FY 2013 – FY 2017, with possibility to extend through FY 2022
Life of Activity Funding:	$150 Ceiling -inclusive core and FS
Life of PIEE:	Five years from date of signing or at the time of any scope change/amendment to the Program.

PIEE Amendment: Yes_____ No_X_ If yes, date of original IEE: _____

PIEE Prepared by: Megan Matthews, GH/PRH/RTU

Current date: April 3, 2013

ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion: _____
Negative Determination: _____
Negative Determination w/ Conditions: __X___
Positive Determination: _____

SUMMARY OF FINDINGS

The purpose of this document is to review the overall activities and the potential environmental impact that will be undertaken by the Implementation Science for Strengthening Use of Evidence in Family Planning and Reproductive Health (ISSUE FP/RH) Cooperative Agreement. The ISSUE FP/RH Project Programmatic Initial Environmental Examination (PIEE) evaluates the potential impacts of the proposed range of activities and has determined that a **Negative Determination with Conditions** is appropriate for the actions described in the document. Other actions not described in the paper, including small scale construction or the procurement or use

of pesticides (including larviciding, indoor residual spraying, fogging, and pesticide impregnated materials etc.) will require supplemental environmental analysis. Neither activity is anticipated under this cooperative agreement.

The Implementation Science for FP/RH Project is designed as a flagship research project to provide the United States Agency for International Development's (USAID) Bureau for Global Health (BGH) and other operating units, including field missions, with a global mechanism to implement strategic FP/RH research, evaluation, and technical assistance. It will develop, test, and utilize effective program strategies and the optimal use of data for program design, implementation, and evaluation of family planning and related reproductive health programs. Many activities will fall within the categorical exclusion categories of 22 CFR 216.2(c)(1)(iii) Research activities which may have an effect on the physical and natural environment but will not have a significant effect as a result of limited scope, carefully controlled nature and effective monitoring. This includes 22CFR216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings; and 22CFR216.2(c)(2)(v) Document and information transfers. Illustrative activities of the range of research to be undertaken in this project are described further in the PIEE and Program Description. Each activity, including sub-agreements, will be subject to a review via the **Environmental Mitigation and Monitoring Plans** (EMMP) as described below. Activities which are deemed to have an environmental impact are subject to the mitigation procedures described in this document.

THRESHOLD ENVIRONMENTAL DETERMINATIONS

The overall environmental determination for the ISSUE FP/RH Project is a **Negative Determination, with conditions**.

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for ISSUE FP/RH Project activities that have potential for negative impact on the environment in the following categories, as presented in Annex A in of this document:

1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
2) Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, disease diagnosis and treatment, etc).

SUMMARY OF MONITORING AND REPORTING MEASURES

1. **Agreement Officer Responsibilities**: USAID AORs should consider the implementing partner's ability to perform the mandatory environmental compliance requirements as described under the Project IEE. The Agreement Officer (AO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.

2. **AOR Responsibilities:** The AOR and/or on-site manager or their representative of the Project will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions.
    a. The AOR, in consultation with the mission activity managers and implementing partners, Mission Environmental Officers (MEO), Regional Environmental Officers (REO), and/or Bureau Environmental Officers as appropriate, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and will modify or end activities as appropriate. If additional activities are added at the primary award level that are not described in this document, an amended PIEE must be prepared.

3. **Supplemental Initial Environmental Examinations**: In the event that any new proposed activity differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described, an amendment to this PIEE will be prepared and the SIEE will reference the amended PIEE.

4. **Environmental Mitigation and Monitoring Plans**: It is expected that subsequent funds will either be core or field support funds awarded at the bi-lateral or the core level. For each core and country activity under this program, an Environmental Mitigation and Monitoring Plan (EMMP) will be completed by the implementing partner and submitted to the AOR, the Global Health Bureau Environmental Officer (BEO), and the Mission Environmental Officer or the Regional Environmental Officer for their approval.
    a. The EMMP must be completed prior to the start of activities.
    b. Implementing partners will provide an Environmental Mitigation and Monitoring Plan (EMMP) for each for the primary award and a country specific EMMP.
    c. This EMMP will be a detailed implementation plan for the conditions prescribed in this document.
    d. The EMMP will be reviewed and approved by the GH BEO prior to the commencement of activities. The mitigation measures and monitoring criteria found in the EMMP should be incorporated into pertinent Performance Monitoring Plans and Annual Workplans.
    e. The implementing partners' Project Work Plan will identify those activities outlined in this PIEE that have potential impacts to the environment and discuss plans for environmental management, mitigation approaches, and monitoring measures. Implementing partners will be required to include Environmental Compliance Monitoring in their project work plan and monitoring and evaluation plan.
    f. An evaluation of the implementation of the EMMP must be part of the mid, and end of project evaluations.
    g. Operating Units will ensure that implementing partners have sufficient capacity to complete to implement mitigation and monitoring measures.
    h. The EMMP must be stored in project files.

5. **Environmental Mitigation And Monitoring Report**: Implementing partners under this award will complete an annual environmental mitigation and monitoring report (EMMR) of all activities.

a. The environmental monitoring report should be submitted to the AOR by November 1 of each year.
b. The EMMR will record the environmental mitigation and monitoring measures outlined in the EMMP and will indicate the activities used to ensure that those measures were implemented.
c. Based on the process outlined in the Project Work Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures. The EMMR will also identify issues and challenges associated with the implementation of the EMMP.
d. The EMMR must be stored in project files.

6. **Sub-Agreements or Funds Transfers**: Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
   a. Any sub agreement or funds transfer must include provisions that stipulate the implementation of conditions outlined in the SIEE for country level programs or an IEE for non-country level programs.
   b. The completion of an annual environmental mitigation and monitoring plan (EMMP) and report (EMMR) , and submission to the implementing partner.
   c. Any activity to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE. This includes assurance that any mitigating measures required for those activities be followed.

7. Implementation will in all cases adhere to applicable host country environmental laws and policies.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

Recommended By: _____ 4/9/2013
Scott Radloff — Date
GH/PRH Office Director

Concurrence: _____ 4/9/13
Teresa Bernhard — Date
Global Health Bureau Environmental Officer

Approved: ✓
Disapproved: _____

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)

IMPLEMENTATION SCIENCE FOR STRENGTHENING USE OF EVIDENCE IN FP/RH PROGRAMMING (ISSUE) COOPERATIVE AGREEMENT

TABLE OF CONTENTS

ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOR	Agreement Officer's Representative
BEO	Bureau Environmental Officer
CO	Contract/Grants Officer
EMMR	Environmental Mitigation and Monitoring Report
FAR	Federal Acquisition Regulation
FP/RH	Family Planning/Reproductive Health
FY	Fiscal Year
GH	Bureau for Global Health
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information Systems
LOE	Level of Effort
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
MEO	Mission Environmental Officer
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
NGO	Non governmental Organization
OP	Operating Plan
OAA	Office of Acquisition and Assistance
PIEE	Programmatic Initial Environmental Examination
PR	Program Results
PRH	Population, Reproductive Health
REO	Regional Environmental Officer
RFA	Request for Application
SIEE	Supplemental Initial Environmental Examination
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
Implementation Science for Strengthening Use of Evidence in FP/RH Programming

PROGRAM/ACTIVITY DATA

IEE Number	**GH-13-007**
Program/Project Number:	TBD
Country:	**Global/Worldwide**
Functional Objective:	**Investing in People**
Program Area:	**Health**
Program Elements:	Program Element 3.1.7: Family Planning and Reproductive Health, Program Element 3.1.5: Other Public Health Threats, Program Element 3.1.6: Maternal and Child Health, Program Element 3.1.9: Nutrition, Program Element 3.1.8: Water Supply and Sanitation; Program Area 3.2: Education - Program Element 3.2.1: Basic Education; Program Area 3.3: Social and Economic Services and Protection for Vulnerable Populations - Program Element 3.3.3: Social Assistance
Funding Period:	FY 2013 –FY 2022
Life of Activity Funding:	$150 Ceiling -inclusive core and FS

SECTION 1: Background and Activity/Program Description

Purpose and Scope of PIEE

The purpose of this document is to review the overall activities undertaken by the ISSUE FP/RH Project and provide threshold determinations of environmental impact and conditions for mitigation.

Section 1 of this document covers the categories of activities undertaken by the program: Section 2 is background information on the geographical coverage; Section 3 provides an evaluation of the potential environmental impacts of the Program activities; Section 4 provides the threshold environmental determination for the Program activities and describes mitigation measures required for implementation.

Overview of the IUSSE FP/RH Project

The goal of USAID's family planning and reproductive health (FP/RH) programming is to is "*to enable countries to meet the family planning needs of their people*" by expanding access to high-quality family planning services and information, and reproductive health care in order to reduce unintended pregnancy and promote healthy reproductive behaviors of men and women, reduce abortion, and reduce maternal and child mortality and morbidity[1]. The Research, Technology and Utilization (RTU) Division has the mandate to lead USAID's research on FP/RH, including biomedical research and development, implementation science and operations research, and

[1] Foreign Assistance Framework; Category: Health; Sector: Family Planning and Reproductive Health http://foreignassistance.gov/SPSD.pdf

knowledge translation efforts. RTU's strategy focuses on identifying practical, scalable, culturally appropriate and sustainable solutions to decrease unintended pregnancies. Research aims to reduce critical barriers to family planning use (including social, cultural and behavioral barriers), expand access to modern contraceptive methods, increase understanding of the drivers of fertility intentions and decision-making, and strengthen health systems to increase availability and quality of FP/RH services. In addition, USAID's portfolio also documents and utilizes this program learning to accelerate the introduction and scale-up of evidence-based family planning and other FP/RH technologies and services.

ISSUE FP/RH is envisioned as the Bureau for Global Health's flagship Implementation Science Research project focusing on unmet need for family planning. As such, the project implementer(s) will provide research expertise and global technical leadership in addressing research gaps and maximizing the use of evidence in programs. This is a concrete and logical evolution from predecessor operations research and program research projects. The range of activities referred to as implementation science encompasses *implementation research*, *knowledge translation*, and *knowledge management*. [2] This project will specifically conduct implementation research and knowledge translation. As an implementation science project, it will not conduct research on biomedical product research and development, but it will include research related to the roll-out of existing products and program approaches.

The ISSUE FP/RH project is intended to undertake short-term, medium-term and long-term research studies that build upon existing research, evidence from global and bilateral programs, and service delivery experience. It is expected that the results will, in turn, inform the design of future studies. A successful applicant must demonstrate expertise in a range of rigorous research methodologies and be able to identify the most appropriate research questions and relevant research designs to meet the goal of this award, including feasibility and acceptability introduction studies of methods and approaches. The project will also assist broad technical consultations such as global evidence summits, Cochrane review procedures, state of the art meetings, and international health forums.

The prime organization will partner with Ministries of Health, local researchers, research organizations, local implementing organizations, and other in-country stakeholders to conduct research, and as active partners in identifying and refining research questions, and disseminating and utilizing research results. The project will identify and support opportunities to strengthen the capacity of in-country partners and stakeholders to: recognize and determine the value-added of attaching research to program and policy interventions; design and implement research; assess the potential contribution of research results within particular contexts; plan and execute the introduction of new products and services; and to assess the value of scaling-up evidence-based practices. The project will utilize sub-agreements and memoranda of understanding to maximize collaboration and capacity building activities with local and international partners, the results of which will be sustained long after the completion of project activities.

SECTION 2: Country and Environmental Information

[2] Draft: *Discovery to Scale-UP; Implementation Science in Global Health.*

Locations Affected and Local Environmental Regulations

Activities under the ISSUE FP/RH Project may take place in any of the USAID mission countries or in countries covered by USAID Regional missions. Environmental procedures are detailed in national policies. Applicable country and environmental information will be detailed for each country activity in the Supplemental Initial Environmental Examination that is required before implementation of activities.

Location conditions
The locations for this project have not yet been determined. Given the scope of the project, activities will likely take place in Africa and Asia, spanning both urban and rural activities.

SECTION 3: Evaluation of Project/Program Issues

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

Certain activities supported by the program will directly or indirectly affect the environment, or have the potential to do so. Based on the analysis conducted by the AOR these activities could affect the environment in five ways:

1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
2) (e.g., basic and emergency obstetric care techniques, surgeries, administration of injectables, HIV or TB testing, malaria diagnosis, use of NTD remedies such as albendazole etc)
3) Small-scale water and sanitation activities (such as covered wells and latrines)
4) Small scale gardening/farming activities
5) Small-scale rehabilitation of health or educational facilities

The potential impact is discussed in detail below, and summarized in Annex A at the end of Section 4.

Each of these potential impacts is discussed in detail below, and summarized in Annex A at the end of this section.

1) Procurement, Storage, Management and Disposal of Public Health Commodities
Some activities may include the procurement/logistics of pharmaceutical drugs and vaccines, family planning products and condoms, personal protective gear, laboratory and medical supplies, and basic medical equipment.

Pharmaceutical drugs 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, chemotherapies, and radio active have specific storage time and temperature requirements, and may expire before they are able to 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. 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 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, explores to higher concentrations, and possible low-dose effects.

Traditional environmental toxicology focuses on acute effects of concentrated exposures rather than chronic effects of low level exposures. Measured toxicities of some tested pharmaceuticals have shown that acute effect 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 need 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 results in release of toxic pollutants into the air, and inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public as well as storage and management of chemotherapies or radio isotope therapies. 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 has 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.

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 Kümmerer, ed (online version).

2) Activities that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste or in techniques that have a direct or indirect environmental impact.

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 such as HIV, TB 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 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 wastes generally fall into three categories in terms of public health risk and recommended methods of disposal:

- ***General*** healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75–90% of waste generated by healthcare facilities falls into this category, and it can be burned or taken to the landfill without any additional treatment.
- ***Hazardous*** healthcare wastes including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and

pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.

- ***Highly hazardous*** healthcare wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

If a 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, though most countries follow WHO Guidelines.

References for this section include:
http://www.who.int/water_sanitation_health/medicalwaste/167to180.pdf
http://www.bchealthguide.org/healthfiles/hfile29.stm
Safe management of wastes from health-care activities, edited by A. Prüss, E. Giroult and P. Rushbrook. Geneva, WHO, 1999,
http://www.who.int/water_sanitation_health/Environmental_sanit/MHCWHanbook.htm. English
EGSSAA Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal" (http://www.encapafrica.org/EGSSAA/Word_English/medwaste.doc) for additional guidance on proper handling and disposal of medical waste.

Section Table 3a:
Activities Potential Negative Environmental Impacts

Investing in People: Health Program Areas	Procurement, Storage, Management and Disposal of Public Health Commodities	Direct or Indirect generation, and need for disposal of hazardous and highly hazardous medical waste (as defined in Section 3 of this IEE)

Investing in People: Health Program Areas	**Procurement, Storage, Management and Disposal of Public Health Commodities**	**Direct or Indirect generation, and need for disposal of hazardous and highly hazardous medical waste (as defined in Section 3 of this IEE)**
Program Name and activity	Such as: Laboratory reagents and supplies Micronutrient supplements Antibiotics Vaccines Other pharmaceuticals Contraceptives/condoms HIV test kits ARVs Nutritional supplements TB drugs NTD drugs Antimalarial drugs Packing materials for products	Generation of sharps Generation of hazardous and highly hazardous medical waste, including blood. Generation of sputum and other waste

Section 3c: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF PROGRAM NAME ACTIVITIES	
Key Elements of Program/Activities	**Mitigation Conditions and/or Proactive Interventions**
ISSUE FP/RH Activities that involve: Procurement, Storage, Management and Disposal of Public Health Commodities	Conditions: Consignees for all pharmaceutical drugs and other public health commodities procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). These are supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible (for example if the expired or spoiled pharmaceuticals are considered hazardous and as such, if transferred across frontiers, become regulated and subject to the Basel Convention an the transfrontier shipment of hazardous wastes) then follow the guidelines in the WHO document *Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies*, found at www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf. At the request of the Mission, subject to available funding, the implementing partner will make all reasonable attempts to facilitate the disposal of expired drugs under this activity to mitigate the impact of medical waste. Implementing partners will work with the host country as appropriate on aspects of essential medicine supply chain management, including estimating demand, distribution, and storage issues of time and temperature. Commodities that, during use, become hazardous or highly hazardous waste are managed under the conditions in the following section "Activities that involve the collection, safe handling and disposal of hazardous and highly hazardous medical waste" Packaging and disposal of all other public health commodities will be treated using the guidelines provided in Environmental Guidelines for Small-Scale Activities in Africa (EGSSAA) 2nd Edition, Chapter 15: Solid Waste (http://www.encapafrica.org/EGSSAA/Word_English/solidwaste.doc)
ISSUE FP/RH Activities that involve:	Conditions:

Direct and/or indirect generation, storage, handling and disposal of hazardous or highly hazardous medical waste (as defined in Section 3 of this PIEE)	For activities entailing training of professional and para-professional health workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste, including blood or sputum testing, basic and emergency obstetric care techniques, and laboratory support, the implementing partner will include training in or ensure the training curriculum covers procedures to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste, as applicable, and follows either WHO guidelines, in Environmental Guidelines for Small Scale Activities in Africa Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal," and is consistent with national policy and procedure for medical waste. For all USAID-supported activities entailing service delivery, including blood testing and laboratory support, COTRs will work with its implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. This includes **annual completion of the Healthcare Waste Management Minimum Program Checklist and Action Plan (Annex 1)** for all facilities where implementing partners are directly providing services. Completion of this checklist should be included in the annual workplan. Healthcare waste is most appropriately identified by color-coding bags and containers. In addition, the following are well-established practices in the safe handling, storage, and transportation of health-care waste: • Sharps should be collected together (regardless of whether or not they are contaminated), and stored in puncture-proof, impermeable, and tamper-proof containers with fitted covers. If plastic or metal containers are unavailable, then containers made of dense cardboard are recommended. • Highly infectious waste should be immediately sterilized by autoclaving. • On-site collection of waste should be handled at frequent intervals to avoid accumulation, and an adequate supply of fresh collection bags/containers should be available for replacement. • Waste should be stored in an accessible room with adequate space and protection from sunlight. • In any area that produces hazardous waste - hospital wards, treatment rooms, operating theatres, laboratories, etc., three bins plus a separate sharps container will be needed to separate these types of waste. (If hazardous and highly hazardous waste will be disposed of in the same manner, they should not be collected separately.) • For hazardous waste and highly hazardous waste the use of double packaging, e.g. a plastic bag inside a holder or container is recommended for ease of cleaning. • To make separate collection possible, hospital personnel at all levels, especially nurses, support staff, and cleaners, should be trained to sort the waste they produce.

	See EGSSAA Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal" (http://www.encapafrica.org/EGSSAA/Word_English/medwaste.doc) for additional condtitions on proper handling and disposal of medical waste. Other important references to consult are "WHO's Safe Management of Wastes from Healthcare Activities" http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/

SECTION 4: Recommended Determinations and Conditions for Implementation

4a. Determination

Based on the analysis presented in Section 3, this PIEE recommends threshold decisions and conditions for implementation of the Project activities. USAID/GH acknowledges that the environmental screening and review procedures described here do not substitute for the recipient country's own environmental laws and policies.

The overall threshold determination for the Project is a **Negative Determination, with conditions**. However, various classes of activities have been grouped into two different determinations. The conditions for implementation of the activities follow in Table 4a. If the Program activities are similar to the activities in Section 3, the conditions established must be implemented as part of the program design and implementation.

Activities presented in Section 4. Table 4a of this document

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any Program activities that have potential for negative impact on the environment in the following categories, as presented in Table 2 in Section 3 of this document:

1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.

   Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, disease diagnosis and treatment, etc)

Table 4a: Determinations for Activities Executed Under This Program

Activities	**Recommended Threshold Determination and 22 CFR Part 216 citation**
Activities not involving any biophysical interventions : ○ education, training, technical assistance related to Program Name e.g. education and life skills training for OVCs, dissemination of HIV/ AIDS care message ○ document and information transfers e.g. dissemination of Program Name care message and best practices materials ○ controlled experimentation exclusively for the purpose of research and field evaluation and carefully monitored; ○ analyses, studies, academic or research workshops and meetings ○ 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, waste water treatment, etc.) ○ Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning	Categorical Exclusion, per ○ 216.2 (c)(2)(iii) for analyses, studies, academic or research workshops and meetings; ○ 216.2 (c)(2)(v) for document and information transfers; ○ 216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, expect to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)
Support to the procurement, storage and disposal of public health commodities e.g. ARV's, and treatment for opportunistic infections, condoms, nutritional supplements, etc.	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii) for activities involving procurement, storage, management and disposal of public health commodities
Activities involving treatment in health centers, blood testing and potential generation of hazardous medical waste	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii) for all the health activities likely to involve blood testing, and have potential generation of hazardous health waste.
Provision of Equipment and supplies to health and education facilities	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii) for activities involving procurement, storage, management and disposal of public health commodities

Monitoring Conditions

8. **Agreement Officer Responsibilities**: USAID procurement should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under the Cooperative Agreement. The Agreements Officer (AO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.

9. **AOR Responsibilities:** The AOR and/or their designee from USAID or their representative of the Project will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions
    a. The AOR, in consultation with the mission activity managers and implementing partners, Mission Environmental Officers (MEO), Regional Environmental Officers (REO), and/or Bureau Environmental Officers as appropriate, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate. If additional activities are added at the primary award level that are not described in this document, an amended PIEE must be prepared.

10. **Supplemental Initial Environmental Examinations**: In the event that any new proposed activity differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described, an amendment to this PIEE will be prepared and the SIEE will reference the amended PIEE.

11. **Environmental Mitigation and Monitoring Plans**: It is expected that subsequent funds will either be core or field support funds awarded at the bi-lateral or the core level. For each major core and country activity under this program, an Environmental Mitigation and Monitoring Plan (EMMP) will be completed by the implementing partner and submitted to the AOR, the Global Health Bureau Environmental Officer (BEO), and the Mission Environmental Officer or the Regional Environmental Officer for their approval.
    a. The EMMP must be completed prior to the start of activities,
    b. Implementing partners will provide an Environmental Mitigation and Monitoring Plan (EMMP) for each for the primary award and a country specific EMMP.
    c. This EMMP will be a detailed implementation plan for the conditions prescribed in this document.
    d. The EMMP will be reviewed and approved by the GH BEO prior to the commencement of activities. The mitigation measures and monitoring criteria found in the EMMP should be incorporated into pertinent Performance Monitoring Plans and Annual Workplans.
    e. The implementing partners' Project Work Plan will identify those activities outlined in this PIEE that have potential impacts to the environment and discuss plans for environmental management, mitigation approaches, and monitoring measures. Implementing partners will be required to include Environmental Compliance Monitoring in their project work plan and monitoring and evaluation plan

f. An evaluation of the implementation of the EMMP must be part of the mid, and end of project evaluations.
g. Operating Units will ensure that implementing partners have sufficient capacity to complete to implement mitigation and monitoring measures
h. The EMMP must be stored in project files.

12. **Environmental Mitigation And Monitoring Report**: Implementing partners under this award will complete an annual environmental mitigation and monitoring report (EMMR) of all activities.
    a. The environmental monitoring report should be submitted to the AOR by November 1 of each year.
    b. The EMMR will record the environmental mitigation and monitoring measures outlined in the EMMP and will indicate the activities used to ensure that those measures were implemented.
    c. Based on the process outlined in the Project Work Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures. The EMMR will also identify issues and challenges associated with the implementation of the EMMP.
    d. The EMMR must be stored in project files

13. **Sub-Agreements or Funds Transfers**: Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
    a. Any sub agreement or funds transfer must include provisions that stipulate the implementation of an EMMP
    b. the completion of an annual environmental monitoring plan and report, and
    c. Any activity to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE. This includes assurance that any mitigating measures required for those activities be followed.

14. Implementation will in all cases adhere to applicable host country environmental laws and policies.

4b. The Environmental Mitigation And Monitoring Plan And Report (EMMP/R) and Environmental Verification Form.

The EMMP must be completed by each organization carrying out activities under the Program/Project prior to the implementation of activities. At the end of the year (November 1) the partner will create a report called an Environmental Mitigation and Monitoring Report. It will include the organization's EMMP and any resulting activities taken as a result of the mitigation and monitoring measures. An Environmental Verification Form (EVF) should have been used for sub projects/awards and will be submitted to the local MEO and GH BEO for review and approval. The EMMR, and the EMMP reporting form are quite similar in that the EMMR includes all aspects of the EMMP plus the annual reporting requirements. The prime Program Name Project implementing partners are responsible for ensuring that the EMMPs are

reviewed and approved by the C/AOTRs and the Mission Environmental Officer (MEO) and submitted to the GH BEO.

1. The Environmental Verification Form
2. The Environmental Mitigation and Monitoring Plan,
3. The Environmental Mitigation and Monitoring Report

The EMMP Environmental Verification Form (EVF)
This form indicates the categories of activities carried out by implementing partners (or their sub-awardees) and serves to 'trigger' USAID expectations of mitigation measures.

All implementing partners must implement the Environmental Verification Form for sub-projects, sub-grants, and sub-activities. The completed EVF should be submitted to the MEO and subsequently to the BEO for final concurrence. This form is to be used to describe sub-actions/projects/grants and to assess if the activity is within the scope of this PIEE. If not within the scope of this PIEE then a supplemental environmental document must be submitted to the BEO via the MEO for concurrence.

The Environmental Mitigation and Monitoring Plan (EMMP)
Implementing partners will use the EMMP to describe the specific actions they will undertake under each category of activity when the IEE conditions reveal potential environmental threats as outlined in Section 3 of this PIEE. In these cases, mitigation will be undertaken as described in the conditions described in the PIEE. The Mitigation Plan also identifies the person responsible for monitoring compliance with mitigation and the indicator, method and frequency of monitoring.

The Environmental Mitigation and Monitoring Report (EMMR)
This form reports on the results of applying the mitigation measures described in the Mitigation Plan and identifies outstanding issues with respect to required conditions. In some cases, digital photos will be the best way to document mitigation and should be included in the report.

Environmental Verification Form

Name: Implementation Science for Strengthening Use of Evidence in FP/RH Programming Project (ISSUE FP/RH)

Name of Prime Implementing Organization: _____

Name of Sub-awardee Organization (if this EMMP is for a sub):

_____

Geographic location of USAID-funded activities (Province, District):

_____

Date of Screening: _____

Funding Period for this award: FY _____ FY _____

This report prepared by:

Name/ Title_____ Date:_____

Date of Previous EMMP for this organization (if any): _____

Project Description, Location and Potential Impacts:

Indicate which activities your organization is implementing under this funding.

Environmental Verification Form:

Activity Description	Potential Impacts	Is the impact high/medium /low	Procurement of medical commodities	Potential Medical Waste Generation	Construction/ Rehabilitation	Small Scale Water/ Sanitation	Small Scale Gardening/ Nutrition	Activity may involve the use, advocacy or procurement of pesticides

The Implementation Science for Strengthening Use of Evidence in FP/RH Programming Project (ISSUE FP/RH)

IEE Number: XXX
Program/Project Number: XXX
Country: (ex. Kenya)
Functional Objective: Investing in People
Program Area: Health
Duration of IEE: One year from date of submission
This report prepared by: TBD
Name of Prime Implementing Organization: TBD
Funding Period for this award: FYxxxx - FYxxxx
Date of Screening: TBD
Name/Title: TBD
Current date: XXX

Background (including a brief description of local regulations and laws)

Environmental Mitigation and Monitoring Plan

Specific Activity	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Frequency of Monitoring	Budget
Describe activity	Describe impacts	Describe specific mitigation and monitoring measures to be implemented to avoid, offset or mitigate the potential impacts	Describe the person (by title) who is responsible for ensuring the implementation of the	Determine how the success or failure of the mitigation measure will be monitored.	Document how often the measure will be monitored	Indicate the amount of funding to be used for this mitigation measure.

Specific Activity	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Frequency of Monitoring	Budget
			mitigation measure			
EXAMPLE: Education, technical assistance, training for those activities that do not directly or indirectly generate hazardous medical waste, etc.	No environmental impacts anticipated as a result of these activities.	Education, technical assistance and training activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.	A/COR	Discussion of environmental impact included in education, technical assistance, training and other materials	Annual	

ISSUE FP/RH Project

Environmental Mitigation and Monitoring Report (EMMR)

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks

Certification for EMMP

I certify the completeness and the accuracy of the mitigation and monitoring plan described above for which I am responsible and its compliance with the PIEE:

_____ _____

Signature Date

_____

Print Name

_____

Organization

_____

BELOW THIS LINE FOR USAID USE ONLY

Agreement Officer's Representative: _____ Date: _____

Mission Environmental Officer: _____ Date: _____

Bureau Environmental Officer: _____ Date: _____

Regional Environmental Advisor: (if appropriate) _____ Date: _____

Note: if clearance is denied, comments must be provided to applicant

Annex 1. Healthcare Waste Management Minimal Program Checklist and Action Plan to be Included in Training Materials/Programs

Elements/Actions	***In Place?***	***Next Steps to be done***		
		What	***By Whom***	***By When***
Written plans and procedures				
1. *A written waste management plan* Describing all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.				
2. *Internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.*				
3. *Clearly assigned staff responsibilities that cover all steps in the waste management process.*				
4. *Staff waste handling training curricula or a list of topics covered.*				
5. *Waste minimization, reuse, and recycling procedures.*				
Staff Training, Practices, and Protection*				
6. *Staff trained in safe handling, storage, treatment, and disposal.* Does staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste? Does staff know the correct responses for spills, injury, and exposure?				
7. *Protective clothing available for workers who move and treat collected infections waste* such as surgical masks and gloves, aprons, and boots.				

8. *Good hygiene practices*. Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.				
9. *Workers vaccinated* for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.				
Handling and Storage Practices				
10. *Temporary storage containers and designated storage locations.* *11.* Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?				
12. *Minimization, reuse, and recycling procedures.* • Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.: o use the oldest batch first; o open new containers only after the last one is empty; procedures to prevent products from being thrown out during routine cleaning; and				
13. *A waste segregation system.* • Is general waste separated from infectious/hazardous waste? • Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers? • Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ((these are valuable, but less essential)?				
14. *Temporary storage containers and designated storage locations.* • Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes? • Is the location distant from patients or food?				
Treatment Practices				

15. Frequent removal and treatment of waste • Are wastes collected daily? • Are wastes treated with a frequency appropriate to the climate and season? o Warm season in warm climates within **24 hrs** o In the cool season in warm climates within **48 hrs** o In the warm season in temperate climates within **48 hrs**				
16. *Treatment mechanisms for hazardous and highly hazardous waste*. (The most important function of treatment is disinfection). • Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator? • If not are they being buried safely (in a pit with an impermeable plastic or clay lining)? • Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?				
17. If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?				

*** Training should be conducted before starting activity implementation**

For more detailed checklists and guidance consult: *Safe management of wastes from health-care activities*, edited by A. Prüss, E. Giroult and P. Rushbrook. Geneva, WHO, 1999, http://www.who.int/water_sanitation_health/Environmental_sanit/MHCWHanbook.htm. English

Annex 2. Disposal and Treatment Methods Suitable for Different Categories of Healthcare Waste to be Included in Training Materials/Programs (EXAMPLE)

Method	Infectious Waste (laboratory cultures, excreta)	Sharps (needles, blades, broken glass)	Pharmaceutical Waste (expired pharmaceuticals, boxes contaminated by pharmaceuticals)	Chemical Waste (laboratory reagents, solvents)	Radioactive Waste (unused liquids from laboratory research)
Rotary kiln	✓	✓	✓	✓	✓[2]
Pyrolytic incinerator	✓	✓	✓[1]	✓[1]	✓[2]
Single-chamber incinerator	✓	✓			✓[2]
Drum or brick incinerator	✓	✓			
Chemical disinfection	✓	✓			
Wet thermal treatment	✓	✓			
Microwave irradiation	✓	✓			
Encapsulation		✓	✓	✓[1]	
Safe burial on hospital premises	✓	✓	✓[1]	✓[1]	
Sanitary landfill	✓		✓[1]		
Discharge to sewer			✓[1]		Low-level liquid waste
Inertization			✓		
Other			Return to supplier	Return to supplier	Decay by storage

1: Small quantities only
2: Low-level infectious waste

Erin	Kenya	Ministry of Health	Male Condom-No Logo	15622745	1	18-Mar-2013	[Action Recommended] UNFPA/Kenya and MOH to follow-up with their expected consignments to ensure they arrive and are received on time. [Comment] Based on projected consumption, stock of this commodity is out of stock at central warehouses (15-27 MOS). 30,240,000 pieces funded by World Bank and procured by UNFPA are currently in-country awaiting clearance. The other consignments (totaling 61,920,000 pieces) are expected in March 2013. MOH consignments of 22,521,000 pieces and 8,389,000 pieces are expected in March 2013.	Erin provide updates on UNFPA no logo shipments to USAID/Kenya		**Erin provided updates on UNFPA no logo shipments to USAID/Kenya**	
Erin	Tanzania	Ministry of Health - Zanzibar	Implanon	427	3	03-Jan-2013	[Action Recommended] There are no planned shipments after we receive the March 2013 shipment. The maximum and minimum stock levels are 12 and 6 months of stock respectively. we will need 2562 pieces to arrive in May 2013 so as to have the desired 12 MOS [Comment]	Erin working with USAID/TZ to potentially send stop-gap shipment with DFID funding.		**Erin followed-up with USAID & DELIVER/TZ. DELIVER/TZ working with the MOHSW mainland to transfer stock to MOHSW Z'bar.**	[USAID 20 Mar. 2013] DELIVER/TZ reports that the physical count conducted by staff in Zanzibar in Feb. 2013 identified 3 MOS for Implants. There were no issues from RCHS to facilities in January and February 2013. If forecasted AMC remains the same, a stockout will occur in June 2013.
Siobhan	Burkina Faso	Ministry of Health	Depo-Provera	63139	4	04-Mar-2013	[Action Recommended] We request a response regarding our request for 2013 from USAID. UNFPA has approved 206,400 and we would like to confirm that the 43,600 remaining units will be sent as well. We would also like confirmation from UNFPA on the arrival date of the next shipment. [Comment] The stock level is below the minimum level in the central warehouse. The shipment of one month of stock expected from WAHO has not yet arrived. The date of the shipment expected from the state budget is not yet known. Requests have also been submitted to UNFPA and USAID. We have requested a shipment of 250,000 units to come in April 2013.	Work with CARhs group to ensure Burkina's needs are addressed in Depo production transfer. CARhs group is recommending to UNFPA-PSB that an additional PO of 43,600 vials for Burkina be placed in May 2013.	[PSB 02.Apr] - PSB can accommodate additional 43,600 vials (from USAID production transfer), awaiting confirmation from Joe on availability of funds. Estimated ETA end of April.	**Continue to work with CARhs group to ensure Burkina's DMPA needs are met.**	PSB 05-March - 206.400 units have been allocated to be shipped in April 2013 - no PO placed yet. [Mar. 6 CARhs]: All of the 2012 WAHO shipments need to be payed for by May 30, 2013 and so all 2012 shipments need to arrive in-country by the end of May. This would be the same for 2013 funded shipments, all should arrive in-country by May 30, 2014. Awaiting official ETA on the UNFPA and WAHO orders. [Mar 26]: The MOH submitted a request to increase the shipment to 250,000 vials. Can UNFPA confirm if it is possible to send an additional 43,600 vials?

Siobhan	Cameroon	Association Camerounaise pour le Marketing So	Depo-Provera	6225	0.39	30-Oct-2012	[Action Recommended] An emergency stock of Depo-Provera is necessary to mitigate this situation. For the next 3 months a quantity of 12,799 boxes is necessary. [Comment] A stockout of Depo-provera in the whole country was noted.	Need to discuss possible solutions. Current understanding is that UNFPA depo shipments do not include product to SMOS.		**Continue to work with CARhs group to ensure Ethiopia's DMPA needs are met.**	[Dec 5]: Joe to e-mail the country representative to confirm the need for Depo in the country. UNFPA does not normally support shipments to the SM program. [DELIVER Jan. 7]: An e-mail was sent by Erin on Dec. 17 to PSI HQ regarding the PSI shipments and no response has been received. [Jan 9 CARhs mtg]: Still no response from PSI despite additional follow-up from USAID. PSB 04.02 - we have reserved 12.800 units, but no request received yet...won't be able to hold them for long [DELIVER Feb 4]: PSI HQ reported sending IUDs, but requested that USAID assist with injectables and oral contraceptives. [Feb 6]: Will revisit this issue after discussions between USAID and UNFPA. [USAID 4 Mar. 2013] USAID not likely to send stop-gap shipment of Depo due to need to clarify compliance issues with USAID/W and USAID/WA. [Mar 6]: MOH is requesting 858,682 vials from UNFPA for 2013. Maggie to follow-up to see if this includes Social Marketing needs and let the country know that USAID can not ship Depo to Cameroon right now. [Mar 26]: USAID is following up with PSI to see if there are any planned shipments of Depo for ACMS in Cameroon.
Siobhan	Cameroon	Ministry of Health	Depo-Provera	37334	1	30-Sep-2012	[Action Recommended] An emergency stock of Depo-Provera is necessary to mitigate this situation. For the next 3 months a quantity of 12,799 boxes is necessary. [Comment] A stockout of Depo-provera in the whole country was noted.	Work with CARhs group to ensure Cameroon's needs are addressed in Depo production transfer. CARhs group is recommending to UNFPA-PSB that an additional PO of 146,000 vials be placed in May 2013.		**Continue to work with CARhs group to ensure Cameroon's DMPA needs are met.**	[Dec 5]: There is the challenge that there is no central warehouse, so DELIVER would need to coordinate with the MOH on where the USAID products would be stored and how they will be distributed before sending a USAID shipment. Joe reports no requests from country office, they are Stream 3. [DELIVER Jan 7]: In an e-mail from Dec. 19 the MOH stated that they decided not to order Noristerat in 2013 in order to help address the delay in Depo procurement. They are awaiting a Depo shipment. [Jan 9 CARhs mtg]: Joe has received no commodity requests from Cameroon. Joe wrote an e-mail to follow-up with UNFPA local office. Possibility for USAID to send an emergency shipment, but USAID will have to assess all country needs first in relation to resources available. [Feb 6]: Will revisit this issue after discussions between USAID and UNFPA. UNFPA still has not received a request from the country office for 2013. [USAID 4 Mar. 2013] USAID not likely to send stop-gap shipment of depo due to need to lack of presence and need to clarify compliance issues in USAID non-presence countries. PSB 05.March - 302.304 units is the best we can deliver in 2013 - earliest May. No PO raised yet [Mar 6]: MOH is requesting 858,682 vials from UNFPA for 2013.

Siobhan	Cameroon	Ministry of Health	Female Condom	25192	1	30-Sep-2012	[Action Recommended] No recommended action. [Comment] An order of 10,000 units of Female Condoms has been made by UNFPA and the date of arrival is expected for 31 December 2012.	Continue to follow-up with Aisatou in Cameroon re: feasiblity of CARE Cameroon lending the public sector some stock of FC2. If not feasible, follow-up re: interest/need for a stop-gap shipment of FC2 to the public and privte sectors.		**Continue to follow-up with Aisatou in Cameroon re: feasiblity of CARE Cameroon lending the public sector some stock of FC2. If not feasible, follow-up re: interest/need for a stop-gap shipment of FC2 to the public and privte sectors.**	[Mar 5]: The MOH has requested [illegible] for 2013. USAID will follow-up with in-country colleagues regarding a shipment of 400,000 FCs that was sent to the U.S. embassy in 2012. It is possible that these FCs could be given to the MOH for distribution and this should be confirmed before another large shipment is sent by UNFPA. Maggie to forward the MOH request from Joe so he can confirm with the local UNFPA office. . [Mar 26]: The MOH and in-country office are still discussing the final quantity needed for this year. Erin is also following up with the embassy re: the FCs that they received.PSB 02.April - [joe apr 3] the country office reports that they are continuing to work with the MoH to derive definite figures. but they expect to lower the requested quantity for FC. [Apr. 3]: USAID says that the U.S. embassy distributed a large amount of FCs to Care in Cameroon and discussion is underway as to whether some of these
Siobhan	Chad	Ministry of Health	Depo-Provera	22245	3	31-Jul-2012	[Action Recommended] An order of 235,000 vials is is under review by UNFPA with a desired arrival date of September 2012. [Comment] Before the CPT, we collected data from 32% of the sites in the country. The stock level in the report has been adjusted according to the reporting rate. The AMC was estimated based on demographic data and the total stock at all levels of the supply chain.	Work with CARhs group to ensure Chad's needs are addressed in Depo production transfer. CARhs group is recommending to UNFPA-PSB that an additional PO of 344,900 vials be placed in May 2013.		**Continue to work with CARhs group to ensure Chad's DMPA needs are met.**	PSB 01.Oct: We are unaware of any requests from Chad, Joe are you? UNFPA-NY: this info comes from August 2012 quantification done by DELIVER. Local UNFPA office was supposed to review the requests and see what could be provided. Joe notes that request for 300,000 vials were received on 15-Sept from Chad for 2013. No requests have been approved yet. [Deliver January 7]: Deliver has reviewed the 2013 UNFPA orders against the CPT and has no major changes to propose. Suggest closing this issue as UNFPA will be placing the 2013 orders soon. [Jan 9 CARhs call]: UNFPA shipment will not arrive until June 2013 at earliest. Possibility for USAID to send an emergency shipment, but USAID will have to assess all country needs first in relation to resources available. PSB 04.02 - Chad has decreased their request from 717.000 to 477.000 units - no indication yet of when Pfizer will able to ship. [Feb 6]: After June most likely. Will revisit this issue after discussions between USAID and UNFPA. [USAID 4 Mar. 2013] USAID not likely to send stop-gap shipment of depo due to lack of presence and need to clarify compliance issues in USAID non-presence countries. PSB 05.March - 477.000 units planned to be shipped in May 2013 - no PO placed yet. [Mar 6]: Awaiting
Siobhan	Liberia	Ministry of Health	Male Condom-No Logo	1548922	0.09	26-Feb-2013	[Action Recommended] Requesting that shipment arrives as requested. [Comment] The shipment of 6,000,000 condoms has arrived in country and is at the port awaiting clearance. Hopefully it will be out by March 12, 2013.	Please follow-up with freight team on status of clearance of this shipment.		**Please follow-up with USAID/Liberia about feasibility of condom shipments 6x per year to help alleviate storage problems.**	[DELIVER, April 2, 2013]: awaiting update from field office on port clearance. [USAID, April 3, 2013]: RO-3849 cleared week of Mar. 17th. [DELIVER, April 3, 2013]: storage continues to be a challenge; NDS (central) has reported that they have no space to store them due to a request to store 8 40ft containers of other commodities (which were unexpected). Additional storage is being sought
Siobhan	Niger	Ministry of Health	Implanon	1618	1	31-Dec-2012	[Action Recommended] We request that UNFPA confirm the planned arrival dates of these 2 shipments for 2013. [Comment] The AMC concerns implants in general (Jadelle and Implanon). 54,000 are on order, of which 35,000 will be sent in Feburary and the rest in August.	Erin will follow-up on status of UNFPA Implanon order during CARhs call.	[Mar 26]: According to RHI 70,016 units of Implanon on May 27th via air. [PSB 03.April] - PO 24480 - ETD 27 May 2013	None	PSB 06.02 - can't see any request for Implanon in our system. [Feb 6]: Joe has received the request for Implanon, but has not yet approved it as he is awaiting the result of the price reduction discussions. PSB 05.March - can't see any request for Implanon in our system. [Mar 6]: UNFPA can not place any Implanon requests until price negotiation is complete. [Mar 26]: According to RHI 70,016 units of Implanon on May 27th via air.

Siobhan	Niger	Ministry of Health	Jadelle	1618	2	31-Dec-2012	[Action Recommended] No shipment of Jadelle planned in 2013. [Comment]	Erin will follow-up on status of UNFPA Jadelle orders during CARhs call (ETAs have not been confirmed yet).	[PSB 03.April] - PO 24321 - 10,000 units EDT 15 April and 10,000 units ETD 13 Sept	None	PSB 06.Feb - The CO indicated that the requested quantity for Q1 is 10,000 and then the remaining quantity of 10,000 is to be delivered in Q3. A due date request for 10,000 was sent to Bayer. [Feb 6]: Irina to provide the ETA when it is available. PSB 05.March - shedule shipment as following: Q1 – 10,000 sets – 15/04/2013 Q3 – 10,000 sets – 13/09/2013 ETA to be confirmed after PO is placed
Siobhan	Sierra Leone	Ministry of Health	Emergency Contraceptive Pill (ECP)	1500	3	09-Jan-2013	[Action Recommended] 31,180 tabs are required to reach maximum level. [Comment] Promotion is ongoing	Erin will follow-up on status of request to UNFPA-CSB during CARhs call.	follow-up regarding the EC need as the country did not request EC in the 2013 request. Maggie to ask what brand is preferred. Joe also to contact the country office. [DELIVER Mar 4]: The MOH reports that they were previously distributing Postinor and would like an emergency shipment of 31,180 tabs. The MOH is currently stocked out.	**None- DELIVER & UNFPA following-up MOH to determine product and quantities.**	PSB 05.march - POSTINOR2 (Levonorgestrel 0.75mg) is offered for an additional price of 300 USD for orders <50.000 units or 5.000 USD [Mar 6]: Maggie forwarded the request from the MOH to Joe. Joe to confirm the request with the local office before approving the request.
Siobhan	Togo	Ministry of Health	Female Condom	2356	1	28-Feb-2013	[Action Recommended] Necessary to receive this shipment in April 2013 at the latest. [Comment] A shipment of 33,000 units will be shipped by UNFPA in March, but the arrival date in Togo is unknown.	Erin will follow-up on status of UNFPA FC2 order during CARhs call.	(PSB 03.April] - PO 24216- 33,000 units ETA 29 April 2013	None	[Jan 9 CARhs mtg]: Lead time for condoms is 8-10 weeks, but orders will not be placed until the end of January. USAID is willing to send a shipment, but will assess if a USAID shipment will arrive before the UNFPA shipment. [joe] Can female condoms be provided from PSI's overstock? PSB 05.March - PO 24216 - 33.000 units due in 15.03 -