

**SUMMARY OF PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
For
The Advancing Partners and Community-based Family Planning Project**

PROGRAM/ACTIVITY DATA

PIEE Number: GH-12-23
Program/Project Number:
Country: Global
Functional Objective: Investing in People
Program Area: Health
Program Elements: PRH, MCH, HIV/AIDS, MALARIA, TB
Funding Period: Five (5) years
Life of Activity Funding: 2012-2017
Life of PIEE: Five years from date of signing or at the time of any change/amendment to the Advancing Partners and Community-based Family Planning Cooperative Agreement

PIEE Amendment: Yes _____ No ☒ If yes, date of original IEE: _____

PIEE Prepared by: Victoria Graham, GH/PRH/SDI

Current date: May 1, 2012

ENVIRONMENTAL ACTION RECOMMENDED

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

SUMMARY OF FINDINGS

The purpose of this document is to review in detail the proposed activities undertaken by the Advancing Partners and Community-based Family Planning Cooperative Agreement and determine their potential environmental impact. Based on this examination a determination will be made as to whether the project activities are determined to be categorically excluded or given a negative determination.

Based on an assessment of project activities, it has been determined that a **Negative Determination with Conditions** is appropriate for this project. Other project activities not described in the paper will require a supplemental environmental analysis. This would include construction or those activities that use pesticide (e.g. larviciding, indoor residual spraying, fogging, and pesticide impregnated materials etc.).

For solicitations conducted under this project, the Implementing Recipient will require a Summary of Programmatic Initial Environmental Examination (PIEE). SIEEs will be executed as part of all sub-awards to ensure and document country specific compliance with agreed environmental mitigation. If the Implementation Recipient or one of its sub-awardees is working outside of this IEE they will prepare SIEE or Environmental Assessment (EA) and submit to the Agreement Officer's Technical Representative (AOTR) and the Global Health Bureau Environmental Officer (BEO) for approval.

THRESHOLD ENVIRONMENTAL DETERMINATIONS

The overall environmental determination for Advancing Partners and Community-based Family Planning Project is a **Negative Determination, with conditions**.

A **Categorical Exclusion** is recommended for the activities listed below, because no environmental impacts are expected as a result of these activities (22 CFR 216.2 (c)(1). The following activities fall under the following citations from Title 22 of the Code of Federal Regulations 216.2(c)(2) as classes of activities that do not require an initial environmental examination, except to the extent provided herein:

- (i) Activities involving education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- (iii) Activities involving analyses, studies, academic or research workshops and meetings;
- (v) Activities involving document and information transfers;
- (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- (vi) Contributions to international, regional or national organizations by the United States which are not for the purpose of carrying out a specifically identifiable project or projects;
- (xiv) Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

Pursuant to 22 CFR216.3(a)(2), a **Negative Determination with Conditions** is recommended for any Advancing Partners and Community-based Family Planning Project 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.

Summary of Conditions:

- Consignees for all pharmaceutical drugs procured, transported, stored or managed under this funding will be advised to maintain 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, then follow the guidelines in the World

Health Organization (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.

- 2) Training professional and paraprofessional health care workers in methods that 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, malaria diagnosis, etc)

Summary of Conditions:

- If training activities 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 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”
http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/.

- 3) Small-Scale water and sanitation activities (such as covered wells and latrines)

Summary of Conditions:

- All water and sanitation activities should be conducted in a manner consistent with the good design and implementation practices described in Environmental Guidelines for Small Scale Activities in Africa, Chapter 16: Water Supply and Sanitation (http://www.encapafrika.org/EGSSAA/Word_English/watsan.doc).
- Water quality assurance: The critical responsibility of the program in environmentally sound design and implementation of drinking water supply activities is the assurance of good drinking water quality. This applies water quality assurance during the time the program has direct control over the drinking water source, as well as setting in place capacities, to the extent possible, to assure good drinking water quality in the future once the water source is no longer under the program’s control.
- Sanitation: While sanitation projects are intended to improve both environmental and community, health, improper siting or lack of maintenance may cause adverse impacts that offset or eliminate the intended benefits. Thus, sanitation projects must ensure that they do not contaminate surface or groundwater or degrade the surrounding environment. Proper siting and maintenance are key components of an environmentally sound sanitation system.

- USAID requires assurance of water quality through testing, including a baseline and further testing at regular intervals. Such testing may also be required by local government laws or policies. Unless otherwise indicated, WHO water quality standards should be utilized. Among the water quality tests which USAID requires are tests for the presence of arsenic, nitrates, nitrites, and coliform bacteria. Implementing partners may consult with Bureau or Mission Environmental Officers for current guidance on water quality testing requirements and methodologies, and should assure that activities are also in compliance with local laws and policies.

4) Small scale gardening/farming activities

Summary of Conditions:

Small scale gardening/farming activities should be conducted considering minimum impact to local habitat, avoiding introduction of non-native species and genetically modified organisms, and protecting human exposure to animal waste and viruses.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

- Ecological and Human Health-Surface water nitrification/eutrophication due to excrement flowing into streams, ponds, and other water sources which can affect the health of aquatic species and drinking water quality.
- Ecological and Human Health-introduction of non-native species may cause unwanted competition, predation etc on native species. Non-native or non-regional species may compete with species that are naturalized (more likely to thrive) and critical to existing community food sources.
- Ecological-destruction of habitat critical to the survival of threatened and endangered species, or habitats that support those species survival.
- Human health exposure to parasites in animal excrement.
- Human health exposure to viruses such as H5N1 and others.

5) Small-scale rehabilitation¹ of health facilities

Summary of Conditions:

Small-scale rehabilitation of health facilities should be conducted considering minimum impact to the physical and social environment surrounding the health facilities, use of appropriate and non-hazardous materials, and appropriate disposal of old or unused materials in the rehabilitation process.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

- Contamination of groundwater and surface water supplies through improper disposal of human and other biological wastes during the rehabilitation period

¹ Note: This project will not support construction activities. Minor rehabilitation activities may be implemented, likely through the provision of updated equipment or information systems, implementing small repairs, painting, and so on.

- Contamination of ground and surface water supplies through improper disposal or handling of toxic materials used in rehabilitation (e.g., solvents, paints, vehicle maintenance fluids (oil, coolant), and diesel fuel)
- Adverse social impacts due to displacement of local inhabitants, influx of outside workers, inequitable distribution of economic benefits of rehabilitation, etc.
- Damage to aesthetics of site/area
- Improper extraction of rehabilitation materials such as wood, stone, gravel, or clay that damages terrestrial ecosystems (e.g., wood may come from relatively intact or natural forests)
- Use of toxic materials during rehabilitation, such as lead paint.

Reference for this section is: Small Scale Construction chapter of the USAID Environmental Guidelines for Small-Scale Activities in Africa, as the guidelines are appropriate for rehabilitation activities. http://www.encapafrika.org/EGSSAA/Word_English/construction.doc

SUMMARY OF MONITORING AND REPORTING MEASURES

1. **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 Program/ Project. The Agreements Officer (AO)/Contraction Officer (CO) 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 Program/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 PEE 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 PEE 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 PEE will be prepared and the SIEE will reference the amended PEE.
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 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

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:

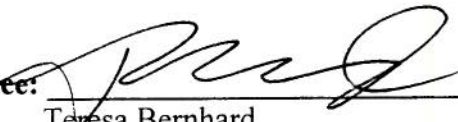
Recommended By:



Scott Radloff
Director, GH/PRH

4/26/2012
Date

Concurrence:



Teresa Bernhard
Global Health Bureau Environmental Officer

5/1/12
Date

Approved: X

Disapproved: _____

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
ADVANCING PARTNERS AND COMMUNITY-BASED FAMILY PLANNING
PROJECT

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ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOTR	Agreement Officer's Technical Representative
BEO	Bureau Environmental Officer
CO	Contract/Grants Officer
EMMR	Environmental Mitigation and Monitoring Report
FAR	Federal Acquisition Regulation
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
HRH	Human Resources for Health
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
PMI	Presidential Malaria Initiative
PR	Program Results
PRH	Population, Reproductive Health
REO	Regional Environmental Officer
RFA	Request for Application
SIEE	Supplemental Initial Environmental Examination
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
Advancing Partners and Community-based Family Planning Project

PROGRAM/ACTIVITY DATA

Program/Project Number: GH 12-23
Country: Global
Functional Objective: Investing in People
Program Area: Health
Program Elements: PRH, MCH, HIV/AIDS, MALARIA, TB
Funding Period: Five (5) Years
Life of Activity Funding: 2012-2017

PURPOSE AND CONTENT OF THE PIEE

The purpose of this document is to review the overall activities undertaken by the Advancing Partners and Community-based Family Planning Cooperative Agreement and provide threshold determinations of environmental impact and conditions for mitigation.

- Section 1: Covers the background, purpose, and description of activities undertaken by Advancing Partners and Community-based Family Planning
- Section 2: Gives the information on the countries and geographical coverage of the project
- Section 3: Provides an evaluation of the potential environmental impacts of Advancing Partners and Community-based Family Planning activities
- Section 4: Provides the threshold environmental determination for Advancing Partners and Community-based Family Planning activities and Describes mitigation measures required for implementation

**SECTION 1: BACKGROUND AND PROGRAM DESCRIPTION OF THE
ADVANCING PARTNERS AND COMMUNITY-BASED FAMILY
PLANNING PROJECT**

Background of the Project

There is widespread agreement that community-level access to care must be improved to achieve needed improvements in global health, especially for underserved and marginalized populations in developing countries. CBFP brings FP information and services to women and men in the communities where they live, rather than requiring them to travel to distant health facilities. With this in mind, USAID has placed increased priority on improving community health programs and strengthening community provision of health services, including FP.

Purpose of the Project

The overall purpose of this new award is to advance and support community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to FP. There are three primary activity areas that will be undertaken by the recipient to achieve this purpose.

First, the Recipient will provide global leadership and advocacy for community-based programming and promote effective program approaches and tools, primarily for family planning. The Recipient of this award will engage in this international dialogue, promote evidence-based practices, and support the integration of research and evidence-based practices.

Secondly, the GSM Recipient will conduct solicitations, participate in application reviews, and execute sub-awards in collaboration with USAID. In addition, the GSM Recipient may be asked to review and execute sub-awards for unsolicited proposals and to manage and oversee awards issued by USAID. Sub-awards will support service delivery, training, family services, and other activities primarily related to family planning and quality of life and secondarily for HIV/AIDS-related care, maternal/child health services and/or control of infectious diseases. The primary Recipients of these sub-awards will be international and local PVOs and NGOs and their partners, including faith-based and nascent organizations. The GSM Recipient will not be eligible for sub-awards under this Agreement.

Finally, the recipient will build the organizational and technical capacity of organizations to implement or sustain effective programs, including among evolving U.S.-based or local NGOs and community-based and other targeted organizations and groups.

While undertaking these activities, the Recipient will improve the overall health and wellbeing of the communities they serve and will seek to address cross-cutting issues of importance to the Mission or USAID office providing the funds. For Family Planning programs, the Recipient will seek to address youth, gender, improved delivery and acceptance of long-acting and permanent FP methods, healthy timing and spacing of pregnancy, FP/HIV integration, and other evidence-based high-impact practices documented by PRH. For FP programs, the Recipient should consider these issues in the creation of an enabling community environment for FP and to improve and create FP service delivery models at the community level.

Description of the Program

There are three key results of the project:

Result 1: Strengthened global support for CBFP and the utilization of effective community approaches and tools

A primary focus of the Advancing Communities project is to provide global support and leadership to strengthen USAID's community-based family planning service delivery efforts and

increase commitment to these programs.² The project will advocate for greater implementation and adoption of CBFP practices among USAID Missions, donors, USG agencies, USAID and USG implementing partners, and host country governments. The project will also work with country-level organizations and partners and the public and private sectors to improve CBFP policies and to strengthen community level services within the health system. One focus of this effort will be increasing the number of community providers and expanding community-based access to a wide range of FP methods, including injectable contraceptives, which is a key priority for USAID.

The Recipient will provide support to country programs to design creative community-based strategies that draw upon existing infrastructure and are appropriate to the given context. As necessary, the project will draw upon community-based strategies used effectively in the past to reach difficult-to-reach populations.

In addition, the proposed award will document and disseminate successful approaches, promote and assist in the scale-up of evidence-based practices, and identify knowledge gaps and data needs for expanding and strengthening CBFP. The project will work with the grantees of the sub-award program, detailed in Result 2 below, to test new strategies and integrate best practices. The proposed award will also promote and assist in the development of evidence-based, gender-integrated approaches to CBFP.

The Recipient will also support leadership to expand the use of proven community-based family planning strategies at the country, regional and global level, including community based access to injectable contraceptives. To influence decision-makers and encourage the introduction and expansion of CBFP, the project will utilize a variety of approaches, including conducting study tours, preparing promotional materials, presenting at key meetings, identifying and promoting centers of excellence for community-based service delivery programs and models, and convening key meetings and events. An emerging international community of global advocates will be utilized to mobilize partners, apply best practices, and share information, resources, and tools. International organizations, with established channels to influence key decision-makers, will also be engaged to advance this effort (e.g., World Health Organization, International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Nurses, International Federation of Midwives, CORE Group). The Recipient will identify collaborative opportunities to work with other USAID-funded projects working to advance community-based FP efforts.

² Note: Illustrative family planning methods provided through community programs supported by the Recipient include condoms, pills, and where applicable and feasible, injectable contraceptives, emergency contraception, Lactational Amenorrhea Method (LAM), and fertility awareness methods. In addition, Recipient programs may increase access to long acting and permanent methods such as implants, IUDs, and sterilization through mobile services that bring family planning services to the community.

Illustrative Outcomes

- Global support and commitment to CBFP programming improved
- Partnerships established with international organizations, regional bodies, and influential stakeholders to promote and scale up CBFP approaches, including grassroots organizations, youth organizations, and organizations that promote gender equality
- Innovative CBFP service delivery approaches documented, assessed and shared
- Gaps in the tools and resources for effective and gender-sensitive CBFP programs identified and addressed
- Collaboration to promote and use evidence-based technical resources, tools and approaches advanced

Result 2: Innovative PVO/NGO community programs implemented, expanded and strengthened

To achieve this result, the Recipient will establish a cost-effective sub-award program that will support U.S.-based and local organizations to accomplish key health and development goals.

The Recipient will conduct solicitations, participate in application reviews, and execute sub-awards, as well as monitor and provide oversight throughout the life of the sub-award. These activities will be conducted in close collaboration with USAID. In certain cases, the Advancing Communities Recipient may also review and execute sub-awards for unsolicited proposals and execute actionable sole source awards. In addition, the Recipient must be able to prepare award documents for execution by USAID. The Advancing Communities Recipient, as well as any collaborating partners, will not be eligible for sub-awards under this agreement.

The Scope of the Sub-Awards: The sub-awards issued under this program will be small- to medium-sized awards and will typically range from \$50,000 to \$600,000 annually. Sub-awards are expected to range from less than one to five years in duration.

Solicitations: The topics for solicitations under the Advancing Communities project will vary based on the needs of the USAID Office or Bureau providing support to the project and type of funding. Solicitations will fund a variety of activities and programs to advance community health, including projects that use innovative approaches to target underserved populations; expand FP services to adolescents; increase access to long-acting and permanent methods of contraception through referrals and mobile services; improve integration with Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS programs; engage men, couples and community leaders in FP; and gender analysis tools for CBFP design, monitoring, and evaluation. Solicitations may advance innovative strategies, including programs that seek to introduce new technologies in the community.

Illustrative topics for solicitations include the following:

- Family Planning: Strengthening family planning information and service delivery through community-based programs, facility strengthening, mobile services, training, management, and monitoring of programs.
- Immunization: Strengthening routine immunization (DPT, BCG, Measles); expanding coverage and assessment; improving surveillance methods; improving quality and safety of products; strengthening the cold chain; and support of polio vaccination programs.
- Vitamin A/Micronutrients: Improving coverage and supplementation of vitamin A for children under five; integrating vitamin A supplementation with the expanded program for immunization, deworming, and child health days; promoting dietary intake of micronutrient-rich foods; strengthening and promoting maternal and/or child anemia packages that provide iron supplementation in conjunction with improved dietary intake, deworming, or malaria control as appropriate.
- Infant and Young Child Feeding (IYCF): Promoting exclusive breastfeeding for children 0-5 months; promoting appropriate feeding for children 6-23 months including continued breastfeeding, appropriate number of feeds per day, a diverse diet with nutrient-dense foods, adequate quantity of food with appropriate consistency, and feeding during and after illness; promoting optimal nutrition for women; improving nutrition counseling especially during key contact points such as community-based nutrition activities, antenatal care, delivery, well-child visits, sick child visits, and growth promotion; and strengthening community support for optimal IYCF practices.
- Control of Diarrheal Disease: Improving family and community practices for diarrheal disease prevention, including hand washing with soap, safe transport, correct storage and handling of drinking water; promotion of point-of-use treatment of water; safe disposal of feces; hygiene promotion and improving water and sanitation technologies; strengthening of enabling environments to reduce the incidence of diarrheal disease; improving recognition and appropriate treatment of diarrheal disease at the facility and community level; supporting the revision of policy guidelines to endorse the use of low osmolarity Oral Rehydration Salt (ORS) with zinc treatment to improve diarrhea case management for children; and expanding access to and use of low osmolarity ORS and zinc treatment; and reinvigorating Oral Rehydration Therapy (ORT) practices.
- Pneumonia Case Management: Ensuring adequate access to pneumonia case management, which includes high quality facility- and community-based treatment; promoting timely recognition of pneumonia by caretakers and prompt care seeking from appropriate health providers; supporting an integrated package to strengthen case management such as improving skills of health workers, improving health system support, and improving family practices and community services.
- Maternal and Newborn Care: Improving birth preparedness and complication-readiness planning; access to focused antenatal care (including education and counseling for healthy timing and spacing of pregnancy); promotion of tetanus toxoid immunization; promoting skilled attendants for birth and improving skills of providers; promotion of clean delivery and infection control; employing appropriate household- and community-based strategies where access to skilled care is difficult, including referral; promoting active management of third stage of labor; improving access to quality postnatal (mother and newborn) care and appropriate postnatal messaging (including education and

counseling for healthy timing and spacing of pregnancy); promoting essential newborn care practices for all newborns including thermal care, cord care, and immediate and exclusive breastfeeding; and sick newborn care including identification and treatment of neonatal infection and complications, resuscitation, and special care of premature and low birth weight infants.

- HIV/AIDS: Activities may include the strengthening or establishment of linkages between MNCH services and HIV/AIDS related services for women and children, where these linkages will serve to strengthen both types of service, i.e. strengthening the link of MNCH services providing antenatal, delivery, and post-partum care with preventing mother-to-child transmission (PMTCT) services, to produce improvement in those maternity services as well as increased uptake of PMTCT and improved follow-up, care, and treatment of HIV-exposed infants and HIV-positive mothers; strengthening routine child health services, including community-based services, to support improved detection, care, and treatment of HIV-positive infants and children; integration of safe water, hygiene, and sanitation into PMTCT services as well as into the care and support of HIV-positive mothers and HIV-exposed children. Program activities will be related to HIV detection, care, and treatment also strengthen routine MNCH services for the broader population of women and children in the target population.
- Tuberculosis: Expanding community-based TB programming; providing care and support to people with TB; improving detection and diagnosis using quality-assured bacteriology and standardized treatment with supervision and patient support; ensuring a reliable drug supply and management system; improving monitoring and evaluating systems through host country strategic information systems; improving management of TB/HIV co-infection; addressing multi-drug resistant TB; and advocating for political commitment. Care and support includes community participation in TB care and prevention, community education and social mobilization, empowering communities using the patient charter for TB care, using enablers to help patients adhere to treatment, and engagement of civil society organizations.
- Services to Disabled: Supporting healthy communities by providing wheelchairs, prosthetics, orthotics, and orthopedic services to indigent persons, in conjunction with appropriate diagnosis, fitting, counseling and training.
- Child Blindness: Improving eyesight by working with communities to address children with low vision, refractive error, and/or blindness to improve eye care and treatment.

Result 3: PVO/NGOs prepared to implement effective CBFP and related health programs and to receive USAID and other donor funds

The Advancing Communities Recipient will provide technical support and build the organizational capacity of PVOs/NGOs and other partners and ensure the implementation of effective CBFP and related health programs. To accomplish this, the Recipient will collect, develop, and make available tools, job aids, and technical materials that contribute to the pool of CBFP resources. These resources will help to ensure community-based programs are integrated, sustainable, and relevant to a variety of public and private sector implementers. Resources developed under this program will be used by sub-awardees, as well as the wider community of FP implementers. In addition, the Recipient will provide ongoing program monitoring to ensure

community-based programs of grantees are technically sound, meet implementation benchmarks, and report as needed on project indicators.

The Recipient will be prepared to provide a wide-range of organizational and capacity building services to evolving NGOs and position them to receive direct grants from USAID, a key goal of USAID forward. Organizational capacity building services will include a broad range of services including: strategic planning, board development, and human resources and management systems. In addition, the Recipient must be able to provide financial management services such as accounting system design, budgeting, financial controls, and auditing. Missions desiring customized capacity building services that their local capacity building team is unable to provide may utilize the Advancing Communities project for this purpose. Mission funding will be provided for these services. The Advancing Communities project will be able to draw upon a variety of in-house staff and existing technical resources and tools to provide this service as needed.

Illustrative Outcomes

- Tools, job aids, and technical resources to design, implement, monitor and evaluate technically sound, integrated, gender-aware and sustainable PVO/NGO community-based family planning are applied
- Sub-awardee capacity to implement successful programs is successfully demonstrated through objective and measurable program indicators
- PVO/NGO organizational and financial capacity required to administer and manage a USAID-funded program is strengthened and demonstrated through tracking of measureable and agreed upon indicators

Among the technical areas mentioned above, the activities of the Advancing Partners and Community-based Family Planning Project will primarily be related to information sharing, education, counseling, communication, community mobilization, planning, management and leadership, technical assistance, training, sustainable, and outreach efforts. These activities have no adverse effect on the environment. However, some grants may involve procurement and administration of relevant public health commodities that include vaccinations, contraceptive methods, nutritional supplements, select pharmaceuticals, and insecticide treated nets; small-scale water/sanitation activities (such as digging of wells and latrines), small-scale gardening/farming activities, and refurbishing of health facilities.

SECTION 2: COUNTRY AND ENVIRONMENTAL INFORMATION

Locations Affected and Local Environmental Regulations

Activities under the Advancing Partners and Community-based Family Planning 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 activities under the Advancing Partners and Community-based Family Planning project will take place at rural, urban, and peri-urban locations. Activities will take place in existing structures and no new land use will be involved and will be designed or implemented in a way that will not disturb or disrupt local habitats.

SECTION 3: EVALUATION OF PROJECT/PROGRAM ISSUES

The activities under the Advancing Partners and Community-based Family Planning project are numerous and complex. Many activities do not have direct adverse environmental impacts such as information sharing, education, counseling, communication, community mobilization, planning, management and leadership, technical assistance, training, sustainable, and outreach activities.

Many of the Advancing Partners and Community-based Family Planning Project activities do not have direct adverse environmental impacts, as they entail technical assistance, information, education, communication, training, research, community mobilization, planning, management, and outreach activities. These activities are detailed in Table 1.

Certain activities supported by USAID/GH under Advancing Partners and Community-based Family Planning Project, either directly or indirectly through implementers' required cost share, however, may directly or indirectly affect the environment, or have the potential to do so. Based on the analysis conducted by the AOTR 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) Training professional and paraprofessional health care workers in methods that 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, malaria diagnosis, 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 facilities

Each of these potential impacts is discussed in detail below, and summarized in Table 2 at the end of this section.

1) Procurement, Storage, Management and Disposal of Public Health Commodities

This activity includes procurement 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 have specific storage time and temperature requirements, and may expire or lose efficacy before they are able to be used, particularly in remote areas where demand is low and/or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution, and 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, exposures 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 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 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. In some countries scavenging in unprotected insecure landfills is a hazard.

The other commodities covered under this activity are not associated with major health risks, including packaging material, and should be disposed of as solid waste.

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) Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste

Small-Scale healthcare initiatives, such as rural health posts or clinics, mobile clinics, urban clinics and small hospitals, and community 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 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.encapafrika.org/EGSSAA/Word_English/medwaste.doc) for additional guidance on proper handling and disposal of medical waste.

Small-Scale Water and Sanitation Activities

All small-scale water and sanitation activities such as the digging of wells or creation of latrines should be conducted with good design and implementation practices and with consideration of protecting human health and the surrounding environment.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

Water Supply

- Improper siting of facilities that damages or destroys natural ecosystems (within wetlands, protected areas, or other sensitive habitats, etc.)
- Depletion or degradation of local or downstream freshwater resources (surface and groundwater)
- Creation of stagnant (standing) water near water points that could create breeding opportunities for water-borne disease vectors
- Natural or human-caused biological or chemical contamination of water sources (surface and groundwater), causing increased human health risks, including:
- High arsenic or other mineral/chemical levels
- Poor management of water points and/or poor design of pipes leading to leakage and contamination of water with fecal matter, solid waste, etc.

Sanitation

- Increased human health risks from contamination of surface water, groundwater, soil, and food by human waste and disease pathogens
- Degradation of surface and groundwater quality and land habitats due to inappropriate siting or construction of latrines or wastewater collection systems, or release of human waste from sanitation facilities
- Defecation around locked or unusable latrines or other sanitation facilities, potentially contaminating surface water and/or shallow groundwater sources, adversely affecting both human and ecosystem health
- Damage to the aesthetics of the sanitation facility site (visual, smell, etc.)

Reference for this section is Environmental Guidelines for Small-Scale Activities in Africa

http://www.encapafrica.org/EGSSAA/Word_English/watsan.doc

Small-Scale Gardening and Farming Activities

Small scale gardening/farming activities should be conducted considering minimum impact to local habitat, avoiding introduction of non-native species and genetically modified organisms, and protecting human exposure to animal waste and viruses.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

- Ecological and Human Health-Surface water nitrification/eutrophication due to excrement flowing into streams, ponds, and other water sources which can affect the health of aquatic species and drinking water quality.
- Ecological and Human Health-introduction of non native species may cause unwanted competition, predation etc on native species. Non native or non regional species may compete with species that are naturalized (more likely to thrive) and critical to existing community food sources.
- Ecological-destruction of habitat critical to the survival of threatened and endangered species, or habitats that support those species survival.
- Human health exposure to parasites in animal excrement.
- Human health exposure to viruses such as H5N1 and others.

Small-scale Rehabilitation of Health Facilities

Small-scale rehabilitation of health facilities should be conducted considering minimum impact to the physical and social environment surrounding the health facilities, use of appropriate and non-hazardous materials, and appropriate disposal of old or unused materials in the rehabilitation process. Construction of health facilities is beyond the scope of this IEE.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

- Contamination of groundwater and surface water supplies through improper disposal of human and other biological wastes during the rehabilitation period
- Contamination of ground and surface water supplies through improper disposal or handling of toxic materials used in rehabilitation (e.g., solvents, paints, vehicle maintenance fluids (oil, coolant), and diesel fuel)
- Adverse social impacts due to displacement of local inhabitants, influx of outside workers, inequitable distribution of economic benefits of rehabilitation, etc.
- Damage to aesthetics of site/area
- Improper extraction of rehabilitation materials such as wood, stone, gravel, or clay that damages terrestrial ecosystems (e.g., wood may come from relatively intact or natural forests)
- Use of toxic materials during rehabilitation, such as lead paint.

Reference for this section is:

Small Scale Construction chapter of the USAID Environmental Guidelines for Small-Scale Activities in Africa, as the guidelines are appropriate for rehabilitation activities.

http://www.encapafrika.org/EGSSAA/Word_English/construction.doc

**Table 1: Advancing Partners and Community-based Family Planning Project Activities
Not Likely To Have An Adverse Effect On The Environment**

These activities are given a categorical exclusion pursuant to 22 CFR 216.2(c) (2) and subparagraphs (i), (iii), (v), (viii), (xi), and (xiv), unless an specifically stated in the subparagraph.

Education, Technical Assistance, or Training

Develop or strengthen capacity of the community to adopt improved health and hygiene behaviors
Provide information, education and communication (IEC), including household and community mobilization
Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment
Provide technical assistance and training for human resources development and supply chain management
Develop or modify program guidance, implementation tools, or materials
Advocate and support policy change efforts

Analysis, Program Evaluation, Workshops and Meetings

Conduct participatory needs assessments (may include surveys, focus groups, community mapping, and other methods)
Carry out applied research on topics relevant to health service delivery, engaging and strengthening local research capacity when possible
Gather, process, manage, and evaluate program data
Monitor and evaluate project progress and impacts

Document and Information Transfers

Conduct media campaigns
Develop and/or distribute educational materials on relevant health sector topics
Develop and disseminate lessons learned and best practices

Programs involving health care or Family Planning, TB, or nutrition services, except where directly affecting the environment

Establish and/or build capacity of health committees, community-based organizations, community health volunteers, and/or local government officials
Provide sound and credible information in a usable form for decision making, planning, and management, including documents and maps
Facilitate the active and positive engagement of the private sector
Provision of wheelchairs, prosthetics, orthotics, and orthopedic services

Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in planning

Facilitate participatory sustainable health services planning efforts with the involvement of all stakeholders
Facilitate and provide technical assistance for supply chain management and strategic planning with regard to systems
Develop or strengthen the capacity of governments, NGOs, academic institutions, etc. to collect, process and manage health or other relevant information for decision-making
Carry out advocacy campaigns for policy reform

Table 2: Activities by the Advancing Partners and Community-based Family Planning with Potential Negative Environmental Impacts

Investing in People: Health Program Areas	Procurement, Storage, Management and Disposal of Public Health Commodities	Training in methods that could result in generation, and need for disposal of hazardous and highly hazardous medical waste (as defined in Section 3 of this IEE)	Small-Scale Water and Sanitation	Small-Scale Gardening/farming	Small-Scale Rehabilitation of health facilities
Maternal and Child Health, Family Planning	• Laboratory reagents and supplies • Contraceptives • Condoms • Micronutrient supplements • Antibiotics • Vaccines • Other pharmaceuticals	• Generation and management of sharps • Generation and management of hazardous and highly hazardous medical waste, including blood.	• Construct or rehabilitate latrines at individual households, schools, communities, or health facilities. • Create covered wells for safe drinking water in communities or individual households. • Construct or rehabilitate hand washing stations, laundry facilities, public showers, latrines, and wastewater and drainage at health facilities, training centers or laboratories.	• Increase accessibility and availability year round of micronutrient-rich foods for consumption • Create new or support existing home gardens • Improve agricultural practices to increase yield and protect environment	• Rehabilitate hospital: clinics, labs or training centers

Table 2: Activities by the Advancing Partners and Community-based Family Planning with Potential Negative Environmental Impacts

Investing in People: Health Program Areas	Procurement, Storage, Management and Disposal of Public Health Commodities	Training in methods that could result in generation, and need for disposal of hazardous and highly hazardous medical waste (as defined in Section 3 of this IEE)	Small-Scale Water and Sanitation	Small-Scale Gardening/farming	Small-Scale Rehabilitation of health facilities
HIV/AIDS	• HIV test kits • ARVs • Nutritional supplements • Condoms				
TB	• TB drugs • Laboratory reagents and supplies	• Generation of sputum and other waste			• Rehabilitate hospitals clinics, labs or training centers

SECTION 4: Recommended Determinations and Conditions for Implementation

Based on the analysis presented in Section 3, this PIEE recommends threshold decisions and conditions for implementation of the Advancing Partners and Community-based Family Planning 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 Advancing Partners and Community-based Family Planning Project is a Negative Determination, with conditions. However, there are several activities that are listed as categorical exclusions.

Categorical Exclusions

Activities found in Table 1 of the previous section are considered Categorical Exclusions because no environmental impacts are expected as a result of these activities. These activities fall under the following citations from Title 22 of the Code of Federal Regulations, Regulation 216 (22 CFR 216), subparagraph 2(c)(2) as classes of activities that do not require an initial environmental examination and include:

- (i) Activities involving education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- (iii) Activities involving analyses, studies, academic or research workshops and meetings;
- (v) Activities involving document and information transfers;
- (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.); and
- (xiv) Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

Negative Determination with Conditions

The second groups are activities found in Table 2 of the previous section are given a Negative Determination with Conditions because they have a potential for negative impact on the environment in the following categories:

1. Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
2. Training professional and paraprofessional health care workers in methods that 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, malaria diagnosis, 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 facilities

TABLE 3: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF ACTIVITIES

Key Elements of Program/Activities	Mitigation Conditions and/or Proactive Interventions
Activities as described in Table 1 of this document: Education, Technical Assistance, or Training Analysis, Studies, Academic or Research Workshops and Meetings Document and Information Transfers Programs involving health care, or family planning services except where directly affecting the environment Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning	No environmental impacts are expected from these activities. If the topic of these training activities is one that trains health care workers in methods that will generate hazardous or highly hazardous medical waste, HIV and/or TB testing, then the training should include information on safe disposal of the sharps and biological samples generated from this testing. See below for more information on this area. While the above activities are considered to have no impact on the environment, environmental health and quality considerations should be incorporated into all relevant steps along the health care continuum, as part of quality assurance and infection prevention approaches. Implementing partners have an opportunity to include health care waste management messages, and to provide for appropriate disposal facilities in home-based care and community-based situations. Positive messages about personal and household hygiene, sanitation, and proper disposal of potentially harmful materials should also be delivered, as appropriate, along with the standard health care messages.
Activities that involve:	Conditions: Consignees for all pharmaceutical drugs and other public health commodities procured under this funding will be advised to store the product

TABLE 3: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF ACTIVITIES

Key Elements of Program/Activities	Mitigation Conditions and/or Proactive Interventions
Procurement, Storage, Management and Disposal of Public Health Commodities	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 on the transfrontier shipment of hazardous wastes) then follow the guidelines in the WHO document <i>Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies</i>, 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.encepafrica.org/EGSSAA/Word_English/solidwaste.doc)
Activities that involve: Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste (as defined in Section 3 of this IEE)	Conditions: 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. 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

TABLE 3: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF ACTIVITIES

Key Elements of Program/Activities	Mitigation Conditions and/or Proactive Interventions
	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.encapafira.org/EGSSAA/Word_English/medwaste.doc) for additional guidance 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/
Activities that involve: Small-Scale Water and Sanitation	All water supply and water quality assurance activities should be conducted in a manner consistent with the good design and implementation practices described in Environmental Guidelines for Small Scale Activities in Africa, Chapter 16: Water Supply and Sanitation (http://www.encapafira.org/EGSSAA/Word_English/watsan.doc). For example, microbiological contamination of improved wells can often be prevented by aquifer protection measures and proper well design and maintenance. Separate wells should be used for human consumption and animal watering, or an overflow trough should be constructed well away from the protected water source. Another useful reference to consult for good water quality assurance and sanitation design and implementation principles is the document, "Guidelines for the Development of Small Scale Rural Water Supply and Sanitation Projects in Ethiopia," by Catholic Relief Services and USAID, July 31, 2003 (crs.org/publications/pdf/Wat0604_e/pdf). Water quality assurance and water testing is essential for determining that the water from a constructed water source is safe to drink and to determine a baseline so that any future degradation can be detected. Among the water quality tests which must be performed are tests for the presence of arsenic, nitrates, nitrites, and coliform bacteria, plus tests for any additional parameters required by the host government. Any USAID-supported activity engaged in the provision of potable water must adhere to Guidance Cable State 98 108651, which requires arsenic testing, and guidance is provided by USAID's Economic Growth, Agriculture and Trade Bureau in the document "Guidelines for Determining the Arsenic Content of Ground Water in USAID-Sponsored Well Programs in Sub-Saharan Africa"

TABLE 3: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF ACTIVITIES

Key Elements of Program/Activities	Mitigation Conditions and/or Proactive Interventions
	(www.usaid.gov/our_work/environment/compliance/anc/tool_shed/arsenic_guidelines.doc). Simple and cost-effective sample kits for <i>E. coli</i> and fecal coliforms are available through a variety of manufacturers (e.g., 3M Petrifilm, Idexx Colilert or Coliscan Easygel). Initial water quality testing is the responsibility of the program to assure, but when feasible the program should also set in place capacities and responsibilities to provide reasonable assurance that ongoing water quality monitoring occur. The standards for initial and ongoing testing -- types of contaminants for which testing should be conducted, testing methods, testing frequency, and issues such as public access to results -- should follow any applicable USAID guidance, as well as host country laws, regulations and policies. Furthermore, a response protocol should be established in the event that water quality testing detects contamination. An illustrative list of environmentally sound principles for water and sanitation activities includes: • Community mobilization to ensure sustainability of the physical infrastructure • Water sources should be located upgrade from potential sources of pollution, including latrines or toilets. • Water sources are protection from both human and animal contamination. • Ensure latrines are sited far away from shallow wells, cisterns, spring sources and boreholes. Latrine pits will be dug in the unsaturated zone above the water table, and latrine pits are protected against flooding and overflow due to intense rainfall. Establish and train community water and sanitation committees to manage, repair and maintain all water points and the watersheds immediately surrounding the water points, including watering of livestock, and to provide hygiene education to participating communities. • Training in sanitation and hygiene for health workers, community health and water committees, community area based development groups, and/or municipal water board members. • Ensure community mobilization and public awareness of human health risks associated with water-borne disease vectors. • Relevant local community rules and best practices and procedures of promotion of better environmental health are developed and adhered to. Verification through site visits and photos should be done to assure practices are in accordance with local community rules and "best practices" through community monitoring tools and municipal water board's evaluation system. • Take measures to minimize standing water. • Where water supplies for drinking or washing patients or laundry are upgraded or provided, measures will be taken to ensure that drainage from laundry and bathing facilities does not affect the water supply nor pose threats for transmittal of infectious diseases. • Provision of potable water supplies and/or latrines will follow host country or WHO standards concerning the appropriate separation of wells and latrines and measures to avoid contamination of water sources.
Activities that involve: Small-Scale Gardening /	Conditions: • Implementing partner will check to determine the extent of any threatened or endangered species in the area. • Existing fields will have a buffer zone between the field and any wetland, stream, pond.

TABLE 3: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF ACTIVITIES

Key Elements of Program/Activities	Mitigation Conditions and/or Proactive Interventions
Farming activities	• Implementing partner will not remove trees nor create new agricultural land. • Vaccines for animals will not use Genetically Modified Organism (GMO) live cultures • GMO species (plant or animal) will not be introduced • Pesticides (registered by the U.S. as pesticides), will not be used. Only organic, non-chemical pest management techniques will be promoted and practiced. • When animals or plants/seeds are brought into the country from other countries or regions, appropriate quarantine controls will be enforced prior to bring the animal or plant/seeds into the region • No raw excrement will be used as fertilizer directly on plants; only composted waste will be used. • Animal waste will be composted, decomposed in approximately 12-15 weeks and used as fertilizer. Animal waste will be stored in marked Farm yard manure (FYM) pits approximately 3 ft in depth. Length and width will be determined based on the size of the small farm or home garden. Compost pits will be marked with appropriate signage to minimize human exposure. Farms/gardens will have covered composting pits but home gardens will not (according to local customs). FYM pits will be located a minimum of 30 ft from water sources and 50 feet from households. • Structures such as coops, fenced areas, and barns and fields will not be built in ecologically sensitive areas such as ponds, wetlands, or heavily forested areas. • Cages, coops, and any animal housing will be set away from homes, drinking water sources, low lying or wet areas, and surface water (ponds, streams). • Compost pits will be secured using locks, fences, and other appropriate hardware so that human exposure is minimized. • Tools (shovels, hoes and rakes) and protective gear, as appropriate, will be used to collect and compile animal waste.
Activities that involve: Small-scale rehabilitation of health posts, clinics, laboratories, hospitals or training centers Notes: If rehabilitation includes water supply and/or sanitation, see also "Water Supply and Sanitation" section above.	Conditions: For the rehabilitation of existing facilities, these activities shall be conducted following principles for environmentally sound rehabilitation, as provided in the Small Scale Construction chapter of the USAID Environmental Guidelines for Small-Scale Activities in Africa, as the guidelines are appropriate for rehabilitation activities (http://www.encepafrica.org/EGSSAA/Word_English/construction.doc) An illustrative list of environmentally sound construction principles includes: • As part of the selection/screening for potential sites, the implementer will perform Environmental Due Diligence for proposed sites to ensure that the site is free of environmental concerns including those from off-site sources. • The majority of materials used will be of local origin and will not contain any hazardous materials (e.g., asbestos or lead). • Investigate and use less toxic alternative products. • Excess materials will be recycled wherever possible and disposal of unusable material will be done in an environmentally sound manner.

TABLE 3: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF ACTIVITIES

Key Elements of Program/Activities	Mitigation Conditions and/or Proactive Interventions
	• Rehabilitation activities will not require the use of any heavy equipment, or in the unlikely event it does, proper safeguards will be taken to prevent destruction of vegetation and soil erosion (e.g., runoff from the site which may be high in suspended solids or which may cause disruption to local drainage patterns). • No lead-based paint will be used. When (lead-free) paint is used, it will be stored properly so as to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers. • For any TB laboratories renovated under this program, provide room(s) with negative pressure to mitigate any cross contamination potential, and provide owner/operators of the renovated facility with written guidelines for proper maintenance of the facility. E&E Specific Conditions: In addition to the above conditions, a site-specific mitigation and monitoring plan approved by the E&E/BEO must be in place prior to the start of renovation or rehabilitation activities.

SUMMARY OF MONITORING AND REPORTING MEASURES

1. **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 Program/ Project. The Agreements Officer (AO)/Contract Officer (CO) 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 Program/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.
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. An SIEE will also be prepared on a country specific basis for all activities (cumulative activities) undertaken in a country.
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 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 PEE 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 PEE. 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.

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. 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.

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 PEE. In these cases, mitigation will be undertaken as described in the conditions described in the PEE. 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 Mitigation and Monitoring Plan

Program Name

IEE Number: XXX
 Program/Project Number: XXX
 Country: XXX
 Functional Objective: Investing in People
 Program Area: Health
 Duration of IEE: One year from date of submission
 This report prepared by : XXX
 Name of Prime Implementing Organization: XXX
 Funding Period for this award: XXX
 Date of Screening: XXX
 Name/ Title: XXX
 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 PEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	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	Determine how the success or failure of the	Document how often the measure	Indicate the amount of funding to be used

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
			ensuring the implementation of the mitigation measure	mitigation measure will be monitored.	will be monitored	for this 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	

Program Name
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 / Contracting Officer's Technical 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
<i>Written plans and procedures</i>				
1. <i>A written waste management plan</i> 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. <i>Internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.</i>				
3. <i>Clearly assigned staff responsibilities that cover all steps in the waste management process.</i>				
4. <i>Staff waste handling training curricula or a list of topics covered.</i>				
5. <i>Waste minimization, reuse, and recycling procedures.</i>				
<i>Staff Training, Practices, and Protection *</i>				
6. <i>Staff trained in safe handling, storage, treatment, and disposal.</i> 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. <i>Protective clothing available for workers who move and treat collected infectious waste</i> such as surgical masks and gloves, aprons, and boots.				

8. <i>Good hygiene practices.</i> Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.					
9. <i>Workers vaccinated</i> for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.					
Handling and Storage Practices					
10. <i>Temporary storage containers and designated storage locations.</i>					
11. Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?					
12. <i>Minimization, reuse, and recycling procedures.</i>					
• Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.: ○ use the oldest batch first; ○ open new containers only after the last one is empty; procedures to prevent products from being thrown out during routine cleaning; and					
13. <i>A waste segregation system.</i>					
• 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. <i>Temporary storage containers and designated storage locations.</i>					
• 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? ○ Warm season in warm climates within 24 hrs ○ In the cool season in warm climates within 48 hrs ○ In the warm season in temperate climates within 48 hrs					
16. <u>Treatment mechanisms for hazardous and highly hazardous waste. (The most important function of treatment is disinfection).</u>					
• 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