

INITIAL ENVIRONMENTAL EXAMINATION

PURPOSE: The purpose of this activity is to expand on the successes of the Amplify Family Planning and Sexual and Reproductive Health (AmplifyPF) Activity. The Expand Family Planning and Sexual and Reproductive Health Activity (Expand PF) activity aims to expand the adoption of High Impact Practices (HIPs) to accelerate progress of select West and Central African countries to reach their Family Planning 2030 commitments and Ouagadougou Partnership targets, focusing on youth and women in underserved urban and peri-urban areas.

PROJECT/ACTIVITY DATA

Project/Activity Name:	Expand Family Planning and Sexual and Reproductive Health Activity (ExpandPF)
Geographic Location(s) (Country/Region):	West and Central Africa (21 countries), with targeted service delivery in Cameroon, Côte d'Ivoire, Mauritania, and Togo
Amendment (Yes/No), if Yes indicate # (1, 2...):	No
Implementation Start/End Date (FY or M/D/Y):	09/01/2023 to 08/31/2028
If Amended, specify New End Date:	
Solicitation/Contract/Award Number(s):	624-XXX-TBD
Implementing Partner(s):	TBD, under procurement
Bureau Tracking ID:	West Africa Expand PF IEE https://ecd.usaid.gov/document.php?doc_id=59164
Tracking ID of Related RCE/IEE (if any):	Amplify PF IEE https://ecd.usaid.gov/document.php?doc_id=50616 Amplify PF IEE Amendment 1 https://ecd.usaid.gov/document.php?doc_id=53100
Tracking ID of Other, Related Analyses:	N/A

ORGANIZATIONAL/ADMINISTRATIVE DATA

Implementing Operating Unit(s): (e.g. Mission or Bureau or Office)	USAID/West Africa
Other Affected Operating Unit(s):	USAID/Mauritania and Sahel Regional Office, USAID/Côte d'Ivoire, USAID/Cameroon
Lead BEO Bureau:	AFR
Prepared by:	Michelle Olakkengil, Health Officer, USAID/West Africa Regional Health Office (RHO)
Date Prepared:	02/13/2023

ENVIRONMENTAL COMPLIANCE REVIEW DATA

Analysis Type:	☒ Environmental Examination	☐ Deferral
Environmental Determination(s):	☒ Categorical Exclusion(s) ☒ Negative ☐ Positive ☐ Deferred (per 22 CFR 216.3(a)(7)(iv))	
IEE Expiration Date (if applicable):	10/31/2028	
Additional Analyses/Reporting Required:	EMMP, EMMR	
Climate Risks Identified (#):	Low <u>6</u>	Moderate <u>6</u> High <u>0</u>
Climate Risks Addressed (#):	Low <u>3</u>	Moderate <u>6</u> High <u>0</u>

THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

PROJECT/ACTIVITY SUMMARY

To build off the successes of the Amplify Family Planning and Sexual and Reproductive Health (AmplifyPF) Activity, USAID/West Africa intends to award a five-year flagship cooperative agreement under the Expand Family Planning and Sexual and Reproductive Health (ExpandPF) Activity, which aims to expand the adoption of High Impact Practices (HIPs) to accelerate progress of select West and Central African countries to reach their Family Planning 2030 (FP2030) commitments and Ouagadougou Partnership (OP) targets, focusing on youth and women in underserved urban and peri-urban areas.

ExpandPF marks an evolution for building an evidence-based approach to scale HIPs primarily within OP countries and across the region beyond the activity sites. ExpandPF aims to support replication and scale-up of key family planning (FP) and reproductive health (RH) HIPs (i.e., immediate postpartum family planning, postabortion family planning, adolescent responsive contraceptive services, task sharing, community health workers, and knowledge, beliefs, attitudes, and self-efficacy) in urban and peri-urban centers, with targeted service delivery in Cameroon, Côte d'Ivoire, Mauritania, and Togo.

ENVIRONMENTAL DETERMINATIONS

Upon approval of this document, the determinations become affirmed, per Agency regulations (22 CFR 216).

TABLE 1: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination ¹	Deferral ²
Objective 1: Increase demand for FP/RH services in target activity districts by the end of the activity in 2028				
1.1 Social and gender norms are supportive of FP	Categorical Exclusion per 22 CFR	☐	☐	☐

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

² Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

and RH.	216.2(c)(2)(i), (iii), (v), and (viii)			
1.2 Improved individual knowledge, beliefs, and attitudes surrounding FP/RH services at the facility and community levels.	Categorical Exclusion per 22 CFR 216.2(c)(2)(i), (iii), (v), and (viii)	☐	☐	☐
1.3 Increased demand and use of FP/RH services by youth, inclusive of the full method mix.		☒	☐	☐
Objective 2: Improve quality of FP/RH services at the facility and community levels in target activity districts by the end of the activity in 2028				
2.1 Increased community involvement in the delivery of high-quality FP/RH services.	Categorical Exclusion per 22 CFR 216.2(c)(2)(vii) and (xiv)	☐	☐	☐
2.2 Increased health provider technical capacity to provide quality FP/RH services.		☒	☐	☐
2.3 Improved service provider beliefs and attitudes surrounding FP/RH services, including for youth.	Categorical Exclusion per 22 CFR 216.2(c)(2)(i), (iii), (v), and (viii)	☐	☐	☐
2.4 Reduced barriers to the use of quality FP/RH services through the public sector.		☒	☐	☐
Objective 3: Strengthen country level adoption, implementation, and scale-up of selected HIPs and self-care measures beyond ExpandPF districts within the activity countries by 2028				
3.1 System developed for adapting, replicating, funding, and scaling key family planning High Impact Practices (HIPs).	Categorical Exclusion per 22 CFR 216.2(c)(2)(vii) and (xiv)	☐	☐	☐
3.2 – Enhanced private sector engagement to strengthen the implementation and scale-up of selected HIPs within their networks.		☒	☐	☐
3.3 Improved data use to support scale-up of FP/RH	Categorical Exclusion per 22 CFR	☐	☐	☐

services.	216.2(c)(2)(vii) and (xiv)			
-----------	----------------------------	--	--	--

CLIMATE RISK MANAGEMENT

Section 4.2 summarizes the methodology used and findings of the CRM Screening, in accordance with ADS 201mal. The activity design team considered the potential effect of climate risks/stressors on the sustainability of the project (changing precipitation patterns, rising temperature, floods, droughts, fires, landslides, etc.). See Annex 1 for the complete CRM table

BEO SPECIFIED CONDITIONS OF APPROVAL

Reporting Conditions: The AFR BEO requests that the activity managers/AORs/CORs upload this document to the appropriate sub-folder(s) of the [Environmental Compliance Library \(EC Library\)](#) Google Drive folder. In addition, implementation documents such as Environmental Mitigation and Monitoring Plans (EMMPs), sub-project screening documents, etc., should be maintained in this EC Library folder. Using this common folder will facilitate access by all parties who need these documents, including the Mission Environmental Officer and the AOR/COR, as well as the REA and the BEO Team.

IMPLEMENTATION

In accordance with 22 CFR 216 and Agency policy, the conditions and requirements of this document become mandatory upon approval. This includes the relevant limitations, conditions and requirements in this document as stated in Sections 3, 4, and 5 of the IEE and any BEO Specified Conditions of Approval.

USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

ACTIVITY NAME: Expand Family Planning and Sexual and Reproductive Health (ExpandPF) Activity

Bureau Tracking ID: https://ecd.usaid.gov/document.php?doc_id=59164

Approval:	<u>/s/ Jo Lesser-Oltheten</u> Jo Lesser-Oltheten, Regional Mission Director	<u>02/24/2023</u> Date
Clearance:	<u>/s/ Alain Damiba</u> Alain Damiba, AOR	<u>02/21/2023</u> Date
Clearance:	<u>/s/ Abdul Bala</u> Abdul Bala, Acting Regional Health Office Director	<u>02/22/2023</u> Date
Clearance:	<u>/s/ Henry Aryeetey</u> Henry Aryeetey, Mission Environmental Officer	<u>02/24/2023</u> Date
Clearance:	<u>/s/ Alex Apostos</u> Alex Apotsos, Deputy Africa Bureau Climate Integration Lead	<u>02/27/2023</u> Date
Concurrence:	<u>/s/ Brian Hirsch</u> Brian Hirsch, Africa Bureau Environmental Officer	<u>03/13/2023</u> Date

DISTRIBUTION:

The Regional Legal Adviser

INITIAL ENVIRONMENTAL EXAMINATION

CONTENTS

1.0 PROJECT/ACTIVITY DESCRIPTION	5
1.1 PURPOSE OF the IEE	5
1.2 PROJECT/ACTIVITY OVERVIEW	5
1.3 PROJECT/ACTIVITY DESCRIPTION	5
2.0 BASELINE ENVIRONMENTAL INFORMATION	6
2.1 LOCATIONS AFFECTED AND ENVIRONMENTAL CONTEXT (ENVIRONMENT, PHYSICAL, CLIMATE, SOCIAL, Threatened and ENDANGERED species)	6
2.2 APPLICABLE AND APPROPRIATE PARTNER COUNTRY AND OTHER INTERNATIONAL STANDARDS (E.G. WHO), ENVIRONMENTAL AND SOCIAL LAWS, POLICIES, AND REGULATIONS	6
2.3 COUNTRY/MINISTRY/MUNICIPALITY ENVIRONMENTAL CAPACITY ANALYSIS (AS APPROPRIATE)	6
3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK	7
4.0 ENVIRONMENTAL DETERMINATIONS	7
4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS	7
4.2 CLIMATE RISK MANAGEMENT	7
5.0 CONDITIONS AND MITIGATION MEASURES	8
5.1 CONDITIONS	8
5.2 AGENCY CONDITIONS	9
5.3 MITIGATION MEASURES	10
6.0	277.0
	28 ATTACHMENTS:
	12

1.0 PROJECT/ACTIVITY DESCRIPTION

1.1 PURPOSE OF THE IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 ([22 CFR 216](#)), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the Climate Risk Management process in accordance with USAID policy (specifically, [ADS 201mal](#)).

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

1.2 PROJECT/ACTIVITY OVERVIEW

Despite recent progress, West Africa continues to lag behind the rest of the world, with more than 70% of its countries representing the lowest levels of the Human Development Index. Moreover, given current trends, West Africa's population is projected to more than double by 2050, from 401 million people in 2020, to 818 million in mid-2050. By then, with a predominantly young population (44% of West Africans under the age of 15 years) and with rapid urbanization, West Africa will face increasing challenges in economic development, job creation and delivery of basic social services. However, given this current West African demographic structure, there is also a significant potential for accelerated economic transformation. Improvements in human capital can be realized with lower fertility, which is usually associated with delayed age of first birth, and longer birth spacing, both of which also improve maternal and child health.

West African countries have some of the highest fertility rates in the world (5.2 for the region). High fertility and low modern contraceptive prevalence rates (mCPRs) in turn impact key health indicators in the region, including maternal and child mortality. Numerous international and regional organizations and partnerships have set goals related to improving FP and RH in West Africa. Despite notable progress with the Ouagadougou Partnership movement, development actors in the region are facing overall stagnation, limiting impact of their projects. Unless these actors accelerate their interventions in accordance with population projections, the region will fall even further behind on their Sustainable Development Goal achievements.

The West Africa Regional Mission for the United States Agency for International Development (USAID/West Africa) supports health programming across 21 countries in West and Central Africa to increase utilization of quality health services and strengthen health systems. This objective emphasizes the comprehensive approach of the Regional Health Office (RHO), which through (i) engagement with regional partners, (ii) targeted technical assistance (TA), (iii) thought leadership in generating and disseminating research, best practices, and policies, and (iv) direct service delivery, is leading and catalyzing efforts for sustainable health impact.

Leveraging this expertise, RHO funded flagship activity AmplifyPF, mobilized partners to strengthen the adoption and sustainability of select HIPs, improving access to, and utilization of, quality FP services among women and girls in poor and underserved urban populations. To date, this activity has served many new and continuing users of modern methods of contraception and has facilitated uptake of postpartum and postabortion family planning (PPFP and PAFP, respectively) in target health districts.

To build off the successes of this previous initiative, USAID/West Africa intends to award a \$45,000,000.00, five-year flagship cooperative agreement under the Expand Family Planning and Sexual and Reproductive Health (ExpandPF) Activity, which aims to expand the adoption of HIPs to accelerate progress of select West and Central African countries to reach their Family Planning 2030 (FP2030) commitments and Ouagadougou Partnership (OP) targets, focusing on youth and women in underserved urban and peri-urban areas.

ExpandPF is not meant to be AmplifyPF II but rather it marks an evolution for building an evidence-based approach to scale HIPs primarily within OP countries and across the region beyond the activity sites. ExpandPF aims to support replication and scale-up of key FP HIPs (i.e., immediate postpartum family planning, postabortion family planning, adolescent responsive contraceptive services, task sharing, community health workers, and knowledge, beliefs, attitudes, and self-efficacy) in urban and peri-urban centers, with targeted service delivery in Cameroon, Côte d'Ivoire, Mauritania, and Togo. Throughout the life of the activity, the activity will expand upon the following:

- Partnerships to include local and regional organizations positioned to play various leadership roles
- Commitment to localization through transition awards to local organizations
- Geographic reach to support regional and national scale up beyond activity sites
- Target populations to emphasize youth access to SRH/FP comprehensive services, not just education and condoms
- Resource mobilization at the local, district, and regional level
- Contraceptive mix to include the entire method mix, including access to new hormonal intrauterine contraceptive devices (IUD/IUCD), self injection of DMPA-SC, cervical cap contraceptives
- Collaboration and coordination with the OP, the West Africa Health Organization (WAHO), and FP2030
- Replication of HIPs through other donors and partner programs
- Use of data for decision making and adaptive management
- Implementation of activities in traditionally underserved countries such as Cameroon and Mauritania

1.3 PROJECT/ACTIVITY DESCRIPTION

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

Objective 1: Increase demand for FP/RH services in target activity districts by the end of the activity in 2028
1.1 Social and gender norms are supportive of FP and RH.
1.2 Improved individual knowledge, beliefs, and attitudes surrounding FP/RH services at the facility and community levels.

1.3 Increased demand and use of FP/RH services by youth, inclusive of the full method mix.

Objective 2: Improve quality of FP/RH services at the facility and community levels in target activity districts by the end of the activity in 2028

2.1 Increased community involvement in the delivery of high-quality FP/RH services.

2.2 Increased health provider technical capacity to provide quality FP/RH services.

2.3 Improved service provider beliefs and attitudes surrounding FP/RH services, including for youth.

2.4 Reduced barriers to the use of quality FP/RH services through the public sector.

Objective 3: Strengthen country level adoption, implementation, and scale-up of selected HIPs and self-care measures beyond ExpandPF districts within the activity countries by 2028

3.1 System developed for adapting, replicating, funding, and scaling key family planning High Impact Practices (HIPs).

3.2 – Enhanced private sector engagement to strengthen the implementation and scale-up of selected HIPs within their networks.

3.3 Improved data use to support scale-up of FP/RH services.

Will this project/activity involve construction³ as defined by ADS 201 and 303? Yes ☐ No ☒

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

2.0 BASELINE ENVIRONMENTAL INFORMATION

In West Africa, climate change continues to impact social and economic sector activities. The World Bank has identified rising sea levels and coastal erosion across the region as major risks, increasing the exposure and vulnerability of communities and assets. A 2021 report also estimated that by 2050, up to 32 million people could be displaced in the region as a consequence of slow onset climate impacts in response to water scarcity, declines in crop productivity and ecosystem productivity, and sea level rise, augmented by storm surge. In response, the Economic Community of West African States (ECOWAS) released its first-ever regional climate strategy in 2022, which involves integrating mitigation and adaptation goals into regional policies, as well as strengthening political dialogue among member states.

In addition to this, many countries have developed and adopted their own environmental laws and within the context of health, including policies and national strategic plans concerning injection safety and biomedical waste management. With support from the World Health Organization (WHO), West African countries including Cameroon, Côte d'Ivoire, Mauritania, and Togo (the current focus of this activity) are making progress in harmonizing their biomedical waste and injection safety policy and sharing experience in managing environmental issues.

Although healthcare activities provide many important benefits to communities, they can also unintentionally do great harm through poor design and management of waste management systems. Medical waste, including sharp objects such as needles and lancets as well as biological specimens and equipment that have come into contact with infectious agents, is dangerous. If handled, treated, disposed of incorrectly it can spread disease, poisoning people, livestock, wild animals, plants and ecosystems. Currently, little or no management of healthcare wastes typically occur in small-scale facilities in Africa. Training and supplies are minimal. A common practice in urban areas is to dispose of healthcare waste along with the general solid waste or, in peri-urban and rural areas, to bury waste, without treatment, in an unlined pit. In some cities small hospitals may incinerate waste in dedicated on-site incinerators, but often they fail to operate them properly or they fall into disrepair.

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

ExpandPF will focus its efforts in four countries initially: Cameroon, Côte d'Ivoire, Mauritania, and Togo. It is expected that ExpandPF will have tailored activities based on the specific needs of each country, integrating FP service delivery and SBC to scale-up HIPs in urban and peri-urban areas. A summarized environmental context for each of the four countries is provided below:

Cameroon

Extending from the Gulf of Guinea through west-central Africa to Lake Chad, the Republic of Cameroon contains a large (475,000 square kilometer) and diverse landscape of northern plains, central and western highlands, southern and coastal tropical forests. The southern part of the country is characterized as humid and equatorial with temperatures ranging from 20-25°C and

the wettest regions receiving more than 400 mm of rainfall per month. Northern Cameroon is semi-arid and dry with temperatures ranging from 25-30°C.

Cameroon ranks fifth for fauna diversity and fourth for flora in Africa, representing one of the world's largest biodiversity hotspots. The tropical forests of Cameroon, spread across 22 million hectares, are a vital part of the Congo Basin forest ecosystem. It is estimated that there are approximately 10,000 species of tropical plants in the Congo Basin, 30% of which are unique to the region. However, the increasing rate of commercial agriculture, unsustainable logging, international wildlife trade, and bushmeat have contributed to biodiversity loss. More than 630 species in Cameroon are listed as threatened on the International Union for Conservation of Nature Red List, of which 183 are endangered and 115 are critically endangered.

Moreover, Cameroon continues to be affected by three complex humanitarian crises: 1) in the country's Far North (Lake Chad basin conflict); 2) in the Northwest and Southwest regions; and 3) in the neighboring Central African Republic, leading to an influx of refugees. This has amounted to nearly 4 million people needing humanitarian assistance in 2022. This situation further impacts the environmental fragility of Cameroon.

Côte d'Ivoire

Côte d'Ivoire has both a humid equatorial climate and a dry tropical climate, which allows the country to be divided into two main zones: the south and the north. For example, in the south, below Yamoussoukro, the climate reflects the equatorial positioning and is therefore very humid, with temperatures ranging from 29° to 32° Celsius. The north has a dry tropical climate, with temperatures varying between 28° and 37° Celsius. The country also has a rainy season: from April to mid-July, with frequent rainfall and numerous thunderstorms, as well as from September to November, with some small rainfall.

Due to the two climatic zones, Côte d'Ivoire is separated into two vegetation zones: the forest in the south and the savannah in the north. The northern part is covered with savannas, characterized by large areas of grassland and sparse trees, especially when approaching the Sahel in the north. Only areas close to waterways have dense forests and rich vegetation. The forest extends over the entire southern part of the country. Its surface area has greatly diminished in recent decades, partly due to excessive exploitation.

Conflict and political turmoil that marked the country between 2000 and 2013 placed an unprecedented strain on the country's forests. Among the main environmental impacts: extensive pollution of Ébrié Lagoon, West Africa's largest lagoon system, due to a doubling of the population of Abidjan, coupled with the deterioration of sanitation services; the loss of approximately 660,000 hectares of closed canopy forest cover; the expansion of unsafe mining practices; and contamination of the coastline due to the dumping of hazardous waste.

Mauritania

Mauritania, a desert country in its northern part and Sahelian in its southern part, is characterized by a generally hot and dry climate marked by relatively mild winters (with average minimum temperatures of 19 to 23°C). There are four ecological zones: the arid zone, the Sahelian zone, the Senegal River zone, and the coastline. Over the last thirty years, climatic aridity has increased and the desert has continued to extend out.

Mauritania has significant groundwater resources, characterized however by great geographical disparities: some of the most important aquifers are found in desert areas far from urban centers and drinking water supply remains, despite the efforts made in the last few years, a problem. The consequences of drought and human action on water resources are multiple: salinization, silting of waterways, sedimentation, proliferation of invasive aquatic plants and different types of pollution.

Furthermore, unsuitable agricultural and livestock farming techniques and deforestation have accelerated the degradation of natural resources and are the driving force behind desertification, vegetation and soil degradation. Soil degradation affects almost 20% of the ecological landscapes used by humans. The absence of effective controls on hunting and the destruction of natural habitats have caused the disappearance of practically all the large fauna of Mauritania.

Togo

There are two types of climate in Togo: in the north, a sub-Saharan climate which alternates between a rainy season (from May to October) and a dry season for the rest of the year. In the south, there is a sub-equatorial climate.

Temperatures are projected to increase progressively in the country, with the greatest increases projected for inland regions, while increases in coastal temperatures will be moderated by the ocean. Rainfall projections for Togo are highly variable and most indications project likely seasonal changes to rainfall patterns. Recurring flooding and drought are anticipated to continue to have negative socio-economic effects on the population, the environment, and the economy. Water scarcity is projected to be particularly acute for northern areas.

A recent modeling of hotspots for climate change across West Africa showed that the major natural hazards in the region are linked with rainfall variability, flood incidences, temperature and drought. The hotspots, which represent areas that are most vulnerable to changes in rainfall and temperature, as well as related extreme events (drought and flooding) were identified in various northern parts of West African countries, including Togo.

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

Specific environmental laws and policies for each of the four countries is provided below:

Cameroon

Cameroon has a wide array of legislation aimed at minimizing the environmental impacts. Cameroon's Law No. 96/12 of 05/08/1996, describes the legal framework for environmental management in Cameroon, forming the basis for all environmental policies and includes steps for the reduction of greenhouse gas emissions. It states that:

- The environment constitutes a national common heritage in the Republic of Cameroon; and
- Its protection and the rational management of the resources it provides to human life are of general interest.

Cameroon's Law No. 98/005 of 4/04/1998, describes the National Water Code, which specifies the conditions and restrictions concerning the use of water resources for industrial purposes as well as the conditions for the dumping of industrial waste in aquatic environments.

Cameroon is also a part of the Convention on International Trade in Endangered Species of Wild Fauna and Flora. The country implemented a National Strategy and Wildlife Control Strategy to regulate trade and to manage and protect endangered species. Cameroon also ratified the UN treaty to combat desertification which has been implemented through a national plan.

Côte d'Ivoire

The **Environment Code**, adopted in 1996, set up rules and procedures regarding the management of development activities and their impact on the environment. The **Ministry of the Environment, Urban Sanitation and Sustainable Development (MINESUDD)** is responsible for the implementation of the environment code, and also has the following responsibilities for protecting the environment:

- Planning and control of environmental policies, evaluations and plans;
- Managing and monitoring projects funded by the Global Environment Fund (GEF) and UNDP;
- Establishing and managing national parks and reserves, in coordination with the Ministries of Tourism and Forestry;
- Protection and development of aquatic ecosystems
- Coordinating the management of major natural disasters; and
- Monitoring industrial, agricultural, and toxic waste (with relevant ministries).

Article 39 of the Environment Code requires that all projects that might have a negative impact on the environment complete an **Environmental Impact Assessment (EIA)**. The EIA must include a description of the proposed activities and environment likely to be affected; alternative solutions; and identification of mitigation measures and the cost of their implementation.

Côte d'Ivoire is party to various international environmental agreements, including for biodiversity, climate change (Kyoto Protocol), endangered species, hazardous wastes, ozone layer protection, and wetlands.

Mauritania

Law no. 2000-045 (the Environmental Code) establishes the general principles that should form

the basis of the national policy for the protection of the environment and serves as a basis for the harmonization of ecological imperatives with the requirements of sustainable economic and social development. This national policy strives to guarantee the following:

- The conservation of biological diversity and the rational use of natural resources;
- The fight against desertification;
- The fight against pollution;
- Improvement and protection of the living environment; and
- The harmonization of development with the safeguarding of the natural environment.

Articles 31 to 34 relate to the protection of the atmosphere, with Article 33 stating that when emissions into the atmosphere are likely to pose a threat to people or property, the proponents must implement all appropriate measures to suppress or reduce their pollutant emissions.

Recently, the Ministry of Environment and Sustainable Development created a national strategy and action plan from 2017-2030, with a focus on reversing environmental degradation trends so that the development of natural resources contributes effectively to ensuring green and inclusive growth. Strategic objectives include: 1) Integrated environmental governance adapted to challenges; 2) Integrated and sustainable management of natural resources and terrestrial biodiversity; 3) Sustainable management of the marine and coastal environment; and 4) Strengthening the prevention and management of pollution and anthropogenic threats.

Togo

Article 88 -14 of the Environmental Law of 3rd November 1988 currently constitutes the legislative instrument serving as a reference point for environmental management in the country⁴. To support the implementation of this law, the Togolese Government adopted the following environmental and natural resource management policies:

- The National Environmental Policy (December 1998);
- The National Environmental Action Plan (2001);
- The National Action Program for the fight against desertification;
- The National Communication on Climate Change (first publication in September 2001); and
- The National Strategy on Conservation and Sustainable use of Biodiversity (September 2003).

That environmental policy framework provides a general orientation for all development partners for promoting a sustainable development perspective in all sectors. The key orientation in the policy framework includes:

- An environmental assessment of all projects;
- Promotion of industrial technologies mindful of the environment and prudent/rational management of industrial waste;
- Supervision and control of emissions and disposal of pollutants into the atmosphere, water bodies and in the soil; and

⁴ The Togo National Action Plan on Environment, 2001

- Factoring environmental costs into decision-making.

Article 15 of the Legal Framework on the Environment empowers the National Agency for Environmental Management (NAEM) to promote and implement a system of environmental evaluation, notably environmental impact surveys, strategic environmental evaluations and environmental audits. In this capacity, the NAEM is responsible for coordinating and leading all environmental impact surveys, evaluations and reports as well as issuing environmental compliance certificates. Moreover, Article 12 of the Legal Framework creates the National Commission on Sustainable Development (NCSD) responsible for pursuing environmental integration in the development of sectoral policies and strategies. Finally, the Ministry of Health has a national medical waste management plan (2010-2014).

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK

OBJECTIVE 1: INCREASE DEMAND FOR FP/RH SERVICES IN TARGET ACTIVITY DISTRICTS BY THE END OF THE ACTIVITY IN 2028

TABLE 3A. POTENTIAL IMPACTS – Objective 1

Project/Activity	Potential environmental and social impacts
Objective 1: Increase demand for FP/RH services in target activity districts by the end of the activity in 2028	
1.1 Social and gender norms are supportive of FP and RH.	This involves improving dialogue, engagement, and acceptability around FP/RH and gender norms, therefore, no significant effects on the environment are anticipated.
1.2 Improved individual knowledge, beliefs, and attitudes surrounding FP/RH services at the facility and community levels.	This involves empowering individuals and targeted social groups with knowledge and informed decision-making skills to access appropriate FP/RH services. Therefore, no significant effects on the environment are anticipated.
1.3 Increased demand and use of FP/RH services by youth, inclusive of the full method mix.	This involves making sure young people have access to information and are empowered to make their own informed reproductive decisions. Because a full method mix will be promoted among youth, medical and non medical waste is anticipated as a result of FP service provision, which can lead to negative environmental and human health impacts.

OBJECTIVE 2: IMPROVE QUALITY OF FP/RH SERVICES AT THE FACILITY AND COMMUNITY LEVELS IN TARGET ACTIVITY DISTRICTS BY THE END OF THE ACTIVITY IN 2028

TABLE 3B. POTENTIAL IMPACTS – Objective 2

Project/Activity	Potential environmental and social impacts
Objective 2: Improve quality of FP/RH services at the facility and community levels in target activity districts by the end of the activity in 2028	
2.1 Increased community involvement in the delivery of high-quality FP/RH services.	This involves engaging the community in local resource mobilization and using evidence-based decision making and social accountability tools and processes to support delivery of high-quality FP/RH services. Therefore, no significant effects on the environment are anticipated.
2.2 Increased health provider technical capacity to provide quality FP/RH services.	Capacity building activities are likely to have negligible foreseeable direct impacts on the environment. However, in cases where training involves generation of wastes (e.g., blood sampling, swabs, cultures), it could result in disease transmission and, if not properly contained, lead to negative impacts to water quality and community health.
2.3 Improved service provider beliefs and attitudes surrounding FP/RH services, including for youth.	This involves activities where health providers develop a supportive environment to offer individuals, including young people, free of their own personal beliefs and opinions, quality FP/RH services in line with the individual's wants and needs.

	Therefore, no significant effects on the environment are anticipated.
2.4 Reduced barriers to the use of quality FP/RH services through the public sector.	This involves using advanced strategies including facility-based outreach and special events, mobile outreach, self-care, and community-based distribution (CBD) to bring FP/RH services closer to clients. Since services are brought to clients, improper medical waste disposal by community health workers and clients, especially around self-care methods including DMPA-SC and other injectables, can lead to negative environmental and human health impacts.

OBJECTIVE 3: STRENGTHEN COUNTRY LEVEL ADOPTION, IMPLEMENTATION, AND SCALE-UP OF SELECTED HIPS AND SELF-CARE MEASURES BEYOND EXPANDPF DISTRICTS WITHIN THE ACTIVITY COUNTRIES BY 2028

TABLE 3C. POTENTIAL IMPACTS – Objective 3

Project/Activity	Potential environmental and social impacts
Objective 3: Strengthen country level adoption, implementation, and scale-up of selected HIPs and self-care measures beyond ExpandPF districts within the activity countries by 2028	
3.1 System developed for adapting, replicating, funding, and scaling key family planning High Impact Practices (HIPs).	This involves supporting in-country stakeholders to carry out their mandates around development of their scale-up roadmaps, planning, and coordination. Scale-up would include identifying, selecting, creating a plan, monitoring implementation of the plan, and reporting results of the scale-up work. Therefore, no significant effects on the environment are anticipated.
3.2 – Enhanced private sector engagement to strengthen the implementation and scale-up of selected HIPs within their networks.	This involves expanding the total market approach so individuals are able to access care through drug sellers, private clinics, NGO clinics, and other outlets. However, this health service delivery could involve techniques that would generate and require disposal of hazardous or highly hazardous waste from family planning services. Hazardous waste includes infectious waste including sharps and waste from highly infectious diseases, chemicals and pharmaceuticals. Injectables, implants, pills and condoms handling, use and storage can have significant adverse impacts on both human health and biophysical environment if there are no proper and effective protocols for safe handling, use and disposal.
3.3 Improved data use to support scale-up of FP/RH services.	This involves building capacity for collection, collation, and use of data for decision making and advocacy to inform HIP scale-up. Therefore, no significant effects on the environment are anticipated.

4.0 ENVIRONMENTAL DETERMINATIONS

4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

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

TABLE 4: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination ⁵	Deferral ⁶
Objective 1: Increase demand for FP/RH services in target activity districts by the end of the activity in 2028				
1.1 Social and gender norms are supportive of FP and RH.	Categorical Exclusion per 22 CFR 216.2(c)(2)(i), (iii), (v), and (viii)	☐	☐	☐
1.2 Improved individual knowledge, beliefs, and attitudes surrounding FP/RH services at the facility and community levels.	Categorical Exclusion per 22 CFR 216.2(c)(2)(i), (iii), (v), and (viii)	☐	☐	☐
1.3 Increased demand and use of FP/RH services by youth, inclusive of the full method mix.		☒	☐	☐
Objective 2: Improve quality of FP/RH services at the facility and community levels in target activity districts by the end of the activity in 2028				
2.1 Increased community involvement in the delivery of high-quality FP/RH services.	Categorical Exclusion per 22 CFR 216.2(c)(2)(vii) and (xiv)	☐	☐	☐
2.2 Increased health provider technical capacity to provide quality FP/RH services.		☒	☐	☐
2.3 Improved service provider beliefs and attitudes surrounding FP/RH services, including for youth.	Categorical Exclusion per 22 CFR 216.2(c)(2)(i), (iii), (v), and (viii)	☐	☐	☐

⁵ Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

⁶ Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

2.4 Reduced barriers to the use of quality FP/RH services through the public sector.		☒	☐	☐
Objective 3: Strengthen country level adoption, implementation, and scale-up of selected HIPs and self-care measures beyond ExpandPF districts within the activity countries by 2028				
3.1 System developed for adapting, replicating, funding, and scaling key family planning High Impact Practices (HIPs).	Categorical Exclusion per 22 CFR 216.2(c)(2)(vii) and (xiv)	☐	☐	☐
3.2 – Enhanced private sector engagement to strengthen the implementation and scale-up of selected HIPs within their networks.		☒	☐	☐
3.3 Improved data use to support scale-up of FP/RH services.	Categorical Exclusion per 22 CFR 216.2(c)(2)(vii) and (xiv)	☐	☐	☐

4.2 CLIMATE RISK MANAGEMENT

This section summarizes the methodology used and findings of the CRM Screening, in accordance with [ADS 201ma](#). The project design team, in consultation with the CIL, considered the potential effect of climate risks/stressors on the sustainability of the project (changing precipitation patterns, rising temperature, floods, droughts, fires, landslides, etc.) in addition to the impact of project activities on the climate (increased greenhouse gas emissions, land use changes, etc.). See Annex 1 for the complete CRM table. The team determined that the activity has an overall **low to moderate climate risk** rating for the activity's three strategic objectives.

Climate considerations will be included in work plan development, and shared with the IP, including in solicitations, to help address climate risks.

5.0 CONDITIONS AND MITIGATION MEASURES

5.1 CONDITIONS

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

5.1.1 During Pre-Award:

- 5.1.1.1 Pre-Award Briefings: As feasible, the design team and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide a pre-award briefing for potential offerors on environmental compliance expectations/responsibilities at bidders' conferences.
- 5.1.1.2 Solicitations: The design team, in coordination with the A/CO, will ensure solicitations include environmental compliance requirements and evaluation criteria. A/CO will ensure technical and cost proposal requirements include approach, staffing, and budget sufficient for complying with the terms of this IEE.
- 5.1.1.3 Awards: The A/COR, in coordination with the A/CO, will ensure all awards and sub-awards include environmental compliance requirements.

5.1.2 During Post-Award:

- 5.1.2.1 Post-Award Briefings: The A/COR and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide post-award briefings for the IP on environmental compliance responsibilities.
- 5.1.2.3 Workplans and Budgeting: The A/COR will ensure the IP integrates environmental compliance requirements in work plans and budgets to comply with requirements, including EMMP implementation and monitoring.
- 5.1.2.4 Staffing: The A/COR, in coordination with the IP, will ensure all awards have staffing capacity to implement environmental compliance requirements.
- 5.1.2.5 Records Management: The A/COR will maintain environmental compliance documents in the official project/activity file and upload records to the designated USAID environmental compliance database system.
- 5.1.2.6 Host Country Environmental Compliance: The A/COR will ensure the IP complies with applicable and appropriate host country environmental requirements unless otherwise directed in writing by USAID. However, in the case of a conflict between the host country and USAID requirements, the more stringent shall govern.
- 5.1.2.7 Work Plan Review: The A/COR will ensure the IP verifies, at least annually or when activities are added or modified, that activities remain within the scope of

the IEE. Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.

- 5.1.2.8 IEE Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an IEE Amendment will be required.
- 5.1.2.14 USAID Monitoring Oversight: The A/COR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, REA, BEO), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).
- 5.1.2.16 Environmental Compliance Mitigation and Monitoring Plan: The A/COR will ensure the IP develops, obtains approval for, and implements Environmental Mitigation and Monitoring Plans (EMMPs) that are responsive to the stipulated environmental compliance requirements.
- 5.1.2.17 Environmental Compliance Reporting: The A/COR will ensure the IP includes environmental compliance in regular project/activity reports, using indicators as appropriate; develops and submits the Environmental Mitigation and Monitoring Reports (EMMRs); and completes and submits a Record of Compliance (RoC) describing their implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub activities (as applicable). And where required by Bureaus or Missions, ensure the IP prepares a closeout plan consistent with contract documentation for A/COR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned.
- 5.1.2.18 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the A/COR, place a hold on activities, take corrective action, and report on the effectiveness of corrective actions. The A/COR initiates the corrective action process and ensures the IP completes and documents their activities. Where required by Bureaus or Missions, ensure Record of Compliance is completed.

5.2 AGENCY CONDITIONS

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

analysis of the planned activities, additional geographic context and baseline conditions as well as specific mitigation and monitoring requirements.

- 5.2.4 Other Supplemental Analyses: The A/COR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.
- 5.2.5 Resolution of Deferrals: If a deferral of the environmental threshold determination was issued, the A/COR will ensure that the appropriate 22CFR216 environmental analysis and documentation is completed and approved by the BEO before the subject activities are implemented.
- 5.2.6 Positive Determination: If a Positive Determination threshold determination was made, the A/COR will ensure a Scoping Statement, and if required an Environmental Assessment (EA), is completed and approved by the BEO before the subject activities are implemented.
- 5.2.7 Compliance with human subject research requirements: The AM, A/COR shall assure that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

5.3 MITIGATION MEASURES

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

5.3.1 Healthcare Waste Standard Conditions:

The Africa Bureau's standard mitigating conditions for IEEs regarding healthcare waste are based upon the Agency's commitment to WHO and local healthcare waste management standards. An important emphasis is placed on the role that USAID should have in ensuring that healthcare waste is managed appropriately in healthcare facilities and activities that USAID supports.

1. When USAID support increases the delivery of healthcare services, such as through the provision of supplies, equipment, and/or staffing, USAID will take responsibility for ensuring the proper management of medical waste generated by the supported services; **including**, but not limited to, proper handling, labeling, treatment, storage, transport and final disposal.
2. When USAID supports healthcare service delivery solely or in partnership with other actors, including the host country, NGOs, CSOs, etc., USAID will ensure appropriate, sufficient, and sustainable medical waste management for the supported interventions through collaboration. If significant deficiencies* in medical waste management persist in

spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed.

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

3. USAID must regularly monitor the state of healthcare waste management system in the facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity.
4. When reports or other information indicate significant deficiencies in the management and disposal of medical waste in a given facility (at minimum for waste resulting from USAID’s interventions), USAID will commit its resources (independently or through collaborative efforts) to a speedy correction of significant deficiencies.
5. As applicable, all efforts to strengthen or improve health commodity supply chains (e.g., pharmaceuticals, equipment, diagnostic tests kits (including malaria test kits), including procurement, storage infrastructure, and distribution must address and take all practicable efforts to assure that adequate facilities, procedures and capacities are in place to properly manage expired, used, obsolete or surplus commodities and/or that plans and strategies incorporate and provide for such management. In any instance that a USAID project controls commodities at end-of-life, appropriate end-of-life management must be assured. Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals.
https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1
“Healthcare Waste” chapter, USAID Sector Environmental Guidelines:
<https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/seg-healthcare-waste/pdf>
6. Any healthcare waste generated by USAID-funded training, capacity building and/or technical assistance activities must be appropriately managed, including disposal, following WHO guidelines as well as the Government mandatory procedures and guidelines.
https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=29E4FC7B647745587FF832EB6C1E8EED?sequence=1
7. Training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STDs, sputum samples for diagnosis of TB). Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials.

OBJECTIVE 1: INCREASE DEMAND FOR FP/RH SERVICES IN TARGET ACTIVITY DISTRICTS BY THE END OF THE ACTIVITY IN 2028

TABLE 5A. SUMMARY OF MITIGATION MEASURES – Objective 1

Project/Activity	Potential environmental and social impacts
Objective 1: Increase demand for FP/RH services in target activity districts by the end of the activity in 2028	
1.1 Social and gender norms are supportive of FP and RH.	None
1.2 Improved individual knowledge, beliefs, and attitudes surrounding FP/RH services at the facility and community levels.	None
1.3 Increased demand and use of FP/RH services by youth, inclusive of the full method mix.	To mitigate the possible negative impact on the environment, the activity will train health providers in the proper handling and disposal of FP commodity waste and more generally in infection prevention and control best practices. Refer to the 2019 USAID Sector Environmental Guidelines on Healthcare Waste and the 2018 USAID Sector Environmental Guidelines on Solid Waste for best management practices. Refer to section 5.3.1 Healthcare Waste Standard Conditions for additional, mandatory mitigating measures.

OBJECTIVE 2: IMPROVE QUALITY OF FP/RH SERVICES AT THE FACILITY AND COMMUNITY LEVELS IN TARGET ACTIVITY DISTRICTS BY THE END OF THE ACTIVITY IN 2028

TABLE 5B. SUMMARY OF MITIGATION MEASURES – Objective 2

Project/Activity	Potential environmental and social impacts
Objective 2: Improve quality of FP/RH services at the facility and community levels in target activity districts by the end of the activity in 2028	
2.1 Increased community involvement in the delivery of high-quality FP/RH services.	None
2.2 Increased health provider technical capacity to provide quality FP/RH services.	Following WHO guidelines as well as the Government mandatory procedures and guidelines, training, supervision, curricula development and other health care workforce capacity building must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps, when techniques or care situations being addressed would generate and require

	disposal of hazardous or highly hazardous waste (e.g. sharps, waste from screening for HIV or STDs). USAID may utilize a checklist or review waste SOPs for healthcare facilities in which they are engaged to determine the adequacy and gaps in healthcare waste management of that facility. During the implementation of the AmplifyPF activity, challenges with proper waste management persisted despite training of health care workers. From these lessons learned, USAID will ensure that all trained personnel include custodial staff, who work directly with the handling of medical and non-medical waste. Moreover, given turnover of staff, USAID will ensure measures that strengthen institutional knowledge and proper handover of information are in place, in addition to more frequent training and orientation. USAID may also explore empowering local community leaders to raise local funding to set up contracts for waste removal with private sector contractors, ensuring the longevity and institutionalization of management systems. Refer to the 2019 USAID Sector Environmental Guidelines on Healthcare Waste, the 2018 USAID Sector Environmental Guidelines on Solid Waste and the 2014 USAID Sector Environmental Guidelines for Small Healthcare Facilities for best management practices. Refer to section 5.3.1 Healthcare Waste Standard Conditions for additional, mandatory mitigating measures.
2.3 Improved service provider beliefs and attitudes surrounding FP/RH services, including for youth.	None
2.4 Reduced barriers to the use of quality FP/RH services through the public sector.	When USAID supports healthcare service delivery in partnership with public sector actors, USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies (defined as not meeting “minimum approaches” as established by WHO guidance) in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in areas where medical waste is properly managed.

	Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials. Refer to the 2019 USAID Sector Environmental Guidelines on Healthcare Waste and the 2018 USAID Sector Environmental Guidelines on Solid Waste for best management practices. Refer to section 5.3.1 Healthcare Waste Standard Conditions for additional, mandatory mitigating measures.
--	--

OBJECTIVE 3: STRENGTHEN COUNTRY LEVEL ADOPTION, IMPLEMENTATION, AND SCALE-UP OF SELECTED HIPS AND SELF-CARE MEASURES BEYOND EXPANDPF DISTRICTS WITHIN THE ACTIVITY COUNTRIES BY 2028

TABLE 5C. SUMMARY OF MITIGATION MEASURES – Objective 3

Project/Activity	Potential environmental and social impacts
Objective 3: Strengthen country level adoption, implementation, and scale-up of selected HIPs and self-care measures beyond ExpandPF districts within the activity countries by 2028	
3.1 System developed for adapting, replicating, funding, and scaling key family planning High Impact Practices (HIPs).	None
3.2 – Enhanced private sector engagement to strengthen the implementation and scale-up of selected HIPs within their networks.	When engaging private sector actors with the intent to expand FP/RH services, USAID must ensure these actors are familiar with and equipped to adhere to appropriate, sufficient, and sustainable medical waste management practices. This must include receiving documentation of, and subsequently evaluating, these private sector actors' existing systems and practices for applying and upholding environmental and social due diligence; in cases where private sector actors do not initially demonstrate sufficient capacity in such safeguards, USAID incorporates safeguards capacity building into their engagement. If significant deficiencies (defined as not meeting “minimum approaches” as established by WHO guidance) in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work with drug sellers, private clinics, NGO clinics, and outlets, where medical waste is properly managed.

	Refer to the 2019 USAID Sector Environmental Guidelines on Healthcare Waste and the 2018 USAID Sector Environmental Guidelines on Solid Waste for best management practices. Refer to section 5.3.1 Healthcare Waste Standard Conditions for additional, mandatory mitigating measures.
3.3 Improved data use to support scale-up of FP/RH services.	None

6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

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

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

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

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

7.0 REVISIONS

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

ATTACHMENTS:

Annex 1: Climate Risk Management Summary Table for Activity

(note: preparers have the option to use the Climate Risk Screening and Management Tool for Projects/Activity Design if they choose).

ANNEX 1. **ACTIVITY** CLIMATE RISK MANAGEMENT SUMMARY TABLE

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
1.1 Social and gender norms are supportive of FP and RH. 1.2 Improved individual knowledge, beliefs, and attitudes surrounding FP/RH services at the facility and community levels.	Increased temperatures and variability in rainfall, as well as increased intensity, duration, and/or frequency of extreme climate-related events such as droughts and floods may disrupt power and communication networks, disrupt logistics networks to deploy staff and equipment, impede access routes, and damage structures that host participatory sessions and other relevant gatherings.	Moderate	Crisis modifiers built into education and behavior change communication.	Consider including climate change information and disaster preparedness in educational and behavior change communication materials.

⁷ List key risks related to the defined/illustrative interventions identified in the screening and additional assessment.

⁸ Low/Moderate/ High

⁹ Describe how risks have been addressed in activity design and/or additional steps that will be taken in implementation. If you chose to accept the risk, briefly explain why.

¹⁰ Describe opportunities to achieve multiple development objectives by integrating climate resilience or mitigation measures

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
	Increased flooding and heat stress may lead to direct impacts on human health, or otherwise increase the prevalence of water/food- and vector-borne disease, impacting the health of administrators and participants in education and behavior change interventions.	Moderate	Crisis modifiers built into education and behavior change communication.	
1.3 Increased demand and use of FP/RH services by youth, inclusive of the full method mix.	Increased temperatures and variability in rainfall, as well as increased intensity, duration, and/or frequency of extreme climate-related events such as droughts and floods may disrupt logistics networks to deploy staff, contribute to poor road conditions, damage structures that host participatory sessions with youth, and overall hamper access to FP products.	Moderate	The activity will make sure that services are brought close to where people live. The activity will also include self-injectable contraceptives thus reducing the need to visit the health facilities frequently.	

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
	Climate stressors may be experienced disproportionately by youth and other marginalized populations.			
2.1 Increased community involvement in the delivery of high-quality FP/RH services.	Increased flooding and heat stress may lead to direct impacts on human health, or otherwise increase the prevalence of water/food- and vector-borne disease, impacting the health of community members involved in planning and implementing resource/financial mobilization.	Low	N/A	N/A
2.2 Increased health provider technical capacity to provide quality FP/RH services.	Increased temperatures and variability in rainfall, as well as increased intensity, duration, and/or frequency of extreme climate-related events such as droughts or floods may disrupt	Low	Training schedules will be designed to be flexible to accommodate potential disruptions due to extreme weather events.	Consider including climate change information and disaster preparedness in capacity building activities for the healthcare workforce.

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
	logistics networks to deploy staff and equipment, impede access routes, for trainers and participating health workers, and damage structures that host capacity building activities.			To address uncertainties posed by climate risks during implementation, implementing partners and other key stakeholders should prepare to manage activities adaptively and communicate frequently.
	Increased flooding and heat stress may lead to direct impacts on human health, or otherwise increase the prevalence of water/food- and vector-borne disease, impacting the health of staff and participants in capacity building activities.	Low	As feasible, capacity building activities will be scheduled during the dry season to mitigate against possible flooding. To the extent possible, capacity building activities will occur at elevations more resilient to flooding.	
2.3 Improved service provider beliefs and attitudes surrounding FP/RH services, including for youth.	The direct physical impacts of climate change as well as the increased prevalence of food/water- and vector-borne disease may increase the overall	Moderate	Crisis modifiers built into education and behavior change communication.	Consider including climate change information and disaster preparedness in educational and behavior change communication materials.

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
	levels of disease and increase demand for healthcare services, stressing the capacity of health service institutions and staff. This may affect their ability to participate in other activities focused on provider behavior change.			
2.4 Reduced barriers to the use of quality FP/RH services through the public sector.	Increased temperatures and variability in rainfall, as well as increased intensity, duration, and/or frequency of extreme climate-related events such as droughts and floods may disrupt power and communication networks, disrupt logistics networks to deploy health workers and equipment to communities, and impede access routes to delivery services to hard-to-reach populations.	Moderate	As feasible, ensure the location chosen is not prone to flooding.	To address uncertainties posed by climate risks during implementation, implementing partners and other key stakeholders should prepare to manage activities adaptively and communicate frequently. Consider including flood-resilience criteria in siting of physical technology; consider procuring heat-resistant equipment.

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
	Physical technologies, tools, and equipment may experience damage, loss, or premature deterioration due to increased heat or increased frequency and/or intensity of extreme climate-related events such as heat waves and flash floods.	Low	Consider delivery to areas that are not prone to flash flooding and/or carry out distribution efforts during low risk times of the year. If available, use flash flood prediction data for site selection.	
3.1 System developed for adapting, replicating, funding, and scaling key family planning High Impact Practices (HIPs).	Increased flooding and heat stress may lead to direct impacts on human health, or otherwise increase the prevalence of water/food- and vector-borne disease, impacting the health of administrators and participants involved in planning and strategy development.	Low	N/A	N/A
3.2 – Enhanced private sector engagement to strengthen the implementation and scale-	Increased temperatures and variability in rainfall, as well as increased	Moderate	Increase understanding of the potential connection between demand for family planning	To address uncertainties posed by climate risks during implementation,

Tasks	Climate Risks ⁷	Risk Rating ⁸	How Risks are Addressed ⁹	Opportunities to Strengthen Climate Resilience ¹⁰
up of selected HIPs within their networks.	intensity, duration, and/or frequency of extreme climate-related events such as droughts or floods may impede access routes for private sector staff and clients and damage existing pharmacies, outlets, and other private facilities, affecting access.		services and declines in resource abundance and increased pressure for resource access and control as possibly driven by climate change.	implementing partners and other key stakeholders should prepare to manage activities adaptively and communicate frequently.
3.3 Improved data use to support scale-up of FP/RH services.	Increased flooding and heat stress may lead to direct impacts on human health, or otherwise increase the prevalence of water/food- and vector-borne disease, impacting the health of administrators and participants involved in data management, surveillance, and capacity building activities.	Low	N/A	N/A