INITIAL ENVIRONMENTAL EXAMINATION
AND/OR
REQUEST FOR CATEGORICAL EXCLUSION

PROGRAM/ACTIVITY DATA:

Program/Activity Number:	**623-11**
Country/Region:	East Africa/East Africa
Program/Activity Title:	Cross-Border Health Integrated Partnership Project (CB-HIPP),
Foreign Assistance Objective 3:	**Investing In People**
Program Area 3.1:	Health
Program Area 3.1.1:	HIV/AIDS
Program Area 3.1.6:	Maternal and Child Health
Program Area 3.1.7:	Family Planning and Reproductive Health

Funding Begin: FY 2013 **Funding End:** FY 2018 **LOP Amount:** $ 150 Million Dollars

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Current Date: June 27, 2013

Expiration Date: September 30, 2018

IEE Amendment (Y/N): Y File Name: USAID-EA_RHH_IEE_92811
(http://gemini.info.usaid.gov/egat/envcomp/repository/pdf/38089.pdf)

ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)
Categorical Exclusion: X Negative Determination: X
Positive Determination: ___ Deferral: ___

ADDITIONAL ELEMENTS: (Place X where applicable)
EMMP: X | Conditions: X | PVO/NGO: X | Pesticides:* ____

**22 CFR 216.3 (b)(1) applies*

SUMMARY OF FINDINGS:
The Mission is in finalizing the design of two Project Appraisal Documents (PADs). The first one is an umbrella PAD revising the current Strategic Objective (SO) 11, and the other one is a specific project succeeding Roads to a Healthy Future II (ROADS II) project. The goal of the USAID/EA Regional Health and HIV/AIDS (RHH) project is to "Facilitate and Support Sustainable African-Led Health Sector Development to Improve the Lives of East Africans." To contribute to this goal, USAID/EA will align its technical and financial resources to achieve the project purpose: "Catalyze and Accelerate the Scale-Up of High Impact and Sustainable Solutions to Priority Health Systems Challenges in East Africa

The purpose of this amendment #1 for the RHH IEE http://gemini.info.usaid.gov/egat/envcomp/repository/pdf/38089.pdf is to provide threshold determination for the new activities of USAID/EA's RHH activities in accordance with the requirements of Regulation 22 CFR 216 (Reg. 216). This document will assist in ensuring environmental compliance, and also permit the implementation of the proposed activities in accordance with USAID Environmental Policy and Procedures (22 CFR Part 216). This IEE evaluates the current activities and future activities under RHH.

This IEE recommends the following determinations:

1. Categorical Exclusion

A Categorical Exclusion from environmental examination is recommended for activities planned under

- East African and girls innovators platform;
- Technical support to missions, strategic partners and Intergovernmental organizations ; – All proposed activities:
- Cross Border- Health Integrated Partnership Program (CB-HIPP***):***
    - ***Result 1***: Activities involving design of integrated services; close collaboration with community groups; developing, implementing and evaluating innovative approaches within regional private sector structures; formal partnerships to identify and develop electronic and mobile health solutions:
    - ***Result 2***; macro alternative health financing models; multi-country joint action and pooled procurement; Capacity of intergovernmental and national partner(s); community health financing and savings schemes corridor communities to health shocks:
    - ***Result 3***: country cooperation across East, Central, and Southern Africa; Completing a policy barrier and gap analysis; Coordinating the formulation of transnational commitments that mitigate the potential negative impact of regional integration and trade; capacity building of inter-governmental partner(s); except those involving construction/rehabilitation activities of facilities, health care involving exposure to blood and other body fluids and safe medical waste disposal, supporting nutrition through improving agricultural activities; and,
    - any sub- awards or sub-grant activities pursuant to the following 22 CFR clauses:
        a) 22 CFR 216.2(c) (2) (i), for activities involving education, training, technical assistance or training programs;
        b) 22 CFR 216.2(c) (2) (iii), for activities involving analyses, studies, academic or research workshops and meetings;
        c) 22 CFR 216.2(c) (2) (v), for activities involving document and information transfers; and
        d) 22 CFR 216.2(c) (2) (viii), for programs involving healthcare 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.).

2. A Negative Determination with Conditions is recommended pursuant to 22 CFR 216.3(a) (2) (iii) for the following activities:

- Activities to facilitate access to financing under the East African Women and Girls Innovators Platform**.**

Conditions:
Where appropriate, environmental due diligence procedures (as defined below) are either (1) implemented (where USAID has direct control over provision of credit and financial services); or (2) promoted and advanced to the greatest degree practicable (where USAID does not have direct control.).

1. The supported on-lending financial institutions (FIs) will have the capacity to and fully implement an environmental due diligence process which:

- identifies loan applications for environmentally sensitive activities, as defined below;
- bars funding to activities for which funding is prohibited under the Sections 118 & 119 of the Foreign Assistance Act;
- bars funding for "classes of action normally having a significant effect on the environment (per 22 CFR 216.2.d) pending an Environmental Assessment acceptable to USAID and USAID's approval of that assessment, and
- ascertains compliance with host country environmental statutes/regulations as a condition for loan-making.

- 2. If one or more of the participating FIs have robust environmental due diligence procedures that nonetheless do not meet these requirements in full, the mission may consult with the REA to determine if the existing procedures substantially satisfy the intent of this condition and are acceptable.

- Activities involving health care involving exposure to blood and other body fluids and safe medical waste disposal.

Conditions:
For all activities involving handling of blood, used bandages, sharps (including needles, syringes, scalpels, etc.) and other medical wastes, the RHH team must work with its implementing partners to monitor (as detailed in section 4 of this IEE) the extent to which the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. If notified of inadequate procedures and capabilities through such monitoring, the Team will take appropriate mitigating action as outlined in ADS 204.3.4(b), assuring that adequate medical waste management procedures and capacities are put in place as soon as possible.

3. Environmental Responsibilities

- USAID/EA, RHH Team is responsible for assuring that implementing partners have the human capacity necessary to incorporate environmental considerations into program planning and implementation and to take on their role in the Environmental Screening Process. Implementing partners should seek training as needed, such as through participation in the Africa Bureau's regional ENCAP training courses.
- The USAID-funded partners shall report to the RHH Team on progress and status of implementing the Environmental conditions, as determined under this IEE.
- USAID/ East Africa will report to the Regional Environmental Officer (REO) and the Bureau Environmental Officer (BEO) on an annual basis on the status of implementation of mitigation and monitoring requirements. This report should draw upon implementing partners' progress and annual reports, as well as on periodic site visits by the Mission Environmental Officer (MEO) and REO.
- Periodic visits of the USAID/EA's RHH team with, if possible, MEO, REO/Regional Environmental Advisor (REA) or other specialists as appropriate, will be encouraged to ensure environmentally-sound implementation, mitigation and monitoring of activities.

4. Operationalizing Provisions of the IEE

USAID/EA's RHH Team will make clear through Requests for Applications/Proposals Annual Program Statements, contracts, cooperative agreements or grants, post-award briefings, implementation work plans, etc., as may be the case, that the determinations specified in this IEE need to be heeded, and that RHH implementing partners must put in place appropriate systems or management tools to ensure that the recommended mitigation and monitoring actions are taken into account as required.

5. Monitoring, Evaluation and Reporting

As required by Automated Directive System (ADS) 204.3.4, the RHH team will use an annual Environmental Mitigation and Monitoring Report (EMMR) to ensure programmatic compliance with 22 CFR 216 and ADS 204.5.4 by documenting that the conditions specified in this IEE have been met for all activities carried out under each bi-lateral award. The EMMR must be completed by each organization carrying out activities under a USAID/EA awards. The EMMRs will be reviewed and approved by the Contracting Officer/Agreement Officer Technical Representative (C/AOTR) and the MEO.

The EMMR consists of 3 parts:

1. The Environmental Verification Form
2. The Mitigation Plan for specific environmental threats carried out by the implementer
3. The Reporting Form

The EMMR Environmental Verification Form:
This form indicates the categories of activities carried out by implementing partners (or their sub-awardees).

The EMMR Mitigation Plan:
The Mitigation Plan describes specific actions that will be undertaken under each category of activity when screening reveals potential environmental threats as outlined in Section 3 of this IEE. In these cases, mitigation will be undertaken as described in Section 5 of this IEE. It also identifies the person responsible for monitoring compliance with mitigation and the indicator, method and frequency of monitoring.

The EMMR Reporting Form:
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.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED: (Type name under signature line)

CLEARANCE:

Mission Director: _____ Date: _____

Susan Fine, Acting

CONCURRENCE:

Bureau Environmental Officer: _____ Date: _____

Brian Hirsch

Filename: _____(USAID/AFR BEO)

ADDITIONAL CLEARANCES:

Director of PDI: _____ Date: _____
Poonam Smith-Sreen

Mission Environmental Officer: _____ Date: _____
David Kinyua

Activity Manager/AOR: _____ Date: _____
Wairimu Gakuo

RHH Team Leader: _____ Date: _____
Julia Henns

Regional Environmental Advisor
_____ Date: _____
David Kinyua

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED: (Type name under signature line)

CLEARANCE:
Mission Director: _____ Date: 7/5/2013
Susan Fine, Acting

CONCURRENCE:
Bureau Environmental Officer: Walter Kraushaar for Brian Hirsch Date: 12/30/2013

Filename: East Africa RHH (USAID/AFR BEO) CB-HIPP IEE

ADDITIONAL CLEARANCES:

Director of PDI: _____ Date: 6/29/2013
Poonam Smith-Sreen

Mission Environmental Officer: _____ Date: 6/27/2013
David Kinyua

Activity Manager/AOR: _____ Date: 6/27/2013
Wairimu Gakuo

RHH Team Leader: _____ Date: 6/27/2013
Julia Henn

Regional Environmental Advisor _____ Date: 6/27/2013
David Kinyua

INITIAL ENVIRONMENTAL EXAMINATION
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Program Area 3.1.7:	Family Planning and Reproductive Health

1. BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

1.1 Purpose and Scope of the IEE

The purpose of this amendment #1 for the RHH IEE http://gemini.info.usaid.gov/egat/envcomp/repository/pdf/38089.pdf is to provide threshold determination for the new activities of USAID/EA's RHH activities in accordance with the requirements of Regulation 22 CFR 216 (Reg. 216). This document will assist in ensuring environmental compliance, and also permit the implementation of the proposed activities in accordance with USAID Environmental Policy and Procedures (22 CFR Part 216). This IEE evaluates the current activities and future activities under RHH.

Construction activity proposed under the Roads to a Healthy Future II (ROADS II) project and activities that involve sub grants or sub awards to other organizations, and approved under the September 2011 IEE are not addressed here.

1.2 Background

The Mission is in finalizing the design of two Project Appraisal Documents (PADs). The first one is an umbrella PAD revising the current Strategic Objective (SO) 11, and the other one is a specific project succeeding Roads to a Healthy Future II (ROADS II) project.

The goal of the USAID/EA Regional Health and HIV/AIDS (RHH) project is to "Facilitate and Support Sustainable African-Led Health Sector Development to Improve the Lives of East Africans." To contribute to this goal, USAID/EA will align its technical and financial resources to achieve the project purpose: "Catalyze and Accelerate the Scale-Up of High Impact and Sustainable Solutions to Priority Health Systems Challenges in East Africa."

1.3 Description of CB-HIPP Activities

The RHH project will: 1) Provide robust technical and support services to a select and prioritized set of clients; and 2) Implement a few highly targeted transnational health programs promoting multi-country collaboration for health sector development.

This project will build on the successes of previous and ongoing activities and partnerships. It will continue strong collaboration and engagement with East Africa's most influential intergovernmental institutions including the East, Central and Southern African Health Community (ECSA-HC) and the East African Community and its affiliate the Lake Victoria Basin Commission (EAC and EAC/LVBC). It will also build off of RHH's existing partnership with the Regional Center for Quality of Health Care

(RCQHC), a highly respected health quality improvement civil society organization associated with Makerere University in Kampala, Uganda. New activities within this project will serve to strengthen the technical and institutional capacity of these partners and to address critical gaps and scale up promising new regional approaches to health sector development.

The DO will focus on the following USAID priorities:

- Ending Preventable Child and Maternal Deaths
- Achieving an AIDS-free generation
- Protecting Communities from Infectious Diseases and Emerging Pandemic Threats (EPT)
- Strengthening Health Systems
- Advancing Science and Technology and
- Preventing and responding to Gender-Based Violence (GBV)

1) Provision of technical and support services to a select and prioritized set of clients.
USAID/EA will prioritize the provision of direct and customized technical and support services to three distinct categories' of clients including: (1) African intergovernmental and high-influence African regional institutions; (2) USAID Bilateral Missions and L/NPC programs; and (3) key multilateral and bilateral donors. USAID/EA will also prioritize technical and support service provision to highly influential health systems strengthening coalitions, alliances and networks. Technical and support service provision will prioritize building the capacity and institutional strength of key African leading institutions to advance health sector development through transnational collaboration and learning.

USAID/EA will also focus technical and support services on USAID, USG and Donor health systems strengthening programs that promise to catalyze and accelerate the scale up of high impact and sustainable solutions to priority health systems challenges in East Africa. Another approach USAID/EA will use to strengthen its role as a client service provider is to build its ability to serve as a CLA hub for health sector development and sustainable health systems strengthening across the region.

2) Second strategic approach: Implement a few highly targeted transnational health programs promoting multi-country collaboration for health sector development.

RHH will prioritize implementation of only two transnational programs that promise to leverage significant bilateral and/or private sector funding for health sector development. These programs are 1) the Cross-Border Health Integrated Partnership Program (CB-HIPP) and 2) an East African Women and Girls Innovators Platform.

(i) Cross-Border Health Integrated Partnership Program
USAID/EA proposes to implement **CB-HIPP**, the third generation of USAID/EA's flagship transport corridor program spanning multiple countries and meeting the needs of highly vulnerable and mobile populations living and traveling along East African highways.

RHH expects this five year program to have a total estimated cost of approximately $75 million. RHH expects to contribute between $15-20 million over the life of project and has interested at least 5 bilateral missions in contributing funding for specifically national components of this project. USAID/EA's financial investment in CB-HIPP will focus on transnational health systems strengthening and cross-border collaboration to meet the health needs of mobile and highly vulnerable populations traveling and living along East African transport corridors.

It will focus geographically in border locations experiencing significant influxes of transient populations driven by regional economic growth and integration. RHH will work closely with USAID/EA Power Africa and Trade Africa initiatives to design, study and document high impact and sustainable models of integrated HIV and health development models for replication and scale-up. The end goal of CB-HIPP is to strengthen innovative regional health systems networking and cooperation to effectively meet the unique health needs of mobile and vulnerable populations and protect communities from the spread of infectious diseases.

(ii) East African Women and Girls Innovators Platform

The regional program will catalyze and accelerate the scale-up of new health systems innovations and tools to address entrenched regional health systems challenges. While the concept is currently in development, USAID/EA is working closely with USAID/Washington's Office of Innovation to harness key public and private stakeholders and to scale-up the application of innovative health development technologies and locally derived applications of these solutions.

USAID/EA is dedicated to advancing women and girl scientists, social entrepreneurs and innovators through this project. USAID/EA will establish a multi-disciplinary public and private sector collaboration to provide women and girl innovators with critical support services and access investment capital to enable the scale up of high impact innovations to health development bottlenecks.

PROJECT ACTIVITIES:

The three overall objectives CB-HIPP are to:

1) Increase access to and uptake of integrated health and HIV/AIDS services at strategic cross-border sites and a select few regionally recognized HIV transmission "hot spots" along East, Central, and Southern African transport corridors;

2) Identify, implement and test alternative health financing models to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery; and

3) Strengthen the capacity of transnational partners to collaborate in advocating for and developing regional policies that facilitate provision of high-quality integrated health and HIV services for key mobile populations.

These objectives will be accomplished through a three-pronged approach focusing on:

<u>Health and HIV Prevention, Care and Support Service Delivery:</u>

CB-HIPP will test service delivery models that can effectively and sustainably improve basic public health and HIV prevention, care and support service delivery transnationally.

- To increase access to and utilization of HIV and broader health services, CB-HIPP will support networking of health facilities and service delivery sites through mapping, mobile, and electronic technologies and tools.
- CB-HIPP will expand the ROADS II ARV refill sites pilot to additional prioritized locations to facilitate and strengthen treatment adherence by HIV positive mobile populations.
- The use of standardized mobile and/or electronic health records will be piloted and potentially adopted for the whole program with the aim of improving the quality of health services and consistency of care received by mobile populations.

- CB-HIPP will invest in a "learning laboratory" and test regional and local solutions to health systems bottlenecks and community barriers impeding the provision of quality services to mobile and vulnerable communities working and residing along Eastern, Central, and Southern African transport corridors.

Alternative Health Financing:
In order to promote sustainable public health and HIV prevention, care and support service provision along Eastern, Central, and Southern African transport corridors, CB-HIPP will

- Identify, implement and test innovative public and private financing models to meet the costs of these services.
- Identifying PPP opportunities that could deliver investment returns, to strengthen the sustainability of alternative financing schemes. Testing alternative financing models will further inform policy efforts throughout the region and lead to the creation of regulatory environments that further promote medium and long-term sustainability.

Policy and Advocacy:
A key component of CB-HIPP centers on building the capacity of select and strategic intergovernmental partners to work together to develop and implement regional policies and standardized approaches to basic public health and HIV/AIDS prevention, care and treatment services at prioritized cross-border and transport corridor sites. Emphasis will be placed on assisting African technical and political leaders to identify the main policy barriers that limit mobile and cross-border communities' access to such services and strengthening the regional policy and regulatory enabling environment. The purpose of CB-HIPP policy and advocacy work will be to facilitate transnational action to increase access to and use of quality public health and HIV/AIDS services along East, Central, and Southern African transport corridors. CB-HIPP will support key intergovernmental partners/collaborators and/or member states to identify shared regional health priorities and to engage the private sector and non-traditional partners in order to co-fund networked health service sites across the region. Examples of regional policy priority areas may include: standardized ARV regimens allowing mobile and cross-border populations to access appropriate treatment as they travel across nations; standardized taxation of regional private sector entities to promote sustainability of transit corridor health and HIV services; pooled procurements of pharmaceuticals and supplies to harness economies of scale; and networked health records and health information systems to support consistent quality care. Again capitalizing on the "Learning Laboratory" approach could spur the adaptation of regional policies at country level and stimulate increased collaboration and cooperation across national health systems.

Expected Results and Illustrative Activities:

i) Increased access to and uptake of integrated health and HIV/AIDS services at strategic cross-border sites and a select few regionally recognized HIV transmission "hot spots" along East, Central, and Southern African transport corridors.

- Design, implement, and evaluate an integrated service delivery package at key cross-border sites for targeted mobile and vulnerable community populations.
- Foster close collaboration with community groups, private and public stakeholders for joint-action at service delivery sites and link these coalitions to strategic inter-governmental entities for regional networking and scale up of services.
- Develop, implement, and evaluate innovative approaches within regional private sector structures such as the universal health cards and/or mobile/electronic health records to facilitate access to timely, convenient and high-quality health and HIV prevention, care and support services.
- Create formal partnerships to identify, develop and implement Electronic and Mobile (E/M) Health solutions to ensure a continuum of quality health care information and services that meets the distinct needs of mobile populations and vulnerable transport corridor communities.

ii) Alternative health financing models identified, implemented and tested to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery

- Develop, implement and test macro alternative health financing models such as trans-national social insurance schemes, regional "taxation" models, and regional transport corridor health services "trust funds."
- Facilitate the formation of multi-country joint action and pooled procurement to effectively harness the collective regional market size.
- Build the capacity of intergovernmental and national partner(s) to establish co-funding arrangements with private sector companies whose business depend on expanded and safe regional transport corridors.
- Expand successful community health financing and savings schemes at CB-HIPP cross-border and other key transport corridor HIV transmission "hot spots" to increase access to needed services and to build the resiliency of vulnerable transport corridor communities to health shocks.

iii) Strengthened capacity of transnational partners to collaborate in advocating for and developing regional policies that facilitate provision of high-quality integrated health and HIV services for key mobile populations.

- Facilitate and develop country cooperation across East, Central, and Southern Africa for joint programming, financing, and policy development of sustainable transport corridor health systems
- Complete a policy barrier and gap analysis and engage strategic intergovernmental entities and transnational partners in the design of an enabling environment that facilitates transnational cooperation and joint action to increase access to and use of key public health and HIV/AIDS services
- Coordinate the formulation of transnational commitments that mitigate the potential negative impact of regional integration and trade.
- Build capacity of inter-governmental partner(s) to develop public and/or private partnerships that facilitate cost-effective essential health commodities and supply logistics for critically underserved HIV transmission "hot spot" sites along transport corridors.

2. Country and Environmental Information

USAID/East Africa region encompasses East and Central Africa: Burundi, Central African Republic (CAR), DRC, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, Republic of Southern Sudan, Tanzania, and Uganda. Specific country environmental information can be found in each country's strategy. Bilateral USAID missions in the countries covered by this program have their own Environmental Threats and Opportunities Analysis (ETOA) in place that informs the program options in those countries.

USAID/EA is in the process of finalizing a draft Environmental Threats and Opportunities Assessment (ETOA) within the mission's geographic and proposed programmatic scope of responsibility. The ETOA identifies potential negative environmental impacts of proposed activities and recommending appropriate mitigation measures; identifies options to enhance the quality of the environment; ensures compliance with the environmental provisions of the FAA sections 118(e) and 119(d); and that serves as an Environmental Annex to the RDCS Strategic Plan.

Eastern Africa is a major repository of global biodiversity—in the arid lands of the Horn, in the oceans, in the lakes, in the closed forest ecosystems, and perhaps best known of all, the savanna mega-fauna (Stuart and Adams 1990). This region has high global priority and national opportunity for biodiversity conservation, as demonstrated in the large portions of land designated as protected areas and in the form of game reserves and national parks. Tanzania has almost 39 percent of its land area, Uganda has more

than 27 percent of its land area, and Kenya has over 10 percent of its total land area as designated protected areas.

The most recurrent problems in the Eastern African region that may be viewed as pertinent to all its countries include: recurring drought especially in the horn of Africa regions, but also in other parts of the region; conflicts in the region; Somalia war continues to foment extremism in the region; conflict in the Greater Lakes Region; and in the post conflict crisis in the Sudan; ongoing conflicts cause migration and displacement of people; high population growth; significant health challenges *(HIV/AIDS, Malnutrition); and* High poverty levels with over 40% of East Africans living on < $2 per day.

Due to a fast growing population in the region coupled and poor agricultural practices that have led to vast expansion of agriculture to the previously biodiversity conservation areas, the region is undergoing extensive habitat destruction, degradation, and severe depletion of wildlife, with serious consequences for biodiversity conservation on the continent. Biodiversity is defined here as variety of life forms, measured in terms of biomes, ecosystems, species, and genetic varieties and the interactions between them. Throughout the continent, biological resources are fundamental to human wellbeing: agriculture, livestock, logging, and fisheries, for example, account for most subsistence survival, employment, export earnings, and economic output in much of sub-Saharan Africa.

The ETOA has identified several development challenges including low economic growth rates, food insecurity with recurring food emergencies, and inadequate transportation and communications infrastructure. Deficient social services - from poor water and sanitation - to overburdened public education and health systems – are unable to cope with the heavy burden of HIV/AIDS, malaria, TB and other infectious diseases and high rates of malnutrition and maternal and child mortality.

USAID/EA implements regional programs to address region-wide challenges and implement special initiatives. The mission also has oversight responsibility for USAID programs in non- and limited-presence countries (i.e. Burundi, the CAR, Djibouti, and Somalia). USAID/EA also provides technical advisory services to bilateral missions throughout the region.

USAID/EA uses a regional approach, through its primary partners from African-led institutions. This is achieved primarily through the development and strengthening of African regional organizations to improve their performance in leadership roles. The mission will explore new opportunities to expand relations with regional public and private sector entities, placing increasing emphasis on African expertise as well as limited, targeted capacity-building support as appropriate. During this next stage, USAID/EA will give greater prominence to African leadership by stressing achievement and results in meeting regional challenges and addressing cross-border problems in accordance with USG priorities.

3. Evaluation of Project Issues with Respect to Environmental Impact Potential

This document draws heavily on the Environmental Guidelines for Small Scale Activities in Africa (EGSSAA), 2nd Edition, which is USAID/Africa Bureau's principal source of sector-specific environmental guidance. It can be found on the web at http://www.encapafrica.org/egssaa.htm. The Small Scale Guidelines recommend Environmentally Sound Design (ESD) to select the means by which development objectives are achieved. ESD is prevention-based across the project lifecycle, such that the environmental harm associated with a desired development objective is kept to a practicable minimum by considering the environmental impacts associated with each alternative *alongside* technical, economic and social criteria.

USAID's mission is to create "sustainable development", and ESD is vital to this outcome. USAID is also required by 22 CFR 216 to apply its environmental procedures to all projects, programs or activities receiving USAID funds. The application of these procedures should be integral to project design and implementation.

Most of the interventions/activities planned to be implemented do not have direct adverse environmental impacts, as they entail information, education, communication, training, research, community mobilization, planning, management, and outreach activities. However, in the course of implementing these activities, partners should take advantage of opportunities to address environmental issues, whenever necessary and as required per this IEE in their education delivery programs.

Certain interventions envisioned under the program will directly or indirectly affect the environment, or have the potential to do so.

The activities proposed by the RHH Office have been grouped in Table 3 below according to their potential to affect the environment and for ease of analysis. The table shows that most of the activities will have no biophysical interventions and will largely focus on technical assistance and capacity strengthening to achieve the set objectives. However, a few activities are likely to include small scale construction of office structures or buildings related to health care. Provision of HIV/AIDS, , family planning/reproductive health (FP/RH) and maternal and child health (MCH) services can also involve generation of hazardous health waste and provide infection-risks to health workers, which will need to be dealt with, and the program may consider using sub-grants to other organizations in the region to achieve its program aims.. Determinations will have to be deferred by this IEE, if it turns out that some of those activities are different from the HIV/AIDS and FP/RH activities reviewed by this IEE.

TABLE 3: ACTIVITIES GROUPED ACCORDING TO THEIR EFFECT ON THE ENVIRONMENT

No	Activity Group	Activities	
3.1	**Activities not likely to involve biophysical interventions:** Technical assistance, training, training modules development, communication campaigns, strategies, baseline data collection, managing resource centers, FP/RH services, providing seed capital for income generation, advocacy and lobbying, staffing the established laboratories, establishing networks, child health and nutrition, dissemination of HIV and AIDS care messages and best practices material, support of best practices centers, policies and guidelines establishment support	• East African Women and Girls innovators platform – provide critical support services and access to investment capital to health care innovators. • Technical support to: (1) African intergovernmental and high-influence African regional institutions; (2) USAID Bilateral Missions and L/NPC programs; and (3) key multilateral and bilateral donors (e.g. the Regional Centre for Quality of Healthcare (RCQHC) at Makere University) – Capacity development, institutional strengthening. • CB-HIP Result 1 Activities involving; design of integrated delivery services; close collaboration with community groups; developing, implementing and evaluating innovative approaches, e.g. universal health cards or mobile/electronic health records, within regional private sector structures; formalize partnerships to identify and develop electronic and mobile health solutions Result 2 macro alternative health financing models; multi-country joint action and pooled procurement; Capacity of intergovernmental and national partner(s); community health financing and savings schemes corridor communities to health shocks. Result 3 country cooperation across East, Central, and Southern Africa; Completing e a policy barrier and gap analysis; Coordinating the formulation of transnational commitments that mitigate the potential negative impact of regional integration and trade; capacity building of inter-governmental partner(s) • Result 2	
	3.3	Involves treatment and health care in Health Centers, HIV/AIDS testing and treatment, provision of MCH, FP/RH services	• Facilitate access to timely, convenient and high-quality health and HIV prevention, care and support services, e.g. CB-HIPP will expand the ROADS II ARV refill sites pilot to additional prioritized locations to facilitate and

		strengthen treatment adherence by HIV positive mobile populations. • Implement an integrated service delivery package at key cross-border sites for targeted mobile and vulnerable community populations.

Table 4. RECOMMENDED THRESHOLD DECISIONS, WITH MITIGATION ACTIONS (INCLUDING MONITORING AND EVALUATION)

The table below summarizes the activities and recommended threshold determinations by activities.

Activities in Strategy Statement for: SO 11	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & Conditions, Mitigation or Proactive Interventions
Activities in Group 1: • East African Women and Girls Innovators Platform – provide critical support services to health care innovators (i.e. capacity development). • Technical support to: (1) African intergovernmental and high-influence African regional institutions; (2) USAID Bilateral Missions and L/NPC programs; and (3) key multilateral and bilateral donors (e.g. the Regional Centre for Quality of Healthcare (RCQHC) at Makere University) – Capacity development, institutional strengthening. • CB-HIP **Result 1** Activities involving; design of integrated delivery services; close collaboration with community groups; developing, implementing and	**Categorical Exclusion**, per 22 CFR 216.2 (c)(2)(i), education, technical assistance or training; 216.2 (c)(2)(iii): analyses, studies, academic or research workshops and meetings; 216.2 (c)(2)(v): document and information transfers; 216.2(c)(2)(viii): programs involving nutrition, health care, or FP 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.).	Will not have a direct effect on the environment. No further environmental review required.

Activities in Strategy Statement for: SO 11	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & Conditions, Mitigation or Proactive Interventions
evaluating innovative approaches, e.g. universal health cards or mobile/electronic health records, within regional private sector structures; formalize partnerships to identify and develop electronic and mobile health solutions **Result 2** Macro alternative health financing models; multi-country joint action and pooled procurement; Capacity of intergovernmental and national partner(s); community health financing and savings schemes corridor communities to health shocks. **Result 3** Country cooperation across East, Central, and Southern Africa; Completing e a policy barrier and gap analysis; Coordinating the formulation of transnational commitments that mitigate the potential negative impact of regional integration and trade; capacity building of inter-governmental partner(s)		
• East African Women and Girls Innovators Platform – provide access to	**Negative Determination with Conditions**, 22 CFR 216.3 (a)(2)(iii).	**Conditions:** Environmental due diligence procedures (as defined in Section 4.2.1 below) are either (1) implemented (where USAID has direct control over provision of credit and financial services);

Activities in Strategy Statement for: SO 11	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & Conditions, Mitigation or Proactive Interventions
investment capital to health care innovators.		or (2) promoted and advanced to the greatest degree practicable (where USAID does not have direct control.)
Activities in Group 3: Health care waste: **Activities in Group 4:** HIV/AIDS testing and treatment; provision of FP, MCH services with patients or in laboratories that involve contact with potentially infectious substances. For example, CB-HIPP will expand the ROADS II ARV refill sites to additional prioritized locations.	**Negative Determination with Conditions**, 22 CFR 216.3 (a)(2)(iii).	Will have a direct effect on environment. For all activities that generate medical waste, appropriate efforts must be made to assure proper handling, treatment, and disposal. The Team responsible is expected to consult and apply the USAID Bureau for Africa's Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal" (found at this URL: http://encapafrica.org/SmallScaleGuidelines.htm). The major risk with the provision of anti-retroviral drugs and screening in voluntary counseling and testing settings, health facilities and laboratories provides a potential threat of disease transmission through infectious waste, sharps, and contaminated air and water, and chemical and toxic threats through chemical and pharmaceutical exposure. For all activities that generate medical waste, appropriate efforts must be made to assure proper handling, treatment, and disposal. (See section 4.2 below for details.)

4.2.1 A Negative Determination with Conditions *recommended pursuant to 22 CFR 216.3(a)(2)(iii) for activities to facilitate access to financing under East Africa Women and Girls Innovators Platform.*

Conditions:
Where appropriate, environmental due diligence procedures (as defined below) are either (1) implemented (where USAID has direct control over provision of credit and financial services); or (2) promoted and advanced to the greatest degree practicable (where USAID does not have direct control.).

1. The supported on-lending financial institutions (FIs) will have the capacity to and fully implement an environmental due diligence process which:
    - identifies loan applications for environmentally sensitive activities, as defined below;
    - bars funding to activities for which funding is prohibited under the Sections 118 & 119 of the Foreign Assistance Act;
    - bars funding for "classes of action normally having a significant effect on the environment (per 22 CFR 216.2.d) pending an Environmental Assessment acceptable to USAID and USAID's approval of that assessment, and
    - ascertains compliance with host country environmental statutes/regulations as a condition for loan-making.

2. If one or more of the participating FIs have robust environmental due diligence procedures that nonetheless do not meet these requirements in full, the mission may consult with the REA to determine if the existing procedures substantially satisfy the intent of this condition and are acceptable.

Environmentally Sensitive Activities are defined as:

a. Activities listed in 22 CFR 216.2.d "Classes of actions normally having a significant effect on the environment."
b. Activities prohibited or limited by Sections 118 and 119 of the Foreign Assistance Act:
c. Activities identified by host country environmental regulations as requiring environmental review, licensing or permits.

4.2.2 A Negative Determination with Conditions *recommended pursuant to 22 CFR 216.3(a)(2)(iii) for Health care involving treatment and testing of blood under the FP/RH and HIV/AIDS) (activities in Table 1 (Section 1.4).*

Potential impacts
Although small-scale healthcare activities provide many important benefits to communities, they can also unintentionally do great harm through poor design and management of waste management systems. Healthcare waste is dangerous. If handled, treated, disposed of incorrectly it can spread disease, poisoning people, livestock, wild animals, plants and whole ecosystems.

Currently, little or no management of healthcare wastes typically occurs in small-scale facilities in Africa. Training and supplies are minimal. 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. Unwanted pharmaceuticals and chemicals may be dumped into the local sanitation outlet, be it a sewage system, septic tank or latrine.

Conditions
For all activities involving handling of blood and body fluids, used bandages, sharps (including syringes, scalpels, etc.) and other medical wastes, the RHH team must work with its implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. The ability of the Team to assure such procedures and capacity is understood to be limited by its level of control over the management of the facilities and operations that USAID/EA, RHH is supporting.

4.3 Environmental Responsibilities

- The USAID-funded implementing partners will provide the USAID/RHH team, as specified pursuant to the portfolio review and any conditions in their grants, sub-grants or agreements, requested documentation, including, as applicable to activities, documents that demonstrate conformance with the environmental regulations, physical planning standards or building codes and construction standards;

- The USAID-funded partners shall report to the RHH team on progress and status of implementing the Environmental Conditions, as determined under this IEE.

- USAID/ RHH will report to the REO and the BEO on an annual basis on the status of implementation of mitigation and monitoring requirements. This report should draw upon implementing partners' progress and annual reports, as well as on periodic site visits by the MEO and REO.

- Periodic visits of the USAID/RHH CO/AOTRs or SO Team leader, with, if possible MEO, REO/REA or other specialists as appropriate, will be encouraged to ensure environmentally sound implementation, mitigation and monitoring of activities.

As required by ADS 204.3.4, the RHH team must actively monitor ongoing activities for compliance with approved IEE recommendations, and modify or end activities that are not in compliance. If additional activities not described in this document are added to this program, then amended or new environmental documentation must be prepared. The SO team will also ensure that provisions of the IEE concerning mitigative measures and the conditions specified herein, along with the requirement to monitor ,will be incorporated in all contracts, cooperative agreements, grants and sub-grants.

ANNEX 1

Regulation 216 Compliance for USAID/East Africa, RHH Office,
Environmental Management Plan (EMP)
July 2011

The EMP must be completed by each organization carrying out activities under the USAID/EA, RHH Office. It will include the organization's own report plus the EMPs of any sub-awardees, to capture the entire range of activities funded by USAID/EA, RHH Office, under the bi-lateral award. The prime USAID/EA, RHH Office, implementing partners are responsible for ensuring that each sub-awardee completes and submits the EMP to the prime in a timely fashion. The EMPs are reviewed and approved by the Co/AOTR and the MEO.

The EMP consists of 3 parts:

1. The Environmental Verification Form
2. The Mitigation Plan for specific environmental threats carried out by the implementer
3. The Reporting Form

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

The EMP Mitigation Plan
Implementing partners will use the Mitigation Plan to describe the specific actions they will undertake under each category of activity when screening reveals potential environmental threats as outlined in Section 3 of this IEE. In these cases, mitigation will be undertaken as described in Section 5, Table 4 of this IEE. The Mitigation Plan also identifies the person responsible for monitoring compliance with mitigation and the indicator, method and frequency of monitoring.

The EMP Reporting Form
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.

USAID/East Africa, RHH Office,

EMP Part 1 of 3: Environmental Verification Form

USAID/East Africa, RHH Office, Award Name _____

Date of Screening:_____

Funding Period for this award: FY____- FY____

Name of Prime Implementing Organization:_____

Current FY Resource Levels: FY_____

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

This report prepared by: Name:_____ Date: _____

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

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

Indicate which activities your organization is implementing under this funding.

	Key Elements of Program/Activities Implemented	Yes	No
1	• education, technical assistance or training programs • analyses, studies, academic or research workshops and meetings; • document and information transfers; • Nutrition, RHH 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, and waste water treatment).		
2	Construction and renovation of facilities		
3	Activities involving health care, treatment and testing of blood		
5	Sub-grant activities		

USAID/East Africa, RHH Office,

EMP Part 2 of 3: Mitigation Plan

Category of Activity from Section 5 of IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the IEE)	Description of Mitigation Measures for these activities as required in Section 5 of IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training, etc.	No environmental impacts anticipated as a result of these activities.	Education, technical assistance and training about activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.		Discussion of environmental impact included in education, technical assistance, training and other materials	Review of materials	Annual
2. Construction and renovation of facilities						
3. Activities involving health care, treatment and testing of blood materials						Annual
5. Sub-grant activities		Completion of the Health care Waste Management Minimum Program Checklist and Action Plan (Annex 1)				

Category of Activity from Section 5 of IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the IEE)	Description of Mitigation Measures for these activities as required in Section 5 of IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
		Must use the Environmental Review Form (ERF) first.				

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EMP part 3 of 3: Reporting form

List each Mitigation Measure from column 3 in the EMP Mitigation Plan (EMP Part 2 of 3)	Status of Mitigative Measures	List any outstanding issues relating to required conditions	Remarks

Annex 2: IEE Template

Certification

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 IEE:

_____ _____

Signature Date

_____

Print Name

_____

Organization

BELOW THIS LINE FOR USAID USE ONLY

USAID/East Africa, RHH Program, Clearance of EMP:

Contracting Officer/Agreement Officer Technical Representative: _____
Date: _____

Mission Environmental Officer: _____ Date: _____

As appropriate: REA, BEO [depending on nature of activity, which potentially may require an Environmental Assessment.
Note: if clearance is denied, comments must be provided to applicant