



INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY DATA

Project/Activity Name:	HEALTH, DEVELOPMENT OBJECTIVE 3: Improved Health Status of Liberians
Amendment (Y/N):	No
Geographic Location(s) (Country/Region):	Liberia
Implementation Start/End:	September 30, 2017/September 30, 2022
Solicitation/Contract/Award Number:	Multiple
Implementing Partner(s):	Multiple
Tracking ID/link:	https://ecd.usaid.gov/document.php?doc_id=50622
Tracking ID/link of Related RCE/IEE (if any):	
Tracking ID/link of Other, Related Analyses:	Health DO3 Umbrella IEE Liberia Municipal Water Project-LMWP MCSP-RHS MOH-FARA NDS Warehouse-Amended EA

ORGANIZATIONAL/ADMINISTRATIVE DATA

Implementing Operating Unit(s): (e.g. Mission or Bureau or Office)	Liberia
Funding Operating Unit(s): (e.g. Mission or Bureau or Office)	Liberia/GH
Funding Account(s):	
Funding Amount:	\$292,502,868
Amendment Funding Date:	Funding Amount:
Other Affected Unit(s):	
Lead BEO Bureau:	Brian Hirsch
Prepared by:	Alexander T.M. Siafa, and the USAID/Liberia Health Team
Date Prepared:	September 22, 2017

ENVIRONMENTAL COMPLIANCE REVIEW DATA

Analysis Type:	<input checked="" type="checkbox"/> Categorical Exclusion <input checked="" type="checkbox"/> Initial Environmental Examination Amendment <input type="checkbox"/> Deferral
Environmental Determination(s):	<input checked="" type="checkbox"/> Negative Determination <input type="checkbox"/> Positive Determination

Initial Environmental Examination Expiration Date:	September 30, 2022
Additional Analyses/Reporting Required:	
Climate Risks Identified (#): Section 4.2 CRM	Low <u> 9 </u> Moderate <u> 4 </u> High <u> 5 </u>
Climate Risks Addressed (#):	Low <u> 10 </u> Moderate <u> </u> High <u> </u>

THRESHOLD DECISION MEMO AND SUMMARY OF FINDINGS

PURPOSE AND SCOPE OF THE INITIAL ENVIRONMENTAL EXAMINATION

The purpose of this IEE, in accordance with 22CFR216, is to provide the first review of the reasonably foreseeable effects on the environment, as well as to provide determinations for Health, Development Objective 3: **Improved Health Status of Liberians**. In addition, this IEE sets out project-level implementation procedures intended to assure that conditions in this IEE are translated into project-specific mitigation measures, and to assure systematic compliance with this IEE during project and program implementation. These procedures are themselves a general condition of approval for the IEE, and their implementation is therefore mandatory.

PROJECT/ACTIVITY SUMMARY

The approach of the Integrated Health Project will be to scale up and integrate best practices within target counties to provide strategic support to the MOH to strengthen systems required for effective decentralization, and influence national policies and strategies through evidence-based advocacy to accomplish the overall project goal of “Improved Health Status of Liberians

The Health portfolio addresses activities in the following Program Elements:

- H.L.1: HIV/AIDS
- H.L.3: Malaria
- H.L.6: Maternal and Child Health
- H.L. 7: Family Planning and Reproductive Health
- H.L.8: Water Supply and Sanitation
- H.L. 4 : Emerging and Pandemic Threats (Global Health Security Agenda)

The five program elements will contribute to element-specific (e.g., HIV/AIDS, malaria) as well as broader health and development objectives. Three of the important elements, HIV/AIDS, malaria, and Global Health Security are associated with Presidential initiatives that are operative in Liberia, namely, the President’s Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI), and Global Health Security Agenda. .

Current and anticipated activities in the USAID/Liberia Development Objective (DO) 3, Health Project and Portfolio are listed in Table I below.

Table I. Current and Anticipated Health Project Activities

Health Projects/Activities –Mechanism and Implementing Partner	Estimated FY17- FY22	Start Date	End Date
Partnership for Advancing Community- Services (PACS)		2/23/2015	2/22/2020
Collaborative Support for Health Systems Strengthening		02/27/2015	2/28/2019
Ministry of Health and Social Welfare FARA II		1/1/2016	12/31/2020
Liberia Municipal Water Project II		9/30/2016	9/29/2020
Capital Infrastructure Project		4/1/2016	4/1/2018
Community Health Workers for ALL		6/10/2016	6/9/2018
Maternal Child Survival Project (MCSP)- Rebuilding Health Services		Jun-15	Mar-18
MCSP Human Resources for Health		4/1/2016	6/30/2018
Central Contraceptive Procurement			Dec-17
MCSP New Malaria		7/1/2017	12/31/2018
Global health Supply Chain-Procurement Management (GHSC-PM)		4/20/2015	4/19/2019
CDC IAA		TBD	TBD
Promoting the Quality of Medicines		9/18/2009	9/17/2019
Predict 2		Sep-14	Sep-19
Food and Agriculture Organization (FAO)		Sep-16	Apr-19
Preparedness & Response		Oct-14	Sep-19
New Lab_ GHSA		TBD	TBD
CEID(Center of Excellence for Infectious Disease)		2016	2018
PEER		01/01/2017	12/31/2018
Saving Life at Birth		Nov-16	Jan-19
Last Mile Health		Jun-16	Jun-18
Ebola Transmission Prevention and Survivor Services Program		Aug-16	Aug-18
Support for International Family Planning Organizations 2 (PSI & SIFPO)		Apr-14	Aug-18

Health Projects/Activities –Mechanism and Implementing Partner	Estimated FY17-FY22	Start Date	End Date
IFRC		2016	2018
FARA Warehouse Construction		7/16/2016	7/15/2018
Service Delivery (TBD)		1/1/2021	12/31/2025
Measure DHS		TBD	TBD
Community Health (TBD)		3/1/2020	02/29/2025
New Water Network project (TBD)		3/1/2018	02/29/2021
Health Systems Strengthening Activity (TBD)		1/1/2019	12/31/2024
Water Infrastructure in FARA funded facilities (TBD)		3/1/2018	02/29/2021
mHERO		10/1/2017	3/31/2019
Global Health Fellows		04/2016-	Apr-20
Project Last Mile		Dec-16	Jun-19
VectorWorks			
Promoting Quality Medicines (PQM)		Sep-16	Sep-19
Leadership, Management, and Governance (LMG)			Dec-17
Africa Indoor Residual Spraying-Enhanced Entomology Support (AIRS-EES)			
TOTAL			

These are further classified into the following classes of interventions or activities:

1. Capacity Building for Improved Health Services
2. Health Communications and Community Mobilization
3. Procurement of Pharmaceuticals and Medical Supplies
4. Malaria Control and Prevention
5. Small-Scale Health Facility Refurbishment Activities
6. Technical Assistance and for Health Systems Strengthening
7. Improved Provision of Sustainable Safe Water, Sanitation And Hygiene

8. Provision of Safe Quality Health Services
9. Animal and Disease Surveillance

ENVIRONMENTAL DETERMINATIONS

A Categorical Exclusion is recommended for the following classes of activities, as per CFR §216.2(c)(2): (i) education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); (v) document and information transfers; (xiv) studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.); and (xv) activities which involve the application of design criteria or standards developed and approved by USAID.

- Capacity building to communities and MOH for improved community- and facility-based health services through training, technical assistance in clinical diagnosis, treatment, and service delivery, as well as the institutionalization of feedback and reporting systems to ensure accurate reporting of services and commodities as well as quality of care
- Community engagement and improved health communications through increased demand for quality services, operationalization of the National Health Communications Strategy and to develop and implement effective health communications, and increased access to health information to also promote healthy behaviors
- Technical assistance for Health Systems Strengthening through, institutionalized quality assurance and quality improvement initiatives for improved healthcare, strengthened human resources for health management at all levels, strengthened data quality, and increased financial sustainability of services including but not limited through introduction of innovative health financing models
- Technical assistance and public education and promotion for improved water, sanitation, and hygiene behavior improved management, maintenance and operation of safe water points
- Program Monitoring, Learning, Assessment, and Evaluation Activities

While a Negative Determination with Conditions is recommended for the following classes of activities pursuant to 22CFR216.3(c)(2)(iii).

- Capacity Development for Improved Service Delivery
- Procurement of Pharmaceuticals and Medical Supplies
- Technical Assistance for Improved Supply Chain Management
- Capacity Development for Improved Malaria Control and Prevention
- Small-Scale Refurbishment of Health Clinics
- Capacity Development for Improved Provision of Sustainable Safe Water, Sanitation and Hygiene
- Animal and Disease Surveillance

Upon approval of this document, the determinations become affirmed, per Agency regulations (22CFR216).

TABLE I: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination	Deferral ¹
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¹ Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities. USAID/IPs may utilize the Environmental Screening Tool to assess impacts of deferred activities.

Capacity Building for Improved Health Services	X			
Health Communications and Community Mobilization	X			
Procurement of Pharmaceuticals and Medical Supplies		x		
Malaria Control and Prevention		x		
Small-Scale Health Facility Refurbishment Activities		x		
Program Monitoring, Learning, Assessment, and Evaluation Activities	X			
Improved Provision of Sustainable Safe Water, Sanitation And Hygiene		x		
Technical for Health Systems Strengthening	X			
Provision of Safe Quality Health Services		x		
Animal and Disease Surveillance		x		

CLIMATE RISK MANAGEMENT

The Climate Risk Management screening results indicated a HIGH risk to health infrastructure such as medical supply and storage facilities, municipal water systems, and pharmaceutical warehouses, due to potential sea level rise, storm surges, and flooding. The HIGH risk to health infrastructure and newly constructed facilities is addressed by guidance to have an engineer of record screen construction design for climate risks prior to construction. Additionally, water demand management (WDM) to reduce need to access water from energy intensive sources should be integrated into Activity design. A MODERATE risk of increased air and water borne diseases and vector-borne diseases was identified due to potential flooding and precipitation changes, which may strain health system resources. A MODERATE risk of change to water quality and quantity due to shifting rainfall patterns was identified, potentially impacting the effectiveness of construction of municipal water systems in three cities. An engineer of record should screen construction design for climate risks prior to construction. LOW risks of increased temperatures, and changes in amount and duration of rainfall would be addressed through a range of integrated strategies to include the reduction of energy intensity and/or employ renewable energy, employment of proper sanitation and behavior change communication (BCC), and implementation of waste handling protocols.

BEO SPECIFIED CONDITIONS OF APPROVAL

NA

IMPLEMENTATION

In accordance with 22CFR216 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

PROJECT/ACTIVITY NAME: HEALTH, DEVELOPMENT OBJECTIVE 3: Improved Health Status of Liberians

Approval:	signed	01/12/18
	Anthony S. Chan, PhD, Mission Director	Date
Clearance:	signed	02/01/18
	Kokulo Yorgbor, Mission Environmental Officer	Date
Clearance:	signed	01/04/18
	Yoel Kirschner, Mission Climate Integration lead	Date
Clearance	signed	01/04/18
	Tara Milani, Team Lead, Health Office	Date
Clearance:	signed	01/04/18
	Philippe Accilienr, PPD	Date
Clearance:	cleared by email	01/09/18
	Rebekah Eubanks, Regional Legal Advisor	Date
Clearance:	signed	01/12/18
	Mervyn Farroe, Deputy Mission Director	Date
Clearance:	signed	01/04/18
	Henry Aryeetey, Regional Environmental Advisor	Date
Concurrence:	signed	03/08/18
	Brian Hirsch, Africa Bureau Environmental Officer	Date
Clearance	signed	03/07/18
	Roopa Karia, Climate Integration Lead, AFR	Date

File Name (AFR BEO): Liberia DO3 Health Portfolio IEE

DISTRIBUTION:

I.0 PROJECT/ACTIVITY DESCRIPTION

The purpose of this IEE, in accordance with 22CFR216, is to provide the first review of the reasonably foreseeable effects on the environment, as well as to provide determinations for “Health, Development Objective 3: **Improved Health Status of Liberians**” portfolio. Based on the activities descriptions enumerated in Section 1.3, this IEE, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), 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, per 22CFR216 and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the project/activity level 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 activity design and implementation. Potential environmental impacts should be addressed through formal environmental mitigation and monitoring plans (EMMPs) and/or Environmental Assessments (EAs), if needed.

I.2 PROJECT/ACTIVITY OVERVIEW

The approach of the Integrated Health Project will be to scale up and integrate best practices within target counties to provide strategic support to the MOH to strengthen systems required for effective decentralization, and influence national policies and strategies through evidence-based advocacy to accomplish the overall project goal of “Improved Health Status of Liberians.

I.3 PROJECT/ACTIVITY DESCRIPTION

Building on lessons learned from previous health activities and in the interest of exploring emerging opportunities as Liberia’s needs and capabilities continue to evolve, the Integrated Health Project has identified four intermediate results (IRs) that align with the integrated USAID/GOL results framework. These IRs

- IR 3.1: Increased Utilization of Quality Reproductive, Maternal, Adolescent, Newborn and Child Health (RMANCH) Services
- IR 3.2: Increased Effectiveness of the Health System at the National and County Levels
- IR 3.3: Improved GOL Capacity to Control Infectious Diseases
- IR 3.4: Increased Access to Safe Water and Sanitation

In order to achieve the four IRs and accomplish the overall project goal, Development Objective 3: Improved Health Status of Liberians, the Integrated Health Project will employ a fully integrated portfolio of activities comprised of core government-to-government (G2G) and bilateral projects that support health systems strengthening for decentralization and improved delivery of community and clinic level health services, and a complementary package of field support activities that introduces additional high impact interventions to specifically address gaps in the current health system and target major health challenges.

While the FARA aims to deliver the Essential Package of Health Services (EPHS) in target counties, two complementary and integrated bilateral activities, Collaborative Support for Health Systems Strengthening (CSH) and Partnerships for Advancing Community-based Services (PACS) will work

together to address the major barriers to achieving health targets, improve quality of care, and strengthen service delivery at the community level.

Complementing CSH and the TBD new HSS activity, the PACS activity and TBD community health activity will work from the bottom up with community-level support through targeted investment in four areas: 1) Broadened capacity of the Central level MOH, CHTs and local NGOs and CSOs to manage and implement community health and social services; 2) Increased availability of community-based health services; 3) Improved health-seeking behavior and practices; and 4) Improved access to safe water, sanitation, and hygiene. This activity will build upon and expand USAID/Liberia's previous work supporting community-based delivery of health services, while incorporating new sustainable approaches that promote optimal community participation and ownership of health in order to increase access to and utilization of services, support decentralization and financial sustainability of community based services, and improve safe water supply.

Under the PACS project, sub-award mechanisms will be designed to eliminate inconsistencies and contribute to more coordinated and effective service delivery. A series of Service Delivery Grants will be issued to local NGOs/CSOs to fill critical gaps in the health system, including, but not limited to IEC/BCC activities, scale up of iCCM, provision of OVC services, CLTS triggering, and community mobilization. These grants will be administered by the prime partner, who will help to identify needs, define grant objectives, oversee performance management, and provide technical and managerial support to recipients to help them successfully implement projects. The use of these grants will push mutual USAID and GOL priorities of expanding partner base and building the capacity of civil society to participate in development, and in doing so will create a deeper sense of country-ownership over health and social welfare services.

While these bilateral projects work to address barriers and deliver the EPHS, a complementary package of field-support activities will fill gaps by targeting specific issues with diagonal interventions. This package may include but is not limited to: Indoor Residual Spraying; CDC Interagency Agreements; Deliver IQCs; Malaria Care; Child Survival Grants; Central Contraceptive Procurement; World Health Organization/Africa Regional Office Support for Disease Control and Reproductive Health in Africa; and, World Health Organization/Africa Regional Office Support for the Eradication of Polio; and Measure Demographic and Health, and Malaria Indicator Surveys.

Expected Results

With this package of interventions, USAID/Liberia intends to directly reach one-third of the population through supporting delivery of the EPHS and community-based activities, while providing technical assistance in systems strengthening and quality assurance at the central level, which will benefit the entire country. Specifically, expected outcomes of the Integrated Health Project include:

- Increased availability of facility and community - based health services
- Improved health seeking behaviors and practices
- Improved quality care
- Strengthening institutional capacity of central MOH and CHTs
- Expanded human resources for health
- Increased MOH capacity for resources allocation and utilization
- Improved data for decision making
- Improved management of water and sanitation

- Improved water infrastructure

I.4.1 Development Objective 3 Intermediate Results (IRs)

IR 3.1: Increased Utilization of Quality RMNACH Services

The Integrated Health Project will address IR 1 by simultaneously improving access and quality of services in order to create demand and increase utilization. First, support to the MOH under the existing FARA (expiring in 2015) to oversee the provision of the EPHS will be the Integrated Health Project's primary approach to improving access to services. The EPHS is the cornerstone of the NHSWPP 2011-2021 and aims to increase quality and access to a standardized package of services. The focus of these services is on maternal and newborn care, child health, reproductive health, and communicable disease, with plans to extend to school health, neglected tropical diseases, non-communicable diseases, eye health, emergency services, mental health and prison health in phases over the next ten years. The primary responsibility of the MOH under the Integrated Health Project is to oversee delivery of the EPHS in Bong, Nimba and Lofa counties. Additionally, the MOH is responsible for procurement of certain pharmaceuticals, and conducting supportive supervision visits to health facilities and community health volunteers. USAID will support these activities through the provision of embedded technical assistance to MOH units and teams.

Beyond delivery of the EPHS in clinics, the Integrated Health Project will seek to increase access by placing significant emphasis on scaling up community-based services. This approach will be the key to overcoming infrastructure and human resources barriers that keep people from accessing care in health facilities. By supporting the institutionalization of the community health assistant (CHA) program and building the capacity of county and district health and social welfare teams to coordinate community-based services, working with health facilities to strengthen linkages with community health workers, and exploring creative ways to incentivize and motivate the community health assistants and volunteers, the Integrated Health Project will reach more people, in more districts, with a broader range of health services. A community-based approach to increasing access will also strengthen social services, with CHVs acting as an important link to social welfare services.

In order to achieve measurable health improvements, the Integrated Health Project will also place significant emphasis on improving the quality of services, addressing all dimensions of quality ranging from clinical standards to improving health workers attitudes for more client-centered services. Specifically, the Integrated Health Project will streamline best practices in quality assurance which include defining quality by developing standards of quality, communicating those standards to health workers, and setting expectations of performance; measuring quality with systematic identification of the level of quality through routine assessment and regular monitoring and evaluation; applying appropriate methods improve performance where quality is low; and reinforcing quality through incentive programs. The Integrated Health Project will also see an increased emphasis on involving civil society and community structures in quality assurance and service delivery.

In addition to providing curative health services through the formal health system, the Integrated Health Project will encourage preventative measures and demand for quality health services through messaging and behavior change at the community and individual levels. A core component of the program includes community-level public health promotion activities through organized outreach. By utilizing volunteer and peer networks where they exist, as well as identifying new, effective entry points, utilizing

interpersonal communication, and engaging men, women, boys and girls, the projects will harness the power of communities to address issues such as HIV prevention, hygiene promotion, family planning, birth preparedness, bed net use, prompt treatment of illness, and nutrition messages like exclusive breast feeding and diet diversification.

Outputs:

- 3.1.1: Increased Access to Facility and Community Based Health Services
- 3.1.2: Improved Quality of Community and Facility Level Health Services
- 3.1.3: Increased Healthy Behaviors and Demand for Services

Illustrative Activities:

- Support the dissemination of the Community Health Services Policy and strategic plan,
- Support the institution of the national community health assistant program
- Support the scale up and integration of high-impact community based MNCH services in three counties,
- Provide technical support to MOH and CHTs to implement effective health communication and impact-oriented strategies for health promotion
- Support the MOH in the development and dissemination of key health promotion and IEC materials
- Support county-level training and supervision of CHAs in participatory learning approaches and health promotion activities
- Supervise and engage community-based structures including Health Facility Development Committees (HFDCs), Community Health Committees (CHCs), Community-Based Organizations (CBOs), Civil Society Organizations (CSOs) etc. that promote community involvement and ownership of health, through innovative and sustainable approaches that incentivize performance
- Supervise community-based service delivery and integrate strategies for quality assurance
- Strengthen and engage community structures and civil society organizations for health promotion and oversight of health services through “partnership-defined quality”
- Promote high quality community services through performance-based incentives for community health workers
- Provide support to the National Reference Laboratory (NRL) as a network of regional laboratories is established, particularly with regards to the role of laboratory support for quality assurance programs, support for HIV services, including diagnosis of tuberculosis co-infection and ART, and operational research
- Promote improved water, sanitation and hygiene behavior

IR 3.2: Increased Effectiveness of the Health System at National and County Levels

With a focus on providing more sustainable, inclusive and effective health services, the *Integrated Health Project* will invest significant resources in support for the successful decentralization of the health system by expanding current USAID investments in capacity building and systems strengthening at both central and county levels. Throughout the development of the *Integrated Health Project*, USAID worked closely with the MOH to identify the priority needs and critical gaps in the health system where the project should focus its resources. At the central MOH level, a major area of nationwide investment will be the provision of technical assistance to strengthen systems in critical areas such as health management

information systems, supply chain, human resources for health, quality of care and health financing. These activities will expand and solidify significant systems strengthening progress USAID has already made including supporting the rollout of a nationally standardized and integrated information system, and helping establish Liberia's first-ever National Health Accounts (NHAs).

Key actions of this *Integrated Health Project* will include support for the coordination of procurements and the improved use of the logistics management information system (LMIS), as well as providing technical assistance to transition to active commodity distribution in support of a strengthened pharmaceuticals, laboratory, and medical supplies supply chain. In human resources, the *Integrated Health Project* will continue to provide sustained technical assistance to strengthen pre-service training institutions and in-service training, including curricula revisions, improvements in effective teaching skills, and supportive supervision. The project will also explore innovative performance-based incentive models to improve performance and retention of the health workforce.

Along with support to systems at the national level, the *Integrated Health Project* has prioritized capacity building activities for County Health and Social Welfare Teams (CHTs) within the program target areas. Activities include joint supervisory visits to facilities, monitoring and evaluation skills building, technical assistance for budget planning, and coordination support. Through the Human and Institutional Capacity Development (HICD) cyclical process of assessing capacity, developing and implementing performance improvement interventions, and measuring improvement results, USAID will support MOH's efforts to decentralize management and oversight of health systems to CHTs.

Additional activities will complement top-down support of the MOH's efforts through technical assistance (TA) and collaborative support at the central and county level with bottom up support at the community level. This will include a range of interventions aimed at improving community based health services and mobilizing communities to strengthen ownership over their own health. Activities will include helping to define roles and responsibilities, as well as provide support to and help strengthen linkages between various community and local government structures; health communication interventions; strengthening capacity of local organizations to address community health and development needs and integrating social welfare into community health initiatives.

Outputs:

- 3.2.1: Increased Sustainability of Public Financing for Health
- 3.2.2: Improved Data Availability and Use
- 3.2.3: Improved Availability of Qualified Health Workforce
- 3.2.4: Improved Access to Essential Medicines & Commodities at Health Service Delivery Points

Illustrative Activities:

- Support the decentralization of health communications and community services
- Improve coordination of resources and programs for community-based health services
- Support MOH and CHTs to map CHVs and services across all communities and districts
- Support training of CHVs with an emphasis on outcome-oriented strategies for quality improvement
- Improve community level data and engagement through feedback at the community level.
 - Improve community-based mobilization of financial resources for health

- Capacity-building and collaborative county-level planning and budgeting
- Conduct costing study, including willingness to pay for community level health services, the services desired, and preferences for public/private providers
- Support re-introduction of user fees
- Support PBF at all levels of health system
- Improve capacity of Financial Management and Procurement Units in resource planning, mobilization, monitoring and accounting

IR 3.3: Improved GOL Capacity to Control Infectious Disease

The focus of IR 3 will be to support the Government of Liberia in strengthening capacity to detect, respond and prevent emerging and pandemic threats as well as malaria.

Outputs:

- 3.3.1: Improved Prevention of Infectious Diseases
- 3.3.2: Improved Case Management of Infectious Diseases
- 3.3.3: Enhanced Multisectoral Capacity to Detect and Respond to Emerging Pathogens
-

Illustrative Activities:

- Provide national level support to aid the Ministry of Health/National Malaria Control Program (NMCP) to improve uptake of malaria case management and malaria in pregnancy services; and
- Strengthen County Health Teams' (CHTs) ability to implement and supervise malaria programming
- Strengthen disease surveillance, reporting and response

IR 3.4: Increased Access to Safe Water and Sanitation

A lack of clean and reliable water is a key limiting factor in the GOL's ability to improve the health of Liberians and thus develop a primary economic base. Given the importance of this endeavor, IR 3.4 of the *Integrated Health Project* focuses on increasing safe water supply. In order to achieve this objective, the *Integrated Health Project* aims to establish self-sufficient and sustainable water service provision in targeted municipalities and rural communities by assisting local and national authorities in developing plans for water supply and sanitation improvements and implementing short, medium, and long-term water supply infrastructure improvements.

Specifically, the *Integrated Health Project* will support the design, tendering, building and operation of water supply systems in three secondary cities. Concurrent to the capital works, the *Integrated Health Project* will support capacity building activities that target the individuals and the organizational structures and systems in key Liberian institutions, namely the MPW and the LWSC, needed to ensure all operations can be managed by locally-based entities capable of financially and technically sustaining the services. Work under this IR exemplifies the GOL's shift towards decentralized planning as a mechanism to ensure that secondary cities attain and sustain minimum standards of municipal services delivery.

In order to maximize the health benefits of these systems strengthening and infrastructure improvements, the *Integrated Health Project* will also address WASH issues at the community level. Specifically, the *Integrated Health Project* will install and improve water points in selected communities

including at schools and health centers, and support the provision of safe water with sanitation and hygiene interventions including Community Led Total Sanitation (CLTS) triggering and IEC/BCC activities. Sustainability of these actions will be increased through the strengthening of community management structures including maintenance plans and fee structures.

Outputs:

- 3.4.1: Expanded WASH Infrastructure
- 3.4.2: Improved Management Capacity Among WASH Service Providers
- 3.4.3: Increased Adoption of Key Hygiene and Sanitation Behaviors

Illustrative Activities:

- Provide institutional strengthening to MOH and MPW focal points for rural safe water and sanitation
- Improve county and district level management of WASH
- Strengthen community-level structures for the management of safe water points and promotion of hygiene and sanitation
- Strengthen community-level maintenance and operation of safe water points
- Strengthen county and district level oversight and management of resources and donor

2.0 BASELINE ENVIRONMENTAL INFORMATION

Liberia has four major ecological zones: coastal plains (characterized by very high rainfall levels and high humidity); upper highland tropical forest (which encompasses Liberia’s agricultural belt and consists of tablelands, rolling hills, and mountains, with semi-deciduous forest, a transition zone of secondary forest or low bush, broken forest, and closed forest); lower tropical forest zone (comprised of mid-altitude rolling hills, numerous water courses, and evergreen rainforest); and a northern savannah zone consisting primarily of dense elephant grass, scattered trees, and patches of forests, with an average rainfall between 30 and 70 inches. Liberia lies entirely within the Upper Guinean Forest ecosystem and contains two of the last three remaining large blocks of Upper Guinean Rainforest in West Africa—an ecosystem identified by Conservation International as a “Biodiversity Hotspot.”

The Environmental Threats and Opportunities Assessment (ETOA) completed by USAID/Liberia in late 2013² identified a number of concerns related to tropical forest and biodiversity include but not limited to conversion of forests into agriculture and tree crops, mining extraction and exploration, Infrastructure development, climate change, wildlife trade and unsustainable cutting of wood for fuel wood. Additional threats to freshwater, marine and coastal systems identified in that assessment include pollution, over-harvesting and destructive fishing, infrastructure development, oil and gas exploration, and conversion of mangrove forests.

² Liberia Environmental Threats and Opportunities Assessment (ETOA): Final Report. December 2014. Available online at:

<http://www.usaidgems.org/Documents/FAA&Regs/FAA118119/Liberia2014.pdf>

. As the ETOA points out, in spite of the EPA Act and the EPM Law that authorize the creation of regulations, rules, standards and guidelines, as well as the provide for penalties for violation, EPA has not officially promulgated any of these regulations, rules, standards and guidelines, so enforcement is not possible. The absence of a law enforcement division within the FDA also appears to hamper enforcement efforts.

An emerging environmental dimension in Liberia is the impact of global climate change (GCC). The U.S. Forest Service (USFS) has prepared the Liberia Climate Assessment indicating that West Africa in general is vulnerable to significant climate change. This is primarily a result of fluctuations in the Inter-Tropical Convergence Zone (ITCZ) and variability of the West African monsoon in terms of strength and timing. Although GCC modeling fails to support a predominant trend in projected patterns, the overall expectation of continued warming indicates an increase in annual rainfall. Current rainy season patterns suggest that increased rainfall will center on the coastal areas, with a nominal decrease (if any) in rainfall in the inland regions. Such changes will likely have a negative impact on health status and disease vectors.

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

A key development hypothesis of the CDCS is that this geographic concentration of effort will accelerate development results in the targeted counties, and that other parts of the country will subsequently benefit from that progress. It is also expected to reduce USAID's unit operational costs, allowing the Mission to leverage greater results within available resource envelopes. With this in mind, activities under the *Integrated Health Project* will follow a three-tiered approach.

Tier 1: Nationwide Investment: At the nationwide level, the *Integrated Health Project* will increase investment in capacity building and technical assistance for policy formulation, strategy development, health systems strengthening, and countrywide behavior change communication initiatives. In the immediate future, support in health system strengthening will prioritize critical areas that have been jointly identified with the MOH, such as HMIS, health financing, leadership and governance, supply chain, decentralization and human resources for health.

Tier 2: Intensive Investment in Three Health Target Counties: Activities under the *Integrated Health Project* will include intensive investments in three of the Mission's six priority counties (Bong, Nimba and Lofa). In the three target counties the Project will continue to support the delivery of the EPHS through the MOH FARA and provide complementary technical assistance for quality assurance, in-service training, and supportive supervision, along with capacity building of the CHTs and a robust package of activities to enhance community health services.

The selection of Bong, Nimba, and Lofa counties for intensive health investments was based on careful review and consultation with MOH on health status, availability of resources, and other donor plans. These three counties represent one-third of Liberia's population and thus offer the greatest potential for influencing national statistics. Additionally, these are counties with potential for strong CHT leadership, and are home to existing and planned training institutions. Finally, through its previous projects, USAID has made considerable progress in Bong, Nimba and Lofa counties over the last five years, and continued investment strengthens the potential for them to become model counties of prevention and healthcare practices, laying the groundwork for replication in other parts of the country.

Tier 3: Strategic Investment in Six CDCS Priority Counties: To maximize opportunities for mutual reinforcement across the Mission’s portfolio and ensure that USAID’s collective efforts are sufficient to achieve desired results, USAID assistance in Liberia is geographically focused in six highly-populated counties that surround the country’s key development corridors (Bong, Grand Bassa, Lofa, Margibi, Montserrado, and Nimba). While it is committing to intensive investment in Bong, Nimba and Lofa counties, the *Integrated Health Project* will make limited investments in Montserrado, Margibi, and Grand Bassa to complement and leverage other partner investments in critical areas such as malaria, family planning, nutrition, and immunizations. Dependent on funding levels, these limited investments will be strategically designed to extend the USG’s technical expertise in areas of comparative advantage and to fill gaps in implementation of national programs.

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

National Environmental Policies and Procedures

2.2.1 Policies

The Environmental Protection Agency Act of 2003 (EPA Act)

The Environmental Protection Agency Act of (EPA Act) authorized the establishment of an overall institutional framework for sustainable management of the environment in Liberia

National Environmental Policy Council

The National Environmental Policy Council is responsible for formulating national environmental policy; setting environmental protection priorities, goals and objectives; and promoting inter-sectoral, private-public cooperation in the achievement of environmental policy.

Line Ministry Environmental Units

To facilitate the coordination between the EPA and Line Ministries, the EPA Act requires each Line Ministry to establish an environmental unit. The units are charged with ensuring compliance with the requirements of the act, making comments on environmental impact assessments, and liaising with the EPA on environmental management.

Environmental Protection and Management Law

The Environmental Protection and Management Law (EPML) forms the legal framework for the sustainable development, management and protection of the environment by the Environmental Protection Agency in partnership with relevant ministries, autonomous agencies and organizations.

National Policy on Healthcare Waste Management

The National Policy on Healthcare Waste Management (November 2009) was developed with the goal of minimizing negative effects of management of healthcare waste on human health and the environment. The policy promotes the sustainable use of resources and reduction of costs associated with healthcare waste management. The objective of the policy is to provide an enabling environment that will ensure safe and appropriate management of healthcare waste.

2.2.2 Procedures

Environmental Threats and Opportunities Assessment (ETOA): USAID/Liberia completed the latest edition of the Environmental Threats and Opportunities Assessment (ETOA) in December 2014. The ETOA describes the range of environmental impacts from human activities across the spectrum of sectors: green (forests, agricultural systems), brown (urban, industrial systems) and blue (marine and freshwater systems) and makes recommendations. The capacities of Liberia’s government institutions to manage and conserve forests and biodiversity are constrained by a number of factors including dependence on foreign expertise and resources, a decimated infrastructure and weak administration, lack of qualified staff, shortage of information for decision making, overlapping mandates, weak law enforcement and poor coordination between government organizations, donors and nongovernmental organizations, and lack of direct financial support..

Implementing partners shall develop a comprehensive EMMP for each project, with specific mitigation and monitoring plans for all activities recording a negative determination with conditions. If project implementation takes advantage of sub grants/awards, partners shall adapt USAID’s “Supplemental Environmental Review Forms” for program activities to develop an internal environmental screening form for all project activities to ensure that potentially negative impacts are foreseen and plans are developed for their mitigation. Based on the screening form, partners would be required to produce an Environmental Review Report for each activity. In addition the Environmentally Sound Design and Management Capacity-Building for Partners and Programs in Africa (ENCAP) training programs for Mission Staff, implementing partners and GOL counterpart staff will be utilized.

Liberia’s Environmental Protection Agency (EPA)³

In keeping with Agency policies for provision of government to government assistance, USAID is committed to designing and implementing programs jointly with the partner government, and to implementing the programs using the partner government policies and procedures to the extent possible. The EPA Act establishes EPA as “the principal authority in Liberia for the management of the environment.” The EPA is an autonomous body under the Executive Branch of Government overseen by a nine-member Board of Directors appointed by the President from specific government agencies and the private sector. Part III of the Environmental Protection and Management Law (EPML) contains detailed procedures for the implementation of an Environmental Impact Assessment (EIA) program for Liberia. The EPA Act (Section 37) and EPML (Sections 6-33) require all public or private projects with a potentially significant impact on the environment to secure an EIA permit prior to commencement of the project.

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

NA

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK⁴

- Activities undertaken to train and provide recommendations and technical assistance to improve diagnostic services for support of clinical diagnosis and treatment as well as for quality assurance and quality improvement initiatives conform to a class of activities normally eligible for

³ Environmental Protection Agency (EPA) of the Republic of Liberia, November 26, 2002

⁴ Includes analysis of environmental and social

categorical exclusion. However, failure to adequately address the environmental dimensions attendant to clinical diagnostic services and treatment (e.g., proper handling and disposal of medical waste including blood, sputum, sharps, obsolete or expired drugs, and other commodities) may result in adverse environmental impacts.

- Construction activities have the potential to cause both direct and indirect adverse impacts on the environment. An example of a direct impact is the filling of a wetland to use as a project site. Indirect impacts are induced changes in the environment, population, and use of land and environmental resources. Potential rehabilitation and construction impacts associated with small-scale construction activities are to be mitigated by applying guidance for environmentally sound design and management (ESDM), including that found in USAID's Sector Environmental Guidelines at <http://www.usaidgems.org/bestPractice.htm>, Environmental Protection and Management Law of Liberia, adopted November 26, 2002 and the IFC environmental, health and safety guidelines at www.ifc.org/ehsguidelines.
- Due diligence is required to ensure that procurement and the increased supply and demand of pharmaceuticals do not compromise efforts to adequately handle and store pharmaceutical and medical supplies and dispose of obsolete or expired drugs and other commodities that could negate the benefits. Pharmaceutical drugs are chemicals used for diagnosis, treatment (cure/mitigation), alteration, or prevention of disease, health condition, or structure/function of the human body. Pharmaceuticals including vaccines, chemotherapies, and radioactive have specific storage time and temperature requirements, and may expire before they are able to be used, particularly in remote areas. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution, and lack of a routine system of disposal. Activities undertaken in the procurement of pharmaceuticals and medical supplies conform to a class of activities normally eligible for categorical exclusion. However, failure to adequately address the environmental dimensions attendant on, for example, the proper handling and disposal of obsolete or expired drugs, and other commodities may result in adverse environmental impacts. Effects on aquatic life are a major concern in disposal of pharmaceuticals. Even in small quantities, some compounds have the potential to cause harm to aquatic life. Measured toxicities of some tested pharmaceuticals have shown that acute effect of single substances in the aquatic environment is very unlikely. However, effects of pharmaceuticals may be subtle because they occur in the environment in low concentrations. Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies at low temperatures or in open containers results in release of toxic pollutants into the air, and inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public. In some countries scavenging in unprotected insecure landfills is a hazard. Likewise, the mass procurement and distribution of commodities such as medicines and medical equipment has the potential to contribute to solid waste. Many countries do not have facilities to manage solid wastes other than uncontrolled burns. Plastics and other inorganic materials pose solid waste management issues for some countries.
- Well-executed water and sanitation interventions bring substantial health and environmental benefits. However, active efforts are required to prevent unintended adverse impacts that can offset or negate these benefits. For example, problems such as an inadequate cover, stagnant water, failure to exclude livestock, or soil erosion in the vicinity of the water supply point can

easily result in contamination of the water source and/or the containers for water collection, a breeding site for disease vectors, such as mosquitoes, and a reduction in the service period of the supply point. Inadequate siting of a water point can contribute to water-borne illness and increased morbidity and mortality, create adverse impacts to ecosystems from water diversion, construction or decommissioning activities in or near a watercourse, or from fecal contamination of water, and depletion of fresh water sources.

3.1 ACTIVITY DESCRIPTION AND POTENTIAL IMPACTS

The below are set of activities that will be covered under the DO 3 IEE.

PROJECT/ACTIVITY 1: Community Health Workers for ALL (CHW for ALL)

Working towards a more resilient and strengthened health system following the 2014-15 Ebola Virus Disease (EVD) outbreak, the MOH has embarked on a plan to provide more inclusive and equitable health services, readily prepared for the possibility of future outbreaks, and resistant to public health shocks. To ensure the success and sustainability of the National CHA Program, which forms a key component of this plan, CHWS for ALL is collaborating with MOH counterparts and other community health stakeholders to: 1) Establish environmental and operational readiness at the central and county levels for the introduction of the National CHA Program; 2) Support the MOH to integrate and institutionalize the National CHA Program; and 3) Ensure continuous learning and quality improvement for National CHA Program implementation and accountability.

PROJECT/ACTIVITY 2: Maternal and Child survival project – Human Resource for Health (MCSP-HRH)

Collaborate with the MoH, Regulatory Bodies and other partners to strengthen preservice education in line with the objectives of the National Investment Plan for a Resilient Health System and the Health Workforce Program. The activity was designed to respond to second order impacts from the Ebola crisis that affected the entire health system in 2014 through support to health system recovery. It aims to strengthen the capability and resilience of the frontline health workforce to provide quality, safe, and respectful services through enhancement of pre-service education for midwives and medical laboratory technicians. The project will increase the quality of instruction by upgrading the technical competencies and teaching skills of faculty, while strengthening the quality of instruction through revision of curricula and provision of instructional materials and skills laboratory equipment and supplies.

PROJECT/ACTIVITY 3: Maternal and Child survival project – Restoration of Health Services (MCSP-RHS)

Extend and restore primary health services in 77 facilities not covered by FARA.

PROJECT/ACTIVITY 4: Global Health Supply Chain)-Procurement and Supply Management (GHSC-PSM) and Central Contraceptive Procurement

Procure and distribute commodities to support the Essential Package of Health Services and malaria commodities, distribute malaria and FP commodities nationally, and provide TA to strengthen the supply chain strengthening at national and county levels

PROJECT/ACTIVITY 5: Liberia Municipal Water Project II (LMWP II)

Oversee construction of municipal water systems in three cities and build the capacity of Liberia Water & Sewer Corporation and local governments to sustainably maintain the systems.

PROJECT/ACTIVITY 6: Support for International Family Planning Organizations 2

Support for International Family Planning Organizations 2 (SIFPO2)-Sustainable Networks works to improve access to and use of high quality family planning information, products, and services in Liberia. SIFPO 2 fosters healthy sexual and reproductive health (SRH) behaviors among young unmarried people aged 15-24 in Grand Bassa County through community group engagement interventions.

PROJECT/ACTIVITY 7: Predict-2

Builds platforms for disease surveillance, identification, and monitoring of zoonotic pathogens, and collects data to identify animals that may serve as reservoirs or Ebola transmission hosts. Using a One Health approach, it also works across districts heavily impacted by Ebola to investigate behaviors, practices, and ecologic and biologic factors driving disease emergence, transmission, and spread

PROJECT/ACTIVITY 8: Preparedness & Response (P&R)

Works to increase multisectoral collaboration nationally through technical and policy support to promote a One Health approach to infectious disease prevention, detection, and response. Also, helps to integrate One Health into long-term preparedness and response plans

PROJECT/ACTIVITY 9: Food and Agriculture Organization (FAO)

Using an eip-zonal approach to surveillance of major pandemic risk pathways that drive viral emergence: intensification of animal production systems and animal value chains, conducts animal surveillance. Additionally, strengthens animal health laboratory capacity and networks to detect and respond to livestock and zoonotic diseases. Working with the Ministry of Agriculture to strengthen the Central Veterinay Laboratory and to **integrate** with the Ministry of Health and academic laboratories to establish a One Health laboratory network.

PROJECT/ACTIVITY 10: Ebola Transmission Prevention and Survivor Services Program (ETP-SS)

Works to mitigate the risk of resurgence of Ebola and to meet the health and psychological needs of Ebola survivors who require specialized care. ETP-SS supports the Ministry of Health and non-governmental organizations with the goal of ensuring effective delivery of health care and psychosocial support services. It provides direct assistance to health facilities in four high-priority, Ebola-affected counties, Bong, Monsterrado, Lofa, and Margibi. In the remaining seven Ebola-affected counties Bomi, Grand Bassa, Grand Cape Mount, Gbarpolu, Nimba, Rivercess, and Sinoe., ETP-SS supports the provision of clinical guidance and referrals for Ebola survivors in need of services.

PROJECT/ACTIVITY 11: Maternal and Child Survival Program (MCSP) or its follow-on project -- New Malaria Activity

Scale up preventive and curative malaria activities through technical assistance to 12 counties, focused on quality of care and adherence to standards for Malaria in Pregnancy; iCCM; strengthening data collection and use at county level; behavior change; and strengthening management, leadership and planning capacity of the National Malaria Control Program.

PROJECT/ACTIVITY 12: Saving Lives at Birth

Build and test an application that streamlines and automates patient, provider and payer transactions across maternal/newborn care, building on existing tools and introducing new functionality. Designed to provide a path to use of maternal services in the private sector by promptly paying providers that meet quality standards, share data electronically with the MOH, and agree to accept e-payments.

PROJECT/ACTIVITY 13: Partnerships for Enhanced Engagement in Research (PEER)

Strengthen medical education training in Liberia for strengthened specialized medical training in family medicine, ophthalmology and infectious disease to support the needs of Ebola survivors.

PROJECT/ACTIVITY 14: Center of Excellence for Infectious Disease (CEID) – GDA: Chevron and JFK

Partner with Chevron to strengthen capacity at Monrovia's John F. Kennedy hospital to prevent, detect and respond to infectious diseases

PROJECT/ACTIVITY 15: mHero

Building on the pilot, strengthen and extend mHealth technology for health worker two-way communications interoperable with MOH data systems.

PROJECT/ACTIVITY 16: Project Last Mile

Project Last Mile (PLM) will provide technical assistance to build the capacity of the newly established CMS to enable it to fulfill its leadership role in ensuring the availability of health commodities at health facilities and in communities throughout Liberia. Technical assistance provided by PLM will be guided by objectives of the Transition Plan, in close coordination and collaboration with the Ministry of Health, CMS, and other USAID-funded technical assistance. Early on, PLM will develop an Exit Strategy that will ensure a smooth transition of operations and maintenance of the new Central Pharmaceutical Warehouse to CMS

PROJECT/ACTIVITY 17: Construction of a central pharmaceutical warehouse for the Ministry of Health (MOH)

Support construction and oversight for National Drug Store Warehouse to consolidate commodities in Liberia.

PROJECT/ACTIVITY 18: Collaborative Support Health Systems Strengthening

USAID's Collaborative Support for Health (CSH) Program supports the Government of Liberia's objectives of strengthening management and governance of the health system to consistently and effectively deliver quality health and social welfare services. CSH supports the Ministry of Health (MOH) by providing embedded technical support at the national level and to County Health Teams in USAID priority counties of Bong, Lofa, Nimba, Grand Bassa, Margibi, and Montserrado. CSH focuses on priority areas aligned with the Government of Liberia's 10-year National Health and Social Welfare Policy and Plan, as well as its Investment Plan for Building a Resilient Health System in Liberia from 2015-2021.

Provides technical assistance to the Ministry of Health to decentralize management and leadership of health services to county health teams. Key areas of support including institutionalization quality of care activities, strengthening human resources for health management, and strengthened health management information systems

PROJECT/ACTIVITY 19: Partnership for Advancing Community-Based Services

PACS will increase support for the provision of the Essential Package of Health Services (EPHS) through expanded support for community health services delivery, behavior change and WASH interventions; expand support to the CHSWTs in Marbigi, Monserrado and Grand Bassa to strengthen community services for the period of supplemental funding; increase community-based health risk communications activities; enhance community awareness and involvement in the detection and response to emerging infectious diseases and support the county-level implementation of risk communications package.

PROJECT/ACTIVITY 20: Global Health Fellows II (and follow-on)

Provides seconded advisor to the Mission to work with GOL counterparts to institutionalize Global Health Security Agenda and One Health Platform.

PROJECT/ACTIVITY 21: FARA 2.0

The MOH Fixed Amount Reimbursement Agreement (FARA) provides support to the MOH for implementation of its 10 year National Health Policy and Plan. Under this agreement, USAID reimburses the Government of Liberia (GOL) for the cost of implementing the Essential Package of Health Services in three counties, Bong, Lofa, and Nimba, covering a population of roughly 1.4 million Liberians.

The overarching goal of the FARA is government-led development programming. The FARA is a prime example of the direct government to government (G2G) assistance model which is incorporated in USAID/Liberia's Country Development Cooperation Strategy 2013-2017, which transfers responsibility for ensuring access to quality health services to the MOH. Activities supported by the FARA include performance-based contracting of NGOs for health service delivery and health system strengthening activities such as monitoring and evaluation (M&E).

PROJECT/ACTIVITY 22 : Africa Indoor Residual Spraying-Enhanced Entomology Support (AIRS-EES)

Conducts entomology surveillance and capacity development of the National Malaria Control Program (NMCP).

PROJECT/ACTIVITY 23 : VectorWorks

Provides technical assistance to the NMCP to plan distribution of long-lasting insecticide-treated bed nets (LLIN) including supportive supervision of routine distribution of LLIN during antenatal care and institutional delivery and conducting durability monitoring study of LLIN.

PROJECT/ACTIVITY 24: Promoting Quality Medicines (PQM)

Conducts drug quality monitoring and assurance for malaria commodities through support to the Liberia Medicines and Health Regulatory Authority.

PROJECT/ACTIVITY 25: Leadership, Management, and Governance (LMG)

Provides long term technical assistance to the NMCP to support implementation of the grant from the Global Fund for AIDS, TB and Malaria and capacity building of the NMCP to effectively implement national malaria strategies.

PROJECT 26: Health Systems Strengthening TBD

Provide selection technical assistance to the MOH on health systems strengthening.

PROJECT 27: Service Delivery TBD

Support the delivery of essential package of health services at select health facilities.

PROJECT 28: Water Infrastructure FARA

Support infrastructure development in FARA health facilities for improved access to clean, safe water and sanitation.

PROJECT 29: CIP Network Expansion

Construct additional pipeline extension to existing water treatment plant infrastructure to increase access to safe, clean water to households and businesses in select cities, including construction oversight.

PROJECT 30: Capital Investment Project

Construct three water stations in Voinjama, Sannequille and Robertsport to increase access to clean safe water to the catchment population.

PROJECT 31: GHSA Lab

Strengthen lab capacity in Liberia to better detect emerging and pandemic threats. Support may include technical assistance to strengthen capacity of laboratory technicians and other staff in addition to other needs as may arise.

PROJECT 32: International Federation of the Red Cross

Support distribution of mosquito nets for the National Mass Distribution Campaign including technical assistance to NMCP.

PROJECT 33: Measure DHS

Conduct population based surveys to measure health status of Liberians.

PROJECT 34: CDC IAA

Provide technical assistance to Liberia for Presidential Malaria Initiative through secondment of a technical advisor to USAID/Liberia from CDC.

POTENTIAL IMPACT

For the purposes of environmental review, the above listed activities have been grouped into the following classes of activities or interventions with potential environmental impacts.

1. Capacity Building for Improved Health Services (CHW for ALL, MCSP-HRH, MCSP-RHS, Community Health (TBD))

Activities undertaken to train and provide recommendations and technical assistance to improve diagnostic services for support of clinical diagnosis and treatment as well as for quality assurance and quality improvement initiatives conform to a class of activities normally eligible for categorical exclusion. However, failure to adequately address the environmental dimensions attendant to clinical diagnostic services and treatment (e.g., proper handling and disposal of medical waste including blood, sputum, sharps, obsolete or expired drugs, and other commodities) may result in adverse environmental impacts.

2. Health Communications and Community Mobilization (CHW for ALL, MCSP-RHS,)

Improper training, handling, storage and disposal of the waste generated in healthcare facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use “recycled” contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles. Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

3. Procurement of Pharmaceuticals and Medical Supplies (MCSP-RHS, GHSC-PSM, CCP, PLM)

Pharmaceutical drugs including vaccines have specific storage time and temperature requirements, and may expire or lose efficacy before they are used, particularly in remote areas where demand is low and/or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution and/or lack of a routine system of disposal. The effects of pharmaceutical waste in the environment are different from conventional pollutants. Drugs are designed to interact within the body at low concentrations to elicit specific biological effects in humans, and which may also cause biological responses in other organisms. There are many drug classes of concern, including antibiotics, antimicrobials, antidepressants, and estrogenic steroids. Their main pathway into the environment is

through household use and excretion, and through the disposal of unused or expired pharmaceuticals. Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals have been discovered in fresh and marine waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life. Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies (including new or used condoms) at low temperatures or in open containers results in release of toxic pollutants into the air.

4. Malaria Control and Prevention (CHW for ALL, MCSP-EMS)

The distribution of LLINs has been shown to be a cost-effective and efficacious approach to malaria vector control in many situations, and as such provides significant public health benefits. Along with these benefits, however, the use of these treated materials with insecticides creates tangible risks to human health and the environment throughout the life cycle of the insecticide products. Continuous exposure to LLINs may have some risks that need to be monitored over time. In addition to concerns regarding distribution and use of LLINs, disposal of bed nets, particularly by burning, can result in adverse environmental and human health effects. Adverse health effects also arise from conversion of LLINs to improper use (e.g. use as fishnets, clothing, and wrapping.)

5. Small-Scale Health Facility Refurbishment Activities (MCSP-RHS,)

Construction activities have the potential to cause both direct and indirect adverse impacts on the environment. An example of a direct impact is the filling of a wetland to use as a project site. Indirect impacts are induced changes in the environment, population, and use of land and environmental resources. Potential rehabilitation and construction impacts associated with small-scale construction activities are to be mitigated by applying guidance for environmentally sound design and management (ESDM), including that found in USAID's Sector Environmental Guidelines at <http://www.usaidgems.org/bestPractice.htm>, Environmental Protection and Management Law of Liberia, adopted November 26, 2002 and the IFC environmental, health and safety guidelines at www.ifc.org/ehsguidelines.

6. Technical Assistance and for Health Systems Strengthening (CHW for ALL, MCSP-HRH, MCSP-RHS, CSH, LMG, TBD HSS Design)

Activities involving education, technical assistance, or training to support medical institutions and health systems strengthening conform to a class of activities normally eligible for categorical exclusion pursuant to 22CFR216.2(c)(2)(i). However, failure to adequately address the environmental dimensions attendant to clinical diagnostic services and treatment (e.g., proper handling and disposal of medical waste including blood, sputum, sharps, obsolete or expired drugs, and other commodities as well as construction) may result in adverse environmental impacts.

7. Improved Provision of Sustainable Safe Water, Sanitation And Hygiene (LMWP II, TBD Network Expansion, TBD Water Infrastructure in FARA Health Facilities)

Water supply and sanitation projects may cause increased incidence of infectious water-borne diseases such as cholera, non-infectious disease such as arsenic poisoning, and water-enabled diseases such as malaria, schistosomiasis or bilharzia. Poor design, operation and/or maintenance of water supply improvements can lead to pools of stagnant water near water taps, water pipes and storage tanks.

Improper or ineffective practices for disposing of excreta and solid waste can exacerbate this problem. Stagnant water pools form an excellent breeding place for disease vectors (mosquitoes that carry malaria, etc.). They can also increase transmission of water-related diseases, especially when the wet spots are clogged or contaminated with solid waste or excreta.

4.0 ENVIRONMENTAL DETERMINATIONS

4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

A Categorical Exclusion is recommended for the following classes of activities, as per CFR §216.2(c)(2): (i) education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); (v) document and information transfers; (xiv) studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.); and (xv) activities which involve the application of design criteria or standards developed and approved by USAID.

- Capacity building to communities and MOH for improved community- and facility-based services through training, technical assistance in clinical diagnosis, treatment, and service delivery, as well as the institutionalization of feedback and reporting systems for community reporting on client satisfaction
- Community engagement and improved health communications through increased demand for quality services, operationalization of the National Health Communications Strategy and to develop and implement effective health communications, and increased access to health information
- Technical assistance and collaborative support for Health Systems Strengthening through strengthened leadership and governance, institutionalized quality assurance and quality improvement initiatives for improved healthcare processes, strengthened human resources for health management at all levels, and increased financial sustainability of services
- Technical assistance and public education and promotion for improved water, sanitation, and hygiene behavior improved management, maintenance and operation of safe water points
- Program Monitoring, Learning, Assessment, and Evaluation Activities

While a Negative Determination with Conditions is recommended for the following classes of activities pursuant to 22CFR216.3(c)(2)(iii).

- Capacity Development for Improved Service Delivery
- Procurement of Pharmaceuticals and Medical Supplies
- Technical Assistance for Improved Supply Chain Management
- Capacity Development for Improved Malaria Control and Prevention
- Small-Scale Refurbishment of Health Clinics
- Capacity Development for Improved Provision of Sustainable Safe Water, Sanitation and Hygiene

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

TABLE 2: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination	Deferral⁵
Capacity Building for Improved Community-Based Services	x			
Health Communications and Community Mobilization	x			
Procurement of Pharmaceuticals and Medical Supplies		x		
Malaria Control and Prevention		x		
Small-Scale Health Facility Refurbishment Activities		x		
Program Monitoring, Learning, Assessment, and Evaluation Activities	x			
Improved Provision of Sustainable Safe Water, Sanitation And Hygiene		x		
Technical Assistance and Collaborative Support for Health Systems Strengthening	x			
Provision of Safe Quality Health Services		x		
Health Systems Strengthening	x			

⁵ Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities. USAID/IPs may utilize the Environmental Screening Tool to assess impacts of deferred activities.

4.2 CLIMATE RISK MANAGEMENT

This assessment serves to document the results of the Climate Risk Screening conducted to evaluate the potential climate risks of the described activities. In accordance with Executive Order (EO) 13677 and Mandatory Reference for ADS Chapter 201 on Climate Change in USAID Strategies, USAID must conduct climate risk management screening for all new strategies, projects, and activities, as of October 1st, 2016. Using the Liberia's Climate Risk Profile, USAID/Liberia assessed the DO3 Health Portfolio using the [Climate Risk Screening and Management Tool](#), assigned a risk rating and developed mitigation actions that could be included in activity design and implementation. Opportunities to strengthen climate resilience for the portfolio were also identified.

Defined or Anticipated Project Elements	Climate Risks	Risk Rating	How Risks are Addressed at Project Level	Further Analysis and Actions for Activity Design/ Implementation	Opportunities to Strengthen Climate Resilience
(Purpose/Sub-purpose, Area of Focus, or Activity/Mechanism, etc.)	List key risks related to the project elements identified through either the strategy- or project-level climate risk assessment.	Low/Moderate/High	Describe how risks have been addressed at the project level. If a decision has been made to accept the risk, briefly explain why.	Describe CRM measures to be integrated into activity design or implementation, including additional analysis, if applicable.	Describe opportunities to achieve development objectives by integrating climate resilience or mitigation measures.
Capacity Building for Improved Health Services	Increased rainfall could affect road conditions and disrupt technical assistance.	Low	Accept risk for existing program implementation.	Draft activity-level contingency plan to ensure weather and road conditions do not interrupt service delivery.	

Health Communications and Community Mobilization	Increased rainfall could affect road conditions and disrupt technical assistance.	Low	Accept risk for existing program implementation.	Draft activity-level contingency plan to ensure weather and road conditions do not interrupt service delivery.	
Procurement of Pharmaceuticals and Medical Supplies	Increased Temperatures	Low	Carrier and storage of pharmaceuticals should be designed to meet required temperature.	Employ renewable energy technologies in new designs.	
	Changes in amount and duration of rainfall	low	Build supply chain facilities away from wetland and river shore.		
	Infrastructure such as medical supply storage facilities maybe be damaged by storm surge if sited improperly in coastal areas, or flooding in other areas.	HIGH	Build pharmaceutical storage facilities to withstand storm and flood. Implement waste handling protocols.	An engineer of record should screen construction design for climate risks prior to construction	Relocating medical storage facilities away from areas of potential coastal storm surge increases the resilience of Liberia's health system and protects USG investments.
Malaria Control and Prevention	Rise in nighttime temperatures and shifting precipitation patterns may alter the range of malaria distribution, including increased incidence in highland areas or	MODERATE	Early warning systems designed to detect and respond to malaria outbreaks are essential in order to mediate the projected temperature and precipitation changes.	Design of early warning system to detect and respond to malaria outbreaks.	

	area previously free of malaria.				
Small-Scale Health Facility Refurbishment Activities	Increased Temperatures	Low	Health facilities designed with increased ventilation	Employ renewable energy technologies in new designs.	
	Changes in amount and duration of rainfall	Low	Build health facilities away from wetland.	Consider mobile clinic in intervention.	
	Sea level rise	HIGH	Relocate health facilities away from coastlines.	Designate alternative classrooms or school sites.	
Program Monitoring, Learning, Assessment, and Evaluation Activities			Accept risk for existing program implementation.		
Improved Provision of Sustainable Safe Water, Sanitation And Hygiene, including construction of municipal water systems in three cities	Lack of raw water to extend water to new customers due to shifting precipitation patterns	Low	Support utility efforts to put in place infiltration wells in catchment areas. Establish Water Demand Management (WDM) plan.		Reduce the energy intensity and/or employ renewable energy for water extraction (e.g. pumping), treatment (e.g. desalination, wastewater treatment), and distribution.
	Storm surge may damage utility infrastructure in coastal areas	HIGH	Work with utilities to survey infrastructure to fully assess risk		Water Demand Management (WDM) to reduce need to access water from GHG-

					and energy intensive sources
	change in water quality and quantity due to shifting rainfall patterns; storm surge can impact water quality, particularly groundwater, in coastal areas.	MODERATE	Water harvesting technologies, protection of water resources in forest areas surrounding the communities receiving municipal water systems, and educational campaigns to sensitize communities to the connection between forests and water resources, should be worked into Activity design.	An engineer of record should screen construction design for climate risks prior to construction. Also, the implementing partner should conduct outreach to the beneficiary communities to raise awareness of water resource protection strategies, or partner with a CBO, CSO, or NGO to carry this out.	Roof-top water harvesting and water resources management at a landscape level can increase the long-term viability of municipal water systems and increase resilience to changing rainfall patterns.
	Infrastructure such as municipal water systems or facilities maybe be damaged by storm surge if sited improperly in coastal areas, or flooding in other inland areas.	HIGH	Engineering analysis should include consideration of climate change and its potential impacts on the location (siting), functionality, and sustainability of resulting infrastructure and infrastructure services. The following language can be included in the solicitation: "Engineering analysis preceding design activities must include	An engineer of record should screen construction design for climate risks prior to construction	Relocating municipal water systems away from areas of potential coastal storm surge increases the resilience of communities and protects USG investments.

			consideration of climate change and its potential impacts on the location (siting), functionality and sustainability of resulting infrastructure and infrastructure services. Such analysis must include identification of relevant data sets and gaps, review of local building standards and codes for adequacy; and determination of safety factors or other measures of uncertainty that will be carried through design. The results of this analysis, including risks identified and how they are addressed, shall be documented."		
Technical Assistance for Health Systems Strengthening	Increased rainfall could affect road conditions and disrupt technical assistance.	Low	Accept risk for existing program implementation.	Draft activity-level contingency plan to ensure weather and road conditions do not interrupt service delivery.	
Provision of Safe Quality Health Services, including	Infrastructure or buildings such as pharmaceutical	HIGH	Engineering analysis should include consideration of climate	An engineer of record should screen construction design for	Relocating medical storage facilities away from areas of potential coastal

<p>construction of a central pharmaceutical warehouse (PA 17)</p>	<p>warehouses or medical supplies storage facilities maybe be damaged by storm surge if sited improperly in coastal areas, or flooding in other inland areas.</p>		<p>change and its potential impacts on the location (siting), functionality, and sustainability of resulting infrastructure and infrastructure services. The following language can be included in the solicitation: "Engineering analysis preceding design activities must include consideration of climate change and its potential impacts on the location (siting), functionality and sustainability of resulting infrastructure and infrastructure services. Such analysis must include identification of relevant data sets and gaps, review of local building standards and codes for adequacy; and determination of safety factors or other measures of uncertainty that will be carried through design. The results of this analysis,</p>	<p>climate risks prior to construction</p>	<p>storm surge increases the resilience of Liberia's health system and protects USG investments.</p>
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			including risks identified and how they are addressed, shall be documented."		
	Increased air and water borne diseases due to flood and precipitation.	MODERATE	Social Behavior change communication (SBCC) should be enhanced at health facilities. Conduct assessment of how climate impacts diseases.	Conduct assessment of how climate impacts diseases, or use existing studies to inform how this information can improve activity design.	Employ proper sanitation and behavior change and communication into the basic package for health service.
	Increased vector activity that transmit diseases like malaria, dengue fever, yellow fever, etc.	MODERATE	Social Behavior change communication (SBCC) to enforce proper sanitation. Conduct assessment of how climate impacts diseases.	Conduct assessment of how climate impacts diseases, or use existing studies to inform how this information can improve activity design.	Separating and recycling (where possible) solid waste to reduce incineration throughout.
Animal and Disease Surveillance	Increased rainfall could affect road conditions and disrupt animal disease and surveillance.	Low	Accept risk for existing program implementation.	Draft activity-level contingency plan to ensure weather and road conditions do not interrupt service delivery.	

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. USAID will ensure that applicable requirements are met.

1. **IP Briefings on Environmental Compliance Responsibilities.** The Health Team shall provide each implementing partner (IP) with a copy of this IEE. Each IP shall be briefed on their environmental compliance responsibilities by their COR/AOR. Such briefings will identify the IEE conditions applicable to each IP's activities.
2. **Development of an EMMP.** Each IP whose activities are subject to one or more conditions set out in section 3 of this IEE shall develop and provide to the COR/AOR for review and approval an Environmental Mitigation and Monitoring Plan (EMMP) that clearly documents how their project will implement and verify all IEE conditions and mitigation measures that apply to their activities.

These EMMPs shall identify how the IP will ensure that IEE conditions that apply to activities supported under sub-contracts and sub-grants are implemented. In the case of large sub-grants or sub-contracts, the IP may elect to require the sub-grantee/sub-contractor to develop their own EMMP. A sample EMMP format is included as ANNEX A to this IEE.

3. **Integration and implementation of EMMP.** Each IP shall integrate their EMMP into their project work plan and budgets, implement the EMMP, and report on its implementation and findings as an element of regular project performance reporting.

IPs shall ensure that sub-contractors and sub-grantees integrate implementation of IEE conditions, where applicable, into their own project work plans and budgets, and report on their implementation and findings as an element of sub-contract or grant performance reporting.

4. **Integration of compliance responsibilities in prime and sub-contracts and grant agreements.**
 - a. The Health Team Leader shall ensure that any future contracts or agreements for implementation of a project, and/or significant modification(s) to current contracts/agreements shall reference and require compliance with the conditions set out in this IEE, as required by ADS 204.3.4.a.6 and ADS 303.3.6.3.e.
 - b. IPs shall ensure that future sub-contracts and sub-grant agreements, and/or significant modification(s) to existing agreements reference and require compliance with relevant elements of these conditions.
5. **Assurance of sub-grantee and sub-contractor capacity and compliance.** IPs shall ensure that sub-grantees and sub-contractors have the capacity to implement the relevant requirements of this IEE. The IP shall, as and if appropriate, provide training to sub-grantees and sub-contractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities.
6. **New or modified activities.** As part of its work plan and all annual work plans thereafter, IPs, in collaboration with their COR/AOR, shall review all on-going and planned activities to determine if they are within the scope of this IEE.

If any IP adds new activities or makes substantial modifications to existing activities, an amendment to this IEE addressing these activities shall be prepared for USAID review and approval. No such new activities shall be undertaken prior to formal approval of this amendment.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

- 7. Compliance with Host Country Requirements.** Nothing in this IEE substitutes for or supersedes IP, sub-grantee, and sub-contractor responsibility for compliance with all applicable host country laws and regulations. The IP, sub-grantees, and sub-contractors must comply with host country environmental regulations unless otherwise directed in writing by USAID; however, in case of conflict between host country and USAID regulations, the latter shall govern.
- 8. Government-to-government (G2G) assistance.** In keeping with USAID Forward, investment in country-led plans is an important value, which may include consideration of sector program assistance (SPA) or other government-to-government assistance. USAID/Liberia may need to obtain Authorization for Use of Partner Country Systems (AUPCS) – a requirement for G2G assistance specified in ADS 220 Use of Reliable Partner Country Systems for Direct Management and Implementation of Assistance. This will include certification of the effectiveness of Liberia’s environmental assessment procedures, policy & legislative framework. This should be harmonized with the expectations of other sector donors (World Bank, EU, etc.), in line with the Paris Declaration of Aid Effectiveness.

As required by ADS 204.5.4, the Health Team will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether there are new or unforeseen consequences arising during implementation that were not identified and reviewed in this IEE. If new or unforeseen consequences arise during implementation, the team will suspend the activity and initiate appropriate further review in accordance with 22 CFR 216. USAID monitoring activities shall include regular site visits.

5.2 AGENCY CONDITIONS

5.2.1 Action-Specific Conditions

NA

5.2.2. Management Conditions

NA

5.3 MITIGATION MEASURES

Many types of interventions will be undertaken in more than one and sometimes several of the Program Elements. For example, procurement of pharmaceuticals may be supported in the Malaria, HIV/AIDS, MCH, or all of which also include training of healthcare providers and strengthening healthcare commodity supply chains. The potential adverse environmental and health impacts of concern for pharmaceutical procurement, healthcare provider training, etc. are similar across health subsectors. Analyzing these impacts separately for each sub-sector would be highly redundant and make for an inefficient and unmanageably long IEE. Therefore, for purposes of environmental review and compliance,

interventions in the USAID Liberia DO3 portfolio are therefore consolidated into the following intervention categories. 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. The analysis of mitigation measures is carried out according to the 7 classes of activities and captures those with a threshold of Negative Determination.

CLASS OF ACTIVITY I: PROCUREMENT OF PHARMACEUTICALS AND MEDICAL SUPPLIES

TABLE 5A. SUMMARY OF MITIGATION MEASURES FOR CLASS I

Project/Activity	Mitigation Measures
Procurement of Pharmaceuticals and Medical Supplies	<ul style="list-style-type: none"> • Appropriate end-of-life management must be assured. • Otherwise, and in all cases, implementing partners conducting activities involving procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, must ensure, to the greatest extent practicable, that they and/or the medical facilities and operations involved, as appropriate, have adequate procedures and capacities in place to properly manage and dispose of such commodities. • Consignees for any pharmaceutical drugs procured under these activities must be advised: (1) to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS); (2) that, if disposal is required due to expiration or any other reason, the preferred method of disposal is to return to the manufacturer. If that is not possible, then the preferred disposal method is as per the WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals. (www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf) Mandatory references for “appropriate end of life management”: WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals. www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf “Healthcare Waste” chapter, USAID Sector Environmental Guidelines lines www.usaidgems.org/Sectors/healthcareWaste.htm • implicated IP(s) is/are required to purchase and use only WHO-approved brands of long-lasting treated nets (LLINs). Make all appropriate efforts to assure that the packaging, storage, transport and disposal of LLINs, comply with the WHO Pesticide Evaluation Scheme guidelines, and of USAID • All efforts to strengthen health commodity supply chains, including storage infrastructure, 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. • All activities involving condom procurement, storage, distribution and use should have relevant and appropriate protocols in place to educate and disseminate best practices in handling the commodity with respect to expiration dates, appropriate storage conditions and safe disposal after use.

CLASS OF ACTIVITY 2: MALARIA CONTROL AND PREVENTION

TABLE 5B. SUMMARY OF MITIGATION MEASURES FOR PROJECT/ACTIVITY 2

Project/Activity	Mitigation Measures
Malaria Control and Prevention	<p>Malaria prevention activities include intensive information, education, and communication (IEC) activities, including household and community mobilization, to encourage preventive and appropriate health-seeking behavior and to promote early and effective treatment of malaria and treatment adherence and distributions of ITNs. Therefore, those activities promoting the distribution and/or use of medical commodities and equipment must do so in a manner that aligns with appropriate management of those products, including proper disposal. To that end, BCC activities must be consistent with IEE conditions established for commodity distribution and use. This includes, but is not limited to, assuring that behavior change activities include, as appropriate, messages that emphasize the proper storage, use, and disposal of these products.</p> <p>LLIN programming will comply with environmental mitigation and monitoring criteria and all other applicable conditions and/or requirements specified in the USAID Malaria Vector Control (MVC) Programmatic Environmental Assessment (PEA).⁶</p>

CLASS OF ACTIVITY 3: SMALL-SCALE HEALTH FACILITY REFURBISHMENT ACTIVITIES

TABLE 5C. SUMMARY OF MITIGATION MEASURES FOR PROJECT/ACTIVITY 2

Project/Activity	Mitigation Measures
Small-Scale Health Facility Refurbishment Activities	<p>Small-scale renovation/ refurbishment and expansion of facilities delivering healthcare services, serving as diagnostic laboratories, or providing practical or lab-based health training must adhere to the below measures:</p> <ul style="list-style-type: none"> • The formal AFR subproject/subgrant review process, as set out by the AFR Environmental Review Form (ERF; available at http://www.usaidgems.org/Documents/ComplianceForms/AFR/AFREnvReviewForm-20Dec2010.doc) must be completed and approved by the COR/AOR, MEO and REA prior to construction.* • The IP must assure implementation of any mitigation and monitoring conditions specified by the approved ERF; and, • The environmental management conditions established by the ERF process must be consistent with the conditions for “very small scale construction” enumerated immediately above and, at minimum, consistent with achieving a “no issues” result under application of the ENCAP Visual Field Guide for Small-Scale Construction. (http://www.usaidgems.org/Documents/VisualFieldGuides/ENCAP_VsIFldGuide--Construction_22Dec2011.pdf) • Where water supplies for drinking or washing patients or laundry are upgraded or provided, measures will be taken to ensure that drainage from laundry and bathing facilities does not affect the water supply nor pose threats for transmittal of infectious diseases. The conditions applying to water supplies will also be observed. • Waste handling equipment and infrastructure. An end result of USAID intervention must be that facilities will possess adequate infrastructure and equipment to appropriately handle the healthcare, human and general wastes they may generate per the Government of Liberia and WHO requirements. The conditions applying to

⁶ <https://www.pmi.gov/docs/default-source/default-document-library/tools-curricula/integrated-vector-management-programs-for-malaria-vector-control-programmatic-environmental-assessment-2017.pdf>

sanitation infrastructure apply to sanitation interventions undertaken with such construction.

1. No complicating factors. The site is not within 30m of a permanent or seasonal stream or water body; will NOT involve displacement of existing settlement/inhabitants; has an average slope of less than five percent and is not heavily forested; and is in an otherwise undisturbed local ecosystem, or protected area. Sites not meeting one or more of these criteria are subject to the determinations and conditions for construction with a total surface area disturbed of 1000 m² OR MORE, as described in the following activity threshold determination.

2. Construction will be undertaken in a manner generally consistent with the guidance for environmentally sound construction, provided in the Small-Scale Construction chapter of the USAID Sector Environmental Guidelines (<http://www.usaidgems.org/sectorGuidelines.htm>). At a minimum, (1) During construction, prevent sediment-heavy run-off from cleared site or material stockpiles to any surface waters or fields with berms, by covering sand/dirt piles, or by choice of location (Only applies if construction occurs during rainy season); (2) Construction must be managed so that no standing water on the site persists more than 4 days; (3) Implement erosion control methods during-construction and revegetate around the construction site to prevent erosion once construction is complete; (4) Require general contractor to certify that it is not extracting fill, sand or gravel from waterways or ecologically sensitive areas, nor is it knowingly purchasing these materials from vendors who do so; (5) Identify and implement any feasible measures to increase the probability that timber is procured from legal, well-managed sources; and, (6) Conduct community and worker sensitization meetings related to reducing the social / cultural impact of construction on a community via adverse social behaviors, avoiding the disruption of cultural sites, noise minimization, and decreasing the spread of communicable diseases.

3. Asbestos. If the presence of Asbestos is suspected in a facility to be renovated, the facility must be tested for asbestos before rehabilitation works begin. Should asbestos be present, then the work must be carried out in conformity with host country requirements, (if any) and in conformity with guidance to be provided by the MEO, in consultation with the REA and BEO. All results of the testing for asbestos shall be communicated to the C/AOR.

4. Paint. No lead-based paint shall be used, when lead-free paint is used, it will be stored properly to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers.

5. Water supplies. Where water supplies for drinking or other uses are upgraded or provided, good-practice design standards must be implemented for new construction and rehabilitation works, generally consistent with USAID's Sector Environmental Guidelines:

Water Supply & Sanitation: <http://www.usaidgems.org/Sectors/watsan.htm>. These standards must be specified in the EMMP.

For water supply, they must include siting of new wells well away from groundwater contamination sources (e.g. latrines, cesspits, and dumps), exclusion of livestock from water points, and prevention of standing water at water supply points.

A water quality assurance plan (WQAP) should specify how the IP will assure safe drinking water for the project and meet applicable partner-country water quality requirements given project implementation conditions. Development of the WQAP must be generally consistent with USAID's WQAP Template:

<http://www.usaidgems.org/wqap.htm>. Standards set in the WQAP must be specified in the EMMP.

Capacity-building in equipment/system maintenance must be co-programmed with construction/installation of small-scale water supply and sanitation infrastructure.

6. Waste handling equipment and infrastructure. USAID interventions must result in the facilities' possessing adequate provision for handling the wastes they may generate; including human wastes. Sanitation facilities must be implemented with good-practice design standards for new construction and rehabilitation works, generally consistent with USAID's Sector Environmental Guidelines: Water Supply and Sanitation:

<http://www.usaidgems.org/Sectors/watsan.htm>. These standards must be specified in the EMMP.

For latrines, they must include provisions to prevent contamination of water supplies, appropriate choice of latrine type given local environmental conditions (e.g. pit latrines are rarely suitable in locations where the water table is high), provision of hand wash stations, and development and implementation of a system for ongoing latrine cleaning and maintenance.

Capacity-building in equipment/system maintenance must be co-programmed with construction/installation of small-scale sanitation infrastructure.

For non-human waste, waste management will be undertaken in a manner generally consistent with the guidance for environmentally sound waste management, provided in the Solid Waste chapter of the USAID Sector Environmental Guidelines (<http://www.usaidgems.org/sectorGuidelines.htm>). This guidance covers both municipal solid waste generation (organics, plastics, recyclables, etc.) and construction waste. Construction waste entails old construction materials, logs, and debris. Construction waste must not be stored or allowed to migrate outside of the designated construction site. This waste must be cordoned off as it is a safety hazard. No construction waste can be left on site once construction is complete. The IP shall be required to de-construct rather than demolish construction waste as it will be more easily separated for disposal or reuse. The contractor shall de-construct and separate at the source, not at the disposal site. Mixing of deconstructed waste types or the blending of them with soil should not occur as this may

render different types of waste unrecognizable. Criteria should be established to create an approved disposal site, i.e. avoid wetlands, floodplains, farmland, etc. If waste products will be repurposed, the product origin must be known to avoid inappropriate use.

- 7. Facilities intended for storage of agrochemicals must conform to the requirements for such facilities set out in the Presidential Malaria Initiative Best Management Practices Manual. (www.fightingmalaria.gov/technical/pest/bmp_manual_aug10.pdf).

CLASS OF ACTIVITY 4: IMPROVED PROVISION OF SUSTAINABLE SAFE WATER, SANITATION AND HYGIENE

TABLE 5D. SUMMARY OF MITIGATION MEASURES FOR PROJECT/ACTIVITY 2

Project/Activity	Mitigation Measures
Improved Provision of Sustainable Safe Water, Sanitation and Hygiene	<p>Potential issues related to water point and sanitation facility design, constructions and operation are addressed according to the <i>Bureau for Africa Environmental Guidelines for Small Scale Activities</i> at http://www.usaidgems.org/sectorGuidelines.htm with specific attention to <i>Water and Sanitation</i>.</p> <ul style="list-style-type: none"> • Implementing partners must provide to USAID evidence that all constructed facilities have operational plans to sustain services, including: assignment of management responsibility, access to replacement parts and equipment maintenance services, sustainable financing required for long-term maintenance. <p>All facility designs are in compliance with <i>The Guidelines for Water and Sanitation Services in Liberia</i> (Ministry of Public Works, October 2010) or any subsequent national standards developed by the Government of Liberia.</p> <p>For small-scale water supply and distribution infrastructure activities (defined as total investment in a given community of less than \$250,000), the conditions are as follows:</p> <p>1. Good-practice design standards must be implemented for new construction and rehabilitation works, generally consistent with USAID’s <i>Sector Environmental Guidelines: Water Supply & Sanitation</i>: http://www.usaidgems.org/Sectors/watsan.htm.</p> <p>These standards must be specified in the EMMP and must include siting of new wells well away from groundwater contamination sources (e.g. latrines, cesspits, dumps), exclusion of livestock from water points, and prevention of standing water at water supply points.</p> <p>2. Capacity-building in equipment/system maintenance must be co-programmed with construction/installation of small-scale sanitation infrastructure.</p> <p>Water quality assurance plan. Prior to drinking water provision, the project will prepare and receive approval for a Water Quality Assurance Plan (WQAP). The WQAP will be prepared in consultation with the cognizant AOR/COR and/or Activity Manager. Its purpose is to ensure that all new and rehabilitated USAID-funded sources of drinking water provide water that is safe for human consumption. The completed WQAP must be approved by: the AOR/COR and/or Activity Manager; the MEO; and the REA.</p>

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- Once approved, the WQAP must be implemented in full, and for the duration of drinking water activities. Implementation must include testing of water prior to making the supply point available to beneficiaries.
 - The WQAP constitutes a key element of the project's EMMP. As with all other elements of the EMMP, project budgets, workplans, and staffing plans must provide for its full implementation. The approved WQAP must include at minimum the following sections:
 - Project information (name of project, name of IP, period of performance, contact information, name of COR/AOR)
 - A description of the drinking water points to be subject to the WQAP (approximate numbers, water source(s), technology(ies), general geographic area and installation context).
 - An inventory of applicable water quality standards, including those promulgated by USAID, as well as the cognizant host-country regulatory entity/entities. (The World Health Organization [WHO] *Guidelines for Drinking-water Quality* may be substituted for host-country standards that are not accessible, unclear or outdated.)
 - The responsible parties/entities/institutions, under host country law or policy, for monitoring and managing water quality of the water points subject to this WQAP. If other than the IP, a summary assessment of their capacity and their involvement.
 - A technical assessment of the equipment, resources and expertise that will be required to monitor and report on compliance with applicable water quality standards. This should include, for example, sampling materials, reagents, transportation, storage, laboratory facilities and capacity, communications, training or certification criteria, etc.
 - Protocol for initial testing and ongoing monitoring of water quality, to include:
 - contaminants for which initial testing and ongoing monitoring will be conducted
 - water quality assessment methods, including test type and frequency
 - data management and reporting; the project must maintain a central registry of monitoring results by water point and date; GPS coordinates for water points are expected
 - designation of 'responsible party' for each aspect of protocol
 - response procedures in the event water does not meet water quality standards
 - Justification for NOT testing to any applicable standard
 - Sustainability strategy to the extent that responsibility for longer-term water quality assurance will transition in part or whole to project partners or beneficiaries. A summary assessment of the capacity of these partners, and any capacity building to be undertaken
 - The WQAP should follow any applicable USAID guidance, as well as local laws, regulations and policies.
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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 Decision, 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 22CFR216.2(d).

In addition, other than projects/activities determined to have a Positive Threshold Decision 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);
- Lead to new construction, reconstruction, rehabilitation, or renovation work per §216.2(b)(1);

7.0 REVISIONS

Per 22CFR216.3 (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.