



INITIAL ENVIRONMENTAL EXAMINATION

DOCUMENT PURPOSE

The purpose of this IEE is to document the 22 CFR 216 pre-implementation environmental review and the Climate Risk Management analysis per ADS201 mal of the Local Health Systems Solutions Activity.

PROJECT/ACTIVITY DATA

Project/Activity Name:	Local Health Systems Solutions (LHESS) Activity
Geographic Location(s) (Country/Region):	Liberia, West Africa
Amendment (Yes/No), if Yes indicate # (1, 2...):	No
Implementation Start/End Date (FY or M/D/Y):	September 01, 2023 - August 30, 2028 (2 years + 3 option years)
If Amended, specify New End Date:	NA
Solicitation/Contract/Award Number:	TBD
Implementing Partner(s):	TBD
Bureau Tracking ID:	Liberia Local Health Systems Solutions (LHESS) IEE https://ecd.usaid.gov/document.php?doc_id=59480
Tracking ID of Related RCE/IEE (if any):	
Tracking ID of Other, Related Analyses:	

ORGANIZATIONAL/ADMINISTRATIVE DATA

Implementing Operating Unit(s): (e.g. Mission or Bureau or Office)	USAID-Liberia
Other Affected Operating Unit(s):	
Lead BEO Bureau:	AFR Bureau
Prepared by:	USAID-Liberia
Date Prepared:	January 10, 2023

ENVIRONMENTAL COMPLIANCE REVIEW DATA

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

	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Deferred (per 22 CFR 216.3(a)(7)(iv))
IEE Expiration Date (if different from implementation end date):	November 30, 2028
Additional Analyses/Reporting Required:	
Climate Risks Identified (#):	Low <u> 4 </u> Moderate <u> 1 </u> High <u> 0 </u>
Climate Risks Addressed (#):	Low <u> 4 </u> Moderate <u> 1 </u> High <u> 0 </u>

THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

ACTIVITY SUMMARY

The health systems strengthening flagship activity, USAID Local Health Systems Solutions (LHESS), is intended to drive improvement in health system performance in Liberia through the advancement of local solutions. The LHESS activity will support improving maternal, newborn, child, and adolescent health through local solutions that build on gains made from previous HSS work in the Liberian healthcare system. The activity will be expected to increase access to quality of health services for a population of close to 4.8 million across the fifteen counties in Liberia. The main focus will be technical assistance at the sub-national level mainly, with county health teams, district health teams, and health facilities. More streamlined technical assistance will be provided at the national level with selected units/departments to ensure effective and efficient national health system functions that can be implemented at the county and district levels.

The LHESS activity emphasizes the achievement of measurable, high-quality, cost-effective, and locally driven results as it supports the Government of Liberia (GOL) toward the achievement of its development priorities as stated under Pillar I of the Pro-Poor Agenda for Prosperity and Development (PAPD). However, G2G programming is under a separate award and analyzed via a separate IEE (see Liberia Health Partnership IEE (https://ecd.usaid.gov/document.php?doc_id=56293)). This activity places a premium on local capacity building, mainly in the areas of leadership and governance, quality improvement and quality assurance, financial management, and evidence-based learning and adaptation. The LHESS activity will also support critical areas such as HRH strengthening through training, mentoring, and coaching for improved systems function and provision of quality services related to malaria, maternal, child, and adolescent health, family planning, and other priority diseases. Strategic partnerships and strong co-creation at all levels will be prioritized as these are critical components to advancing localization through homegrown solutions for a successful implementation.

A limited technical assistance package will be provided at the Central MoH level to ensure alignment with national priorities and processes that will inform targeted implementation at the subnational level – counties, districts, and health facilities.

ENVIRONMENTAL DETERMINATIONS

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

TABLE 1: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination with Conditions	Positive Determination	Deferral ¹
Activity 1: Strengthen decentralized health governance				
Sub-activity 1.1: Improve Public Financial Management at all levels of the health sector	X			
Sub-activity 1.2: Operationalize decentralized health authorities for increased oversight of health service delivery at the subnational level	X			
Sub-activity 1.3: Improve supply chain management at the subnational level	X			
Sub-activity 1.4: Increase quality, analysis, reporting, and use of health data	X			
Activity 2: Improve quality of health services				
Sub-activity 2.1: Quality assurance and quality improvement systems fully Implemented		X		
Sub-activity 2.2: Improve		X		

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.

quality of RMNCAH services				
Sub-activity 2.3: Improve quality of malaria services		X		
Sub-activity 2.4: Strengthen laboratory and Disease surveillance systems		X		
Activity 3: Sustainable implementation of health financing mechanisms				
Sub-activity 3.1: Implement the Liberia Health Equity Fund and other innovative approaches to reduce out-of-pocket spending on health services	X			
Sub-activity 3.2: Increase performance-based financing operations at the health facility level	X			
Activity 4: Increase transparency and accountability around allocations of health resources for improved service delivery				
Sub-activity 4.1: Increase monitoring of the availability and quality of health services and commodities by local Liberian organizations	X			
Sub-activity 4.2: Increased advocacy by local Liberians for accountability of health resources	X			
Activity 5: Local Liberian organizations successfully implement donor-funded health activities				
Sub-activity 5.1: Strengthen Local Liberian organizations to implement portions of the Local Health Systems Solutions activity		X		
Sub-activity 5.2: Strengthen Local Liberian	X			

organizations to directly receive USG health funding				
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CLIMATE RISK MANAGEMENT

This section summarizes the methodology used and findings of the CRM Screening in accordance with ADS 201mal. The project design team, in consultation with the CIL, considered the potential effect of climate risks/stressors on the sustainability of the project (changing precipitation patterns, rising temperature, floods, droughts, fires, landslides, etc.). The Climate Risk Management analysis identified potential vulnerabilities of the LHESS activity.

The LHESS activity must be prepared to plan for and mitigate any health challenges related to climate change and its impact. Collaboration with the central-level MoH team and County and District health teams at the subnational is crucial throughout the life of this activity. The IP will be required to monitor for impacts of climate change throughout the life of the activity. The goal will be to ensure that critical health services are accessible to the population even in times of events related to climate change. The IP will also monitor for potential risks from technical assistance interventions to ensure that any potential events are averted. A full climate change risk management assessment is included in this document.

BEO SPECIFIED CONDITIONS OF APPROVAL

REPORTING CONDITIONS: The AFR BEO requests that the activity managers/AORs/CORs upload this document to the appropriate sub-folder(s) of the environmental compliance library (EC library) google drive folder. In addition, implementation documents such as environmental mitigation and monitoring plans (EMMPs), sub-project screening documents, etc., should be maintained in this EC library folder. Using this common folder will facilitate access by all parties who need these documents, including the mission environmental officer and the AOR/COR, as well as the REA and the BEO team.

IMPLEMENTATION

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

USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: USAID Local Health Systems Solutions Activity

Bureau Tracking ID: https://ecd.usaid.gov/document.php?doc_id=59480

Approval:	<u>/s/ Rory Donohoe</u> Rory Donohue for Jim S. Wright, Mission Director, USAID-Liberia	<u>04/20/2023</u> Date
Clearance:	<u>/s/ Rory Donohoe</u> Rory Donohoe, Deputy Mission Director	<u>04/17/2023</u> Date
Clearance:	<u>/s/ James Kelleher</u> James Kelleher, Regional Legal Officer	<u>04/04/2023</u> Date
Clearance:	<u>/s/ Henry Aryeetey</u> Henry Aryeetey, Regional Environmental Advisor	<u>04/04/2023</u> Date
Clearance:	<u>/s/ Michelle Barrett</u> Michelle Barrett, Program Office Director	<u>03/27/2023</u> Date
Clearance:	<u>/s/ Kokulo Y. Yorgbor</u> Kokulo Y. Yorgbor, Jr. Mission Environmental Officer	<u>03/14/2023</u> Date
Clearance:	<u>/s/ Jessica Healey</u> Jessica Healey, Health Office Director	<u>03/27/2023</u> Date
Clearance:	<u>/s/ Shelly A. Wright</u> Shelly A. Wright, HSS Design Team Lead	<u>03/23/2023</u> Date
AFR Clearance:	<u>/s/ Colin Quinn</u> Colin Quinn, Climate Integration Lead, AFR Bureau	<u>05/24/2023</u> Date
Concurrence:	<u>/s/ Brian Hirsch</u> Brian Hirsch, AFR Bureau Environmental Officer	<u>05/31/2023</u> Date

INITIAL ENVIRONMENTAL EXAMINATION

1.0 ACTIVITY DESCRIPTION

1.1 PURPOSE AND SCOPE OF IEE

The purpose of this document, 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 22 CFR 216, and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the activity level Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

This is the first review of the activities planned under the health systems strengthening activity. The LHESS activity emphasizes the achievement of measurable, high-quality, cost-effective, and locally driven results as it supports the Government of Liberia (GOL) toward the achievement of its development priorities as stated under Pillar I of the Pro-Poor Agenda for Prosperity and Development (PAPD). However, G2G programming is under a separate award and analyzed via a separate IEE (see Liberia Health Partnership IEE (https://ecd.usaid.gov/document.php?doc_id=56293)).

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.

1.2 ACTIVITY OVERVIEW

Health systems strengthening is critical to the achievement of USAID and the GoL goals for the reduction in maternal and child morbidity and mortality through improved quality of healthcare services. HSS is also fundamental for supporting country commitments to the Sustainable Development Goals, including target 3.8 which calls for the achievement of Universal Health Coverage by ensuring financial risk protection, access to quality data and essential healthcare services, including diagnostics, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

USAID intends to support the MoH to strengthen critical components of the Liberia health system to improve access and affordability thus increasing patient outcomes at all levels and through strategic engagement with local stakeholders for more efficient solutions to ensure quality and equitable healthcare services. A limited package of technical assistance will be provided at the Central MoH level to ensure alignment with national priorities and processes that will inform implementation at the sub-national level – counties, districts, and health facilities. An important

component of the HSS flagship activity will be to support efforts to strengthen laboratory systems and health information systems. The LHESS activity will also support health financing reforms, mainly selected priorities in alignment with the MOH’s Liberia Health Equity Fund (LHEF) for increased access to quality health services without undue financial burden to patients.

More importantly, the USAID LHESS activity will provide strategic wrap-around technical assistance to the USAID Health Partnership activity in the eight G2G focused counties. Critical technical assistance will be provided for the implementation of the performance-based financing model, the introduction of the LHEF legislation, and strengthening the quality of laboratory services. Improving data quality and capacity strengthening of health staff in select technical areas of service delivery is important to achieving the overall goal of the activity. A localized approach will also include components around transparency and accountability of health resources, including the budgeting process and funds from all sources. Civil society organizations will be selected to serve as sub-awards for purposes of system performance improvement, integrity watch interventions, and monitoring of results. USAID intends to work through local governance structures to ensure the sustainability of gains made through past HSS investments in Liberia using the GoL/MoH decentralization approach.

1.3 ACTIVITY DESCRIPTION

The table below represents illustrative activities and sub-activities corresponding to the predetermined results framework. Implementing partners will be expected to propose detailed activities that address the LHESS results framework.

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

<p>Activity 1: Strengthen decentralized health governance</p> <p>Sub-activity 1.1: Improve Public Financial Management in the health sector This sub activity entails the use of the NetSuit financial management system to ensure financial monitoring, analysis of information and reporting for financial accountability. Interventions related to asset monitoring are also included. This activity may involve the procurement of stationery items and routers.</p> <p>Sub-activity 1.2: Increase oversight of health service delivery at the subnational level This sub activity will be expected to plan for and monitor activities associated with the training of health boards and orientation to roles and responsibilities.</p> <p>Sub-activity 1.3: Improve supply chain management at the subnational level This sub activity will include training subnational level health teams (county, districts, health facilities, health boards and committees) on supply chain data quality assurance and ensuring that data collection and reporting in eLMIS. The activity will not be involved with drug distribution or disposal of expired commodities.</p> <p>Sub-activity 1.4: Increase quality, analysis, reporting, and use of health data This sub activity is centered on support to the MoH to strengthen data information systems such as the eLMIS, LIS, eIDSR, DHIS2, iHRIS, etc through training, system maintenance, subscription.</p> <p>Activity 2: Improve quality of health services</p>
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Sub-activity 2.1: Quality assurance and quality improvement systems fully Implemented
This sub-activity will expect to cover training and human capacity strengthening among clinical workers is expected to occur in the medical environment, which may require interventions such as the use of live simulation for training on infection prevention. The provision of sub-grants may be anticipated under this activity.

Sub-activity 2.2: Improve quality of RMNCAH services

This sub-activity will be associated with clinical management of pregnant women and provision of family planning services to target populations. This involves construction of placenta pits and incinerators for management of medical wastes associated with labor and delivery

Sub-activity 2.3: Improve quality of malaria services

This sub-activity is expected to plan for and monitor interventions associated with implementation of clinical management of malaria in pregnant women and children. Activities related to improvement of laboratory testing for malaria will result in accumulation of hazardous medical wastes.

Sub-activity 2.4: Strengthen laboratory and Disease surveillance systems

This activity will be centered on human capacity building, minor rehabilitation and provision of equipment and reagents for clinical testing for priority pathogens. This would also include training in the management and control of wastes.

Activity 3: Sustainable implementation of health financing mechanisms

Sub-activity 3.1: Innovative Healthcare Financing approaches for reduced out-of-pocket spending on health services

Health financing reforms include activities that might have little or no impact on the environment and include support for the testing of priority health financing reforms that might include training and field activities.

Sub-activity 3.2: Increase performance-based financing operations at the health facility level

This activity includes support for the implementation of a health financing approach which includes training on the use of the data collection and reporting for PBF.

Activity 4: Increase transparency and accountability around allocations of health resources for improved service delivery

Sub-activity 4.1: Increase monitoring of the availability and quality of health services and commodities

Civil society organizations will be empowered to develop and use tools to provide health services for access and quality. Prime partners will be expected to train CSOs on how to plan for, report, and mitigate potential risks that might cause harm to the environment during their implementation. Monitoring quality of care would also include data collection and analysis which has a low risk of environmental damage.

Sub-activity 4.2: Increase advocacy for health financing and tracking of health resources

Capacity of CSOs will be built to advocate for fair distribution of health resources and engage with communities to create awareness on how to hold the MoH accountable for health resources. Interventions will include integrity watch and activities that ensure awareness of health resources allocation and accountability for use of these resources regardless of the source.

Activity 5: Local Liberian organizations successfully implement donor-funded health activities

Sub-activity 5.1: Local Liberian organizations selected and strengthened to receive subgrants under the Local Health Systems Solutions activity

The sub activity expects the Local Liberian NGOs will be strengthened to implement portions of the results framework. The provision of sub-grants may be anticipated under this activity.

Sub-activity 5.2: Quality assurance and monitoring of USAID supported activities

This sub-activity involves monitoring of local Liberian organizations for quality performance while implementing sub awards.

The period of performance is two years with potentially three option years. It is not anticipated that all three option years will be used. The potential applicant will be evaluated based on a set of key performance indicators. The activity performance will be reviewed after each year of implementation to determine whether an additional year of implementation should be funded.

Will this project/activity involve construction² as defined by ADS 201 and 303? Yes No

Construction in this project may involve small-scale renovation or refurbishment of existing health facilities, including construction of placenta pits, and incinerators for management of health facility wastes. This may also include repairs to leaky ceiling and placement of sheets of leaky zinc, fencing of health facilities, and other small-scale renovations or repairs.

² Construction, as defined by ADS 201 and 303, includes: construction, alteration, or repair (including dredging and excavation) of buildings, structures, or other real property and includes, without limitation, improvements, renovation, alteration and refurbishment. The term includes, without limitation, roads, power plants, buildings, bridges, water treatment facilities, and vertical structures. In the box below, describe any construction planned for this project/activity. Refer to [ADS 201maw](#) for required Construction Risk Management procedures.

2.0 BASELINE ENVIRONMENTAL INFORMATION

Liberia has four major ecological zones: coastal plains; upper highland tropical forest; lower tropical forest zone; and a northern savannah zone and lies entirely within the Upper Guinean Forest ecosystem. Liberia contains two of the last three remaining large blocks of Upper Guinean Rainforest in West Africa. These biologically rich forests are home to approximately 240 timber species, 2,000 flowering plants, 600 bird species, 125 mammal species, 74 species of reptile, and more than 1,000 insect species. The Upper Guinean Forest ecosystem is identified by Conservation International as a “Biodiversity Hotspot.”

In 2018, USAID/Liberia undertook an Environmental Threats and Opportunities Assessment (ETOA) to inform the design and implementation of development programs and adjust to evolving circumstances in Liberia. The ETOA constituted a broad and in-depth examination of the potential environmental impact of USAID activities in Liberia and found significant environmental implications with the existing and proposed health activities. The lack of implementation strategies for the handling and disposal of medical waste was among the many findings.

Health programming in Liberia currently focuses on four main themes: 1. infectious diseases (primarily malaria)/Global Health Security Agenda (emerging disease threats, prevention, surveillance and response nationwide including support for the multi-sectoral One Health Platform); 2. service delivery; 3. health systems strengthening; and 4. WASH. The implementation of these services will give rise to the generation of healthcare waste, which if not segregated, stored, and properly disposed of will adversely impact the environment. Therefore, all necessary measures must be taken to address adverse impacts that could be caused by the provision of these services.

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

USAID/Liberia has major environmental considerations for the support that it has provided to Liberia. The ETOA completed by USAID/Liberia in late 2018 identified several concerns related to development, natural resource management, the lack of water and waste management infrastructure, and the lack of enforcement of environmental laws. As a result of the destruction of Liberia’s infrastructure during the civil war, piped water, drainage, wastewater, and solid waste management systems are severely lacking. As the ETOA points out, despite the EPA Act and the EPM Law that authorize the creation of regulations, rules, standards, and guidelines, as well as the provision of penalties for violation, EPA has not officially promulgated any of these regulations, rules, standards, and guidelines, so enforcement is not possible.

The State of the Environment (SOE) Report identifies threats to terrestrial, coastal/marine, and freshwater ecosystems and examines the potential effects of climate change on these ecosystems. It also assesses environmental and natural resource hazards and degradation in urban and rural areas. The SOE includes an analysis of policy and institutional issues impacting

the environment, natural resources, and ecosystems. Drawing on these assessments, the SOE identifies the underlying causes of environmental degradation and analyzes approaches and interventions used by all institutions (e.g., NGOs, government, private sector) to address these causes and the results obtained, with particular emphasis on enabling conditions including the legal and regulatory environment. The SOE concludes with an analysis of opportunities and constraints associated with all environmental elements, recommendations for indicators of environmental damage/health and potential monitoring systems, and a brief analysis of key links between economic growth, health and governance activities and environmental threats and opportunities.

The Actions Necessary and Planned to Conserve Tropical Forests and Biodiversity Report was prepared to provide information and analysis required by the U.S. Congress and stipulated in the U.S. Foreign Assistance Act (FAA) of 1961. Sections 118 and 119 of the FAA require USAID Missions to examine issues of tropical forests and biodiversity conservation when preparing strategies for development assistance. The Environmental Data Collection, Monitoring and Adaptive Management Plan Report identifies environmental spatial data gaps, assesses the capacity of Liberian institutions to collect and manage data, analyzes monitoring and adaptive management use of data and information by GOL, USAID, and key partners, and provides recommendations for strengthening data collection and management

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

NATIONAL HEALTH CARE WASTE STANDARDS

Liberia has a National Health Care Quality Standard developed with the assistance of USAID (<https://docs.google.com/document/d/1ad7c3bdZG2x-zcMTIMhAKm0-rujp3luR/edit>). The standard outlines the entities involved and the quality improvement needs. CDC and WHO have also developed guidelines for Liberia Safe Handling of Healthcare Waste in Liberia (https://www.washinhcf.org/wp-content/uploads/2023/02/Liberia_National_HCWM-Guidelines-2020.pdf) which identify responsible parties and specify standards and procedures for handling of solid, liquid, hazardous and fecal wastes in healthcare settings. Proposed entities for addressing waste include the Division of Pharmacy with support from National QM Team Laboratory Representative, SCMU, NDS, LMHRA, NGOs and FBOs that provide supplies (e.g., CHAL), frontline workers.

The handling, management, and disposal of nonhazardous (general waste) and hazardous wastes must be done per an approved Infection Prevention and Control (IPC) plan for management of medical wastes as stated in the approved MoH National Health Quality strategy. The IPC standard outlines SOPs for managing wastes and guidelines for budgeting, and must be in accordance with international best practices and host country requirements.

THE ENVIRONMENTAL PROTECTION AGENCY ACT OF 2003 (EPA ACT)

The Environmental Protection Agency (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.

LIBERIA'S ENVIRONMENTAL PROTECTION AGENCY (EPA)

In keeping with Agency policies for the 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 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 the commencement of the project.

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

The Environmental Threats and Opportunities Assessment (ETOA) completed by USAID/Liberia in late 2018 identified several concerns related to development, natural resource management, the lack of water and waste management infrastructure, and the lack of enforcement of environmental laws. As the ETOA points out, despite 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 EPA also appears to hamper enforcement efforts.

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK³

Activities undertaken to improve management processes as well as for quality assurance and quality improvement conform to a class of activities normally eligible for categorical exclusion. However, failure to adequately address the environmental dimensions of health interventions related to laboratory strengthening and quality improvement in health facilities may result in adverse environmental impacts.

3.1 ACTIVITY DESCRIPTION AND POTENTIAL IMPACTS

TABLE 3A. POTENTIAL IMPACTS

Activity	Potential environmental and social impacts
Activity 1: Strengthen decentralized health governance	
Sub-activity 1.1: Improved public financial management in the health sector	These activities have minimal foreseeable impact on the environment as these activities are desk based and administrative in nature involving data collection, facility management, monitoring and provision of some office supplies.
Sub-activity 1.2: Increased oversight of health service delivery at the subnational level	
Sub-activity 1.3: Improve supply chain management at the subnational level	
Sub-activity 1.4: Increase quality, analysis, reporting, and use of health data	
Activity 2: Improve quality of health services	
Sub-activity 2.1: Quality assurance and quality improvement systems fully implemented	Training and human capacity strengthening among clinical workers is expected to occur in the medical environment which may require interventions such as use of live simulation for training on infection prevention if a gap was identified through the JISS exercise. A minimal amount of waste is expected to be generated during the training; however the sites could have poor waste management in place. These risks are of particular concern as waste is poorly managed in many middle- and lower-income countries, with correspondingly inadequate

³ Includes analysis of environmental and social

	<p>infrastructure, systems, funding, and human resources. Options such as landfilling, waste recycling, composting, incineration, and other options are not always available; there is frequently a significant disparity between theoretically adequate and actual practice. This could result in environmental impacts.</p> <p>For example, poor waste practices that are common include:</p> <ul style="list-style-type: none"> • Broken down incinerators leading to piled up of wastes including sharps that directly affect the environment. • Open air burning of medical wastes in the absence of a functional incinerator is likely to produce toxic air emissions from low-temperature combustion of packaging plastics. • Failure to assure proper segregation of hazardous wastes from the nonhazardous/general waste stream introduces the risks associated with handling hazardous waste.
<p>Sub-activity 2.2: Improve quality of RMNCAH services Includes: -cosmetic repairs -waste infrastructure</p>	<p>Quality improvement will be focused on waste management infrastructure and cosmetic repairs to facilities, which are mitigations for improper waste management; however, inappropriate methods can lead to environmental impacts. Interventions such as construction of placenta pits and incinerators for management of medical wastes associated with labor and delivery are potentially hazardous if not properly designed.</p> <p>Small-scale construction and repairs generally can result in environmental impacts including:</p> <ul style="list-style-type: none"> • Potential disturbance of surfaces covered with leaded paint, generating hazardous lead-containing paint flakes and dust. These activities put those around the area at risk of lead poisoning by inhalation or ingestion. • Hazardous materials may be used in construction that could contaminate the soil and water supplies. .

Sub-activity 2.3: Improve quality of malaria services	This activity includes improvement of laboratory testing for malaria which can result in accumulation of hazardous medical and laboratory wastes that if not managed properly will lead to environmental impacts.
Sub-activity 2.4: Strengthen laboratory and disease surveillance systems	Laboratory interventions will be centered on human capacity building, minor rehabilitation and provision of equipment and reagents for clinical testing for priority pathogens. As noted in 2.1 and 2.2 wastes and construction have environmental impacts if not properly managed.
Activity 3: Sustainable implementation of health financing mechanisms	
Sub-activity 3.1: Innovative Healthcare Financing approaches for reduced out-of-pocket spending on health services	Health financing reforms have no foreseeable impact on the environment. Services are already being provided and these activities are just seeking to reduce the costs and encourage better performance.
Sub-activity 3.2: Increase performance-based financing operations at the health facility level	
Activity 4: Increase transparency and accountability around allocations of health resources for improved service delivery	
Sub-activity 4.1: Increase monitoring of the availability and quality of health services and commodities	There is no foreseeable impact to the environment as this activity includes integrity watching, ensuring awareness of health resources allocation, and accountability for use of these resources regardless of the source. Civil society organizations will be empowered to develop and use tools to assist them in providing health services and monitoring them for access and quality.
Sub-activity 4.2: Increased advocacy for health financing and tracking of health resources	
Activity 5: Local Liberian organizations successfully implement donor-funded health activities	
Capacity of local Liberian NGOs will be empowered to compete for USAID's and other donor funding to implement health interventions.	
Sub-activity 5.1: Local Liberian organizations selected and strengthened to receive subgrants under the Local Health Systems Solutions activity	Local Liberian NGOs will be strengthened to implement portions of the results framework. There might be potential risks depending on the specific topics of the subgrants including impact from waste management or small-scale construction as noted in sub-activity 2.1 and 2.2.
Sub-activity 5.2: Quality assurance and monitoring of USAID supported activities	This activity is for monitoring and evaluation and has no foreseeable environmental impact.

4.0 ENVIRONMENTAL DETERMINATIONS

4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

TABLE 4: ENVIRONMENTAL DETERMINATIONS

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination with conditions	Positive Determination	Deferral ⁴
Activity 1: Strengthen decentralized health governance				
Sub-activity 1.1: Improve public financial management in the health sector	§216.2(c)(2) (viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)			
Sub-activity 1.2: Increase oversight of health service delivery at the subnational level				
Sub-activity 1.3: Improve supply chain management at the subnational level	§216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings			
Sub-activity 1.4: Increase quality, analysis, reporting, and use of health data	§216.2(c)(2)(v) Document and information transfers			
Activity 2: Improve quality of health services				
Sub-activity 2.1: Quality assurance and quality improvement systems fully Implemented		X		
Sub-activity 2.2: Improve quality of RMNCAH services		X		
Sub-activity 2.3: Improve quality of malaria services		X		

⁴ 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.

Sub-activity 2.4: Strengthen laboratory and Disease surveillance systems		X		
Activity 3: Sustainable implementation of health financing mechanisms				
Sub-activity 3.1: Innovative Healthcare Financing approaches for reduced out-of-pocket spending on health services	§216.2(c)(2) (viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)			
Activity 3.2: Increase performance-based financing operations at the health facility level				
Activity 4: Increase transparency and accountability around allocations of health resources for improved service delivery				
Sub-activity 4.1: Increase monitoring of the availability and quality of health services and commodities	§216.2(c)(2) (viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)			
Sub-activity 4.2: Increase advocacy for health financing and tracking of health resources				
Activity 5: Local Liberian organizations successfully implement donor-funded health activities				
Sub-activity 5.1: Local Liberian organizations selected and strengthened to receive subgrants under the Local Health Systems Solutions activity		X		
Sub-activity 5.2: Quality assurance and monitoring of USAID supported activities	§216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings			

4.2 CLIMATE RISK MANAGEMENT

This section summarizes the methodology used and findings of the CRM Screening, in accordance with ADS 201mal. The activity design team, in consultation with the Climate Integration Lead (CIL), considered the potential effect of climate risks/stressors on the sustainability of the Activity (changing precipitation patterns, rising temperature, floods, droughts, etc.) in addition to the impact of activities on the climate (increased greenhouse gas emissions, land use changes, etc.).

Liberia is vulnerable to the impacts of climate variability and change, such as warmer temperatures, increases in annual rainfall, and increases in the frequency of heavy rainfall events. These climate change impacts present challenges to the country's socio-economic development.

The Climate Integration Lead for the Africa Bureau, with support from the Liberia Mission Environmental Officer, conducted a climate change screening for Liberia's Country Development Cooperation Strategy (2019-2024) to determine the risks, qualitatively rank current and future climate impacts (low, medium, high), identify the current capacity of activities to respond to the impacts, and find potential opportunities that may arise under a changing climate. The analysis shows that WASH and service delivery are the health activities most vulnerable to climate change. These activities will be the most affected by temperature increases and changes in precipitation, including drought and floods, affecting crop yields and subsequently impacting food security and livelihoods.

Vector-, food-, and water-borne diseases are expected to increase due to higher temperatures and precipitation. Increased rainfall and flooding are likely to cause outbreaks of malaria, diarrheal diseases, Lassa fever, and cholera (expected to increase by up to 10% by 2100). Dengue fever could spread into Liberia from neighboring Cote d'Ivoire as temperatures increase. Liberia may also see an increase in the prevalence of malnutrition if food insecurity, drought, and waterborne diseases increase due to a range of climate impacts. Access to health facilities, health information, and supply chains may also be disrupted due to increased flooding and other extreme weather events.

Therefore, the LHESS activity must be prepared to plan for and mitigate any health challenges related to climate change and its impact. Collaboration with the central-level MoH team and County and District health teams at the subnational is crucial through the life of this activity. The IP will be required to monitor for impacts of climate change through the life of the activity. The goal will be to ensure that critical health services are accessible to the population even in times of events related to climate change. The IP will also monitor for potential risks from technical assistance interventions to ensure that any potential events are averted. A full climate change risk management assessment is included in this document.

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

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, including risks identified and how they are addressed, shall be documented.

5.0 CONDITIONS AND MITIGATION MEASURES

5.1 CONDITIONS

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

5.1.1 During Pre-Award:

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

5.1.2 During Post-Award:

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

responsible for ensuring the IP completes its responsibilities. Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.

- 5.1.2.7 IEE Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an IEE Amendment will be required.
- 5.1.2.8 USAID Monitoring Oversight: The A/COR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, REA, BEO), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).
- 5.1.2.9 Environmental Compliance Mitigation and Monitoring Plans (EMMP(s)): The IP is responsible for developing, obtaining approval for, and implementing (EMMP(s)) that contain(s) mitigation measures that are responsive to the stipulated environmental compliance requirements. The AOR/COR is responsible for ensuring the IP completes this responsibility and must review and approve the EMMP(s) and provide a copy to the GH BEO for review and concurrence before work on the project/activities can be initiated.
- 5.1.2.10 Environmental Compliance Reporting: The IP is responsible for including environmental compliance in regular project/activity reports, using monitoring indicators as appropriate; developing and submitting the Environmental Mitigation and Monitoring Report(s) (EMMR(s)) annually, or as otherwise stipulated in the IEE, within 45 days after the end of each fiscal year to document compliance with the IEE conditions and the mitigation measures contained in the applicable EMMP(s); and completing and submitting a Record of Compliance (RoC) describing the IP's implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub-activities (as applicable). The AOR/COR is responsible for ensuring the IP has completed its responsibilities. And, where required by Bureaus or Missions, the AOR/COR will ensure the IP is responsible for preparing a closeout plan consistent with contract documentation for AOR/COR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned. The AOR/COR is responsible for ensuring the IP completes this responsibility
- 5.1.2.11 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs must notify the AOR/COR, place a hold on activities, take corrective action, and report on the effectiveness of the corrective action(s). The USAID responsible person (e.g., MEO and/or REA) will verify that the Corrective Action Plan (CAP) has been adequately and reasonably completed. Then, the BEO will review the applicable corrective and preventive actions and, when satisfied that they are suitable, adequate, and effective, shall authorize closure of the CAP.

Where required by Bureaus or Missions, the AOR/COR will ensure a RoC is completed.

- 5.1.2.12 Threatened or Endangered Species: Activities that may adversely impact the continued existence of threatened or endangered species or their critical habitat are not authorized. Activity level actions that include construction or infrastructure improvements must be assessed for the presence of threatened or endangered species, or their critical habitat. Any activity that may adversely impact threatened or endangered species or their critical habitat may not proceed without an Environmental Assessment.

5.2 AGENCY CONDITIONS

- 5.2.1 Sub-award Screening: The AOR/COR will ensure the IP is responsible for using an adequate environmental screening tool, such as the GH Environmental Screening Tool, to screen any sub-award applications and to aid in the development of EMMP(s). The AOR/COR will ensure the IP completes this responsibility.
- 5.2.2 Programmatic IEEs (PIEE): PIEEs stipulate requirements for further environmental examination necessary for new or country-specific projects/activities. The AOR/COR of any project/activity being implemented under a PIEE will ensure appropriate reviews are conducted, typically through a Supplemental IEE (SIEE), and approved by the cognizant BEO.
- 5.2.3 Supplemental IEEs (SIEEs): An SIEE will be prepared for any new project/activity being planned and that falls under a PIEE. The SIEE will provide more thorough analysis of the planned activities, additional geographic context and baseline conditions as well as specific mitigation and monitoring requirements.
- 5.2.4 Other Supplemental Analyses: The A/COR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.
- 5.2.5 Positive Determination: If a Positive Determination threshold determination was made, the A/COR will ensure a Scoping Statement, and if required an Environmental Assessment (EA), is completed and approved by the BEO before the subject activities are implemented.
- 5.2.6 Compliance with human subject research requirements: The AM, A/COR shall assure that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.
- 5.2.7 Pesticides or Pesticide Products: Any activities conducted under this IEE involving the procurement, use, research, or disposal of pesticides and/or larvicides and their waste products will require an SIEE, Supplemental EA (SEA), or Pesticide

Evaluation Report or Safer Use Action Plan (PERSUAP) based on consultations with the GH BEO.

- 5.2.8 Integrated Waste Management Plan (IWMP): The IP is responsible for preparing an Integrated Waste Management Plan or utilizing an equivalent standard operating procedure (SOP) that will define and detail direct and indirect waste streams generated by IP-managed activities and specify appropriate management practices, including handling, treatment, and/or disposal for each. The AOR/COR or AM(s) shall ensure the IP completes this responsibility. The IP is responsible for verifying the use of such IWMP or SOP as a part of its environmental mitigation, monitoring, and reporting, including documentation in the annual EMMR. The AOR/COR or AM(s) shall ensure the IP completes this responsibility.

5.3 MITIGATION MEASURES

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

5.3.1 LIMITATIONS

Threshold determinations for specific activities are based on the assumption that the activities are small-scale in nature. Any actions that exceed these assumptions requires the A/COR and MEO to jointly consult with the AFR BEO for next steps. No implementation is allowed until the AFR BEO conditions are fully met.

For the purposes of this activity, small scale are defined as the following:

Construction

Small-scale in construction is considered to be new or rehabilitated facilities in which the total surface area disturbed is 1000 m² (10,000 sq ft) or less and there are no complicating factors, as defined:

- The site is not within 30m of a permanent or seasonal stream or water body
- It will not involve displacement of existing settlement/inhabitants,
- It has an average slope of less than 5%,
- It is not heavily forested or not in an otherwise undisturbed local ecosystem
- It is not in a protected area.
- Sites violating one or more of these criteria are subject to additional determinations and conditions.

Incinerators

Small-scale is considered to be incinerators with capacities ≤ 200 lbs/hour and ≤ 2000 lbs./week and in-ground disposal facilities ≤ 100m³ capacity.

TABLE 5A. SUMMARY OF MITIGATION MEASURES

Activity	Mitigation Measure
Activity 1: Strengthen decentralized health governance	
Sub-activity 1.1: Improve Public Financial Management at all levels of the health sector	This activity is categorically excluded. However, minor municipal waste expected from the procurement of electronic equipment routers and stationary items should be disposed of in accordance with local regulations. Additional reference: Refer to the 2018 USAID Sector Environmental Guidelines on Solid Waste https://www.usaid.gov/document/sector-environmental-guideline-solid-waste-2018
Sub-activity 1.2: Operationalize decentralized health authorities for increased oversight of health service delivery at the subnational level	No additional mitigations are necessary.
Sub-activity 1.3: Improve supply chain management at the subnational level	
Sub-activity 1.4: Increase quality, analysis, reporting, and use of health data	

TABLE 5B. SUMMARY OF MITIGATION MEASURES FOR ACTIVITY 2: IMPROVE QUALITY OF HEALTH SERVICES

Activity	Mitigation Measure
Activity 2: Improve quality of health services	
Sub-activity 2.1: Quality assurance and quality improvement systems fully Implemented	Negative Determination with the following conditions: Wastes: USAID programming shares an equal burden in ensuring waste is properly treated. National Safe Handling Standards (https://www.washinhcf.org/wp-content/uploads/2023/02/Liberia_National_HCWM-Guidelines-2020.pdf) are in place and implemented throughout the country through the National Health Care Waste Management Plan https://www.nphil.gov.lr/wp-content/uploads/2022/07/HCWMP_IFISH_MVS_08_13_2021-
Sub-activity 2.2: Improve quality of RMNCAH services	
Sub-activity 2.3: Improve quality of malaria services	

<p>Sub-activity 2.4: Strengthen laboratory and Disease surveillance systems</p>	<p>Copy.pdf. Where USAID programming generates wastes through its support, USAID must also contribute to the implementation of the national standards, which may include capacity building, knowledge sharing, gap filling, budgetary support for supplies and monitoring quality of the implementation through this activity or other related activity (e.g., G2G). Additionally, the IP will:</p> <ul style="list-style-type: none"> ● ensure that clinical workers receive adequate training and capacity strengthening, especially in areas such as infection prevention and control, and waste management. ● be expected to use IPC standards and NHQS standard to manage medical waste associated with training for assessment of and clinical management. ● plan for and monitor implementation of the quality improvement standards to ensure the mitigation of risks, particularly where the facility is not accredited under the Liberia Health Accreditation Program. <p>Construction: The National Health Care Quality Standards and associated Handling Guidelines include required construction designs for storage and disposal areas. The standards for infrastructure are provided by the MoH/National Public Health Institute of Liberia (https://www.nphil.gov.lr/). The NPHIL guidelines follow those of the industry standards Facility Guidelines Institutes (https://fgiguilines.org/guidelines/editions). The NPHIL includes a Division of Environmental and Occupational Health which is responsible for oversight of the facility's environmental issues.</p> <p>In the construction of placenta pits and incinerators as well as rehabilitation works at facilities, the partner will ensure compliance with the NPHIL standards for infrastructure. Upon turnover of the infrastructure to the facility, the partner must ensure that the facility is informed on the operation and maintenance of the infrastructure. Plans for filling gaps in budget or capacity should be developed with the cooperation of the facility through partner support.</p> <p>Laboratory: Laboratory interventions will be centered on human capacity building, minor rehabilitation and provision of equipment and reagents for clinical testing for priority pathogens. This also includes training in the management and control of wastes per Liberian Safe Handling Standards. Since the laboratory is a hazardous environment, a waste management plan for chemical and hazardous wastes will be expected at the start of the activity aligned with the National Healthcare Waste Management Plan. There will also be actions for monitoring waste management to</p>
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	ensure compliance and immediately report of incidents of noncompliance.
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TABLE 5C. SUMMARY OF MITIGATION MEASURES FOR ACTIVITY 3: SUSTAINABLE IMPLEMENTATION OF HEALTH FINANCING MECHANISMS

Activity	Mitigation Measure
Activity 3: Strengthen decentralized health governance	
Sub-activity 3.1: Implement the Liberia Health Equity Fund and other innovative approaches to reduce out-of-pocket spending on health services	No additional mitigation measures are necessary.
Sub-activity 3.2: Increase performance-based financing operations at the health facility level	

TABLE 5D. SUMMARY OF MITIGATION MEASURES FOR ACTIVITY 4: INCREASE TRANSPARENCY AND ACCOUNTABILITY AROUND ALLOCATIONS OF HEALTH RESOURCES FOR IMPROVED SERVICE DELIVERY

Activity	Mitigation Measure
Activity 4: Increase transparency and accountability around allocations of health resources for improved service delivery	
Sub-activity 4.1: Increase monitoring of the availability and quality of health services and commodities by local Liberian organizations	No additional mitigations are necessary.
Sub-activity 4.2: Increased advocacy by local Liberians for accountability of health resources	

TABLE 5E. SUMMARY OF MITIGATION MEASURES FOR ACTIVITY 5: LOCAL LIBERIAN ORGANIZATIONS SUCCESSFULLY IMPLEMENT DONOR-FUNDED HEALTH ACTIVITIES

Activity	Mitigation Measure
Activity 5: Local Liberian organizations successfully implement donor-funded health activities	
Sub-activity 5.1: Strengthen Local Liberian organizations	Sub-Grants: <ul style="list-style-type: none"> • Sub-grants under this activity may trigger an additional screening process. The appropriate screening tool is the AFR

<p>to implement portions of the Local Health Systems Solutions activity</p>	<p>Environmental Review Form/Environmental Review Report (Word template linked here), unless an alternative screening approach is otherwise agreed upon with the BEO. The ERF should be customized to fit the activities covered in this IEE, and should consider the potential environmental impacts and relevant mitigations for the activities. Each project will have its separate review, they shall not be lumped together.</p> <ul style="list-style-type: none"> ● The ERF/ERR must be completed and approved by the AOR/COR, MEO, and REA prior to activity implementation. If a subproject presents a moderate/high risk, the IP will prepare a full Environmental report before implementation. Any sub-grants categorized as high-risk or unknown-risk will be sent to the A/COR for review and the BEO as an additional level of clearance before approval. The ERF/ERR should be uploaded to the Mission’s folder within the AFR EC Document Library ● Grant recipients will be expected to use IPC standards and NHQS standard to manage medical waste.
<p>Sub-activity 5.2: Strengthen Local Liberian organizations to directly receive USG health funding</p>	<p>No additional mitigations are necessary.</p>

6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

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

Other than projects/activities determined to have a Positive Threshold Determination, it is confirmed that the projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22CFR216.2(d).

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

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

7.0 REVISIONS

Per 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.

ATTACHMENTS:

Annex 1: Climate Risk Management Summary Table for Projects (use for project level IEE)

ANNEX 1 - CLIMATE RISK MANAGEMENT

[In accordance with Agency policy, include a brief narrative of the risk assessment methodology and the Project or Activity-Level Climate Risk Management Summary Table (standard table below or use Bureau-equivalent table or use the table from [Climate Risk Screening and Management Tool](#)). Refer to ADS 201mal “Climate Risk Management for USAID Projects and Activities.”]

TABLE 6. PROJECT CLIMATE RISK MANAGEMENT SUMMARY TABLE

Tasks/Defined or Illustrative Interventions	Climate Risks ⁵	Risk Rating ⁶	How Risks are Addressed ⁷	Opportunities to Strengthen Climate Resilience ⁸
<p>Activity 1: Strengthen decentralized health governance</p>	<p>Incase of extreme weather events such as floods, storms, and droughts, which could disrupt health services and supply chains, damage health facilities and infrastructure, and affect the health and well-being of local communities.</p> <p>Other risks could include the spread of water-borne and vector-borne diseases, such as malaria and dengue fever, due to</p>	<p>Low</p>	<p>Incorporating climate-smart practices - reducing waste and emissions.</p> <p>Building capacity for climate adaptation and resilience through training, education, and knowledge-sharing.</p>	<p>Developing a climate risk management plan that outlines potential hazards, identifies vulnerable populations and assets, and provides strategies to address and mitigate risks.</p> <p>Conducting regular monitoring and evaluation of the activity's climate resilience performance and identifying opportunities for continuous improvement.</p>

⁵ List key risks related to the defined/illustrative interventions identified in the screening and additional assessment.

⁶ Low/Moderate/ High

⁷ Describe how risks have been addressed in activity design and/or additional steps that will be taken in implementation. If you choose to accept the risk, briefly explain why.

⁸ Describe opportunities to achieve multiple development objectives by integrating climate resilience or mitigation measures

	changes in temperature and precipitation patterns.			
Activity 2: Improve quality of health services	Increased risk of disease outbreaks due to changes in temperature and precipitation patterns, or disruptions to health service delivery due to extreme weather events	Moderate	<p>Developing a waste management plan that identifies potential hazards, provides strategies to mitigate risks, and promotes environmentally sustainable practices such as recycling, composting, and appropriate disposal of hazardous waste.</p> <p>Building capacity for climate resilience among health facility staff through training and education on climate adaptation and mitigation measures related to waste management.</p>	<p>Developing a climate risk management plan that outlines potential hazards, identifies vulnerable populations and assets, and provides strategies to address and mitigate risks.</p> <p>Conducting regular monitoring and evaluation of the activity's climate resilience performance and identifying opportunities for continuous improvement.</p>
Activity 3: Sustainable implementation of health financing mechanisms	Some indirect impacts of climate change on health financing systems, such as increased healthcare costs due to the impact of climate change on public health or the costs of responding to climate-related emergencies	Low	NA	<p>Developing a climate risk management plan that outlines potential hazards, identifies vulnerable populations and assets, and provides strategies to address and mitigate risks.</p> <p>Conducting regular monitoring and evaluation of the activity's climate resilience performance and identifying opportunities for continuous improvement.</p>
Activity 4: Increase transparency and accountability around allocations of health	Does not involve any direct interventions that could harm the environment or	Very Low	NA	Developing a climate risk management plan that outlines potential hazards, identifies vulnerable

<p>resources for improved service delivery</p>	<p>contribute to climate change</p>			<p>populations and assets, and provides strategies to address and mitigate risks.</p> <p>Conducting regular monitoring and evaluation of the activity's climate resilience performance and identifying opportunities for continuous improvement.</p>
<p>Activity 5: Local Liberian organizations successfully implement donor-funded health activities</p>	<p>Does not involve direct interventions that could harm the environment or contribute to climate change</p>	<p>Very Low</p>	<p>NA</p>	<p>Developing a climate risk management plan that outlines potential hazards, identifies vulnerable populations and assets, and provides strategies to address and mitigate risks.</p> <p>Conducting regular monitoring and evaluation of the activity's climate resilience performance and identifying opportunities for continuous improvement.</p>

