

## INITIAL ENVIRONMENTAL EXAMINATION

### **PROGRAM/ACTIVITY DATA:**

**Program/Activity Number:** 936.3083

**Country/Region:** Worldwide (Global Health Bureau)

**Program Title:** Monitoring and Evaluation to Assess and Use Results (MEASURE)

**Funding Begin:** FY 1996 (Phase I, Phase II began 9/03) **Funding End:** December 2009

**LOP Amount:** US\$479,500,000

**IEE Amendment Prepared By:** Rochelle Rainey, Global Health Bureau

**Current Date:** Aug 11, 2006

**IEE Amendment (Y/N):** Y **If yes, number and date of current IEE:**

GH936.3083\_MEASURE\_1996.pdf, signed July 1, 1996

Original determination in MEASURE Activity Approval Document (AAD), formerly referred to as the Results Package [per ADS 201.3.6.3h as revised]

### **ENVIRONMENTAL ACTION RECOMMENDED:**

Categorical Exclusion:   X   Negative Determination:   X  

Positive Determination:        Deferral:       

### **ADDITIONAL ELEMENTS:**

CONDITIONS:   X   PVO/NGO:       

### **SUMMARY OF FINDINGS:**

The purpose of this IEE Amendment is to comprehensively review the activities undertaken by MEASURE Phase II (through its four agreements) and provide threshold determinations of environmental impact and conditions for mitigation if appropriate, through the proposed amendment extending the funding through December 2009.

MEASURE seeks to increase understanding of a wide range of health issues by improving the quality and availability of data on health status and services and enhancing the ability of local organizations to collect, analyze, and disseminate such information. MEASURE coordinates the Global Health Bureau's support for data used in planning, policymaking, managing, monitoring and evaluation population, health, and nutrition programs through one contract (with MACRO), one cooperative agreement (with the University of North Carolina), and Participating Agency Service Agreements (PASA) with the Centers for Disease Control and Prevention and the Bureau of the Census. MEASURE activities are implemented under Strategic Objective Agreements (SOAGs) with host governments worldwide, and implemented with a mix of core, regional and mission funds.

MEASURE Phase II contains the following elements:

- Support for family planning, reproductive health, maternal health, child survival and STD/HIV control and prevention programs through data collection (including biomarkers), analysis and evaluation designed to improve performance;
- Establishment, through participatory working groups, of "core data needs" for program performance monitoring and evaluation;
- Innovative mix of quantitative and qualitative data collection methods;

- Emphasis on capacity building of public and private sector institutions to collect, analyze and interpret data; and
- Coordination, including among donors, within USAID, among CAs and through in-country teams.

Under the original IEE, the Environmental Determination for MEASURE Phase I was a categorical exclusion as described in §216.2 (c)(2) because activities did not have a significant effect on the human, physical or biological environment. Since then, MEASURE Phase II has expanded its data collection from surveys to include collection of biomarker data. This requires collection, storage and disposal of the samples and the medical waste generated during the process.

The Environmental Determination for MEASURE falls into two categories:

**A Categorical Exclusion from environmental examination** is recommended for activities under MEASURE agreements, (except to the extent that the activities directly affect the environment such as construction of facilities), pursuant to:

- 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;
- 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;
- 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;
- 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

**A Negative Determination with Conditions**, per §216.3(a)(2)(iii), is recommended for: Activities undertaken by MEASURE DHS and MEASURE CDC/DRH that involve handling medical and biohazardous materials for the collection and analysis of biomarker data and storage of samples.

**Conditions:**

- For all USAID-supported activities entailing biological sample collection, MEASURE CTOs must work with their implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. The USAID Bureau for Africa’s Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8, “Healthcare Waste: Generation, Handling, Treatment and Disposal” (<http://encapafrika.org/SmallScaleGuidelines.htm>) contains guidance which should inform the CTOs’ activities to promote proper handling and disposal of medical waste, particularly in the section titled, “Minimum elements of a complete waste management program.” Other important references to consult in establishing a waste management program are “WHO’s Safe Management of Wastes from Healthcare Activities” [http://www.who.int/water\\_sanitation\\_health/medicalwaste/wastemanag/en/](http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/) and the State Department cable “1993 State 264038: Model Guidance on Health Projects Involving HIV Screening and Handling of Blood.” The ability of the CTOs and the implementing partners to assure such procedures and capacity is understood to be limited by its level of control over

the management of the facilities and operations that USAID is supporting, as well as available funding.

- Ensure reporting by partners to USAID on an annual basis on the status of environmental review and management, and the implementation of required mitigation and monitoring measures. This will include the review of implementing partners' progress and annual reports to help determine if environmental mitigation and monitoring procedures are in place;
- Ensure incorporating into field visits and consultations with implementing partners, periodic assessment of the environmental impacts of on-going activities, and associated mitigation and monitoring measures;

A **Negative Determination with Conditions**, per §216.3(a)(2)(iii), is recommended for: MEASURE DHS Facility Surveys.

**Conditions:**

It is USAID policy to assist developing countries in strengthening their capabilities to evaluate potential environmental effects. Any facility-based surveys should include appropriate environmental questions, for example:

- How does the clinic/hospital safely dispose of its sharps and medical waste?
- Are facility staff trained and equipped to identify and treat chemical intoxications? (for areas where the government is supporting use of agricultural or other chemicals)
- Does the facility have access to an improved drinking water source and improved sanitation facilities?<sup>1</sup>
- Does the facility staff do outreach on environmental health issues including water, sanitation and hygiene, chemicals, and solid waste disposal?

The data generated from these questions will be used to identify environmental issues and capacity building needs. Although MEASURE implementing partners are responsible only for mitigation of activities generated by USAID-funded activities, they should ensure that the facility has information on these and other environmental issues related to health facilities. Section 4.2.2 of the IEE includes internet training resources for environmental health capacity building in health care waste management, poison control, and water/sanitation/hygiene.

**Monitoring and compliance measures**

As required by ADS 204.3.4, the MEASURE CTOs and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this Request for Categorical Exclusion arise during implementation, and modify or end activities as appropriate.

For the activities covered under the Negative Determination with Conditions, MEASURE CTOs will ensure that provisions of the IEE concerning mitigative measures and the conditions specified herein are met. If additional activities are added that are not described in this document, an amended environmental examination must be prepared.

Any grants or other monetary transfers of USAID funds (e.g., subgrants) to support this program's activities must incorporate provisions that the activities to be undertaken will comply with the environmental determinations and recommendations of this IEE. This includes assurance that the activities conducted with USAID funds fit within those described

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<sup>1</sup> As defined by the WHO/UNICEF Joint Monitoring Programme  
[http://www.wssinfo.org/en/122\\_definitions.html](http://www.wssinfo.org/en/122_definitions.html)

in the approved IEE or IEE amendment and that any mitigating measures required for those activities be followed.

USAID/GH is responsible for assuring that implementing partners have the human capacity necessary to incorporate environmental considerations into program planning and implementation and to take on their role in the Environmental Screening Process. Implementing partners should seek training as needed, such as through participation in the Bureau environmental compliance training courses.

Section 1 of the IEE more fully describes each of the agreements under MEASURE and the activities covered.

**APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:**

**Activity Title: Measure Phase II**

**CLEARANCE:**

Global Health Bureau Environmental Officer: signed 8/10/06  
Michael Zeilinger

Approved:   x    
Disapproved: \_\_\_\_\_

**FILE N°:** GH 936.3083 MEASURE IEE Amendment August 2006.doc

**ADDITIONAL CLEARANCES FROM REGIONAL BUREAUS:**

Africa Bureau Environmental Officer

Signed 8/15/06  
Brian Hirsch

Asia/Near East Bureau Environmental Officer

Signed 8/16/06  
John O. Wilson

Europe and Eurasia Bureau Environmental Officer

Signed 8/14/06  
Mohammad Latif, Acting

Latin America and Caribbean Bureau Environmental Officer

Signed 8/28/06  
Victor Bullen

## INITIAL ENVIRONMENTAL EXAMINATION

### PROGRAM/PROJECT DATA:

Program Number: 936-3083

Country/Region: Global

Program Title: Monitoring and Evaluation to Assess and Use Results (MEASURE)

## 1. BACKGROUND AND PROJECT DESCRIPTION

### 1.1 Purpose and Scope of IEE

The purpose of this IEE is to provide threshold decisions pursuant to 22 CFR 216 for expanded scope of USAID/Global Health Bureau/Office of Population, Health and Nutrition's Monitoring and Evaluation to Assess and Use Results (MEASURE) Activity, implemented with a mix of core, regional and mission funds. MEASURE activities are implemented under Strategic Objective Agreements (SOAGs) with host governments worldwide.

The previous IEE, GH936.3083\_MEASURE\_1996.pdf, granted a blanket Categorical Exclusions for MEASURE activities under the criteria listed in 22 CR216(c)(2). The previous IEE did not discuss and address the collection of biological samples which is included under MEASURE Phase II. This IEE will therefore effectively supersede the earlier IEE for MEASURE.

### 1.2 MEASURE activity description

The MEASURE AAD (formerly the MEASURE Results Package) was approved on 8/14/96, for 10 years with an AAD Completion Date of 9/30/07 and a ceiling of \$194,000,000. It was amended in 2005 as MEASURE Phase II, with a new end date from 9/30/07 to 12/31/08 and to change the total life of the Activity from \$194,000,000 to \$419,500,000. A second amendment in August 2006 extends the end date to 12/31/09 and the ceiling to 479,500,000.

**Link to Strategic Plan:** MEASURE contributes to the Agency Strategic Goal: World Population Stabilization and Human Health Protected, and to all five of the Strategic Objectives of the Bureau for Global Health (GH): Family Planning and Reproductive Health, Maternal Health, Child Survival, HIV/AIDS, and Infectious Disease, as well as the Cross Cutting Objective of Health Systems. The AAD extends beyond the end date (September 30, 2003) of the Strategic Plan that was developed for the Center for Population, Health and Nutrition (PHN Center) and is within the end date of the Strategic Objectives (September 2013) for GH.

**Discussion:** MEASURE was developed on the premise that generating demand for and improving the use of data in policy formulation, program planning, monitoring and evaluation improves health services and consequently, health outcomes. It operates as a Global Health Bureau-wide activity providing global assistance in the technical areas encompassed by the Bureau's three technical offices: Health, Infectious Disease and Nutrition; HIV/AIDS, and Population and Reproductive Health. Measure partners work to generate demand for data and build capacity to collect, analyze, package, present data and facilitate its use in planning, policy making, managing, monitoring and evaluating health programs.

MEASURE has been implemented in two phases: Phase I from 1997 - 2002 and Phase II from 2002 – 2009. When the Agency reorganized at the end of Phase I, MEASURE was amended to become a Bureau-wide Activity within Global Health to USAID in collecting, analyzing and presenting data for use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs across all of the five SO areas. This signed IEE will be an attachment to MEASURE Amendment #2 that would extend ceiling and end date to Dec 09.

<b>MEASURE Phase II</b>
<b>Strategic Objective:</b> To improve the collection, analysis and presentation of data for use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs.
<b>Results:</b>
<ol style="list-style-type: none"> <li>1. Increased user <u>demand</u> for quality information, methods, and tools.</li> <li>2. Increased in-country individual and institutional technical <u>capacity</u> and resources for the identification of data needs and the collection, analysis and communication of information.</li> <li>3. Increased <u>collaboration and coordination</u> in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest.</li> <li>4. Improved <u>design and implementation</u> of the information gathering process including tools, approaches, methodologies and technical guidance to meet users' needs.</li> <li>5. Increased <u>availability</u> of population, health and nutrition data, analyses, methods and tools.</li> <li>6. Increased <u>facilitation of use</u> of health, population and nutrition data.</li> </ol>

### **1.3 MEASURE Subagreements**

MEASURE Phase II coordinates the Global Health Bureau’s support for data collection, monitoring and evaluation and dissemination and utilization through one contract (MEASURE DHS, with MACRO), one cooperative agreement (MEASURE Evaluation, with the University of North Carolina), and Participating Agency Service Agreements (PASA) with the Centers for Disease Control and Prevention and the Bureau of the Census. Each of these subagreements are described in more detail below.

#### **1.3.1 MEASURE Demographic and Health Surveys (DHS)**

The MEASURE DHS contract is the Global Health Bureau’s primary demographic and health data collection project, and addresses host countries’ emerging needs for data to guide policies and programs. One of the key objectives is to collect comparable, national-level survey data. Other objectives include generating demand for data; improved translation, packaging, and dissemination of data; and development and implementation of quantitative and qualitative research.

The collection of biomarkers such as blood, urine, and saliva is becoming a standard component of most Demographic and Health Surveys. In addition to the more traditional

health surveys and biomarkers, MEASURE DHS collects data on the cost, availability, functioning and quality of various health services through a facility survey called Service Provision Assessment (SPA).

The MEASURE Phase II DHS contractor and other partners will build capacity across the data demand generation-collection-use continuum. The contractor, with other MEASURE Phase II partners, will develop and implement a comprehensive strategic capacity building plan. The plan should be reviewed and refined periodically to ensure that it is effectively and efficiently transferring competencies and building the desired capacity, including environmental soundness.

For MEASURE DHS, core funding supports technical leadership, improved methodologies for data collection, data archiving, and policy-level demand creation and use of data. Mission funding supports the majority of in-country data collection, analysis, dissemination and capacity building.

### **1.3.2 MEASURE Evaluation**

MEASURE Evaluation develops new methodologies, disseminates, builds capacity, and implements best practices in monitoring and evaluating health programs that address country-level and global monitoring and evaluation needs. The global leadership in evaluation research, development and dissemination of new methodologies and best practices are primarily core-funded. Mission funds are used to fund technical assistance and training to host country counterparts as they implement best practices for monitoring and evaluation of host-country and mission population, health and nutrition programs, including development of performance monitoring plans. Capacity building is both core and field-support funded.

### **1.3.3 MEASURE Centers for Disease Control and Prevention (CDC)/Division of Reproductive Health (DRH)**

The MEASURE CDC/DRH program seeks to increase understanding of the key family planning/reproductive health (RH) issues, improve the quality and availability of appropriate data on RH status and services, and enhance the ability of local organizations to collect, analyze and disseminate such information.

The PASA with the Division of Reproductive Health at CDC provides technical assistance in survey design and implementation, RH epidemiology, refugee RH and commodity logistics management. CDC provides technical assistance with four types of surveys designed to improve information about health and fertility: RH surveys, Male RH surveys, Young Adult RH surveys, and RH Program Impact Evaluation Surveys. Special modules can be added to answer country or program-specific questions such as young adults, domestic violence, school attendance, HIV/AIDS, nutrition and voluntary surgical contraception. New survey modules will be developed and used in countries where new areas of concern are mutually identified.

Other features of the PASA include an increased effort to bring survey results to the attention of policymakers and managers; linking epidemiology training to survey analysis and

programmatic decisions; emphasizing addressing questions of prevention of unintended pregnancy and HIV/AIDS; and research in the area of refugee RH.

#### **1.3.4 MEASURE Census Bureau (BUCEN) Survey and Census Information, Leadership and Self-Sufficiency (SCILS)**

The MEASURE BUCEN-SCILS PASA seeks to strengthen the capability of statistical offices in developing countries to collect, analyze, disseminate and use data to increase understanding of population structure and demographic trends and their implications for development planning and policy planning. Under this PASA, BUCEN will support host-country efforts to field PHN data collection within the framework of on-going household surveys. The link between the population census and subsequent population based surveys like DHS is a master sampling frame that BUCEN will assist in compiling after each census. This is a scientifically selected set of household from which all survey sampling frames are drawn. This agreement does not include any direct data collection.

## **2. ENVIRONMENTAL SITUATION**

### **2.1 Overall Assessment of the Health System**

Small-scale healthcare activities, such as rural health posts, immunization posts, reproductive health posts, mobile and emergency healthcare programs, and urban clinics and small hospitals, provide important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. They are the front line of defense against epidemics such as AIDS, malaria, and cholera and a key component of any comprehensive development program. The medical and health services they provide improve family planning, nurture child and adult health, prevent disease, cure debilitating illnesses, and alleviate the suffering of the dying.

### **2.2 Waste Management in Health Systems**

Currently, little or no management of healthcare wastes occurs in small-scale facilities in many countries where USAID works. Training and supplies are minimal. Common practice in urban areas is to dispose of healthcare waste along with the general solid waste or, in peri-urban and rural areas, to bury waste, without treatment, in an unlined pit. In some cities small hospitals may incinerate waste in dedicated on-site incinerators, but often they fail to operate them properly. Unwanted pharmaceuticals and chemicals may be dumped into the local sanitation outlet, be it a sewage system, septic tank or latrine.

Healthcare wastes generally fall into three categories:

- **General** healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75–90% of waste generated by healthcare facilities falls into this category.
- **Hazardous** healthcare wastes including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers.

- **Highly hazardous** healthcare wastes including sharps, highly infectious non-sharp waste, stools from cholera patients, and bodily fluids of patients with highly infectious diseases. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

### 2.3 Most-at-Risk Groups

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.

People 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, drug addicts 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. Again, healthcare workers, waste handlers, waste-pickers, drug addicts and others who handle sharps can, and have, become infected with HIV/AIDS and hepatitis B and C viruses through pricks or reuse of syringes/needles. These infections may be fatal.

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, since sewage treatment in Africa is almost nonexistent. For example, 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. EVALUATION OF ACTIVITIES WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL

MEASURE activities, for the most part, do not have direct adverse environmental impacts, as they generally entail information, education, communication, training, research, community mobilization, planning, management, and outreach activities. While these activities are not likely to generate adverse environmental impacts, they may provide opportunities to incorporate and improve means of addressing medical and biohazardous waste management into health service delivery systems.

Nevertheless, certain of the interventions supported by USAID under MEASURE will directly or indirectly result in the generation of medical and biohazardous waste, e.g. blood testing in VCT centers, STI/HIV testing, blood for malaria and anemia, and laboratory-related activities.

### 3.1.1 MEASURE-Demographic and Health Surveys (DHS)

Most MEASURE DHS activities entail data collection through surveys, either at the household level, or at the facility level; data analysis and dissemination, and capacity building, which does not entail the use or generation of medical or hazardous products.

However, biomarkers are now becoming a standard component of DHS surveys. This will require procedures and protocols for the collection, safe handling and disposal of medical and biohazardous materials, such as blood products and other body fluids and laboratory products such as sharps and syringes. USAID supported activities under MEASURE should make provision for the incorporation of standard practices and protocols for the safe handling and disposal of these materials, in consultation and coordination with MOH and other partners.

The risk of nosocomial (health facility-originated) transmission of HIV, HBV, and other blood borne pathogens can be minimized if health-care workers follow established guidelines, such as those of WHO/UNAIDS, including disposal of laboratory materials.

Including appropriate environmental questions into DHS Facility surveys can be used to generate data relating to environmental issues and identify capacity building needs.

### **3.1.2 MEASURE Evaluation**

There are no anticipated negative environmental consequences related to MEASURE Evaluation activities as they are concerned entirely with developing new methodologies, disseminating information, building capacity, and implementing best practices in monitoring and evaluating health programs.

### **3.1.3 MEASURE Centers for Disease Control and Prevention (CDC)/Division of Reproductive Health (DRH)**

Most MEASURE CDC/DRH activities entail data collection through surveys, data analysis and dissemination, and capacity building activities, which does not entail the use or generation of medical or hazardous products.

However, biomarkers are now becoming a standard component of CDC/DRH surveys. This will require procedures and protocols for the collection, safe handling and disposal of medical and biohazardous materials, such as blood products and other body fluids and laboratory products such as sharps and syringes. USAID supported activities under MEASURE should make provision for the incorporation of standard practices and protocols for the safe handling and disposal of these materials, in consultation and coordination with MOH and other partners.

The risk of nosocomial (health facility-originated) transmission of HIV, HBV, and other blood borne pathogens can be minimized if health-care workers follow established guidelines, such as those of WHO/UNAIDS, including disposal of laboratory materials.

### **3.1.4 MEASURE Census Bureau (BUCEN) Survey and Census Information, Leadership and Self-Sufficiency (SCILS)**

There are no anticipated negative environmental consequences related to MEASURE BUCEN-SCILS activities as they are concerned entirely with strengthening the capability of statistical offices in developing countries to collect, analyze, disseminate and use data to increase understanding of population structure and demographic trends and their implications for development planning and policy planning.

#### 4. RECOMMENDED MITIGATION ACTIONS (INCLUDING MONITORING AND EVALUATION)

##### 4.1 Threshold decision

Recommended environmental threshold decisions and conditions are as given in Table 1 below.

TABLE 1: SUMMARY OF RECOMMENDED THRESHOLD DETERMINATIONS FOR MEASURE Phase II

<b>Key Elements of Program/Activities</b>	<b>Threshold Determination &amp; 22 CFR 216 Citation</b>	<b>Impact Issues &amp; Mitigation Conditions and/or Proactive Interventions</b>
<p><b>MEASURE DHS</b></p> <p>Activities relating to technical leadership, improved methodologies for data collection, data archiving, and policy-level demand creation and use of data, survey data collection, analysis, dissemination and capacity building.</p>	<p>Categorical Exclusion:</p> <p>a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;</p> <p>c) 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;</p> <p>d) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;</p> <p>e) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);</p> <p>(g) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.</p>	<p>No biophysical interventions involved</p> <p>Categorical exclusions apply except to the extent that activities might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.)</p>
<p><b>MEASURE DHS</b></p> <p>Activities that involve the collection, safe handling and</p>	<p>Negative Determination with Conditions: 22 CFR 216.3 (a)(2)(iii)</p>	<p>The development and implementation of a medical waste management program is required. Consult EGSSA (<a href="http://www.encapafrika.org">www.encapafrika.org</a>) and utilize the Minimal Program</p>

<p>disposal of medical and biohazardous materials.</p> <p>DHS Facility Surveys</p>		<p>Checklist (Annex A). (Further details re: medical waste management conditions are given following this table.)</p> <p>Include appropriate environmental questions, provide information and resources for training on environmental review.</p>
<p><b>MEASURE Evaluation</b></p> <p>Developing new methodologies, disseminating information, building capacity, and implementing best practices in monitoring and evaluating health programs.</p>	<p>Categorical Exclusion:</p> <p>a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;</p> <p>c) 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;</p> <p>d) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;</p> <p>e) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);</p> <p>(g) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.</p>	<p>No biophysical interventions involved</p> <p>Categorical exclusion applies except to the extent that activities might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.)</p>
<p><b>MEASURE CDC/DRH</b></p> <p>Activities involving survey design and implementation, dissemination of survey results</p>	<p>Categorical Exclusion:</p> <p>a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;</p> <p>c) 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;</p> <p>d) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;</p> <p>e) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as</p>	<p>No biophysical interventions involved</p> <p>Categorical exclusions apply except to the extent that activities might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.)</p>

	construction of facilities, water supply systems, waste water treatment, etc.); (g) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.	
<b>MEASURE CDC/DRH</b> Activities that involve the collection, safe handling and disposal of medical and biohazardous materials.		The development and implementation of a medical waste management program is required. Consult EGSSA ( <a href="http://www.encapafrika.org">www.encapafrika.org</a> ) and utilize the Minimal Program Checklist (Annex A).  (Further details re: medical waste management conditions are given following this table.)
<b>MEASURE BUCEN-SCILS</b> Strengthen the capability of statistical offices in developing countries to collect, analyze, disseminate and use data to increase understanding of population structure and demographic trends and their implications for development planning and policy planning.	Categorical Exclusion: a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs; c) 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings; d) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers; e) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.); (g) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.	No biophysical interventions involved  Categorical exclusion applies except to the extent that activities might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.)

## 4.2 Activities recommended for Negative Determination with conditions

### 4.2.1 Medical and biohazardous materials

A **Negative Determination with Conditions**, per §216.3(a)(2)(iii), is recommended for:

Activities under MEASURE DHS and MEASURE CDC/DRH that handle medical materials and biohazardous waste for collection and analysis of biomarker data and storage of samples.

**Conditions:**

- For all USAID-supported activities entailing biological sample collection, MEASURE CTOs must work with their implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. The USAID Bureau for Africa’s Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8, “Healthcare Waste: Generation, Handling, Treatment and Disposal” (<http://encapafrika.org/SmallScaleGuidelines.htm>) contains guidance which should inform the CTOs’ activities to promote proper handling and disposal of medical waste, particularly in the section titled, “Minimum elements of a complete waste management program.” Other important references to consult in establishing a waste management program are “WHO’s Safe Management of Wastes from Healthcare Activities” [http://www.who.int/water\\_sanitation\\_health/medicalwaste/wastemanag/en/](http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/) and the State Department cable “1993 State 264038: Model Guidance on Health Projects Involving HIV Screening and Handling of Blood.” The ability of the CTOs and the implementing partners to assure such procedures and capacity is understood to be limited by its level of control over the management of the facilities and operations that USAID is supporting, as well as available funding.
- Ensure reporting by partners to USAID on an annual basis on the status of environmental review and management, and the implementation of required mitigation and monitoring measures. This will include the review of implementing partners’ progress and annual reports to help determine if environmental mitigation and monitoring procedures are in place;
- Ensure incorporating into field visits and consultations with implementing partners, periodic assessment of the environmental impacts of on-going activities, and associated mitigation and monitoring measures;

**4.2.2 Facility surveys**

A **Negative Determination with Conditions**, per §216.3(a)(2)(iii), is recommended for: Measure DHS Facility Surveys.

**Conditions:**

It is USAID policy to assist developing countries in strengthening their capabilities to evaluate potential environmental effects. Any facility-based surveys should include appropriate environmental questions, for example:

- How does the clinic/hospital safely dispose of its sharps and medical waste?
- Are facility staff trained and equipped to identify and treat chemical intoxications? (for areas where the government is supporting use of agricultural or other chemicals)

- Does the facility have access to an improved drinking water source and improved sanitation facilities?<sup>2</sup>
- Does the facility staff do outreach on environmental health issues including water, sanitation and hygiene, chemicals, and solid waste disposal?

The data generated from these questions will be used to identify environmental issues and capacity building needs. Although MEASURE implementing partners are responsible only for safe disposal of the medical waste generated by USAID-funded activities, they should ensure that the facility has information on these and other environmental issues related to health facilities.

Listed below are some internet training resources for environmental health capacity building in health care waste management, poison control, and water/sanitation/hygiene.

Management of waste from injection activities at district level. WHO, 2006. This guide is designed as a simple and practical tool to help District Health Managers elaborate a realistic District level plan to reduce improper disposal of waste from injection activities. 26 pages [http://www.who.int/water\\_sanitation\\_health/medicalwaste/mwinjections.pdf](http://www.who.int/water_sanitation_health/medicalwaste/mwinjections.pdf)

WHO's complete document on Safe Management of Wastes from Health-Care Activities is found at: <http://www.healthcarewaste.org/en/documents.html?id=1>

A chapter on a “starter” program for a very do-able health care waste management system specifically for developing countries – this is just 14 pages long and very implementation-friendly: [http://www.who.int/water\\_sanitation\\_health/medicalwaste/167to180.pdf](http://www.who.int/water_sanitation_health/medicalwaste/167to180.pdf)

An 8 page module on Education and Training for the Public, for Health Care personnel, and for Health Care Waste Management Operators covering waste segregation and disposal: [http://www.who.int/water\\_sanitation\\_health/medicalwaste/159to166.pdf](http://www.who.int/water_sanitation_health/medicalwaste/159to166.pdf)

There is a longer WHO document in both English and French versions on Designing Safe Syringe Disposal Systems for Immunization Services.  
[http://www.childredivaccine.org/files/CVP\\_Sharps\\_waste\\_planning\\_guide.pdf](http://www.childredivaccine.org/files/CVP_Sharps_waste_planning_guide.pdf)  
[http://www.childredivaccine.org/files/CVP\\_Sharps\\_waste\\_planning\\_guide\\_FR.pdf](http://www.childredivaccine.org/files/CVP_Sharps_waste_planning_guide_FR.pdf)

WHO Guidelines for poison control  
[http://www.who.int/ipcs/publications/training\\_poisons/guidelines\\_poison\\_control/en/index.html](http://www.who.int/ipcs/publications/training_poisons/guidelines_poison_control/en/index.html)

Pesticide poisonings and first aid.  
<http://extension.missouri.edu/explorepdf/agguides/agengin/G01915.pdf>. Implementers should check with the relevant government authorities to determine if there are specific exposure risks with IRS or agricultural programs that are happening in the area during this intervention.

National pesticide practice skills guidelines for medical and nursing practice:  
[http://www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=4993&nbr=3533](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=4993&nbr=3533)

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<sup>2</sup> As defined by the WHO/UNICEF Joint Monitoring Programme  
[http://www.wssinfo.org/en/122\\_definitions.html](http://www.wssinfo.org/en/122_definitions.html)

CDC's website has training materials for environmental health practitioners to help ensure their environment is protected from contamination. The emergence of many new issues and threats, such as food and water security, exposures to hazardous chemicals, building environments, radiation, vectors, biologic and infectious wastes, and terrorism threats, establishes the need for an educated and well-prepared environmental health workforce. <http://www.cdc.gov/nceh/ehs/Resources/Training.htm>

WHO's water, sanitation and health training materials for environmental outreach [http://www.who.int/water\\_sanitation\\_health/training/en/index.html](http://www.who.int/water_sanitation_health/training/en/index.html)  
[http://www.who.int/water\\_sanitation\\_health/dwq/dwqtraining/en/index.html](http://www.who.int/water_sanitation_health/dwq/dwqtraining/en/index.html)

### **4.3 Mitigation, Monitoring Measures and Evaluation:**

As required by ADS 204.3.4, the MEASURE CTOs and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this Request for Categorical Exclusion arise during implementation, and modify or end activities as appropriate.

For the activities covered under the Negative Determination with Conditions, MEASURE CTOs will ensure that provisions of the IEE concerning mitigative measures and the conditions specified herein are met. If additional activities are added to this program that are not described in this document, an amended environmental examination must be prepared.

Any grants or other monetary transfers of USAID funds (e.g., subgrants) to support this program's activities must incorporate provisions that the activities to be undertaken will comply with the environmental determinations and recommendations of this IEE. This includes assurance that the activities conducted with USAID funds fit within those described in the approved IEE or IEE amendment and that any mitigating measures required for those activities be followed.

Implementing partners' annual reports and, as appropriate, progress reports should contain a brief update on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures.

USAID/GH is responsible for assuring that implementing partners have the human capacity necessary to incorporate environmental considerations into program planning and implementation and to take on their role in the Environmental Screening Process. Implementing partners should seek training as needed, such as through participation in the Bureau environmental compliance training courses.