

451A 11-106



USAID | INDIA

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INITIAL ENVIRONMENTAL EVALUATION

PROGRAM ACTIVITY DATA

Program/Activity: HIV/AIDS Prevention Project

Objective: Investing in People 3

Program Area: Health 3.1

Programs Elements: HIV/AIDS 3.1.1

Country/Region: India

Program Objective: To strengthen institutional and human capacity to contribute towards reduction in new HIV infections at the national and state level.

Begin Date: January 1, 2011

End Date: December 31, 2016

LOP Amount: \$40,000,000

Optional Life of Project Funding: N/A

IEE Prepared By: Sampath Kumar

Date: June 14, 2011

ENVIRONMENTAL ACTION RECOMEMENDED:

Categorical Exclusion:	<input checked="" type="checkbox"/>	Negative Determination:	<input checked="" type="checkbox"/>
Positive Determination:	<input type="checkbox"/>	Deferral:	<input type="checkbox"/>
With Conditions:	<input checked="" type="checkbox"/>		

SUMMARY OF FINDINGS

Pursuant to 22 CFR 216.2(a), environmental analysis/evaluation is required for new projects, programs or activities authorized by USAID. This IEE evaluates activities planned under the USAID/India's HIV/AIDS Prevention Project.

Recommended action

- a) **Recommended Action: Categorical Exclusion** (\$39,375,000 of funding). Pursuant to 22 CFR 216.2(c) (3). The originator of the activities has determined that thirty two of the thirty three activities under the program (Section 1.4) will be devoted to technical assistance, training of trainers, information dissemination, and other similar types of environmentally neutral actions. These interventions are entirely within the categories listed in 216.2(c)(2) and are therefore recommended to be categorically excluded by falling under the following classes of actions:
- Education, technical assistance, training programs, except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
 - Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
 - Document and information transfer {22 CFR 216.2(c)(v)};
 - 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.) {22 CFR 216.2(c)(viii)};
 - Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly affecting the environment {22 CFR.2(c)(2)(xiv)}.
- b) **Recommended Action: Negative Determination with Conditions** (\$ 625,000 of funding) for one activity that involves two varieties of medical wastage. The prevention portion of the activity will involve the use of HIV and STI testing kits (general health care waste) which will produce lab wastage. The care portion of the activity will produce *highly hazardous* healthcare waste in the form of needles/syringes (sharps waste) as well as cotton swabs (infectious waste) of patients with HIV.

The originator of the action, the USAID/India Health Office, has determined, in accordance with 22 CFR 216.2(d) (2), that these activities have potential for minor adverse environmental impact. Accordingly, a **Negative Determination with Conditions** is recommended. The proposed condition is that the grantee/contractor should follow the National AIDS Control Organization's (NACO) detailed policies for hospital infection control and waste disposal which is in accordance with national and international standards. The Implementer should also provide evidence that all

medical wastes are managed and disposed in an environmentally safe and sound manner in accordance with all applicable Government of India (GOI) Environment Health & Safety laws, regulations and standards, USAID guidelines and best international practice.

1. BACKGROUND AND ACTIVITY DESCRIPTION

1.1 Purpose and scope of IEE

USAID/India plans a \$40 million award to strengthen institutional capacity at the national and state level to contribute towards achieving the goal of reduction in new HIV infections at the national and state level. The project will include strategies that would enhance the institutional capacity of NACO and State AIDS Control Society (SACS) to respond to the HIV/AIDS epidemic effectively. This will be accomplished by supporting specific technical assistance activities that will strengthen systems on improving the quality of planning, implementation, monitoring and evaluating the prevention programs. The ultimate aim is to contribute to the national strategy of saturating the coverage of most-at-risk populations (MARPs – defined as female sex workers, men who have sex with men, and injecting drug users) and to provide high quality prevention services to reduce HIV prevalence among MARPs and the general population by 50% from the baseline (first year 2011) in five years.

This IEE evaluates activities planned under the HIV/AIDS Prevention Project and recommends a categorical exclusion for the vast majority of activities and a negative determination with conditions for the one remaining activity.

1.2 Background

Technical Support and Capacity building is the central theme in the proposed HIV/AIDS Prevention Project implementation strategy. The HIV/AIDS Prevention Project will assist the national and state programs to strengthen the prevention programs by: 1) evidence based planning, 2) strengthening, implementation, monitoring and evaluation systems, 3) improving core skills of non-governmental organizations (NGOs), community based organizations (CBOs) and health care providers to saturate coverage and deliver quality prevention services to MARPs, 4) integrating selected HIV services into National Rural Health Mission (NRHM), and 5) carry out innovations contributing to the effectiveness and efficiency of prevention programs. These efforts will improve access for MARPs to high quality prevention services and help adopt safe sex behaviors and thereby registering impact.

1.3 Expected Results

Through an integrated response that recognizes the inter-dependence of each part of the health system, the following results will be achieved by the end of this activity:

IR 1: Institutional capacity strengthened to scale-up and improve quality of HIV prevention programs among MARPs and vulnerable populations

- IR 1.1: Strengthened capacity of national and state level government institutions on evidence-based planning, management and monitoring of HIV prevention programs
- IR 1.2: Strengthened capacity of NGOs/CBOs to saturate coverage and improve quality of services for MARPs and vulnerable populations
- IR 1.3: Developed innovative models to improve access and quality of HIV prevention programs among MARPs and vulnerable populations

IR 2: Institutional capacity and systems strengthened to integrate NACP and NRHM programs at national and state level

- IR 2.1: Capacity strengthened at national, state and district level to formulate policies, guidelines and deliver integrated services
- IR 2.2: Developed replicable models of National AIDS Control Program (NACP) and NRHM integration

The two results and five sub-results mentioned above will be achieved through a combination of technical assistance as described below.

1.4 Description of Activities

Under the HIV/AIDS Prevention Project, USAID/India will support the following illustrative activities.

One activity will produce medical wastage and could potentially cause harm to the natural or physical environment:

- Demonstrate models of improving access for MARPs including migrants to HIV testing and counseling and care and treatment services.

The remaining activities below are focused on technical assistance and capacity building will have no effect on the environment:

- Support technical support units to assist the SACS in planning, implementing and monitoring of targeted interventions (TI).
- Twin with national/international institutions to enhance SACS capacity in the areas of research, prevention technologies etc.
- Provide expanded technical assistance (TA) on source, transit and destination migrant interventions such as micro-planning, monitoring, capacity building of NGOs.
- Demonstrate alternate models to improve the quality of technical support to SACS.
- Document the best practices of Technical Support Unit (TSU), State Training Resource Center (STRC) and TA support to SACS.
- Support an expanded national technical support unit to assist NACO in monitoring the quality of prevention services implemented by SACS. In addition, provide need-based technical assistance to SACS in the various areas of prevention programs including strengthening linkages with care and treatment services for MARPs and migrants.

- Support activities for building the programming, technical and implementation capacity of NACO for directing the HIV response effectively. For example, twinning with other US universities/institutions.
- Conduct operations research studies on management of TSU and STRC programs.
- Establish a technical resource group (TRG) on prevention to guide the national prevention policies and plans.
- Develop an agenda for operations research and evaluation of the national prevention program and support the implementation of its plan.
- Ongoing consultations with NACO on NACP IV priorities.
- Support NACO in integrating gender concerns into prevention, care and treatment programs
- Support STRCs to train NGOs on core skills of targeted interventions such as behavior change communication (BCC), condom promotion, STI care, MIS, enabling environment and linkages to HIV testing and care and treatment.
- Develop scientific approaches in training including innovations in teaching /learning methodologies and evaluating effectiveness of curriculum and training.
- Pilot innovations in improving the effectiveness of the training program for peer educators.
- Design a curriculum and implement a training program to address gender concerns in TI program.
- Implement a comprehensive prevention-to-care continuum program in Thane a high prevalence district in Maharashtra State.
- Implement multiple demonstration programs including operations research for HIV prevention among different migrant groups in the state of Maharashtra (integrate OR in current migrant intervention) and other focus states, and feed lessons to the national program.
- Pilot innovative district level response in high burden districts (> 1%) reaching comprehensively MARPs and the general population.
- Pilot alternate models of targeted interventions. For example, one district level nodal TI instead of multiple TIs.
- Develop creative approaches/models to scale-up and improve the quality of prevention programs among MSMs.
- Provide management support for implementing the global fund supported link workers scheme (LWS) including monitoring the quality of services to MARPs.
- Pilot programs to address gender concerns of migrant women at destination sites (e.g., migrant women in construction and other small scale industries).
- Conduct an evaluation to assess the effectiveness of LWS and guide the national policy.
- Support a task force to guide and assist Ministry of Health and Family Welfare (MOHW) and NACO for carrying forward the integration agenda.
- Design capacity building program for integration including developing training modules.
- Design a monitoring and evaluation systems and support MOHW and NACO in the implementation.
- Design strategies to improve access for women to counseling and testing and care and treatment services.
- Document best practices/lessons learned in integration.
- Pilot the Prevention of Mother to Child Transmission (PMTCT) integration with general health services in one or two of the focus states and feed the lessons for the roll-out of the national integration program.
- Support integration and scale-up of programs for orphan and vulnerable children and widows due to HIV/AIDS.

- Pilot programs to address the HIV testing needs of unmarried, non-pregnant and post-partum women.

2.0 Country & Environmental information

2.1 Locations

The HIV/AIDS Prevention Project activities will be implemented at National level and in the states of Maharashtra, Uttar Pradesh, Orissa and Rajasthan.

2.2 National Policies and Procedures on Bio-medical Waste

Separate legislations have been framed by the Indian government on bio-medical waste. The first standard on the subject was brought out by the Bureau of Indian Standards (BIS), IS 12625: 1989, entitled 'Solid Wastes-Hospitals-Guidelines for Management.' The Central Government later notified '**Biomedical waste (Management & Handling) Rules**, on 20th July, 1998 under the Environment (Protection) Act, 1986. These rules apply to all those who generate, collect, receive, store, transport, treat, dispose or handle bio-medical waste in any form.

According to Biomedical waste (Management & Handling) rules, it is the duty of every occupier of an institution generating bio-medical waste, which includes hospitals, nursing homes, clinics, dispensaries, veterinary institution, animal houses, pathology laboratories, blood banks etc., to take all steps to ensure that such wastes are handled without any adverse effect to human health and the environment. Procedures for segregation and handling of waste is also specified in the rules.

Each State and Union Territory (UT) Government is required to establish a prescribed authority for this purpose. The respective governments will also constitute advisory committees to advise the government with respect to implementation of these rules.

3. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

a) Recommended Action: Categorical Exclusion (\$39,375,000 of funding). Pursuant to 22 CFR 216.2(c)(3). The originator of the activities has determined that thirty two of the thirty three activities under the program (Section 1.4) will be devoted to technical assistance, training of trainers, information dissemination, and other similar types of environmentally neutral actions. These interventions are entirely within the categories listed in 216.2(c)(2) and are therefore recommended to be categorically excluded by falling under the following classes of actions:

- Education, technical assistance, training programs, except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2(c)(v)}:

- 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.) {22 CFR 216.2(c)(viii)}:
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly effecting the environment {22 CFR.2(c)(2)(xiv)}.

b) Recommended Action: Negative Determination with Conditions (\$ 625,000 of funding, i.e., 2 percent of total funding) for one activity that involves two varieties of medical wastage. The prevention portion of the activity will involve the use of HIV and STI testing kits (general health care waste) which will produce lab wastage. The care portion of the activity will produce *highly hazardous* healthcare waste in the form of needles/syringes (sharps waste) as well as cotton swabs (infectious waste) of patients with HIV.

The originator of the action, the USAID/India Health Office, has determined, in accordance with 22 CFR 216.2(d)(2), that these activities have potential for minor adverse environmental impact. Accordingly, a **Negative Determination with Conditions** is recommended. The proposed condition is that the grantee/contractor should follow the NACO's detailed policies for hospital infection control and waste disposal which is in accordance with national and international standards. The Implementer should also provide evidence that all medical wastes are managed and disposed in an environmentally safe and sound manner in accordance with all applicable Government of India (GOI) Environment Health & Safety laws, regulations and standards, USAID guidelines and best international practice.

The table below lists all the activities according to Reg. 216 requirements and recommends Threshold Decisions and environmental compliance actions

S. No	Illustrative activities	Effect on Natural or Physical Environment	Threshold decisions and Reg. 216 actions required
1	Demonstrate models of improving access for MARPs including migrants to HIV testing and counseling and care and treatment services.	Insignificant or minor effect	Negative Determination with conditions a. The grantee/ contractor is required to follow the NACO's detailed policies for hospital infection control and waste disposal which is in accordance with national and international standards. ¹

¹ **Disposal of Hazardous Waste:** Hazardous waste will be segregated properly and disposed of safely, in a manner that eliminates any possibility of infecting clinic staff or community members. The waste generated in the clinic is classified as the following:

			b. The Implementer should also provide evidence that all bio-medical waste are handled and disposed in an environmentally sound and safe manner consistent with the standards of the GOI as well as International best practices.
	All other activities which involves technical assistance, capacity building and campaigns.	No effect	Categorical Exclusion: no action required

- *Sharps waste:* e.g., single-use disposable needles, needles from auto-disable syringes, scalpel blades
- *Infectious waste:* e.g., waste contaminated with blood and other bodily fluids, including gloves, cotton, dressings, waste from laboratory tests and specimens
- *Pharmaceutical waste:* e.g., expired, damaged, or otherwise unusable medicines
- *General waste:* paper, etc.

Clinic waste will be segregated as given below:

Type of Waste	Color of Bag	Label
Sharps waste	Blue/white	Danger Contaminated sharps
Infectious waste	Red	Infectious substances
Pharmaceutical waste	Black	Toxic substances

Proper waste management begins in the clinic with safe handling of waste and continues until its safe final disposal. All infectious waste should be decontaminated before disposal. Disposable items such as gloves, syringes, IV bottles, catheters, etc. have to be shredded, cut or mutilated. This ensures that they are not recycled/reused. They have to be dipped in an effective chemical disinfectant for a sufficient amount of time or autoclaved or microwaved so that they are disinfected. A good disinfectant such as bleach/hypochlorite solution should be used. Liquid pathological waste such as blood, serum, etc. should be treated with a chemical disinfectant. The solution should then be treated with a reagent to neutralize it. This can then be flushed into the sewage system.

Clinics should dispose of hazardous waste through arrangements with a recognized medical waste disposal service or through arrangements with a nearby hospital. (Source: *Operational Guidelines for Program Managers and Service Providers for Strengthening STI / RTI Services, 2007 NACO*; *Operational Guidelines for Integrated Counseling and Testing Centers, 2007 NACO*; and *Operational Guidelines For Community Care Centers, 2007, NACO*)

3.2 Mitigation, Monitoring & Evaluation

Specific Responsibilities

COTRs/AOTRs (Contract or Assistance Agreement Officer Technical Representative) or Activity Managers will make sure environmental conditions set forth in this IEE are met and that the Regional Officer for Acquisition and Assistance incorporates these terms into the relevant implementing instrument. In addition, the COTR/AOTR/Activity managers will ensure that appropriate environmental guidelines are followed and that adequate monitoring and evaluation protocols are in place to ensure implementation of mitigation measures.

The **Strategic Objective (SO) Team** will ensure that environmental compliance language from the IEE is translated into procurement documents and contracts.

The **Mission Environmental Officer (MEO)** will review environmental compliance documentation. The MEO will conduct spot checks to ensure that conditions in the IEE are met. The evaluations will review whether guidelines are properly used to implement activities under this IEE in an environmental sound and sustainable manner according to the Indian and USAID policies and regulations.

The implementing **contractor or partner** will ensure that all activities conducted under this program comply with the conditions established in this IEE. Implementers will notify USAID if activities are found to have unintended consequences or mitigation measures are ineffective.

Activities that are not in compliance with approved environmental documentation will be modified or terminated. If activities are found to have unintended negative consequences or mitigation measures are not effective, then activities need to be modified and/or mitigation measures need to be modified. An amended IEE will be prepared if additional activities outside the described scope of work are added.

Conditions & Implementer Procedures:

- All program activities will seek to raise awareness on use and disposal of hazardous biomedical waste.
- Occupational Health and Safety (OHS) and other relevant laws and regulations, standards, norms of India and best practices for bio medical waste management will be followed in implementing the activities. The Implementer(s) will ensure compliance by its staff, and subcontractors with USAID regulations, policies, procedures, and acceptable best practice as well as compliance with applicable national environmental legislations.
- The Implementer(s) will include environmental compliance considerations into all aspects of the program implementation and will promote and train local counterparts on environmental requirements and standards across all of the program's activities. Such proposed activities will be included into annual work plans, and results will be reported in annual reports.
- Each activity should be conducted in a manner consistent with good design and implementation practices described in USAID *Environmental Guidelines for Small*

Scale Activities in Africa on Healthcare Waste: Generation, Handling, Treatment and disposal (<http://www.encapafrika.org/egssaa/medwaste.pdf>) as well as WHO document at http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/

Training and Reporting Requirements:

The Contract(s) with the Implementer(s) will include a requirement to follow all recommendations of this IEE. The Implementer(s) will be responsible for training his staff, subcontractors, and counterparts on the contract's environmental requirements and for ensuring their compliance with these requirements.

The Implementer(s) will have the following documentation and reporting requirements associated with the environmental compliance:

- Annual Work Plans will have a section on the planned activities related to environmental compliance.
- Progress Reports will have a section on the status of activities related to environmental compliance. If the activities implemented do not have any negative impact on the environment, this should be documented as well.
- Final Report will have a section that will summarize program activities related to environmental compliance and will describe results, including information on any positive or negative environmental effects of program activities.

3.3 Limitations of the IEE

This IEE does not cover activities involving:

- Assistance for the procurement, use or recommendation for use of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials.
- Activities involving support to wood processing, agro-processing, industrial enterprises, and regulatory permitting.
- Assistance, procurement or use of genetically modified organisms (GMOs).
- DCA or GDA programs.
- Procurement or use of Asbestos Containing Materials (ACM) (i.e. piping, roofing, etc.), PCB containing transformers, or other hazardous/toxic materials for construction projects.
- Procurement, use and/or disposal of equipment containing and/or generating low radioactive materials and wastes.

3.4 Revisions

Pursuant to 22 CFR 216.3(a) (9), if new information becomes available which indicates that activities to be funded by the HIV/AIDS Prevention Project might be "major" and its effects "significant," this determination will be reviewed and revised by USAID/India and submitted to the BEO for approval, and, if appropriate, an environmental assessment

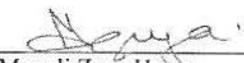
will be prepared in accordance with the procedures stipulated in 22 CFR 216. The Bureau Environmental Coordinator has authority to approve IEE under 22 CFR 216.3(a) (2).

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED

By signing below, you approve the IEE for the HIV/AIDS Prevention Project.

MISSION ENVIRONMENTAL OFFICER CLEARANCE:

Activity Manager:  Date: 6/17/2011
V. Sambath Kumar, Health Office

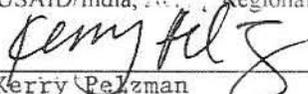
Mission Environmental Officer:  Date: 6/17/2011
Monali Zeya Hazra
USAID/India – Mission Environmental Officer

ADDITIONAL CLEARANCE:

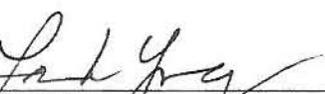
Program Support:  Date: 6/21/11
Jennifer Graetz, Program Officer, Director

Regional Environmental Adviser for Asia & OAPA: Concurred by email on June 17, 2011 Date: June 17, 2011
Andre Baranik, Asia Bureau Environmental Officer

RLA:  Date: 7/4/2011 see me addition, p.9 (pls. add page number.)
Pat Ramsey
USAID/India, Regional Legal Advisor

DDIR:  7.6.11
Kerry Pelzman
USAID/India, Deputy Mission Director (A)

DECISION OF THE USAID/INDIA MISSION DIRECTOR:

Mission Director:  Date: 7/7/2011
Frank Young
USAID/India, Mission Director (A)

Approved: Disapproved:

DECISION OF THE BUREAU ENVIRONMENTAL OFFICER/ASIA:

ANE Bureau Environmental Officer:  Date: 7/14/11
Robert Macleod, BEO/Asia

Approved: Disapproved:

Hazra, Monali Zeya (New Delhi/CLEEO)

From: Barannik, Andrei (USAID/CAR/PS)
Sent: Friday, June 17, 2011 9:57 AM
To: Hazra, Monali Zeya (New Delhi/CLEEO)
Subject: RE: IEE for New HIV Health Program

Importance: High

Munali –

I've reviewed – looks OK – few comments:

- For theNDC, (pp 2-3 and later in the text, where appropriate,) I'd suggest to have the following sentence "The Implementer shall comply with and provide evidence that all medical wastes are managed and disposed in an environmentally safe and sound manner in accordance with all applicable GOI EHS laws, regulations and standards, USAID guidelines and best international practice"
- Sec 3.3 – I would suggest to add the following to Limitations of the IEE "Procurement, use and/or disposal of equipment containing and/or generating low radioactive materials and wastes"
- Signature page: please change to Regional Environmental Adviser for Asia & OAPA & Andrei Barannik; + Asia Bureau Environmental Officers

With the above, please have the IEE duly signed in the Mission, put "concurring by e-mail" on REA/Asia & OAPA line and send it to Bob Macleod, BEO/Asia for his review and approval.

Brgds,
Andrei

P.S. Please check with Jennifer re 1) revised Mission Order on Environmental Compliance; 2) Mission's response to Frank Young Memo re OIG Audit, and 3) subsequent 22 CFR 216 training to new staff.

Andrei Barannik
Regional Environmental Adviser for Asia & OAPA
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THIS E-MAIL IS UNCLASSIFIED AS DEFINED BY E.O. 12958

From: Hazra, Monali Zeya (New Delhi/CLEEO)
Sent: Wednesday, June 15, 2011 6:07 PM
To: Barannik, Andrei (USAID/CAR/PS)
Subject: IEE for New HIV Health Program

Andrei,

Please find attached the IEE for the new HIV AIDS Program under Health office in India. Please review and approve it.

Although majority of the activities are related to TA and building capacity of the partner institutions but there is a component of a program that will generate bio-medical waste. This has been reflected in the IEE.

Thanks and best regards
Monali