INITIAL ENVIRONMENTAL EXAMINATION AND CATEGORICAL EXCLUSION

PROGRAM/ACTIVITY/PROJECT DATA:

Program/Activity Number: 621-0010

Country/Region: Tanzania

Program/Project Title: SO 10: Enhance Multisectoral Response to HIV/AIDS

Foreign Assistance Objective 3: **Investing in People**
Program Area 3.1: **Health**
Program Element 3.1.1: HIV/AIDS

Prevention and HIV Testing
- Sub element 3.1.1.2: Abstinence and Be Faithful
- Sub element 3.1.1.3: Medical Transmission/ Blood Safety
- Sub element 3.1.1.4: Medical Transmission/ Injection Safety
- Sub element 3.1.1.5: Condoms and Other Prevention
- Sub element 3.1.1.9: Counseling and Testing (CT)

Community Services: Care for People Living with HIV/AIDS (PLHA)
- Sub element 3.1.1.6: Palliative Care: Basic Health Care and Support
- Sub element 3.1.1.8: Orphans and Vulnerable Children (OVC)

Clinical Services
- Sub element 3.1.1.1: Preventing Mother-To- Child Transmission (PMTCT)
- Sub element 3.1.1.7: Palliative Care: TB /HIV
- Sub element 3.1.1.10: HIV/AIDS Treatment/ ARV Drugs
- Sub element 3.1.1.11: HIV/AIDS Treatment/ARV Services

Systems Strengthening
- Sub element 3.1.1.12: Laboratory Infrastructure
- Sub element 3.1.1.13: Other /Policy Analysis and System Strengthening
- Sub element 3.1.1.1.14: Host Country Strategic Information Capacity

Funding Begin: FY 2005_ **Funding End:** FY 2014; **LOP Amount:** $ 800.0 Million
Sub- Activity

IEE Prepared By: David Kinyua USAID/EA, Regional Environmental Procedures and Policies Specialist and Mary Chale, USAID/Tanzania, HIV/AIDS Program Specialist
Current Date: May 27, 2009

IEE Amendment (Y/N): __Y__ If "yes", Filename *35Tanzania1_SO10_HIV_AIDS_PEPFAR*
& date of original IEE: 1-28-2005

ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)
Categorical Exclusion: __X__ Negative Determination: __X__.
Positive Determination: _____ Deferral____

ADDITIONAL ELEMENTS: (Place X where applicable)
CONDITIONS ___X___ PVO/NGO: ___X___.

Other Relevant Environmental Compliance Documentation: This IEE references the following USAID environmental compliance documentation that is already in effect for ongoing activities under USAID/ Tanzania:

- *35Tanzania1_SO10_HIV_AIDS_PEPFAR*
- *Environmental Guidelines for Small Scale Activities in Africa (EGSSAA)*

SUMMARY OF FINDINGS:

USAID / Tanzania HIV/ AIDS PEPFAR program under Strategic Objective No. 10 has four intermediate results: Prevention and HIV testing; Community Services-Care for PLHA; Clinical Services; and Systems Strengthening. The specific program activities however correspond to the four-teen sub-elements under HIV/AIDS as laid out in the Foreign Assistance framework grouped under the four Intermediate Results. The program currently has approximately 50, local and international, implementing partners. The program was covered by the IEE (*35Tanzania1_SO10_HIV_AIDS_PEPFAR)* of February March 2005, which reviewed the program activities during the design. The program has since increased in complexity and detail and required further environmental review to examine the additional program activities not previously and specifically reviewed at the design phase. The funding level for the PEPFAR program is likely to level-out at about $140 million per year and may not differ significantly from the level initially covered by the previous IEE.

This IEE, therefore, amends the existing one and specifically reviews all the program sub-elements (under the FA framework) being implemented by the USAID/Tanzania, HIV/AIDS team.

Environmental Determinations:

The following environmental determinations are recommended
1. A Categorical Exclusion from environmental examination is recommended for activities (See Sect. 3.6, Table 1 Activity Group 1) under:

- All the activities under **3.1: Clinical Services** *except those involving supporting permaculture, renovation of facilities, provision of the ITNs and those involving health care treatment and testing involving blood, which are determined to be Negative Determinations;*
- All the activities under **3.2** Community Care for PLHA, *except the activities involving permaculture, dealing and distribution of ITN and counseling and testing all of which are determined to be Negative Determinations;*
- All the activities under**r 3.3: Prevention and HIV Testing** *except those involving construction and renovation of facilities, provision of the ITNs and those involving testing involving blood, which have a different Threshold Determination in this IEE; and*
- All the activities under 3.4: **Systems Strengthening** except the activities involving construction and renovation of facilities which determination is provided for below:

Pursuant to the following 22CFR clauses:
a) 22 CFR 216.2(c) (2) (i), for activities involving education, training, technical assistance or training programs;
b) 22 CFR 216.2(c) (2) (iii), for activities involving analyses, studies, academic or research workshops and meetings;
c) 22 CFR 216.2(c) (2) (v), for activities involving document and information transfers; and
d) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or FP services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.).

2. **A Negative Determination (without Conditions)** recommended pursuant to 22 CFR 216.3(a)(2) (iii) for the following activities:

i) Backyard vegetable gardens deemed to incorporate adequate good agricultural practices:

- **Support permaculture gardening by** for household food security, section 3.*1.5: Adult care and treatment (Clinical Services) 3.2.2* Palliative care: Basic Health care and support (Community Care for PLHA)

Conditions:
Application of appropriate guidelines and use of best practices in agriculture including applying the soil and water conservation technologies to protect land from degradation and reclaim land that has been degraded and using interventions that reduce habitat loss by increasing agricultural productivity and sustainability on already-farmed lands (using improved seed; using multiple cropping; using fertilizers, manures and irrigation and replacing old or inadequate irrigation systems; and rotating crops;). For further details on the agricultural best practices, see, http://www.encapafrica.org/EGSSAA/Word_English/agriculture.doc

i) Construction and renovation of facilities:

- Renovation of Facilities as needed to improve patient flow and confidentiality, and expand service capacity, under *Clinical services, section 3.1.3: Treatment and ARV services;*
- Implementing smaller scale construction projects by USG partners and MSD construction and renovation work to improve the storage and delivery capacity of their nine national and regional facilities under *Systems Strengthening, section 3.4. 2 (Other /Policy Analysis and Systems Strengthening)*

Conditions:
Rehabilitation of existing facilities and construction of facilities in which the total surface area disturbed is less than 10,000 square feet shall be conducted following principles for environmentally sound construction, as provided in the Small Scale Construction chapter of the USAID Environmental Guidelines for Small-scale Activities in Africa, which can be found at: www.encapafrica.org.
All construction activities shall be conducted following principles for environmentally sound construction, as provided in *Chapter 3: Small Scale Construction* of the USAID Environmental Guidelines for Small-scale Activities in Africa.

iii) Distribution of Long lasting Insecticide Treated Nets (LLITNs) under:

- Providing bed-nets for exposed infants and HIV+ pregnant women under *3.1.1: Prevention of Mother to Child Transmission (PMTCT) of Clinical Services component.*
- Collaborating with the President's Malaria Initiative (PMI), National Malaria Control Program (NMCP), and GFATM regarding control of malaria for PLWHA and other vulnerable groups, including promoting the use of insecticide treated bed nets (ITNs) and supplying ITNs for the under five children and to ensure GFATM support reaches PLWHA under *section 3.1.7 of the Clinical Services component*
- Funding bulk mosquito net and food purchases under *section 3.2.1: Orphans and Vulnerable Children of the Community Care for PLHA*
- Providing bed-nets obtained through local distributors by using the national voucher scheme used by PMI or distribute bed nets through home-based care volunteers under section *3.2.2 Palliative Care: Basic Health Care and Support (Community Care for PLHA)*

Conditions:
If the program includes support for the acquisition, distribution or marketing of LLITNs, the HIV/AIDS Teams and partner organizations will be required to use World Health Organization (WHO) approved brands of LLITNs and adhere to all relevant stipulations made in the USAID Africa Bureau Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan

Africa (ITM PEA). If a need for net treatment or re-treatment arises, the Team will draft and gain approval for a "Pesticide Evaluation Report and Safer Use Action Plan" (PERSUAP) for the ITN program.

iv) Activities involving Health care, treatment and testing of blood:

3.1 Clinical Services:

3.1.1 PMCT

- Increasing coverage of PMTCT services; increasing uptake of PMTCT ARVs and more efficacious regimens; increasing child follow-up (including infant diagnosis and cotrimoxazole (CTX))Prevention, treatment, care and support services for adults and children;
- provider-initiated counseling and testing; WHO-tiered ARV approach; and TB screening

3.1.3 ARV Services

- Improving identification of pediatric cases and referrals for services; improving linkages with other programs to ensure and enhance a continuum of care (TB/HIV), Counseling and Testing (C&T), PMTCT, prevention services including a Prevention with Positive (PWP) initiative focusing on partner testing, disclosure, risk reduction, family planning, and treatment of sexually transmitted infections; improve the quality of treatment services at all levels; and scaling up the outlets for providing ART.

3.1.4 Palliative Care: TB/AIDS

- Supporting implementation of TB/HIV activities in both the TB clinic and CTC settings at regional and district levels and supporting the expansion of diagnostic testing and counseling for HIV in TB clinics.

3.1.5 Adult care and treatment

- Screening for cervical cancer among HIV-infected women

3.2 Community Care for PLHA:

3.2.2 Palliative Care: Basic Health Care and Support

- Piloting home counseling and testing, providing an opportunity to alter the policy to allow for lay testers

3.3 Prevention and HIV Testing

3.3.3 Counseling and Testing

- Increasing access to Counseling and Testing (CT) services, particularly in high prevalence areas and with most at risk populations. Specific areas of focus include development of services along transportation corridors and the use of mobile VCT centers for hard to reach high-risk groups.
- Expanding best practices, including continued roll-out of Provider- Initiated Testing and Counseling (PITC)
- Strengthening CT programming at blood donation sites, increasing the identification of discordant couples, and screening for gender-based violence during CT sessions

3.3.4 Condoms and Other Prevention Activities

- Promoting Male Circumcision (MC) service package including the provision of HIV testing and counseling services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS;
- Providing treatment for Sexually Transmitted Infections (STIs) for HIV+ individuals
- Addressing Injection Drug Use through community outreach, including voluntary HIV counseling and testing and promotion of safer sexual practices

Conditions

For all activities involving handling of blood, used bandages, sharps (including needles, syringes, scalpels, etc) and other medical wastes, the HIV/AIDS Team must work with its implementing partners to monitor (as detailed in section 4 of this IEE) the extent to which the medical facilities and operations

involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. If notified of inadequate procedures and capabilities through such monitoring, the Team will take appropriate mitigating action as outlined in ADS 204.3.4(b), assuring that adequate medical waste management procedures and capacities are put in place as soon as possible.

4. Pesticides: This IEE does not cover procurement, use, transport, storage or disposal of pesticides or other toxic materials, which would require an amended IEE, pursuant to 22 CFR 216.3(b), USAID's Pesticide Procedures. Likewise, any activities implicating the testing and use of genetically-modified organisms (GMOs) or life-modified organisms (LMOs) shall be subject to review under the Agency's Biosafety Procedures.

5. Monitoring, Evaluation and Reporting: As required by **ADS 204.3.4**, the HIV/ AIDS (SO 10) team must actively monitor ongoing activities for compliance with approved IEE recommendations, and modify or end activities that are not in compliance. If additional activities not described in this document are added to this program, then amended or new environmental documentation must be prepared. The SO team will also ensure that provisions of the IEE concerning mitigating measures and the conditions specified herein along with the requirement to monitor are incorporated in all contracts, cooperative agreements, grants and sub-grants.

The Tanzania HIV/AIDS PEPFAR Team will use an annual EMMR to ensure programmatic compliance with 22 CFR 216 and ADS 204.5.4 by documenting that the conditions specified in the SO 10 PEPFAR IEE have been met for all activities carried out under each bi-lateral award. The EMMR must be completed by each organization carrying out activities under a USAID/Tanzania SO 10 bi-lateral award. The EMMRs will be reviewed and approved by the CTO and the Mission Environmental Officer.

The EMMR consists of 3 parts:

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

The EMMR Environmental Verification Form
Because of the integrated nature of the USAID/Tanzania PEPFAR portfolio, a single bi-lateral award (along with any sub-awards) often contains activities having different conditions required for prevention or mitigation of environmental impact. This form indicates the categories of activities carried out by implementing partners (or their sub-awardees).

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

The EMMR Reporting Form
This form reports on the results of applying the mitigation measures described in the Mitigation Plan and identifies outstanding issues with respect to required conditions. In some cases, digital photos will be the best way to document mitigation and should be included in the report.

APPROVAL OF THE RECOMMENDED ENVIRONMENTAL ACTION:

CLEARANCE:
Mission Director: /cleared/ Date: 6/10/2009
Robert F. Cunnane

CONCURRENCE:
Bureau Environmental Officer
USAID/AFR BEO: Date:
Brian Hirsch Approved:
Disapproved:

Filename: Tanzania_FY08_FO3_HIV-AIDS_IEE_Amendment1

CLEARANCE:

ADDITIONAL CLEARANCES: (Add as appropriate; type name under signature line)

Mission Environmental Officer
USAID/Tanzania: /cleared/ Date: 6/10/2009
Gilbert Kajuna

HIV/AIDS (SO 10) Team Leader: /cleared/ Date: 6/10/2009
(Acting) Laura Skolnik

Regional Environmental Officer
(USAID/EA): /cleared/ Date: 6/30/2009
Walter Knausenberger

APPROVAL OF THE RECOMMENDED ENVIRONMENTAL ACTION:

CLEARANCE:
Mission Director: _____ Date: 06/11/2009
Robert F. Cunnane

CONCURRENCE:
Bureau Environmental Officer
USAID/AFR BEO: _____ Date: 02/17/10
Brian Hirsch Approved: X
Disapproved: _____

Filename: **Tanzania_FY08_FO3_HIV-AIDS_IEE_Amendment1**

CLEARANCE:

ADDITIONAL CLEARANCES: (Add as appropriate; type name under signature line)

Mission Environmental Officer
USAID/Tanzania: _____ Date: 6-10-2009.
Gilbert Kajuna

HIV/AIDS (SO 10) Team Leader
(Acting): _____ Date: 6/10/09
Laura Skolnik

Regional Environmental Officer
USAID/EA: _____ Date: _____
Walter Knausenberger

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY/PROJECT DATA:

Program/Activity Number: 621-0010

Country/Region: Tanzania

Program/Project Title: SO 10: Enhanced Multisectoral Response to HIV/AIDS.

Foreign Assistance Objective 3: **Investing in People**
Program Area 3.1: **Health**
Program Element 3.1.1: HIV/AIDS

Prevention and HIV Testing
- Sub element 3.1.1.2: Abstinence and Be Faithful
- Sub element 3.1.1.3: Medical Transmission/ Blood Safety
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Community Services: Care for People Living with HIV/AIDS (PLHA)
- Sub element 3.1.1.6: Palliative Care: Basic Health Care and Support
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- Sub element 3.1.1.14: Host Country Strategic Information Capacity

Funding Begin: FY 2005_ **Funding End:** FY 2014; **LOP Amount:** $ 800.0 Million
Sub- Activity

1. PURPOSE AND SCOPE OF THIS INITIAL ENVIRONMENTAL EXAMINATION (IEE)

USAID / Tanzania HIV/ AIDS PEPFAR program under Strategic Objective 10 has four intermediate results: Prevention and HIV testing; Community Services-Care for PLHA; Clinical Service; and Systems Strengthening. The specific program activities are the four-teen sub-elements under HIV/AIDS (Foreign Assistance Framework) grouped under the four Intermediate Results. The program currently has forty seven, local and international, implementing partners. The program was covered by the IEE (*35Tanzania1_SO10_HIV_AIDS_PEPFAR*) of February March 2005 which reviewed the program activities during the design. The program has since increased in complexity and detail and required further environmental review to examine the additional program activities not previously and specifically reviewed at the design phase. The funding level for the PEPFAR HIV/AIDS program is likely to level out at about $140 million per year and may not significantly differ from the level initially covered by the previous IEE.

This IEE therefore amends the existing IEE and specifically reviews all the program sub-elements (under the FA framework) being implemented by the USAID/Tanzania, HIV/AIDS team.

The purpose of this IEE is to provide threshold determinations for the SO in accordance with the requirements of Regulation 22 CFR 216 (Reg. 16), ADS 204.5.4 and ADS 303. This is meant to achieve environmentally-sound activity designs, and also to allow for future amendments of the IEE as new activities are added or existing ones are extended or cancelled. The SOs' team members and activity implementing partners are responsible for the implementation of recommended environmental mitigation and monitoring measures and for ensuring that the activities remain as Categorical Exclusions, and within the bounds of Negative Determination with Conditions.

2.0 SUMMARY OF COUNTRY ENVIRONMENTAL INFORMATION

Background information provided in the original IEE (*35Tanzania1_SO10_HIV_AIDS_PEPFAR*) of February March 2005 has been amended by this IEE. Note that when the term "USG" is utilized the content refers to the work of all 5 PEPFAR agencies.

3.0 USAID/TANZANIA PEPFAR PROGRAM DESCRIPTION

The HIV/AIDS program in Tanzania has several major components: Clinical Services; Prevention and HIV testing; Community Care for People Living with HIV/AIDS (PLHA); and Systems Strengthening. The program currently has approximately 50 implementing partners working across the four areas. The FY09 budget is about $140 million and is likely to stay close to that level every year for the next five years. For the purpose of this environmental examination, the activities within each program area are summarized below, focusing more on what the program is planning on implementing, while leaving out program rationale and background information.

3.1 Clinical Services

The Clinical Services in USAID/Tanzania covers Prevention of Mother-to-Child Transmission (PMTCT), AIDS treatment and ARV drugs, Pediatric AIDS and treatment of patients co-infected with HIV and Tuberculosis. These specific sub-elements are briefly described below.

3.1.1 Prevention of Mother-to-Child Transmission (PMTCT)

The Government of Tanzania (GOT) has expanded PMTCT services from five sites in FY 2004 to 659 sites (323 dispensaries, 191 health centers, 137 hospitals, eight refugee camps) in FY 2007, of which 502 (76%) are directly supported by USG.

In order to further strengthen the program, significant improvements are needed: increased access to services; increased utilization of counseling and testing services at labour and delivery wards; increased uptake of ARV prophylaxis; strengthened postnatal follow up and infant feeding support; increased provision of basic preventive care to mothers and infants; and strengthened linkages to care and ART. An additional concern is the weak referral systems between PMTCT and ARV services. Between October 2006 and March 2007, only 2.7% of new ART patients were pregnant women. To expand comprehensive PMTCT services rapidly, and align better with the USG 5-Year Strategy, USG will support the Ministry of Health and Social Welfare (MOHSW) in the regionalization of PMTCT services. Under this plan, six USG ART partners will lead the scale-up and support of PMTCT services within their assigned 20 geographic regions. ART partners are expected to work with regional and district authorities to coordinate and strengthen implementation of PMTCT sites and linkages between PMTCT and adult and pediatric care and ART, including early infant diagnosis. By March 2008, MOHSW will have fully shifted from a role of PMTCT implementation to a role of national program coordination and management. Regionalization of PMTCT will follow the success of ART regionalization, address staffing constraints at MOHSW,

strengthen linkages between ART and PMTCT services, and support an integrated approach to care and treatment.

The following are FY 2009 priorities:

- increase coverage of PMTCT services;
- increase uptake of PMTCT ARVs and more efficacious regimens;
- increase child follow-up (including infant diagnosis and cotrimoxazole (CTX); and
- strengthen PMTCT M&E. USG including USAID) will support partners to expand PMTCT to 1,000 sites by the end of FY 2008 and 1,270 sites by the end of FY 2009.
- In using a district network approach, implementing partners will provide technical assistance and mentoring to district health authorities rather than solely providing facility-based support.
- USG will also work with care and ART partners to implement:
    - provider-initiated counseling and testing;
    - WHO-tiered ARV approach;
    - support for exclusive breastfeeding with early weaning;
    - growth monitoring;
    - nutritional supplementation;
    - CTX prophylaxis for HIV-exposed infants;
    - infant diagnosis by dried blood spot (DBS) DNA PCR or other methods;
    - TB screening;
    - family planning for HIV+ women; and
    - bed-nets for exposed infants and HIV+ pregnant women.
- People Living with HIV/AIDS (PLWHA) groups will assist with referrals and follow-up, and invitation letters will be used as one way to increase male involvement
- USG will provide technical assistance to ensure availability of essential drugs, test-kits, and supplies for PMTCT and to strengthen the Integrated Logistic System (ILS).
- Traditional Birth Attendants (TBAs) and local communities will be sensitized to support HIV+ mothers to access PMTCT services, refer them to deliver in health facilities, and assist with follow-up.
- Radio will be used as an additional community sensitization media.
- To ensure effective PMTCT-ART linkages, quality improvement teams will be formed at sites to develop facility-based referral mechanisms; the team will also work with smaller PMTCT facilties and surrounding hospitals to maximize referrals upward to ART clinics.

3.1.2 Treatment and Antiretroviral (ARV) Drugs

In Tanzania, first-line ARV drugs are procured by the Ministry of Health and Social Welfare (MOHSW) with Global Fund or other donor funds, and the US Government (USG) funds alternative first line drugs, second-line and pediatric formulations. The USG supports the strengthening of the national system, the quantification for all drugs and related commodities, and funds the purchase of commodities and a limited number of drugs when requested by the MOHSW.

To bolster the Medical Stores Department (MSD) distribution system, the USG will provide assistance to the MSD to strengthen its management and reporting systems. The USG has already provided support and technical assistance to scale up the Integrated Logistics System (ILS) for essential drugs and commodities including PMTCT, ART, and home-based care. The ILS serves as the backbone for data management at the MSD and was recently assessed and compared favorably to the pre-packed “push” reporting system that is used in other districts. The USG team plans to expand the ILS out to all regions in FY 2009.

With the resources available, the USG will:

- Support the GoT in analyzing facility-level data and provide technical assistance on quantification and procurement.
- The USG will continue to support regional and zonal teams that work at facilities on monitoring stock, quantifying drug requirements, and providing on-the-job training on data management and reporting through the ILS.
- USG will procure ARVs for 1st line alternatives, second line adult and pediatric regimens through a single partner which buys Food and Drug Administration (US FDA) approved or tentatively approved ARVs that are registered in Tanzania and are selected based on the national standard treatment guidelines.
- This program will be involved in forecasting the need for the ARVs, securing them up to the medical stores department, freight forwarding and providing technical leadership and capacity building in logistics management functions, including forecasting, procurement planning, and inventory management.

3.1.3 Treatment and Antiretroviral (ARV) Services

An estimated 400,000 Tanzanians have advanced HIV infection and would benefit from HIV treatment. The Government of Tanzania (GoT) has made significant progress in expanding access to antiretroviral therapy (ART) with the number of service outlets providing ART increasing from 32 in 2004 to over 200 in 2007. At the end of March 2007, 71,584 patients were currently on ART, compared with approximately 30,000 one year earlier. Logistical systems for the distribution of medications and ART monitoring systems were strengthened. Availability of drugs has improved and the "pull" system (where ART sites order drugs based on need) has been fully implemented. The GOT has ambitious plans to expand some ART services to a 500 health centers for a total of over 700 ART service outlets by the end of 2008.

However, Tanzania continues to face human capacity shortages, limited laboratory capacity, fragile procurement systems, and weak referral systems; all of which have been compounded by technical and policy challenges.

USG will support:

- Implementing recruitment and retention measures at the district level to complement the emergency hiring plan, which is supported by Global Fund monies provided to the Mkapa Foundation.. Preceptors will be identified to provide mainly clinical skills in support of the roll out of ARV services.
- Providing technical assistance to build the capacity of the regional and district authorities in both management and provision of supportive supervision of treatment services.
- Ensuring that all facilities receive agreed-upon standards for a minimal level of support from clinical services partners. These will include
    - training of a primary and secondary team of ART clinic staff,
    - provision and participation in regular supportive supervision site visits,
    - active promotion of provider-initiated HIV testing,
    - support for prevention with positives (PWP) programs, including partner testing, disclosure, risk reduction, family planning, and treatment of sexually transmitted infections)
    - post-exposure prophylaxis,
    - advocacy for inclusion of ART services within the regional and district budgets,
    - strengthening of systems for case reporting and record keeping as per national standards,
    - establishment of clinical mentoring by distance communication (mobile phone), and development/strengthening of referral systems and linkages to community care programs.
- Renovating facilities to improve patient flow, expand patient service capacity, and ensure confidentiality, and provide equipment and supplies not provided from the GoT or Medical Stores Department. This will be done in coordination with the GoT to ensure essential equipment mainte-

nance and support through the national system.

- Provision of:
  - improved linkages with other programs to ensure and enhance a continuum of care (TB/HIV, C&T, PMTCT, prevention services.
  - improved quality of HIV/AIDS-related clinical services at all levels.
- Identifying HIV-exposed infants and initiation of HIV care; raising health care worker awareness and clinical skills in pediatric care, promotion of provider-initiated testing among children, and routinely recording mothers' HIV-status in the child health card.
- Help enrol more than 200,000 HIV-positive patients on ART; and train more than 9,000 health care workers by the end of FY 2009.

3.1.4 Palliative Care: Tuberculosis (TB) /HIV

The Tanzania Health Sector Strategy on HIV/AIDS identifies Tuberculosis (TB) as the leading cause of death among people living with HIV/AIDS (PLWHA).

USG supported the hiring of 31 TB/HIV Coordinators to perform supportive supervision on TB/HIV co-management activities, the conduct of on-the-job training at points of service; and follow up of referrals between CTC and TB clinics. A standard TB screening tool has been developed and disseminated to all ART partners in the country. In addition, following the success of the pilot introduction of ART in TB clinics, NTLP and NACP are expanding this approach to 10 more TB clinics in an attempt to address the low up–take of referrals between TB clinics and CTC.

A major focus in FY 2009 in TB and TB/HIV services will be improving overall capabilities.

- Strengthening smear microscopy in all diagnostic centers by procuring Light Emitted Diode (LED) microscopy units with at least on unit to be placed in each district; introducing a new, sensitive diagnostic technique with less turn around time by placing Mycobacterium growth indicator tube (MGIT) equipment at zonal referral labs
- Developing an efficient specimen management and transportation system for the peripheral diagnostic centers to access the high volume MGIT.
- Strengthening the existing smear microscopy quality assurance activities at all levels of service delivery.
- Supporting the implementation of TB/HIV activities in both the TB clinic and CTC settings at regional and district levels.
- Strengthening systems to screen all HIV patients for TB and improving monitoring systems to track their referrals to TB clinics,
- Working with the NTLP and NACP to ensure that the newly-modified TB monitoring tools are introduced at all USG ART sites.
- Supporting the expansion of diagnostic testing and counseling for HIV in 600 TB clinics in 93 districts.

3.1.5 Adult Care and Treatment

USG programs are designed in support of the National Multi-sectoral Strategic Framework (NMSF), the Health Sector Strategy and the Emergency Plan Five-year strategy. At the time of the initiation of the Emergency Plan in September 2004, only about 1,500 – 2,000 of the estimated 440,000 people in need were receiving Anti-retroviral therapy (ART).

One of the successes of the Tanzanian Care and Treatment Program stems from a regionalization approached initiated by the Ministry of Health and Social Welfare (MOHSW) through the National AIDS Control Program (NACP) in FY 2005.

FY 2009 funds will support:

- Rolling out facility-based nutritional assessments of PLWHA in care and treatment programs to identify those eligible for therapeutic supplementary feeding support.
- Initiating a Food by Prescription (FBP) program to eight treatment facilities, with the lessons from this pilot helping to inform a scale up of the program in FY 2009.
- Continuing to provide nutrition education and support permaculture gardening, an easy and effective method for families to provide for basic nutritional needs.
- Continuing to link with Government of Tanzania (GoT) through relevant ministries, other developmental partners as well as the implementing partners in addressing household food security.
- Supporting a number of efforts to build capacity, strengthen systems, and address barriers faced by the program, including policy development, guideline development, adaptation of training materials, program planning and implementation, supportive supervision, and monitoring and evaluation.
- Strengthening Local Government Authorities' (particularly district councils) leadership and management approaches to assure greater accountability and sustainability.
- Screening for cervical cancer among HIV-infected women.
- Coordinating with the President's Malaria Initiative (PMI), National Malaria Control Program (NMCP), and GFATM regarding control of malaria for PLWHA and other vulnerable groups. USG and partners will to ensure that policies and guidelines are consistent and that malaria prevention and treatment guidelines are implemented in HIV care settings, and health promotion messages are followed up by the community-based care providers including promoting the use of insecticide treated bed nets (ITNs). In addition, USG will be leveraging the large program for universal coverage for ITNs expected to be funded through GFATM to ensure the support reaches PLWHA.
- Procuring water purification tablets and water storage containers for distribution through a social marketing program.
- Developing a comprehensive Prevention with Positives program, both in facilities and through the community
- Improving the linkages between care and support services, particularly enhancing the roles of community care providers in TB screening and referrals, pain management, screening for opportunistic infections and assisting patients prescription refills. An activity to develop and supply informational brochures and job aids to assist HBC providers will be expanded in FY 2009.

3.2 Community Care for PLHA

3.2.1 Orphans and Vulnerable Children

In Tanzania, about 2.5 million children under the age of 18 (over 10%) are considered orphans and/or vulnerable children (OVC). About 40% were orphaned due to AIDS-related diseases, and many are vulnerable due to a chronically ill parent who is unable to properly care for them. With USG support, the program has served 268,125 children

In FY 2009, the USG will focus primarily on improving the coverage and quality of services provided by USG-funded partners.

- Strengthen the GOT Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare. Through overall national system strengthening, including the secondment of a capacity building officer, a strategic planning officer, and a DMS specialist.
- Will support an assessment to determine gaps between current OVC partner practices and the expected service to be provided according to the standards set for each service area.
- Will support the development of a simplified version of national caretaking skills standard package for OVC and the integration of an anti-stigma tool for children.

- Will strengthen professional skills of the caregivers and communities to meet the needs of OVC.
- The USG will continue strengthen the Tanzanian Institute of Social Work's pre- and in-service social work training and national training for para-professional social workers.
- Directly support the development of short- and long-term hiring and training plans in addition to a performance-based evaluation of social workers.
- Continue to support the management of the OVC IPG group and facilitate the functioning of the National Steering Committee and the National Technical Advisory Committee. At the district level, the USG will support capacity building of local government authorities, sub-grantee non-government organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs).
- Wraparounds to improve food security and nutrition services for OVC will be piloted in the USG-supported districts after completion of the OVC food security assessment focusing on effectiveness of food and nutrition interventions.
- Strengthen households, the MVCC, and child-headed households through provision of agro-business and entrepreneurial skills in addition to small loans. The Ministry of Agriculture will contribute to policy development of OVC household food security and will expedite and ensure supportive supervision of agriculture extension workers.
- Fund bulk mosquito net and food purchases.
- The USG will also encourage strengthening and expansion of local communities' social networks that support OVC, elder caregivers and affected households to coordinate quality care.
- The USG will ensure linkages with palliative care and antiretroviral treatment (ART) programs, OVC, other child-related services, and malaria prevention and treatment.
- USG partners will work to identify HIV-positive OVC, linking them to HIV care and treatment services and community pediatric care. Additional emphasis will be placed on anti-stigma training and communication activities that can dually strengthen the coping abilities of MVCC, families, and communities.
- Support development of national guidelines, finalization of the Children's Act to ensure protection and legal aid to OVC and caregivers at all levels, and the initiation of a child-friendly police program, which will impart basic knowledge on "interactive child service" in police work.
- Support a monitoring framework to track compliance with service standards and related partner performance improvements and changes in child wellbeing.
- support the ongoing process of integrating the para social workers cadre into social welfare services work scheme as Welfare Assistants at ward levels, in order to ensure community access to welfare services and other capacity development initiaves like learning districts which will involve exchange visits, electronic communications, and IPG forums at all levels.
- Engagement with the private sector to improve their economic strengthening activities and ensure they are market-driven, as well as leverage opportunities to develop skills on small business development, financial management and resource mobilization.
- Assess technical inputs to assess best practices in improving food and nutrition security in which will lead to meeting the food and nutritional needs of households caring for OVC. Such initiatives may include public-private partnerships that engage the agro-business sector and the extension workers of the Ministry of Agriculture to address the food and nutrition security needs of households caring for OVC.

3.2.2 Palliative Care: Basic Health Care and Support

Tanzania has an estimated 2.4 million people living with HIV/AIDS (PLWHA). While about half of adult patients admissions are due to HIV related illnesses, only a small fraction of PLWHA receive palliative care.

Partners serving PLWHA under the Emergency Plan strive to provide a basic package of care services.

This includes clinical/medical care (basic pain and symptom management, nursing care, opportunistic infection prevention and treatment, malaria prevention and referral for treatment, monitoring for treatment side effects and adherence, referrals for TB screening and treatment, and nutritional counseling). Other services include spiritual care (such as participation in support groups and visitation by spiritual mentors), psychological care (support for disclosure and future life planning), social support (linking with food security interventions and income-generating activities), prevention services (such as prevention or behavioral counseling), distribution of condoms, and referral for family planning as appropriate. Safe water, hygiene instruction, and Insecticide Treated Nets (ITNs) have also recently been initiated as part of the package.

The focus for FY 2009 funding includes:

- Continuing expansion of the "standard" service package and geographic coverage; strengthened linkages between HIV/AIDS care and treatment clinics and community-based services; strengthened monitoring capabilities, and demand generation through radio spots.
- Expanding pilots of home-based counseling and testing, providing an opportunity to alter the policy to allow for lay testers.
- Putting greater emphasis on strengthening the coordination and normative role of the NACP, assist in updating guidelines for palliative care beyond HBC, assist with key policy issues, and achieve cost efficiencies through centrally planned, approved, and printed IEC materials.
- Strengthening linkages with TB services, the President's Malaria Initiative (PMI), reproductive health, and child survival.
- Expanding the successful permaculture gardening/nutritional education program linking with other USG partners, and complementing their service package.
- Developing a national monitoring system that will be rolled out to all regions
- Enhancing the ability of HBC providers to monitor patients and link to treatment facilities for referrals and back-up support by piloting in remote areas through a solar power public private partnership and the use of electronic devices.
- Completing an assessment of best practices to provide targeted nutritional support and identify methods and products for getting adequate nutrition to PLWHA.
- Developing pediatric-focused palliative care services to complement the additional case finding underway with USG treatment partners.
- Inform national policy and be actively involved in the planning for and implementation of a national monitoring system.
- Expand the present HBC guidelines to a broader set of services for palliative care.
- Work to reduce stigma and discrimination within the communities through utilizing existing peer education and community sensitization tools.
- Seek participation of PLWHA in designing and administering care services, and linking PLWHA with support groups that work with community leaders to reduce stigma.
- Build capacity at the local level to ensure that local care and treatment centers and non-governmental organizations (NGOs) providing home-based care establish a strong two-way referral system and greater accountability.
- Ensure that the database is rolled out and maintained locally, to facilitate the use of data for management, decision-making, and coordination purposes at all levels.
- Provide support for improvements to the supply chain system for essential medicines and products to ensure availability of cotrimoxazole, test kits, and HBC kits.
- Procure water purification tablets for distribution and provide bed nets.

3.3 Prevention of and HIV Testing

USG will emphasize program quality and impact, scaling-up efforts in high-risk locations and with high-risk populations through evidence-based interventions. Prevention activities will be incorporated into all

PEPFAR-funded program areas, to maximize opportunities and reach.

The portfolio will focus on the geographic areas, populations, and behaviors which data suggests are driving the Tanzanian epidemic, while balancing the need to ensure broad geographic coverage of prevention programming. To address the evolving Tanzanian context, the portfolio will build on gains achieved in FY08 through implementation of programming efforts outlined below.

- USG will increase its focus on "be faithful" ("B") and multiple, concurrent partnership (MCP) programming for adults, sexually active youth, and couples through targeted programs and complex behavior change messaging, to continue translating HIV awareness into safer practices. Efforts will include:
  - programming to reduce MCP;
  - intense behavior change campaigns via mass media (radio, TV, print) and inter-personal communication (community mobilization, individual risk reduction counseling);
  - messaging around transmission dynamics, window period, and early/acute infection;
  - emphasis on prevention of alcohol abuse; and expansion of male circumcision (MC) and gender-based violence (GBV) programming. Prevention with Positives (PWP) programs will target HIV-positive individuals and sero-discordant couples with risk reduction messages; activities will stress the importance of counseling and testing (CT), especially couples CT and disclosure.
- For most at-risk populations, USG will provide a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, empowerment), mass media, condom distribution, CT, STI referrals and treatment (as appropriate), and linkages with care and treatment. These services will be targeted for the needs of high-risk groups, including sex workers, fishermen, truckers and uniformed service personnel. Efforts will also focus on addressing sexual risk-taking among IDUs and their partners, including in Zanzibar, to address the high rates of transmission among IDU populations and prevent bridging into the general population. Condom promotion efforts will be targeted to high-risk venues and populations, including discordant couples and HIV-positive individuals through expanded PWP programming.
- USG will focus on addressing the low age of sexual debut, preparing youth to transition to healthier sexual behaviors, and reinforce the portfolio's emphasis on key risk behaviors and translating awareness into safer practices.
- The portfolio will continue to harmonize activities, including coordination of youth prevention programs; collaboration among main implementing partners on alcohol and drug abuse, "air war" and "ground war" plans, and sharing of lessons learned; and linkages among gender norms activities.

3.3.1 Abstinence and Be Faithful Programs

Key prevention priorities for PEPFAR's AB program are to: 1) empower young people with the knowledge and skills to dialogue about sexuality, adopt attitudes and practices that protect them against HIV-infection and improve access to youth friendly services; 2) reduce risk of infection among those most vulnerable due to socio-cultural factors, gender inequality and sexual abuse; and 3) increase the involvement of public and private sector enterprises and informal sector operators in the development and implementation of comprehensive workplace interventions with special attention for mobile and migrant workers; and 4) address risk behaviors which place women and men at increased HIV risk, including engaging in multiple, concurrent partnerships and transactional sex. The USG priorities listed above fall within the Government of Tanzania (GOT)'s Strategic Framework.

The USG AB portfolio approaches include:

- Focus on addressing the low age of sexual debut, preparing youth to transition to healthier sexual behaviors, and reinforce the portfolio's emphasis on key risk behaviors and translating awareness into safer practices. Programs targeting decision-makers, power-holders and gatekeepers will complement

efforts with youth.
- Bringing to scale programs targeting adults with strengthened 'B' activities addressing socio-cultural and gender norms that promote high risk behaviors such as multiple concurrent partners, trans-generational sex, gender-based violence, and increased sexual risk taking related to alcohol use/abuse as well as other substance abuse such as IDU.
- PWP programs will target HIV-positive individuals and sero-discordant couples with risk reduction messages; activities will stress the importance of CT, especially couples CT and disclosure.
- Efforts to effect normative social and cultural change, addressing gender and social norms that underlie key behavioral drivers (MCP, cross-generational sex, transactional sex) and/or hinder protective behavior change; and safe environments for vulnerable girls and women including GBV prevention. A critical focus will be work with community leaders, men, and the education sector to transform norms that promote predatory sexual behavior, including sexual violence as well as work with women and girls around skills development (e.g., condom negotiation, avoidance of trans-generational sex).
- Wrap-around programs will ensure that particularly vulnerable groups have access to livelihoods and training.

The 2008 USG AB program includes a broad portfolio of implementing partners, spanning public and private sectors and coordinating closely with national, regional and local governments.

3.3.3 Counseling and Testing

HIV counseling and testing (CT) is recognized as the main entry for HIV/AIDS treatment, care, and support services. As a result, the Government of Tanzania (GOT) is committed to increasing access to CT services. GOT introduced new testing modalities in FY 2007 with technical assistance from the USG. Most notable among these is Provider - Initiated Testing and Counseling (PITC). The roll-out of this strategy will significantly increase access to testing in clinical settings. Home-based testing is another CT method that was endorsed by GOT. Finally, another area of progress within CT has been GOT's rollout of new M&E tools, which capture data at both community and clinical CT settings. The revised tools developed with technical assistance from USG staff and partner, will provide more complete and accurate CT data.

In FY 2008 both the GOT and the USG will maintain an emphasis on demand creation while simultaneously expanding access to CT services to the underserved and most at risk. A priority will also be on ensuring adequate testing supplies and improving service delivery in the coming year. The activities will include:
- Support to a radio communication partner. The focus will continue to be on "testing literacy", location information, as well as addressing stigma and discrimination as barriers to testing uptake.
- Increase access to CT services, particularly in high prevalence areas and with most at risk populations. Specific areas of focus include development of services along transportation corridors and the use of mobile VCT centers for hard to reach high-risk groups.
- Support to continue procurement of test kit buffer stocks and offer the GOT a national procurement of test kits related to the new algorithm to support its roll-out.
- Address the associated risk of alcohol consumption and sexual risk in post-test test counseling sessions.
- Introduce non-medical, lay counselors to facilitate better management of client loads and to provide the bulk of pre-test and possibly post-test counseling.
- strengthen CT programming at blood donation sites, increasing the identification of discordant couples, and screening for gender-based violence during CT sessions.
- Mobilize priority groups and communicating information to the public about priority issues.
- Train and build capacity to collect accurate, timely, and complete CT data.

3.3.4 Condoms and Other Prevention Activities

The vast majority of new HIV infections in Tanzania are transmitted through sexual contact (80%). Key prevention priorities for PEPFAR's Condom and Other Prevention program are to:

- Increase the proportion of the sexually active population, who use condoms correctly and consistently, and promote and expand the availability of female condoms as a female controlled method for most at risk populations;
- Strengthen and scale up targeted interventions for most at-risk populations, including commercial sex workers, IDUs and truckers and communities that interface closely with these populations;
- Empower young people with the knowledge and skills necessary to protect themselves against HIV-infection – including correct and consistent condom use for higher risk and sexually active youth;
- Reduce risk of infection among those most vulnerable due to socio-cultural factors, gender inequality and sexual abuse;
- Increase the involvement of public and private sector enterprises and informal sector operators in the development and implementation of comprehensive workplace interventions with special attention to mobile and migrant workers;
- Increase the number of Tanzanians who know their HIV status and who adopt appropriate measures to protect themselves and/or their partners from infection and re-infection (PWP); and
- Provision of a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, empowerment), mass media, condom distribution, CT, STI referrals and treatment (as appropriate), and linkages with care and treatment.
- A focus on addressing sexual risk-taking among IDUs and their partners to address the high rates of transmission among IDU populations and prevent bridging into the general population.
- Condom promotion efforts for high-risk venues and populations.
- Large scale mass media, drama and "edutainment" programs that maximize synergy with national and regional festivals and other annual events
- Targeted interpersonal communication strategies including the use of community based gatherings led by popular opinion leaders, participatory village level discussion/program development age and gender cohort groups, adult and youth peer educators/counselors, peer support groups, workplace counselors and PLWHA post-test clubs for prevention with positives and discordant couples.

- Support a male circumcision assessment that will serve as a precursor to establishing effective and culturally appropriate adult male circumcision programs under the leadership of the GOT. This effort will include:
  - Support the development of operational guidelines, training materials and quality standards; undertake capacity development through site assessments, guiding facility improvements, and developing standardized training materials and patient education materials.
  - Initiate a comprehensive Male Circumcision (MC) service package including the provision of HIV testing and counseling services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS.
  - Counseling of men and their sexual partners to prevent a false sense of security resulting in high-risk behaviors that could undermine the partial protection provided by male circumcision. Patient follow-up will include assessment of counseling effectiveness; adverse unintentional gender outcomes (e.g. violence); tracking adverse clinical events and complications; and, possibly, collecting sero-conversion rates.
  - Explore the potential of engaging traditional circumcisers.

<u>Injection Drug Use</u>

Tanzania, like other coastal African nations, is seeing an increase in the trafficking and transit of drugs;

the number of injecting drug users (IDUs) is growing in tandem.

In FY09, the program will:

- Address the risk behaviors and prevention needs of IDU and overlapping populations and promote appropriate policy development.
- Implement interventions that target most at risk populations through a core intervention of community outreach, which includes voluntary HIV counseling and testing, condom distribution, and harm reduction strategies to discourage needle sharing and unsafe injection practices.
- Provide linkages to STI services, and referrals to care and treatment for those found to be HIV-positive.

3.3.5 Medical Transmission/Injection Safety

Annually, in Tanzania, the World Health Organization (WHO) estimates that at least 5% of new HIV infections are attributable to unsafe injections.

The USG is working in collaboration with other non USG partners to achieve the strategy recommended by the WHO and the safe injection global network (SIGN). USG support will focus on strengthening the IPC-IS program scale-up to 400 health centers and over 4,300 dispensaries in Tanzania. Capacity strengthening of referral hospitals and zonal training centers in the application of and education in standard safety precautions, including waste management, will be a critical component of the USG's activities fostering long-term sustainability. This includes:

- Supporting behavior change for healthcare workers and patients to ensure safe injection practices, ensuring availability of equipment and supplies, and introducing safe management procedures for disposal of medical waste. .
- Institutionalization of the supervision system to ensure that health workers apply what they have learned through regular monitoring planned by MOHSW and conducted quarterly in collaboration with partners.
- Orientation of the regional health management teams, district health management teams, and hospital management teams on IPC-IS.
- Incorporating IPC-IS commodities and supplies into annual plans;
- Building the capacity of the TFDA and Tanzania bureau of Standards (TBS) to develop quality standards for injection devices and other supplies;
- Sensitizing private sector suppliers so that local products can be available on the local market; and
- Supporting pharmaceutical services unit/MSD to develop a maximum-minimum inventory control systems for injection devices and related supplies.
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3.4 Systems Strengthening

3.4.1 Other/Policy Analysis and System Strengthening

The United Sates Government (USG) will work to improve the skills of existing service providers, increase the number of well trained new providers and overhaul select human resource systems that limit the effectiveness and productivity of workers. In addition, the USG will concentrate on strengthening national organizations to increase the pace of program implementation, empower local implementers, and create a culture whereby existing barriers are removed. Lastly, the USG will ensure key policies affecting the success of our programs, such as those related to provider initiated testing and counseling (PITC) and use of lay workers for HIV testing, are approved and executed.

FY2009 plans include the following.

- Launching a training package that encourages uptake of testing, care, and treatment services by health workers, as well as promotes stigma reduction to ensure HIV+ health workers continue to work.
- Modifying the National AIDS Control Programme's (NACP) care and treatment curriculum to

maximize effectiveness by updating information and improving instructional design.
- Developing interventions using grants to strengthen the HRH system in districts where the Emergency Hiring Plan (EHP) is being implemented.
- Developing and improving standard operating procedures and tools (e.g., executive dashboard) for the Country Coordinating Mechanisms (CCM) in Tanzania and Zanzibar to lead and manage the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM) efforts.
- Continuing support to the Rapid Funding Envelope (RFE) to channel resources and technical support to CSOs who deliver HIV/AIDS services at community level.
- Strengthening and promoting the sustainability of innovative CSOs, such as the AIDS business coalitions in Tanzania and Zanzibar.
- Supporting Members of Parliament (MPs) on the HIV/AIDS Committee to create and administer a small grant mechanism so that the MPs may receive, competitively select, and fund small grant proposals to: promote counseling and testing; address stigma and discrimination; establish prevention or post-test clubs; or other interventions.
- Partner with the Commission on Human Rights and Good Governance to focus on how to better address human rights and stigma, and begin a new initiative to combine legal counseling with testing centers to help reduce stigma and discrimination.
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3.4.2 Strategic Information

To ensure quality and sustainable HIV/AIDS programs, PEPFAR Tanzania is focused on the collection and use of strategic information for program planning and decision making. The USG's SI strategy is part of the National Multi-Strategic Framework (NMSF) for M&E: supporting human and infrastructural capacity strengthening to conduct SI activities at the national and sub-national levels including, harmonization of indicators and data systems; collection, analysis and timely reporting of quality data; and promotion of data use for planning and implementation of HIV interventions, and to inform policy.

In FY 2009, the USG will provide:
- Timely and quality reporting by enabling use of computer and cell phone technology to transmit data from local to central levels through a partnership initiative.
- Improve the Monitoring and Evaluation capacity of local organizations to facilitate better PEPFAR reporting and the use of data for decision making.

3.4.3 Human Resources for Health (HRH)

Tanzania faces an acute shortage of health professionals, severely hampering the scale-up HIV/AIDS-related services. A comparison of government staffing norms to existing staffing levels finds that only 28 percent of all positions are filled with qualified health workers. The total number of staff in the health sector meets only a small fraction of the need.

In order to deal with the HRH crisis the GOT, with USG support, has stepped up efforts to address the issue by the development of a costed Human Resources for Health (HRH) Strategic Plan; embracing an Emergency Hiring Plan (EHP); and ensuring the MOHSW's new Health Sector Strategic Plan (HSSP) includes a strong human resource component.

The human resource capacity building measures will include:
- Providing scholarships to train new health care workers in the cadres most needed.
- Integrating of para social workers to help mitigate the shortage of professional social workers,
- Introducing a pilot system of using PDA-based algorithms to allow nurses, rather than clinicians, to deliver HIV care and treatment.
- Expanding the use of a newly revised pre-service curriculum for nurses.
- Strengthening the capacity of the MOHSW to undertake in-service training, improving the capac-

ity of the ZTCs to undertake assessments of the quality of trainings and of the care provided by trainees once they are in the workplace; increasing the financial sustainability of the ZTCs; and increasing the leadership capacity of management and productivity enhancing actions at health facilities,

- Working with the health reform secretariat at the MOHSW, other ministries, Parliament, and local governments to assist these organizations to lead and advocate for the changes needed to improve the HRH situation.

3.5 Environmental Analysis of HIV/AIDS Office Activities

The activities described in the Strategic Objective 10: Enhancing Multi-sectoral response to HIV/AIDS are grouped together in the table below according to their potential impacts on the environment and, for ease of review and analysis, are summarized below in Table 1. For example, the activities in all program areas not likely to involve biophysical impacts are in Activity Group 1. The other Activity Groups are likely to have an impact on the environment or human health:

Activity Group 2: Construction and rehabilitation activities
Activity Group 3: Provision of Long-lasting Insecticide Treated Nets (LLITNs)
Activity Group 4: Involves treatment and health care in health centers and communities, HIV/AIDS testing and treatment;
Activity Group 5: Involves small-scale garden agricultural activities.

Table 1- Activities' analysis for biophysical impacts

Activities
Activity Group 1 *Technical assistance, capacity building of personnel and institutions, training, meetings, workshops, consultancies reports and document transfer, training modules development, establishing guidelines, communication campaigns, strategies, programs and planning, baseline data collection and analysis, supporting nutrition programs, advocacy , establishing networks, child health and nutrition, dissemination of HIV and AIDS care messages and best practices material, policies and guidelines, quality control systems, procurement, logistics and supply chain management, monitoring and evaluations, general assessments, awareness creation, counseling, condom distribution, curriculum development, harmonization, decentralization, water purification and storage.*
3.1 CLINICAL SERVICES **3.1.1 PMTCT** • Strengthen PMTCT Monitoring and Evaluation; and providing technical assistance and mentoring to district health offices. • Support for exclusive breastfeeding with early weaning; growth monitoring; nutritional supplementation; CTX prophylaxis for HIV-exposed infants; and family planning. • Work with PLWHAs to assist with referrals and follow-up; technical assistance to ensure availability of essential drugs, test-kits, and supplies for PMTCT and to strengthen the Integrated Logistics System (ILS); sensitizing Traditional Birth Attendants (TBAs) and local communities to support HIV+ mothers to access PMTCT services, refer them to deliver in health facilities, and assist with follow-up; and using radio as a community sensitization media; develop facility-based referral mechanisms. **3.1.2 HIV/AIDS Treatment and ARV Drugs** • Support the Government of Tanzania in analyzing facility-level data; support regional and zonal teams that work at facilities on monitoring stock, quantifying drug requirements, and providing on-the-job training on data management and reporting through the ILS; • Procure alternative first line, second line and pediatrict ARV drugs; and technical leadership and

capacity building in logistics management

3.1.3 ARV Services

- Partner with Emergency Hiring Plans; and technical assistance to build the capacity of district and regional authorities.
- Improve training of ART clinic staff; provide supportive supervision site visits, active promotion of provider-initiated HIV testing; support prevention with positives (PWP) programs; post-exposure prophylaxis, advocate for inclusion of ART services within the regional and district budgets, strengthen systems for case reporting and record keeping; and establish clinical mentoring program.
- Undertake identification of HIV-exposed infants and HIV care, health care worker awareness and clinical skills in pediatric care, promotion of provider-initiated testing among children, and routinely recording mothers' HIV-status in the child health card.

3.1.4 Palliative Care: TB/HIV

- Strengthen smear microscopy in all diagnostic centers by procuring 200 Light Emitted Diode (LED) microscopy units with at least one unit to be placed in each district; efficient specimen management and transportation system for the peripheral diagnostic centers; smear microscopy quality assurance activities; strengthening systems to screen all HIV patients for TB and improving monitoring systems; introducing newly-modified TB monitoring tools.

3.1.5 Adult care and treatment

- Provide nutritional assessments of PLWHA in care and treatment programs; initiate Food by Prescription (FBP) program; provide nutrition education; build capacity, strengthen systems, and address barriers; develop guidelines adapt training materials, undertake program planning and implementation, provide supportive supervision; and support monitoring and evaluation.
- strengthen Local Government Authority's (LGAs'--particularly district councils); procure water purification tablets and water storage containers; develop a comprehensive PWP program; and improve the linkages in care and support services; enhance the roles of community care providers in TB screening and referrals, pain management, screening for opportunistic infections and assisting stable patients

3.2 Community Care for PLWHA

3.2.1 Orphans and Vulnerable Children

- Support assessment to determine gaps between current OVC partner practices and the expected services; development of a simplified version of national caretaking skills standard package for OVC and the integration of an anti-stigma tool for children; and strengthen professional's skills of the caregivers and communities to meet the needs of OVC.
- Strengthen the Tanzanian Institute of Social Work's pre- and in-service social work training and national training for para-professional social workers; development of short- and long-term hiring and training plans; strengthening national systems; management of the OVC IPG group and facilitation of the functioning of the National Steering Committee and the National Technical Advisory Committee.
- Improve food security and nutrition services for OVC; strengthen households of the Most Vulnerable Children (MVCC), and child-headed households through provision of agro-business and entrepreneurial skills in addition to small loans; fund bulk mosquito net and food purchases.
- Support capacity building of district and local government; support creative projects for economic strengthening households of the MVCC, youth clubs, expand the women's empowerment projects, peer education, develop entrepreneurial skills, job placement, and small business capital assistance; and strengthen and support expansion of local communities' social networks that support OVC, elder caregivers and affected households to coordinate quality care.
- Provide basic mapping in the districts to ensure linkages to clinical services once HIV-positive OVC are identified, ensuring they receive HIV care and treatment services and community pediatric care; develop national guidelines, finalize the Children's Act; and initiate a child-friendly police program to ensure appropriate care for children who end up in juvenile detention or needing .

- Provide monitoring framework to track compliance with service standards capacity building of social welfare officers; integrate the para social workers cadre into social welfare services work scheme; develop an operational framework for strengthening the economic capacity of households caring for OVC; engagement with the private sector to improve their economic strengthening activities; and assess technical inputs to assess best practices in improving food and nutrition security.

3.2.2 Palliative Care: Basic Health Care and Support

- Strengthen linkages between HIV/AIDS care and treatment clinics and community-based services, strengthened monitoring capabilities, and demand generation through radio spots; strengthening the capacity of the National AIDS Control Programme (NACP) to coordinate, assist in updating guidelines for palliative care beyond Home Based Care (HBC), assist with key policy issues, print and distribute IEC materials; and strengthen linkages with TB services, the President's Malaria Initiative (PMI), reproductive health, and child survival.
- Develop a national monitoring system; pilot solar-powered clinics, and electronic devices for patient reporting; and targeted nutritional support for PLWHA.
- Address policy issues; advocacy needs; curriculum strengthening; reduction of stigma and discrimination; improvements to the supply chain system for essential medicines and procurement of containers and water purification tablets

3.3 Prevention of and HIV Testing

3.3.1 Abstinence and Be Faithful Programs

- Youth programs; focusing to foster a more supportive and enabling environments; scaling up Abstinence and Be faithful (AB) programs.

3.3.3 Counseling and Testing

Support radio communication; procurement of test kit buffer stocks; assessments on the role of alcohol; capacity building for better management; mobilization of priority groups and communicating information to the public about priority issues; training and building capacity to collect accurate, timely, and complete CT data.

3.3.4 Condoms and Other Prevention Activities

- Use mass media, drama and "edutainment" programs; targeted interpersonal communication strategies; address injecting drug users and overlapping populations in Zanzibar and in targeted venues on the Tanzanian mainland; fund a male circumcision assessment; support the development of operational guidelines, training materials and quality standards; and capacity development through site assessments, guiding facility improvements, and developing standardized training materials and patient education materials
- Ensure infection control; promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages to prevention interventions and other social support services. Provide counseling to men (after male circumcision) and their sexual partners to prevent a false sense of security resulting in high-risk behaviors that could undermine the partial protection provided by male circumcision; and conduct situational analysis to explore the potential of engaging traditional circumcisers.

<u>Injection Drug Use (IDU)</u>

- Assess risk behaviors and promote appropriate policy development for IDUs; condom distribution, and harm reduction strategies to discourage needle sharing and unsafe injection practices; and provide linkages to STI services, and referrals to care and treatment for those found to be HIV-positive.

3.3.5 Medical Transmission/Injection Safety

- Support behavior change; introducing safe management procedures for disposal of medical waste; strengthening the national capacity to establish policies for safe and appropriate use of injections; ensuring appropriate and cost-effective use of injections during percutaneous or per mucosal procedures performed in medical and other settings; and ensuring safe and appropriate health care waste and sharps management in all health care facilities.

- Target advocacy and behavior change strategies; availability of adequate quantities of reuse prevention syringes; institutionalization of the supervision system to ensure that health workers apply what they have learned through regular monitoring planned by MOHSW and conducted quarterly in collaboration with partners.
- Support pharmaceutical services unit/MSD to develop a maximum-minimum inventory control systems for injection devices and related supplies.

3.4 Systems Strengthening

3.4.1 Other/Policy Analysis and System Strengthening

- Revise the pre-service curriculum for nursing training institutions; modify the National AIDS Control Program's (NACP) care and treatment curriculum; pilot interventions to strengthen the HRH system; and assess the management and leadership needs of key GOT partners and develop comprehensive work plans to systematically address these issues.
- Develop standard operating procedures and tools for training health workers; complete a policy forum with Members of Parliament (MPs); and increase the number of workers providing HIV/AIDS services at community level;
- Support the Rapid Funding Envelop (RFE) for CSOs; strengthen and promote the sustainability of innovative CSOs; advocate for policy change; support the Members of Parliament (MPs); promote counseling and testing; address stigma and discrimination; establish prevention or post-test clubs; or other interventions; work with the media and the Commission on Human Rights and Good Governance; and strengthen the management capacity for planning, budgeting, and implementation of both HIV/AIDS and OVC programs.

3.4.2 Strategic Information

- To ensure quality and sustainable HIV/AIDS programs, PEPFAR Tanzania is focused on the collection and use of strategic information for program planning and decision making. The USG's SI strategy is part of the National Multi-Strategic Framework (NMSF) for M&E: supporting human and infrastructural capacity strengthening to conduct SI activities at the national and sub-national levels including, harmonization of indicators and data systems; collection, analysis and timely reporting of quality data; and promotion of data use for planning and implementation of HIV interventions, and to inform policy.

3.4.3 Human Resources for Health (HRH)

- Provide scholarships for those training to be health care workers; train and introduce of para social workers; introduce a pilot system to look at the impact of using PDA-based algorithms; revise and apply revised pre-service curriculum for nurses; strengthen the capacity and leadership skills of the MOHSW; support advocacy programs through supporting MOHSW, other ministries, Parliament, and local governments.

Activity Group 2: *Construction and rehabilitation activities*

3.1 Clinical Services:

3.1 ARV Services

- Renovation of Facilities as needed to improve patient flow and confidentiality;

3.3 Prevention of and HIV Testing

3.4 Systems Strengthening

3.4.1 Other/Policy Analysis and System Strengthening

- Construction and renovation projects will be completed in FY 2009 to improve the availability of services throughout the country. In addition, work with MSD will continue in order to improve the storage and delivery capacity of their nine national and regional facilities.

Activity Group 3: *Provision of Long-lasting Insect5icide Treated Nets (LLITNs*)

3.1 CLINICAL SERVICES

3.1.1 PMTCT

- Provide Bed-nets for exposed infants and HIV+ pregnant women

3.1.5 Adult care and treatment

- Collaborate with the President's Malaria Initiative (PMI), National Malaria Control Program (NMCP), and GFATM regarding control of malaria for PLWHA and other vulnerable groups, including promoting the use of insecticide treated bed nets (ITNs). USG will continue to collaborate with PMI and GF in supporting the under five catch up campaign (aimed at reaching all under five children with ITNs) to ensure that vulnerable children are not left out.

3.2 Community Care for PLWHA

3.2.1 Orphans and Vulnerable Children

- fund bulk mosquito net and link program to national under-five campaign to provide ITNs

3.2.2 Palliative Care: Basic Health Care and Support

- Community volunteers will ensure that PLWHA have received bednets, leveraging the large program for universal coverage for ITNs expected to be funded through GFATM.

Activity Group 4: *Involves treatment and health care in health centers and communities, HIV/AIDS testing and treatment*

3.1 Clinical Services

3.1.1 PMCT

- increase coverage of PMTCT services;
- increase uptake of PMTCT ARVs and more efficacious regimens;
- increase child follow-up, including infant diagnosis and cotrimoxazole (CTX), and address prevention, treatment, care and support services for families
- provider-initiated counseling and testing; WHO-tiered ARV approach; infant diagnosis by dried blood spot (DBS) DNA PCR or other methods; and TB screening

3.1.3 ARV Services

- improved identification of pediatric cases and referrals for services; improved linkages with other programs to ensure and enhance a continuum of care; i.e., TB/HIV, Counseling and Testing (C&T), PMTCT, prevention services including a Prevention with Positives (PWP) initiative focusing on partner testing, disclosure, risk reduction, family planning, and treatment of sexually transmitted infections) and improved quality of treatment services at all levels; and scaling up the outlets for providing ART.

3.1.4 Palliative Care: TB/AIDS

- Supporting implementation of TB/HIV activities in both the TB clinic and CTC settings at regional and district levels; and supporting the expansion of DTC for HIV in TB clinics.

3.1.5 Adult care and treatment

- Screening for cervical cancer among HIV-infected women

3.2 Community Care for PLWHA

3.2.2 Palliative Care: Basic Health Care and Support

- pilot home counseling and testing, providing an opportunity to alter the policy to allow for lay testers

3.3 Prevention of and HIV Testing

3.3.3 Counseling and Testing

- Increasing access to Counseling and Testing (CT) services, particularly in high prevalence areas and with most at risk populations. Specific areas of focus include development of services along transportation corridors and the use of mobile VCT centers for hard to reach high-risk groups.
- expand best practices including continued roll-out of Provider- Initiated Testing and Counseling (PITC)
- Increasing the identification of discordant couples, and screening for gender-based violence during CT sessions

3.3.4 Condoms and Other Prevention Activities

- Male Circumcision (MC) service package including the provision of HIV testing and counseling

services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS; • treatment for Sexually Transmitted Infections (STIs). <u>Injection Drug Use</u> • community outreach, which includes voluntary HIV counseling and testing
Activity Group 5: *Will potentially involve small scale agricultural activities*
3.1 Clinical Services **3.1.5 Adult care and treatment** • Support permaculture gardening assistance and training addressing household food security **3.2 Community Care for PLWHA** **3.2.2 Palliative Care: Basic Health Care and Support** Expand permaculture gardening/nutritional education program

4.0 RECOMMENDED THRESHOLD DETERMINATIONS AND MITIGATION MEASURES

Table 2: Threshold determinations for each activity group in Table 1, and the recommended mitigating measures

Activities	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & conditions, mitigation or proactive interventions
Activities in Group 1: Do not involve any biophysical interventions: *Technical assistance, capacity building of personnel and institutions, training, meetings, workshops, consultancies reports and document transfer, training modules development, establishing guidelines, communication campaigns, strategies, programs and planning, baseline data collection and analysis, supporting nutrition programs, advocacy, establishing networks, child health and nutrition, dissemination of HIV and AIDS care messages and best practices material, policies and guidelines, quality control systems, procurement, logistics and supply chain management, monitoring and evaluations, general assessments, awareness creation, counseling, condom distribution, curriculum development, harmonization, decentralization, water purification and storage.*	Categorical Exclusion, per 22 CFR 216.2 (c)(2)(i), education, technical assistance or training; 216.2 (c)(2)(iii): analyses, studies, academic or research workshops and meetings; 216.2 (c)(2)(v): document and information transfers; 216.2(c)(2)(viii): programs involving nutrition, health care, or FP services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc).	Will not have a direct effect on the environment. No further environmental review required.

Activities	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & conditions, mitigation or proactive interventions
Activities in Group 2: Involves construction and rehabilitation of health care facilities: **3.1 Clinical Services:** **3.1 ARV Services** • Renovation of Facilities as needed to improve patient flow, volume of patients, and patient confidentiality; **3.3 Prevention of and HIV Testing** **3.4 Systems Strengthening** **3.4.1 Other/Policy Analysis and System Strengthening** • . o Construction and renovation projects to improve the availability of services throughout the country. In addition, work with MSD will continue in order to improve the storage and delivery capacity of their nine national and regional facilities	**A Negative Determination with Conditions** recommended pursuant to 22 CFR 216.3(a)(2)(iii) for all construction, renovation and rehabilitation of buildings	**Conditions:** The Mission shall ensure that for rehabilitation of existing facilities, and for construction of facilities the activities shall be conducted following principles of environmentally sound construction, as provided in the Small Scale Construction chapter of the USAID Environmental Guidelines for Small-scale Activities in Africa, which can be found at: www.encapafrica.org.

Activities	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & conditions, mitigation or proactive interventions
Activities in Group 3: Involves supplying Insecticide treated bed nets. **3.1 CLINICAL SERVICES** **3.1.1 PMTCT** • Provide Bed-nets for exposed infants and HIV+ pregnant women **3.1.6 Adult care and treatment** • PEPFAR collaborates with the President's Malaria Initiative (PMI), National Malaria Control Program (NMCP), and GFATM regarding control of malaria for PLWHA and other vulnerable groups, including promoting the use of insecticide treated bed nets (ITNs). USG will continue to collaborate with PMI and GF in supporting the under five catch up campaign (aimed at reach-ing all under five children with ITNs) to ensure that vulnerable children are not left out. In addition, USG will be leveraging the large program for universal coverage for ITNs expected to be funded through GFATM to ensure the support reaches PLWHA. **3.2 Community Care for PLWHA** **3.2.1 Orphans and Vulnerable Children** • fund bulk mosquito net and link OVC with under-five campaign to provide ITNs **3.2.2 Palliative Care: Basic Health Care and Support** • Provide bed nets obtained through local distributors by using the national voucher scheme used by PMI or through universal coverage for ITNs. **3.3 Prevention of and HIV Testing**	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii).	If provision of supplies will include insecticide treated bed nets (ITNs), the Team and partner organizations will be required to use reliable brands of long-lasting treated nets and adhere to other the stipulations made in the USAID Africa Bureau Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa (ITM PEA).
Activities in Group 4: Involving treatment in health centers, blood testing and potential generation of hazardous health waste: **3.1 Clinical Services** **3.1.1 PMCT** • increase coverage of PMTCT services;	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii).	For all activities involving handling of blood, used bandages, sharps (including syringes, scalpels, etc)

Activities	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & conditions, mitigation or proactive interventions
• increase uptake of PMTCT ARVs and more efficacious regimens; • increase child follow-up (including infant diagnosis and cotrimoxazole (CTX)) Prevention, treatment, care and support services for adults and children • provider-initiated counseling and testing; WHO-tiered ARV approach; infant diagnosis by dried blood spot (DBS) DNA PCR or other methods; and TB screening **3.1.3 ARV Services** • improved identification of pediatric cases and referrals for services; improved linkages with other programs to ensure and enhance a continuum of care (TB/HIV, Counseling and Testing (C&T), (PMTCT), prevention services including Prevention with Positives (PWP) initiative focusing on partner testing, disclosure, risk reduction, family planning, and treatment of sexually transmitted infections) and improved quality of treatment services at all levels; and scaling up the outlets for providing ART. **3.1.4 Palliative Care: TB/AIDS** • Supporting implementation of TB/HIV activities in both the TB clinic and CTC settings at regional and district levels; and supporting the expansion of DTC for HIV in TB clinics. **3.1.5 Adult care and treatment** • Screening for cervical cancer among HIV-infected women **3.2 Community Care for PLWHA** **3.2.2 Palliative Care: Basic Health Care and Support** • pilot home counseling and testing, providing an opportunity to alter the policy to allow for lay testers **3.3 Prevention of and HIV Testing** **3.3.3 Counseling and Testing** • Increasing access to Counseling and Testing (CT) services, particularly in high prevalence areas and with most at risk populations. Specific areas of focus include development of services along transportation corridors and the use of mobile VCT centers for hard to reach high-risk groups. • expand best practices including continued roll-out of Provider- Initiated Testing and Counseling (PITC)		and other medical wastes, the team must work with its implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste.

Activities	Recommended Threshold Determination and 22 CFR Part 216 citation	Impact Issues & conditions, mitigation or proactive interventions
• Increasing the identification of discordant couples, and screening for gender-based violence during CT sessions **3.3.4 Condoms and Other Prevention Activities** • Male Circumcision (MC) service package including the provision of HIV testing and counseling services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS; • treatment for Sexually Transmitted Infections (STIs). <u>Injection Drug Use</u> community outreach, which includes voluntary HIV counseling and testing		
Activities in Group 5: Involves establishing small back /court yard vegetable gardens **3.1 Clinical Services** **3.1.5 Adult care and treatment** Support permaculture gardening addressing household food security. **3.2 Community Care for PLWHA** **3.2.2 Palliative Care: Basic Health Care and Support** Expand permaculture gardening/nutritional education program.	Given the size of the plots involved and the good agricultural practices promoted through water harvesting techniques and the use of compost fertilizer to conserve moisture and provide nutrients, this activity is deemed Negative Determination (no conditions attached)	

4.2 Mitigating Measures for activities under Negative Determination with Conditions

4.2.1 Negative Determination with Conditions is recommended pursuant to 22 CFR 216.3(a) (2) (iii) for**:**

- Renovation of Facilities as needed to improve patient flow, patient volume, and confidentiality under *Clinical services, section 3.1.3: Treatment and ARV services;*
- MSD construction and renovation work to improve the storage and delivery capacity of their national and regional facilities under *Systems Strengthening, section 3.4. 2 (Other /Policy Analysis and Systems Strengthening)*

Conditions:
For rehabilitation of existing facilities and for construction of facilities in which the total surface area disturbed is less than 10,000 square feet, these activities shall be conducted following principles for environmentally sound construction, as provided in the Small Scale Construction chapter of the USAID Environmental Guidelines for Small-scale Activities in Africa, which can be found at: www.encapafrica.org.

All construction activities shall be conducted following principles for environmentally sound construction, as provided in *Chapter 3: Small Scale Construction* of the USAID Environmental Guidelines for Small-scale Activities in Africa.

4.2.2 Negative Determination with Conditions is recommended pursuant to 22 CFR for 216.3(a)(2)(iii) for:

- Providing bed-nets for exposed infants and HIV+ pregnant women under *3.1.1: Prevention of Mother To Child Transmission (PMTCT) of Clinical Services component.*
- Collaborating with the President's Malaria Initiative (PMI), National Malaria Control Program (NMCP), and GFATM regarding control of malaria for PLWHA and other vulnerable groups, including promoting the use of insecticide treated bed nets (ITNs) and supplying ITNs for the under five children and promotion of the universal coverage for ITNs under *section 3.1.7 of the Clinical Services component*
- fund bulk procurement of mosquito nets under *section 3.2.1: Orphans and Vulnerable Children of the Community Care for PLWHA*
- Provide bed nets obtained through local distributors by using the national voucher scheme or through universal coverage program under section *3.2.2 Palliative Care: Basic Health Care and Support (Community Care for PLWHA)*

Conditions:
If the program will include support for the acquisition, distribution or marketing of insecticide treated bed nets (ITNs), the HIV/AIDS Team and partner organizations will be required to use WHO-approved brands of long-lasting treated nets and adhere to all relevant stipulations made in the USAID Africa Bureau Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa (ITM PEA). If a need for net treatment or re-treatment arises, the Team will draft and gain approval for a "Pesticide Evaluation Report and Safer Use Action Plan" (PERSUAP) for the ITN program.

4.2.3 A Negative Determination with Conditions recommended pursuant to 22 CFR 216.3(a) (2) (iii) for the following activities, all involving treatment and therefore have potential to generate hazardous health waste:

3.1 Clinical Services
3.1.1 PMCT

- increase coverage of PMTCT services; increase uptake of PMTCT ARVs and more efficacious

regimens; increase child follow-up (including infant diagnosis and cotrimoxazole (CTX) prevention, treatment, care and support services for adults and children;

- provider-initiated counseling and testing; WHO-tiered ARV approach; infant diagnosis by dried blood spot (DBS) DNA PCR or other methods; and TB screening

3.1.3 ARV Services

- improved identification of pediatric cases and referrals for services; improved linkages with other programs to ensure and enhance a continuum of care (TB/HIV), Counseling and Testing (C&T), (PMTCT), prevention services including a Prevention with Positives (PWP) initiative focusing on partner testing, disclosure, risk reduction, family planning, and treatment of sexually transmitted infections and improved quality of treatment services at all levels; and scaling up the outlets for providing ART.

3.1.4 Palliative Care: TB/AIDS

- Supporting implementation of TB/HIV activities in both the TB clinic and CTC settings at regional and district levels; and supporting the expansion of DTC for HIV in TB clinics.

3.1.5 Adult care and treatment

- Screening for cervical cancer among HIV-infected women

3.2 Community Care for PLWHA

3.2.2 Palliative Care: Basic Health Care and Support

- pilot home counseling and testing, providing an opportunity to alter the policy to allow for lay testers

3.3 Prevention and HIV Testing

3.3.3 Counseling and Testing

- Increasing access to Counseling and Testing (CT) services, particularly in high prevalence areas and with most at risk populations. Specific areas of focus include development of services along transportation corridors and the use of mobile VCT centers for hard to reach high-risk groups.
- expand best practices including continued roll-out of Provider- Initiated Testing and Counseling (PITC)
- Increasing the identification of discordant couples, and screening for gender-based violence during CT sessions

3.3.4 Condoms and Other Prevention Activities

- Male Circumcision (MC) service package including the provision of HIV testing and counseling services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS;
- Treatment for Sexually Transmitted Infections (STIs).
- Injection Drug Use: community outreach, which includes voluntary HIV counseling and testing.

Potential impacts

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

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

Conditions

For all activities involving handling of blood, used bandages, sharps (including needles, syringes,

scalpels, etc) and other medical wastes, the HIV/AIDS Team must work with its implementing partners to monitor (as detailed in section 4 of this IEE) the extent to which the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste , and, if notified of inadequate procedures and capabilities through such monitoring, take appropriate mitigating action as outlined in ADS 204.3.4(b).

The USAID Bureau for Africa's Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal" (found at this URL: http://encapafrica.org/SmallScaleGuidelines.htm) contains guidance which should inform the Team's activities to promote proper handling and disposal of medical waste, particularly in the section titled, "Minimum elements of a complete waste management program." The program is also encouraged to make use of the attached "Minimal Program Checklist and Action Plan" for handling healthcare waste, which was adapted from the above EGSSAA chapter and which should be further adapted for use in USAID/Tanzania programs.

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/ and the State Department cable "1993 State 264038: Model Guidance on Health Projects Involving HIV Screening and Handling of Blood." Additional guidance is also available via the reference section of the above EGSSAA chapter.

4.2.4 A Negative Determination (without Conditions) recommended pursuant to 22 CFR 216.3(a) (2) (iii) for the following activities, all involving promotion of backyard vegetable gardens deemed to incorporate adequate good agricultural practices:

- Support permaculture gardening and home-based care volunteers; addressing household food security under section 3.1.5: Adult care and treatment (Clinical Services)
- Expanding permaculture gardening/nutritional education program undertaken and home-based care volunteers under section 3.2.2 Palliative care: Basic Health care and support (Community Care for PLHA)

Potential Impacts:

Agriculture can adversely affect a variety of ecosystems. These impacts may come from expanding the area used for crop or livestock production or from using environmentally unsound practices on existing farms. The most common problems include: destruction or degradation of natural habitat, including deforestation, desertification and drainage of wetlands; loss of biodiversity; introduction of exotic and non-native animal and plant species; erosion and loss of soil fertility; siltation of water bodies; reduction in water quality

Conditions for agricultural activities:

Application of appropriate guidelines and use of best practices in agriculture including applying the soil and water conservation technologies to protect land from degradation and reclaim land that has been degraded and using interventions that reduce habitat loss by increasing agricultural productivity and sustainability on already-farmed lands (using improved seed; using multiple cropping; using fertilizers, manures and irrigation and replacing old or inadequate irrigation systems; and rotating crops;). For further details on the agricultural best practices, see, http://www.encapafrica.org/EGSSAA/Word_English/agriculture.doc

4.3 Environmental Responsibilities

- The USAID-funded implementing partners will provide the USAID/Tanzania HIV/AIDS team, as specified pursuant to the portfolio review and any conditions in their grants, sub grants or

agreements, requested documentation, including, as applicable to activities, documents that demonstrate conformance with the environmental regulations, physical planning standards or building codes and construction standards;

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

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

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

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

Regulation 216 Compliance for USAID/Tanzania, HIV/AIDS Program,
Environmental Management Plan (EMP)
April 2009

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

The EMP consists of 3 parts:

4. The Environmental Verification Form
5. The Mitigation Plan for specific environmental threats carried out by the implementer,
6. The Reporting Form

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

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

The EMP Reporting Form
This form reports on the results of applying the mitigation measures described in the Mitigation Plan and identifies outstanding issues with respect to required conditions. In some cases, digital photos will be the best way to document mitigation and should be included in the report.

USAID/Tanzania, HIV/AIDS Program,

EMP Part 1 of 3: Environmental Verification Form

USAID/Tanzania, HIV/AIDS Program, Award Name _____

Date of Screening:_____

Funding Period for this award: FY____- FY____

Name of Prime Implementing Organization:_____

Current FY Resource Levels: FY_____

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

This report prepared by: Name:_____ Date: _____

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

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

Indicate which activities your organization is implementing under this funding.

	Key Elements of Program/Activities Implemented	Yes	No
1	• education, technical assistance or training programs • analyses, studies, academic or research workshops and meetings; • document and information transfers; • Nutrition, 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, and waste water treatment).		
2	Support permaculture gardening		
3	Construction and renovation of facilities		
4	Distribution of Long lasting Insecticide Treated Nets (LLITNs**)**		
5	Activities involving Health care, treatment and testing of blood		
6	Other activities that are not covered by the above categories		

USAID/Tanzania, HIV/AIDS Program,

EMP Part 2 of 3: Mitigation Plan

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Category of Activity from Section 5 of IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the IEE)	Description of Mitigation Measures for these activities as required in Section 5 of IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training, etc.	No environmental impacts anticipated as a result of these activities.	Education, technical assistance and training about activities that inherently affect the environment includes discussion of prevention and mitigation of potential negative environmental effects.		Discussion of environmental impact included in education, technical assistance, training and other materials	Review of materials	Annual
2. Support permaculture gardening						
3. Construc-tion and renovation of facilities						Annual
4. Distribution of Long lasting Insecticide Treated Nets (LLITNs**)**						
5. Activities involving Health care,		Completion of the Healthcare Waste Management Minimum Program Checklist and Action				

Category of Activity from Section 5 of IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the IEE)	Description of Mitigation Measures for these activities as required in Section 5 of IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
treatment and testing of blood materials		Plan (Annex 1)				
8. Other activities that are not covered by the above categories: Describe		Must use the Environmental Review Form (ERF) first.				

USAID/Tanzania, HIV/AIDS Program,

EMP part 3 of 3: Reporting form

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

Certification

I certify the completeness and the accuracy of the mitigation and monitoring plan described above for which I am responsible and its compliance with the IEE:

_____ _____

Signature Date

_____

Print Name

_____

Organization

BELOW THIS LINE FOR USAID USE ONLY

USAID/Tanzania, HIV/AIDS Program, Clearance of EMP:

Cognizant Technical Officer: _____ Date: _____

Mission Environmental Officer: _____ Date: _____

As appropriate: REA, BEO [depending on nature of activity, which potentially may require an EA]

Note: if clearance is denied, comments must be provided to applicant

Annex 1. Healthcare Waste Management Minimal Program Checklist and Action Plan

Elements/Actions	*In Place?*	*Next Steps to be done*		
		What	*By Whom*	*By When*
Written plans and procedures				
1. A written waste management plan **Describing all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.**				
2. *Internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.*				
3. *Clearly assigned staff responsibilities that cover all steps in the waste management process*.				
4. Staff waste handling training curricula or a list of topics covered.				
***5. Waste minimization, reuse, and recycling procedures*.**				
Staff Training, Practices, and Protection				
6. *Staff trained in safe handling, storage, treatment, and disposal.* **Do staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste? Do staff know the correct responses for spills, injury, and exposure?**				
7. *Protective clothing available for workers who move and treat collected infections waste* such as surgical masks and gloves, aprons, and boots.				
8. *Good hygiene practices*. Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing?				
9. *Workers vaccinated* against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available?				
Handling and Storage Practices				
10. *Temporary storage containers and designated storage locations*. **11. Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?**				
12. *Minimization, reuse, and recycling procedures*. • **Does the facility have good inventory practices for chemicals and pharmaceuticals? i.e.:** o **use the oldest batch first;** o **open new containers only after the last one is empty; procedures to prevent products from being thrown out during routine cleaning; and**				
13. *A waste segregation system*. • **Is general waste separated from infectious/hazardous waste?**				

• **Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers?** • **Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ((these are valuable, but less essential)?**				
14. ***Temporary storage containers and designated storage locations*.** • **Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?** • **Is the location distant from patients or food?**				
Treatment Practices				
15. Frequent removal and treatment of waste • **Are wastes collected daily?** • **Are wastes treated with a frequency appropriate to the climate and season?** o **Warm season in warm climates within 24 hrs** o **In the cool season in warm climates within 48 hrs** o **In the warm season in temperate climates within 48 hrs**				
16. ***Treatment mechanisms for hazardous and highly hazardous waste*. <u>(The most important function of treatment is disinfection).</u>** • **Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator?** • **If not are they being buried safely (in a pit with an impermeable plastic or clay lining)?** • **Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?**				
17. **If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?**				

For more detailed checklists and guidance consult: *Safe management of wastes from health-care activities*, edited by A. Prüss, E. Giroult and P. Rushbrook. Geneva, WHO, 1999, http://www.who.int/water_sanitation_health/Environmental_sanit/MHCWHanbook.htm . English

Annex 2: Environmental Screening Form for New Activities Proposed under USAID/Tanzania, HIV/AIDS Program,

Any bi-lateral Implementing Partner proposing an activity which is not covered by the existing USAID/Tanzania, HIV/AIDS Program, IEE must complete the "Environmental Screening Form" UNLESS the project or activity is carried out to address an emergency (*e.g*., international disaster assistance). Emergencies are determined by the US Ambassador, not by the applicant. Per CFR §216.2(b)(1), most activities carried out under emergency circumstances are considered EXEMPT from environmental procedures, except for the procurement or use of pesticides.

The proposed activity cannot be approved and no funds may be committed until the environmental documentation, including mitigation measures, is cleared by the CTO and approved by the USAID/Tanzania, HIV/AIDS Program, Mission Environmental Officer (MEO). USAID may request modifications, or reject the documentation. If the activities are found to have significant adverse impacts, a full Environmental Assessment must be conducted.

The instructions for completing the Environmental Screening Form follow:

Step 1. Provide requested "Applicant information" (section A of the form)

Step 2. List all proposed activities

In section B of the form, list the proposed activities that are part of the new project. Once listed, they can be compared with those for which environmental determinations exist in the IEE. Include all phases: *planning, design, construction, operation & maintenance.* Include ancillary activities required to build or operate the primary activity. Examples include building or improving a road so that heavy vehicles can reach the project site, excavation of fill material or gravel for construction, provision of electricity, water, or sewage facilities, disposal of solid waste, etc.

Step 3a. Screening: Identify low-risk and high-risk activities

For *each* new activity you have listed in Section B of the form, refer to the list below to determine whether it is a listed low-risk or high-risk activity.

If an activity is specifically identified as "very low risk" or "high risk" in the list below, indicate this in the "screening result" column in Section B of the form.

Very low-risk activities (activities with low potential for adverse biophysical or health impacts including §216.2(c)(1))	**High -risk activities** (activities with high potential for adverse biophysical or health impacts including §216.2(d)(1))
Provision of education, technical assistance, or training. (Note that activities directly affecting the environment do not qualify.)	**Substantial piped water supply and sewage construction**
Community awareness initiatives	**Large-scale borehole or water point construction**
Technical studies and analyses and other information generation activities not involving intrusive sampling of endangered species or critical habitats.	**Large-scale irrigation**
Document of information transfers	**Large-scale water management structures** such as dams and impoundments
	Drainage of wetlands or other permanently flooded areas

Rehabilitation of water points for domestic household use, shallow, hand-dug wells or small water storage devices. Water points must be located where no protected or other sensitive environmental areas could be affected. NOTE: USAID guidance on potable water requires water quality testing for arsenic, coliform, nitrates, and nitrites. **Small-scale construction**. Construction or repair of facilities if total surface area to be distributed is under 10,000 sq. ft. (approx. 1,000 sq. m) (and when no protected or other sensitive environmental areas could be affected). **Credit or financing.** Support for credit arrangements (when no biophysical environ-mental impact can be reasonably expected). **Capacity for development.** Studies or programs intended to develop the capability of recipients to engage in development planning. (Does NOT include activities directly affecting the environment) **Title II Activities.** Food for development programs under Title III of P.L. 480, when no on –the-ground biophysical interventions are likely **Small-scale Natural Resource Management activities** for which the answer to ALL SUPPLEMENTAL SCREENING QUESTIONS (see *Natural Resources supplement*) is "NO."	**Large-scale agricultural mechanization** **Light industrial plant production or processing** (e.g., agro-industrial processing of forest products) **<u>High-risk and typically not funded by USAID:</u>** **Actions affecting protected areas and species.** Actions determined likely to significantly degrade protected areas, such as introduction of exotic plants or animals Actions determined likely to jeopardize threatened & endangered species or adversely modify their habitat (esp. wetlands, tropical forests) Activities in forests, including: ▪ **Conversion of forest lands** to rearing of livestock ▪ **Construction of dams** or other water control structures that flood relatively undegraded forest lands

(This list of activities is taken from the text of 22 CFR 216 and other applicable laws, regulations, and directives)

Step 3b: Identify activities of unknown or moderate risk.
All activities NOT identified as "very low risk" or "very high risk" are considered to be of "unknown or moderate risk." Common examples of moderate-risk activities are given in the table below.

Check "moderate or unknown risk" under screening results in Section B of the form for ALL such activities.

Illustrative examples of moderate-risk activities If ANY of the activities listed in this table may adversely impact (1) protected areas, (2) other sensitive environmental areas, or (3) threatened and endangered species and their habitat, THEY ARE NOT MODERATE RISK. All such activities are HIGH RISK ACTIVITIES.	
Medium-scale construction. Construction or rehabilitation of facilities or structures in which the surface area to be disturbed exceeds 10,000 sq. ft. (1000 sq meters) but funding level is $200,000 or less. (E.g. agricultural trading posts, community training centers). **Water provision/storage**. Construction or rehabilitation of small-scale water points or water storage devices for domestic or non-domestic use (Covers activities NOT included under "very low risk activities") **NOTE:** USAID guidance on water quality requires testing for arsenic, nitrates, and coliform bacteria	**Nutrition, health care or family planning**, if (a) some included activities could directly affect the environment (e.g., construction, supply systems, etc.) or (b) bio-hazardous healthcare waste (esp. HIV/AIDS) is produced, syringes are used, or blood is tested. **Institutional support grants to NGOs/PVOs** when the activities of the organizations are known and may reasonably have adverse environmental impact. **Sampling.** Technical studies and analyses or similar activities that could involve intrusive sampling of endangered species or critical habitats (includes aerial sampling).

Step 4. Determine if you must write an Environmental Review Report
Examine the "screening results" as they are entered in Section B of the form

A. If ALL activities are "very low risk" then no further review is necessary. In Section C of the form, check the box labeled "very low risk activities." Skip to Step 8 of these instructions.
B. If ANY activities are "unknown or moderate risk," you MUST complete an ENVIRONMENTAL REVIEW REPORT addressing these activities. Proceed to Step 5.
C. If ANY activities are "high risk," note that USAID's regulations usually require a full environmental assessment study (EA). Because these activities are assumed to have a high probability of causing significant, adverse environmental impacts, they are closely scrutinized. *Any* proposed high-risk activity should be discussed in advance with USAID. In come cases, it is possible that effective mitigation and monitoring can reduce or eliminate likely impacts so that a full EA will not be required. If the applicant believes this to be the case, the Environmental Review Report must argue this case clearly and thoroughly. Proceed to Step 5.

Step 5. Write the Environmental Review Report, if required
The Environmental Review Report presents the environmental issues associated with the proposed activities. It also documents mitigation and monitoring commitments

For moderate risk activities, the Environmental Review Report is typically a SHORT 2-3 page document. The Report will typically be longer when (1) activities are or higher or unknown risk, and (2) when a

number of impacts and mitigation measures are being identified and discussed.
The Environmental Review Report follows the outline below:

A. **Summary of Proposal.** Summarize background, rational, and outputs/results expected. (Reference to proposal, if appropriate).
B. **Description of activities.** For all moderate and high-risk activities listed in Section B of the form, succinctly describe location, siting, surroundings (include a map, even a sketch map). Provide both quantitative and qualitative information about actions needed during all project phases and who will undertake them. (all of this information can be provided in a table). If various alternatives have been considered and rejected because the proposed activity is considered more environmentally sound, explain these.
C. **Environmental situation & Host Country environmental requirements.** Describe the environmental characteristics of the site(s) where the proposed activities will take place. Focus on site characteristics of concern – *e.g*. water supplies, animal habitat, steep slopes, proximity to human habitation, etc. With regard to these critical characteristics, is the environmental situation at the site degrading, improving, or stable? In this section also describe applicable host country environmental regulations, policies, or practices.
D. **Evaluation of Activities and Issues with Respect to Environmental Impact Potential.** Include impacts that could occur before and during implementation of the activity, as well as any problems that might arise with abandoning, restoring or reusing the site at the end of the anticipated life of the facility or activity. Explain direct, indirect, inducted and cumulative effects on various components of the environment (*e.g.*, air, water, geology, soils, vegetation, wildlife, aquatic resources, historic, archeological or other cultural resources, people and their communities, land use, traffic, waste disposal, water supply, energy, etc.)
E. **Environmental Mitigation Actions (including monitoring).** Provide a work plan and schedule identifying the following:
    a. **Mitigation measures.** Identify the means taken to avoid, reduce, or compensate for impacts. (For example, replanting of vegetation, compensation for any relocation of homes and residents.) If standard mitigation or best practice guidance exists and is being followed, cite this guidance (e.g., the Umbrella IEE).
    b. **Monitoring**. Indicate how mitigation measures will be monitored to ensure that they accomplish their intended result. If some impacts are uncertain, describe the monitoring which will be conducted to identify and respond to these potential impacts.
    c. **Responsible Parties**. Identify *who* will undertake mitigation and who will conduct the monitoring, and at what frequency.

    Note: Completion of this part of the ERR will satisfy the requirement of completing the Mitigation Plan (Part 2) of the EMP. Where the EMP asks for a description of mitigation measures, implementing partners and CTOs may refer to and cite the mitigating and monitoring actions they describe in Step 5, Section Ea-c, above.
F. **Other information.** Where possible and as appropriate, include photos of the site and surroundings; maps; and list names of any reference materials or individuals consulted. (Pictures and maps of the site can substantially reduce the written description required in parts B & C)

Step 6. Based on the environmental review, reach a recommended determination for *each* high-risk or unknown/moderate-risk activity

For each high-risk or unknown/moderate-risk activity, the environmental review will help you decide between one of three recommended determinations:

- No significant adverse impacts. The activity in question will not result in significant, adverse environmental impacts. Special mitigation or monitoring is not required. Typically, this conclusion is not appropriate for high-risk activities.

- No significant adverse impacts given specified mitigation and monitoring. With mitigation and monitoring as specified in the Environmental Review Report, the activities in question will not result in significant adverse environmental impacts.
- Significant adverse impacts. The activities in question are likely to cause significant adverse impacts and cannot be mitigated with best practices or other measures. A full environmental assessment will be required.

For each high-risk or unknown/moderate-risk activity, indicate your "recommended determination" in Section B of the form.)

Step 7. Summarize recommended determinations
In section C of the form, summarize your recommended determinations by checking ALL categories indicated in Table 1.

Step 8. Sign certifications (Section D of form)

Step 9. Submit form to USAID project officer. Attach Environmental Review Report, if any.

Environmental Screening Form for new USAID/Tanzania, HIV/AIDS Program, activities

A. Applicant Information

Organization:	Parent grant or project:
Individual contact and title:	Address, phone & email:
Proposed activity (brief description):	Amount of funding requested:
Location of proposed activity (country(ies) and subregions within country):	Start and end date of proposed activity:

B. Activities, screening results, and recommended determination

Proposed Activities (Continue on additional page if necessary)	Screening Result (Step 3 of Instructions)			Recommended Determinations (Step 6 of instructions. Complete for all moderate/unknown and high-risk activities)		
	Very Low Risk	High Risk*	Moderate or unknown risk*	No signif adverse impact	With specified mitigatn, no signif adverse impact	Signif adverse impact
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

* These screening results require completion of an Environmental Review Report

C. Summary of recommended determinations (check ALL that apply)

The proposal contains…	(equivalent Regulation 216 terminology)
☐Very low risk activities	Categorical exclusion(s)
☐After environmental review, activities determined to have **no significant adverse impacts***	Negative determination(s)
☐After environmental review, activities determined to have **no significant adverse impacts, given specified mitigation and monitoring***	Negative determination(s) with conditions*
☐After environmental review, activities determined to have **significant adverse impacts***	Positive determination(s)*

* for these determinations, the form is not complete unless accompanied by Environmental Review Report

D. Certification:
I, the undersigned certify that:

1. the information on this form is correct and complete

2. the following actions have been and will be taken to assure that the activity complies with environmental requirements established for this Project:

    - Those responsible for implementing this activity have received training in environmental review AND training and/or documentation describing essential design elements and best practices for activities of this nature.
    - These design elements and best practices will be followed in implementing this activity.
    - Any specific mitigation or monitoring measures described in the Environmental Review Report will be implemented in their entirety.
    - Compliance with these conditions will be regularly confirmed and documented by on-site inspections during the activity and at its completion.

    (Signature)_____ (Date)_____

    (Print name)_____

Note: if screening results in *any activity* being designated "high risk" or "moderate or unknown risk," this form is not complete unless accompanied by an environmental review report.

BELOW THIS LINE FOR USAID USE ONLY

Clearance Record

USAID/Tanzania, HIV/AIDS Program, CTO (signature) ☐ Clearance given ☐ Clearance denied	(print name)	(date)
USAID/Tanzania, HIV/AIDS Program, MEO (signature)	(print name)	(date)

☐ Clearance given ☐ Clearance denied			
USAID REA* ☐ Clearance given ☐ Clearance denied	(print name)	(signature)	(date)
USAID BEO* ☐ Clearance given ☐ Clearance denied	(print name)	(signature)	(date)

* REA and BEO approval required for all "high risk" screening results and for determinations of "significant adverse impacts"