INITIAL ENVIRONMENTAL EXAMINATION

PURPOSE

This IEE provides pre-implementation initial review of the environmental impacts for health projects planned under the Tanzania Health Portfolio.

PROJECT/ACTIVITY DATA

Project/Activity Name:	Tanzania Health Portfolio
Geographic Location(s) (Country/Region)**:**	Tanzania
Amendment (Yes/No), if Yes indicate # (1, 2...):	N
Implementation Start/End Date (FY or M/D/Y)**:**	January 2022 - January 2027
If Amended, specify New End Date:	
Solicitation/Contract/Award Number(s):	
Implementing Partner(s):	TBD
Bureau Tracking ID:	
Tracking ID of Related RCE/IEE (if any)**:**	Tanzania Health Portfolio https://ecd.usaid.gov/document.php?doc_id=54590
Tracking ID of Other, Related Analyses:	Tanzania PERSUAPs: NAFAKA and Mboga na Matunda:https://ecd.usaid.gov/document.php?doc_id=50646. (expires April 2022) Tanzania Natural Resource Management and Biodiversity Project IEE https://ecd.usaid.gov/document.php?doc_id=53179.

ORGANIZATIONAL/ADMINISTRATIVE DATA

Implementing Operating Unit(s): (e.g. Mission or Bureau or Office)	USAID/Tanzania
Other Affected Operating Unit(s):	
Lead BEO Bureau:	AFR
Funding Account(s) (if available)**:**	
Original Funding Amount:	[redacted]
If Amended, specify funding amount:	
If Amended, specify new funding total:	
Prepared by:	Thibaut Williams, and Dosteus Lopa, MEO USAID/Tanzania; ECOS
Date Prepared:	November 2021

ENVIRONMENTAL COMPLIANCE REVIEW DATA

Analysis Type:	☒Environmental Examination	☐Deferral
Environmental Determination(s):	☒Categorical Exclusion(s) ☒Negative ☒Positive ☐Deferred (per 22 CFR 216.3(a)(7)(iv)	
IEE Expiration Date (if applicable)**:**	31 January 2027	
Additional Analyses/Reporting Required:		
Climate Risks Identified (#):	Low 17 Moderate 10 High ___	
Climate Risks Addressed (#):	Low 17 Moderate 10 High ___	

THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

PROJECT SUMMARY

This IEE addresses activities expected to be implemented by USAID/Tanzania's Health Office. This document provides a preliminary review of the reasonably foreseeable effects on the environment of health-related activities expected to be implemented by USAID/Tanzania. Activities implemented will support the USAID/Tanzania Country Development Cooperation Strategy (CDCS) goal of "Tanzanian youth advance the country's long-term prosperity and journey to self-reliance ."

ENVIRONMENTAL DETERMINATIONS

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

TABLE 1: **ENVIRONMENTAL DETERMINATIONS**

Projects/Activities	**Categorical Exclusion Citation (if applicable)**	**Negative Determination**	**Positive Determination** [1]	**Deferral** [2]
Intervention Category 1: Technical assistance and capacity building to improve use of quality health services.	☒	☒	☐	☐
Intervention Category 2: Direct healthcare service delivery (i.e., prevention, care and treatment) focusing on HIV/AIDS, malaria, TB services, and family planning outreach.	☒	☒	☐	☐
Intervention Category 3: Identify and implement vector control approaches aimed at reducing the burden of malaria and moving towards the long-term goal of malaria elimination.	☒	☒	☐	☐
Intervention Category 4: Community Engagement Strengthening Activities.	☒	☒	☐	☐

[1] Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

[2] Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

Intervention Category 5: Governance, policy development, and finance.	☒	☒	☐	☐
Intervention Category 6: Increase health-seeking behaviors and health social norms through communication and education.	☒	☐	☐	☐
Intervention Category 7: Direct procurement of commodities and strengthening of commodities, logistics and diagnostic systems.	☐	☒	☒ *LLINs and IRS w condition met by IVM MVC PEA	☐
Intervention Category 8: Small-scale construction.	☐	☒	☐	☐

CLIMATE RISK MANAGEMENT

The Climate Risk Management (CRM) screening identifies climate-related risks to activities that should be addressed to enhance resilience and safeguard development objectives. This screening was conducted as part of implementing the Reference for ADS Chapter 201 "Climate Risks Management for USAID Projects and Activities." The results of the screening are documented in Section 4.2. The Climate Risk Screening Matrix is provided in Annex 1.

BEO SPECIFIED CONDITIONS OF APPROVAL

The negative determinations recommended in this IEE are contingent on full implementation of specified conditions and a set of general monitoring and implementation measures specified in Section 5 of the IEE.

COVID-19 Conditions:

In order to reduce COVID-19 transmission during the implementation of these activities, USAID managers are encouraged to:

- Ensure all activities addressed by this IEE adhere to current, applicable COVID-19 guidelines. Refer to the AFR COVID-19 PIEE (attached and linked here -- https://ecd.usaid.gov/document.php?doc_id=52754) for links to U.S. and international guidance on appropriate measures to reduce COVID-19 transmission. Such measures may include, but are not limited to social distancing, use of personal protective equipment, limiting the size of gatherings and travel, and effective disinfection.
- Share with the partner:
    - Applicable COVID-19 guidance from the USAID Mission or U.S. Embassy;
    - Applicable COVID-19 guidance from local authorities;
    - The following Agency-wide "COVID-19 GUIDANCE FOR IMPLEMENTING PARTNERS" page on the USAID website: https://www.usaid.gov/work-usaid/resources-for-partners/covid-19-guidance-implementing-partners.

- Ensure that partners have appropriate training, authorization, and resources to meet the expectations of the applicable guidance while implementing these activities.

Reporting Conditions:

The AFR BEO requests that the activity managers/AORs/CORs provide access to the Regional Environmental Advisor (REA) and to the AFR BEO Team to review (not approve) the Environmental Mitigation and Monitoring Plans/Reports (EMMPs/EMMRs) that will be written to implement the findings of this IEE. These should be uploaded into the appropriate sub-folder(s) of this Google Drive folder: https://drive.google.com/drive/folders/1q7HGMzgopJ-MuKxkQEJ4GSPp9R7Qzv-5?usp=sharing
This will facilitate access by all parties who need these documents, including the Mission Environmental Officer and the AOR/COR. This will allow the REA and the BEO Team to spot-check and review these documents to confirm that the mitigations seem appropriate and are cognizant of the specific design of the activities.

Procurement and distribution of Insecticide Treated Bednets (ITNs):

The improper use of Insecticide-Treated Bednets (ITNs) (either "long-lasting" or user-treated) as fishing nets may have significant adverse impacts on aquatic ecosystems. Refer to section 3 for more discussion of impacts.The 2017 IVM PEA mandates that for USAID-supported activities entailing the procurement and distribution of ITNs, the Country Office will work with its implementing partners to evaluate whether bednets are currently misused for the purpose of fishing in regional waterbodies, and *"where there is evidence of misuse for fishing...collaborate across sectors to develop a sustainable, locally relevant solution".* **Within 6 months from the issuance of this IEE, the Mission must conduct a preliminary assessment to evaluate whether bednets are currently misused for the purpose of fishing in regional waterbodies.** Depending upon the results of the Initial Site Assessment and in consultation with the BEO, the Mission will either proceed with a Rapid Assessment, as outlined in the 2018 PMI Toolkit, or evaluate and implement appropriate mitigations. Refer to section 5.3 for details about completing the Initial Site Assessment, including timing and approvals.

IMPLEMENTATION

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

USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: Tanzania Health Portfolio

Bureau Tracking ID: https://ecd.usaid.gov/document.php?doc_id=54590

Approval:	Cleared Veeraya (Kate) Somvongsiri, Mission Director	02/17/2022 Date
Clearance:	Cleared Thibaut Williams, Activity Manager	12/17/2021 Date
Clearance:	Cleared Ananthy Thambinayagam, Health Officer Director	12/17/2021 Date
Clearance:	Cleared Dosteus Lopa, Mission Environmental Officer	12/16/2021 Date
Clearance:	Cleared David Kinyua, Regional Environmental Advisor	12/30/2021 Date
Clearance:	Cleared Michael McBroom, Acting Program Office Director	12/22/2021 Date
Clearance:	Cleared Ian Robertson, Regional Legal Officer	02/07/2022 Date
Clearance:	Cleared Anya Glenn, Acting Deputy Mission Director	02/13/2022 Date
Clearance:	Cleared Colin Quinn, Climate Integration Lead	01/26/2022 Date
Concurrence:	[redacted] Brian Hirsch, AFR Bureau Environmental Officer	02/17/2022 Date

DISTRIBUTION:

INITIAL ENVIRONMENTAL EXAMINATION

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1.0 PROJECT/ACTIVITY DESCRIPTION

1.1 PURPOSE OF THE IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

This IEE is a critical element of USAID's mandatory environmental review and compliance process meant to achieve environmentally sound design and implementation. Potential environmental impacts should be addressed through formal environmental mitigation and monitoring plans (EMMPs) and/or Environmental Assessments (EAs), if needed.

1.2 PROJECT/ACTIVITY OVERVIEW

Intervention Category 1: Technical assistance and capacity building to improve use of quality health services.

Illustrative Activities:

1. Provide capacity building to healthcare workers (e.g., pre-service training, on-the-job training, classroom training, mentoring, supportive supervision, quality improvement initiatives) in public and private health facilities.
2. Strengthen access to and use of quality maternal, newborn, child and adolescent health (MNH), and family planning (FP) services at the facility level and through outreach services.
3. Conduct a baseline assessment of tuberculosis (TB) facility-based services and ensure universal access to TB and Drug-Resistant (DR)-TB services, including TB diagnostics services(e.g., sample collection and transportation)..
4. Improve use of data and technology for decision-making and program improvement related to health services.
5. Provide high quality technical expertise and assistance to the National Malaria Control Program (NMCP) and the Zanzibar Malaria Elimination Program (ZAMEP) to strengthen surveillance systems and support data use for the development of evidence-based policies, strategies, and implementation plans related to malaria case management, malaria in pregnancy (MIP),seasonal malaria chemoprevention, malaria vaccines and other preventive approaches (see Intervention Category 3 for additional malaria prevention activities).
6. Strengthen case management and MIP prevention by supporting the implementation and/or planning and data use of Malaria Services and Data Quality Improvement (MSDQI) in public and private health facilities in selected districts of mainland and Zanzibar.

Intervention Category 2: Direct healthcare service delivery (i.e., prevention, care and treatment) focusing on HIV/AIDS, malaria, TB services, and family planning outreach.

Illustrative Activities:

1. Increase awareness of citizens' HIV status through targeted testing services (e.g., index testing, out-patient department screening/testing, social network testing, mobile testing, distribution of HIV self-test kits) Strengthen anti-retroviral therapy (ART) and management of TB, HIV, and sexually transmitted infections (STIs) through training, mentorship and provision of equipment. Encourage health providers to regularly screen for intimate partner and gender-based violence (IPV/GBV).
2. Screen at-risk groups for STIs and refer for testing & treatment.
3. Facilitate family planning and outreach services (e.g., distribution of condoms) in health facilities and the community.
4. Work to eliminate mother-to-child transmission of HIV through training and direct care.
5. Scale up continuous care interventions to improve HIV treatment outcomes (e.g., community ART, adherence counseling, tracking missed appointments).
6. Address gender dynamics to create environments that increase protection against HIV and TB.
7. Expand access to safe, high-quality Voluntary Male Medical Circumcision (VMMC) services for Tanzanian boys and men and achieve 95% coverage in all the five regions (i.e., Iringa, Morogoro, Njombe, Singida, Tabora).
8. Integrate provision of pre-exposure prophylaxis (PrEP) into HIV prevention and treatment services for high-risk individuals who test HIV negative in index testing and all other forms of testing.
9. Provide case management services to orphans and vulnerable children
10. Strengthen malaria case surveillance and reactive case detection, including the data collection and management systems that enable the identification of new cases of malaria and trigger investigation and response measures (e.g., reactive drug administration [RDA]).

Intervention Category 3: Identify and implement vector control approaches aimed at reducing the burden of malaria and moving towards the long-term goal of malaria elimination.

Illustrative Activities:

1. Determine targeted populations' access to insecticide-treated nets (ITNs) and the quantity of ITNs needed in the coming years to maintain high population access.
2. Deliver ITNs to targeted populations and create an enabling environment to revive the commercial markets for ITNs.
3. Provide guidance on new evidence-based vector control approaches that show potential for successful outcomes and assist with implementation of proven approaches.
4. Implement entomological monitoring (e.g., insecticide resistance and bioassay) of indoor residual spraying (IRS), ITN, and foci investigation.
5. Strengthen the IRS logistics and warehousing system through enhanced forecasting of IRS needs, training, and supervision.
6. Ensure safe and correct insecticide application, thus minimizing human and environmental exposure to IRS insecticides, in compliance with the Pesticide Evaluation

Report and Safer Use Action Plan (PERSUAP[3]) and Supplemental Environmental Assessment (SEA[4]).
7. Equip the country with knowledge and skills to plan and implement integrated vector control interventions, including safe and cost-effective IRS, entomological monitoring, and the deployment of insecticide-treated nets.
8. Strengthen and improve the use of larval source management activities in low malaria transmission areas.

Intervention Category 4: Community Engagement Strengthening Activities.

Illustrative Activities:

1. Engage and improve capacity of community health workers (CHW) to provide community-based TB, malaria and FP services with tools, training and incentives
2. Establish and strengthen linkages between communities and health facilities to support delivery of malaria, TB, HIV and FP services (e.g., engage community groups to identify and conduct TB screening of high-risk individuals and community hotspots)
3. Engage Accredited Drug Dispensing Outlets (ADDOs) and Traditional healers (THs) to conduct TB and malaria screening, case identification, and referral of presumptive cases
4. Establish and improve community-based services that address GBV and violence against children
5. Build capacity of gender specific groups to provide TB services and engage youth and women to participate in TB prevention and access to family planning services
6. Provide technical and implementation support for Integrated Community Case Management (iCCM), including development and rollout of training and supervision
7. Facilitate the start-up of saving and lending groups (e.g., Worth Yetu groups, COCOBAs)
8. Provide educational subsidies to vulnerable adolescent girls aged 10-14 and sponsor vulnerable adolescent girls aged 20-24 to attend vocational education and to start-up their own businesses.

Intervention Category 5: Governance, policy development, and finance.

Illustrative Activities:

1. Improve governance and management systems that respond to healthcare needs of different segments of the population, including continued service to the poor and marginalized

[3] Tanzania PERSUAPs: NAFAKA and Mboga na Matunda https://ecd.usaid.gov/document.php?doc_id=50646.
[4] SEA for Nationwide IRS in Tanzania: 2020-2025 https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2021/03/tanzania-irs-supplemental-environmental-assessment-2015-2020.pdf

2. Advocate for policies for more effective governance and accountability (e.g., support for public sector reform, local government transparency, and stronger environmental oversight)
3. Establish customer responsive and self-sustaining public-private partnerships that provide quality essential medicines and health commodities
4. Mobilize capital through innovative financing that mutually benefits Christian Social Services Commission (CSSC) health facilities, local health insurance providers and commercial investors
5. Promote citizen engagement to increase the quality of health services (e.g., community scorecards, community-led monitoring)
6. Mobilize resources for loan guarantee facilities

Intervention Category 6: Increase health-seeking behaviors and health social norms through communication and education.

Illustrative Activities:

1. Support social marketing and communication for behavior change and increased use of health services
2. Strengthen community services focused on promoting health behavior and use of healthcare services
3. Support the implementation of social behavior change (SBC) activities for malaria, family planning, child health and other areas through mixed-media SBC campaigns (e.g., radio, community theatre, interpersonal communication, small groups)
4. Provide technical assistance to the Government of Tanzania (GOT) and civil society organizations on SBC-related issues
5. Promote menstrual hygiene management among girls aged 10-14 and distribute reusable Huru kits
6. Promote positive gender norms at the community level through evidence-based approaches such as SASA
7. Promote the uptake of Intermittent Preventive Treatment (IPTp3 and 4) for malaria in pregnancy
8. Promote behaviors around ITN access and use
9. Create awareness on acceptance of IRS, mass drug administration (MDA) and RDA, and other preventive activities
10. Train parents and caregivers of at-risk youth through evidence-based approaches (i.e., Sinovuyo, Furaha)
11. Educate children 9-14 years on sexual violence prevention using evidence-based approaches (e.g., Coaching Boys to Men, ImPower)
12. Improve ability of individuals to practice healthy behaviors through FURAHA YANGU, SITETEREKI, and NAWEZA campaigns
13. Strengthen community support for health-seeking behaviors
14. Improve systems for coordination and implementation of SBC interventions

Intervention Category 7: Direct procurement of commodities and strengthening of commodities, logistics and diagnostic systems.

Illustrative Activities:

1. Support pharmaceutical procurement, supply chain management, and distribution of pharmaceuticals or medical commodities for the prevention and treatment of HIV/AIDS and associated complications (e.g., ARVs); TB; opportunistic infections; malaria, including intermittent preventive treatment of pregnant women (IPTp) (e.g., prophylaxis, and artemisinin-based combination therapies [ACTs]) and rapid diagnostic tests (RDTs); contraceptives; and clinical equipment and supplies
2. Support logistics management of pharmaceuticals, diagnostic equipment, and commodities
3. Procure and distribute VMMC kits
4. Support procurement and distribution of ITNs.
5. Support procurement of insecticide that is used for IRS and larval source management and other preventive activities
6. Support procurement of reagents that are used for entomological monitoring, molecular analysis and drug efficacy monitoring
7. Support procurement of family planning commodities for public and for social marketing use

Intervention Category 8: Small-scale construction.

Illustrative Activities:

- Construction and/or rehabilitation of new or existing structures (e.g., housing for healthcare workers, health clinics, warehouses to store medical products)

1.3 PROJECT/ACTIVITY DESCRIPTION

TABLE 2: **ENVIRONMENTAL DETERMINATIONS BY INTERVENTION CATEGORY**

Interventions	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination[5]	Deferral[6]	Mechanism
Intervention Category 1: Technical assistance and capacity building to improve use of quality health services.					
1.1 Provide capacity building to healthcare workers (e.g., pre-service training, on-the-job training, classroom training, mentoring, supportive		☒	☐	☐	☐

[5] Positive Determinations require preparation of a Scoping Statement and Environmental Assessment.

[6] Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities.

supervision, quality improvement initiatives) in public and private health facilities.					
1.2 Strengthen access to and use of quality maternal, newborn, child and adolescent health (MNH), and family planning (FP) services at the facility level and through outreach services.	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
1.3 Conduct a baseline assessment of tuberculosis (TB) facility-based services and ensure universal access to TB and DR-TB services, including TB diagnostics services (e.g., sample collection and transportation, temporary storage, treatment and disposal).	§216.2(c)(2)(iii)Analyses, studies, academic or research workshops and meetings	☐	☐	☐	☐
1.4 Improve use of data and technology for decision-making and program improvement related to health services.	§216.2(c)(2)(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)	☐	☐	☐	☐

1.5 Provide high quality technical expertise and assistance to the National Malaria Control Program (NMCP) and Zanzibar Malaria Elimination Program (ZAMEP) to strengthen surveillance systems and support data use for the development of evidence-based policies, strategies, and implementation plans related to malaria case management, malaria in pregnancy (MIP) seasonal malaria chemoprevention, malaria vaccines and other preventive approaches (see Intervention Category 3 for additional malaria prevention activities).	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
1.6 Strengthen case management and MIP prevention by supporting the implementation and/or planning and data use of Malaria Services and Data Quality Improvement (MSDQI) in public and private health facilities in selected districts of mainland and Zanzibar.	§216.2(c)(2)(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)	☐	☐	☐	☐

Intervention Category 2: Direct healthcare service delivery (i.e., prevention, care and treatment) focusing on HIV/AIDS, malaria, TB services, and family planning outreach.					
2.1 Increase awareness of citizens' HIV status through targeted testing services (e.g., index testing, out-patient department screening/testing, social network testing, mobile testing, distribution of HIV self-test kits). Strengthen anti-retroviral therapy (ART) and management of TB, HIV, and STIs through training, mentorship and provision of equipment. Encourage health providers to regularly screen for intimate partner and gender-based violence (IPV/GBV)		☒	☐	☐	☐
2.2 Screen at-risk groups for sexually transmitted infections and refer for testing & treatment	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
2.3 Facilitate family planning and outreach services (e.g., distribution of condoms) in health facilities and the community		☒	☐	☐	☐
2.4 Work to eliminate mother-to-child transmission of HIV	§216.2(c)(2)(viii) Programs involving nutrition, health	☐	☐	☐	☐

	care or population and family planning services except to the extent designed to include activities directly affecting the environment				
2.5 Scale up continuous care interventions to improve treatment outcomes (e.g., adherence counseling, tracking missed appointments)	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
2.6 Address gender dynamics to create environments that increase protection against HIV and TB	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
2.7 Expand access to safe, high-quality Voluntary Male Medical Circumcision (VMMC) services for Tanzanian boys and men and achieve 95% coverage in all the five districts (Iringa, Morogoro, Njombe, Singida, Tabora)		☒	☐	☐	☐
2.8 Integrate provision of pre-exposure prophylaxis (PrEP) into the prevention and treatment services. Provide PrEP for those high-		☒	☐	☐	☐

risk individuals who test HIV negative in index testing and all other forms of testing.					
2.9 Provide case management services to orphans and vulnerable children	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
2.10 Strengthen malaria case surveillance and reactive case detection, including the data collection and management systems that enable the identification of new cases of malaria and trigger investigation and response measures (e.g., RDA)	§216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings	☐	☐	☐	☐
Intervention Category 3: Identify and implement vector control approaches aimed at reducing the burden of malaria and moving towards the long-term goal of malaria elimination					
3.1 Determine targeted populations' access to insecticide-treated nets (ITNs) and the quantity of ITNs needed in the coming years to maintain high population access	§216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings	☐	☐	☐	☐
3.2 Deliver ITNs to targeted populations and create an enabling environment to revive the commercial markets for ITNs		☒	☐	☐	☐

3.3 Provide guidance on new evidence-based vector control approaches that show potential for successful outcomes and assist with implementation of proven approaches	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
3.4 Implement entomological monitoring (e.g., insecticide resistance and bioassay) of indoor residual spraying, ITN, and foci investigation		☒	☐	☐	☐
3.5 Strengthen the IRS logistics and warehousing system through enhanced forecasting of IRS needs, training, and supervision.		☒	☐	☐	☐
3.6 Ensure safe and correct insecticide application, thus minimizing human and environmental exposure to IRS insecticides, in compliance with the PERSUAP and SEA.		☒	☐	☐	☐
3.7 Equip the country with knowledge and skills to plan and implement integrated vector control interventions, including safe and cost-effective IRS, entomological monitoring, and the deployment of insecticide-treated nets.		☒	☐	☐	☐
3.8 Strengthen and improve the use of		☒	☐	☐	☐

larval source management activities in low malaria transmission areas					
Intervention Category 4: Community Engagement Strengthening Activities					
4.1 Engage and improve capacity of community health workers to provide community-based TB, malaria, and FP services with tools, training and incentives		☒	☐	☐	☐
4.2 Establish and strengthen linkages between communities and health facilities to support delivery of malaria, TB, HIV and FP services (e.g., engage community groups to identify and conduct TB screening of high-risk individuals and community hotspots)		☒	☐	☐	☐
4.3 Engage Accredited Drug Dispensing Outlets (ADDOs) and Traditional healers (THs) to conduct TB and malaria screening, case identification, and referral of presumptive cases.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☒	☐	☐	☐
4.4 Establish and improve community-based services that address GBV and violence against children.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent	☐	☐	☐	☐

	designed to include activities directly affecting the environment				
4.5 Build capacity of gender specific groups to provide TB services and engage youth and women to participate in TB prevention and access to family planning services.		☒	☐	☐	☐
4.6 Provide technical and implementation support for Integrated Community Case Management (iCCM), including development and rollout of training and supervision.	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
4.7 Facilitate the start-up of saving and lending groups (e.g., Worth Yetu groups, COCOBAs).	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
4.8 Provide educational subsidies to vulnerable adolescent girls aged 10-14 and sponsor vulnerable adolescent girls aged 20-24 to attend vocational education and to start-up their own businesses.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐

Intervention Category 5: Governance, policy development, and finance

5.1 Improve governance and management systems that respond to healthcare needs of different segments of the population, including continued service to the poor and marginalized.		☒	☐	☐	☐
5.2 Advocate for policies for more effective governance and accountability (e.g., support for public sector reform, local government transparency, total marketing approach, and stronger environmental oversight).		☒	☐	☐	☐
5.3 Establish customer responsive and self-sustaining public-private partnerships that provide quality essential medicines and health commodities.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
5.4 Mobilize capital through innovative financing that mutually benefits Christian Social Services Commission (CSSC) health facilities, drug dispensing outlets, local health insurance providers and commercial investors.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
5.5 Promote citizen engagement to	§216.2(c)(2)(viii) Programs	☐	☐	☐	☐

increase the quality of health services (e.g., community scorecards, community-led monitoring)	involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment				
5.6 Mobilize resources for loan guarantees and blended finance solutions	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment				
Intervention Category 6: Increase health-seeking behaviors and health social norms through communication and education					
6.1: Support social marketing and communication for behavior change and increased use of health services.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.2: Strengthen community services focused on promoting health behavior and use of healthcare services.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐

6.3: Support the implementation of social behavior change (SBC) activities for malaria, family planning, child health and other areas through mixed-media SBC campaigns (e.g., radio, community theatre, interpersonal communication, small groups).	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.4: Provide technical assistance to the Government of Tanzania (GOT), civil society organizations, and private sector entities on SBC-related issues.	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
6.5: Promote menstrual hygiene management among girls aged 10-14 and distribute reusable Huru kits.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.6: Promote positive gender norms at the community level through evidence-based approaches such as SASA.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting				

	the environment				
6.7: Promote the uptake of Intermittent Preventive Treatment (IPTp3 and 4) for malaria in pregnancy	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.8 Promote behaviors around ITN access and use	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.9 Create awareness on acceptance of IRS, MDA, RDA, and other preventative activities	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.10: Train parents and caregivers of at-risk youth through evidence-based approaches (i.e., Sinovuyo, Furaha)	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐

6.11: Educate children 9-14 years on sexual violence prevention using evidence-based approaches (e.g., Coaching Boys to Men, ImPower)	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
6.12: Improve ability of individuals to practice healthy behaviors through FURAHA YANGU, SITETEREKI, and NAWEZA campaigns.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.13: Strengthen community support for health-seeking behaviors.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
6.14: Improve systems for coordination and implementation of SBC interventions.	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment	☐	☐	☐	☐
Intervention Category 7: Direct procurement of commodities and strengthening of commodities, logistics and diagnostic systems					

7.1: Support pharmaceutical procurement, supply chain management, and distribution of pharmaceuticals or medical commodities for the prevention and treatment of HIV/AIDS and associated complications (e.g., ARVs); TB; opportunistic infections; malaria, including intermittent preventive treatment of pregnant women (IPTp) (e.g., prophylaxis, and artemisinin-based combination therapies [ACTs]) and rapid diagnostic tests (RDTs); contraceptives; and clinical equipment and supplies.		☒	☐	☐	☐
7.2: Support logistics management of pharmaceuticals, diagnostic equipment, and commodities.		☒	☐	☐	☐
7.3: Procure and distribute VMMC kits.		☒	☐	☐	☐
7.4: Support procurement and distribution of ITNs.		☐	☐	☒ *condition met by IVM MVC PEA	☐
7.5: Support procurement of insecticide that is used for IRS, larval source management and other preventive activities.		☐	☐	☒ *condition met by IVM MVC PEA	☐

7.6: Support procurement of reagents that are used for entomological monitoring, molecular analysis and drug efficacy monitoring.		☒	☐	☐	☐
7.7: Support procurement of family planning commodities for social marketing organizations and public and private sector entities.	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment	☐	☐	☐	☐
Intervention Category 8: Small-scale construction					
8.1: Construction and/or rehabilitation of new or existing structures (e.g., housing for healthcare workers, health facilities, drug dispensing outlets, warehouses to store medical products).		☒	☐	☐	☐

Will this project/activity involve construction[7] as defined by ADS 201 and 303? Yes ☒ No ☐

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

2.0 BASELINE ENVIRONMENTAL INFORMATION

This section describes the environmental context of the development challenge relevant to the country/location and nature of activities to be implemented. It also highlights applicable laws and related international agreements relevant to the activity.

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

Geography, Climate and Topography

Tanzania covers a land area of approximately 945,087 km2 comprised of land area of 883,749 km2, (881,289 km2 mainland and 2,460 km2 Zanzibar), plus 59,050 km2 of inland water bodies, and a marine territory of 241,541 km2, or 20% of the national territory, within its 200-mile Exclusive Economic Zone.



Tanzania's land ecosystems reflect variation in elevation, precipitation, and soils. Annual average rainfall ranges from 200 to 2000 mm, with most of the country receiving less than 1000 mm on average. Rainfall is unimodal in the southern and western parts of the country and bimodal in the northern, eastern, and northern coastal areas. Arid grasslands and savanna ecosystems that receive less than about 400 to 600 mm of rainfall on average extend south from Tanzania's border with Kenya. Semi-arid areas with 500 to 800 mm of precipitation occupy large central and southeastern zones. Plateau zones (800 to 1500 m in elevation) in western and southern Tanzania support miombo woodlands. Highland areas that are generally above 1000melevation form a broad ridge that bisects the country along the Eastern Arc Mountains; others follow Tanzania's western borders between Lakes Nyasa, Tanganyika and Victoria and its boundary with Kenya.[2]

Socio-economics[3]

Tanzania has one of Africa's fastest growing economies. Yet, widespread poverty persists. In 12,28 percent of Tanzanians could not meet their basic consumption needs and 9.7 percent of the population is extremely poor, meaning they cannot afford to buy basic foodstuffs to meet their minimum nutritional requirements. Tanzania's nearly 7 percent annual national GDP growth since 2000 has been hardly perceptible among Tanzania's predominantly rural (73 percent) population.

Over the past decade, Tanzania achieved impressive GDP growth rates, averaging nearly 7 percent annually, and attracted substantial foreign direct investment. Recent natural gas discoveries off the coast hold the potential to significantly increase growth rates once reserves come online in the next seven to ten years. The business climate, however, remains challenging. To achieve its middle-income goal by 2025, Tanzania must fast track the implementation of policy and regulatory reforms that promote private investment in key productive sectors; curb corruption; produce a healthy and skilled labor force; and improve infrastructure. Moreover, the COVID-19 pandemic will interfere and bring more difficulties in all development processes.

In Tanzania, women are disproportionately concentrated in vulnerable forms of work and face occupational segregation and low wages relative to men. This often reflects women's disadvantages: their lower rates of education completion; gender norms and stereotypes that track men and women into different fields; and lack of an organized voice and bargaining power. Economic constraints include lack of full-time employment; lack of access to care for children and dependents; lack of transportation; the pressures of global competition that keep female wages down; and direct discrimination. Growing numbers of youth who are entering Tanzania's labor force are also at risk. With the rapid population growth in Africa and its implication for the age pyramid, youth unemployment has become a major issue of concern to African governments.

Health Sector

As noted in the USAID/Tanzania health project documents, despite significant progress over the past 15 or so years, critical public health challenges in Tanzania remain. For instance, maternal and child deaths, resulting primarily from infectious diseases and lack of access to quality health services, remain high. Maternal health is one of the greatest health challenges in Tanzania, as the maternal mortality rate is 454 per 100,000 live births. Malaria is a major cause of maternal mortality, and also the leading cause of death amongst children.. In mainland Tanzania, more than 14 percent of out-patient visits are due to malaria, resulting in 6 million malaria cases annually, of which 2,500 result in-death (DHIS2). In 2005, Tanzania was selected as one of the first focus countries for the President's Malaria Initiative (PMI), through which major progress has been made in malaria control; improvements have been seen in nearly all malaria indicators between 2005 and 2017.[4]

Tanzania also faces a generalized HIV epidemic on the Mainland, and a concentrated HIV epidemic in the Zanzibar archipelago. An estimated 1.7 million Tanzanians are infected with HIV and each year 68,000 new infections occur and 32,000 people die from the infection (UNAIDS Spectrum 2020). There are also significant gender differences in HIV prevalence; prevalence is higher for women (6.0%) than men (3.3%).[5]

AIDS-related mortality has resulted in widespread disruption of family structures; nearly 10%of children in Tanzania have lost one or both parents, many of these deaths caused by AIDS. Social and gender norms, such as early marriage and gender-based violence, also pose significant barriers to health and development, particularly for girls. Tanzania has made some positive steps in the effort to reduce HIV/AIDS, yet challenges persist. For example, the Tanzania HIV Impact Survey (THIS) from 2016-2017 indicated that only 61% of persons living with HIV are aware of their status. While over 90% of those tested positive are linked to treatment and 87 of those on treatment are virally suppressed, viral suppressions remains low among children.

TB remains the leading cause of death amongst people living with HIV which is estimated at 9,800 deaths. Tanzania is in the top 30 countries with the highest TB burden. In 2020, the country was estimated to have 133,200 TB patients and 17,000 TB-related deaths. There has been progress in increasing annual TB detection but still only 56% of patients are clinically diagnosed.

USAID voluntary family planning programs are being integrated with other health services to contribute to the goal of reducing maternal mortality. Although the total fertility rate in Tanzania

has fallen from 5.7 to 5.2 births per woman in recent years, there have been no significant changes in the country's unmet need for family planning. The use of modern contraception in Tanzania among married women has increased from 20 percent to 32 percent between 2005 and 2015-16, with use of any family planning method increasing from 26 percent to 38 percent. After sustained efforts to improve contraceptive security and logistics, national contraceptive distribution has improved, but resource allocation and stock-outs remain problematic. Social marketing and communication are having an impact with rising sales of oral contraceptives and condoms.

Shortfalls in health systems and care delivery exacerbate these health crises. With this situation, fighting against COVID-19 is more challenging. It is known that decentralization, beginning in 1996, moved service delivery and organization responsibilities from the central level to the district level, but localized service delivery is hampered by lack of budget authority, weak management capacities, and incomplete decentralization of some core functions. In addition to improving health systems strengthening, USAID aims to reduce inequality and increase access to healthcare and health-related information.

Water Resources

Water resources are crucial to Tanzania’s economy. Water is key to agricultural productivity (including food security and nutrition), industrial production and workforce support in urban areas, electricity provision and service provision, as well as tourism. However, Tanzania is experiencing growing water scarcity due to population growth and a high level of variability in water resources, both spatially and temporally. While the Lake Tanganyika basin and southern highlands can receive up to 3,000 mm of rainfall annually, half the country receives less than 765 mm annually. Further, northern Tanzania experiences long rains from March to May and short rains from October to December, while the rest of the country experiences the majority of rainfall between December and April.

Main sources of water for Tanzania are surface and groundwater sources. Most urban areas including major cities in Tanzania source water from the country’s rivers and lakes, and use groundwater as a supplement to surface water, except Zanzibar, which relies primarily on groundwater. In most urban areas have water utilities supplying water to domestic, public and private sectors. However, shortfalls in piped water supply are compensated for by unregulated private or community boreholes into the cities’ groundwater reserves, many of which are affected by salt water intrusion, or industry pollution and waste disposal. Further, the water quality and quantity e.g. from Wami-Ruvu river basin is deteriorating due to deforestation, poor land and water use practices, illegal alluvial gold mining and direct pollution.

For those rural Tanzanians that do not live near one of the three major lakes bordering the country, groundwater is the main water source. However, almost half of the population does not have access to safe water. Many wells are proximate to sources of contamination, which leak into the fresh groundwater. As a result, Tanzanians turn to surface water, which also contains bacteria or human waste. Due to unsanitary water resources, over half of the diseases affecting the population are water-borne illnesses, such as diarrheal diseases. In addition to diseases from contaminated water, women and children can spend up to seven hours a day in rural areas collecting water, leaving them susceptible to attacks. The Tanzanian Gender Networking Program (TGNP) found that a lack of safe, sufficient and affordable water affects the number of girls leaving school. The TGNP also found that it also increases gender-based violence.

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

A summary of potentially applicable standards, guidelines, and useful references are provided below for developing the Waste Management Plan (WMP) and EMMP. Other references for waste management are identified in Section 4 as specific conditions of the activities.

INTERNATIONAL CONVENTIONS AND AGREEMENTS

- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal
- Organization for Economic Cooperation and Development (OECD) Council on the Decision on the control of Transboundary Movements of Wastes
- Minamata Convention on Mercury

USAID RESOURCES AND REFERENCES

- USAID. Sector Environmental Guidelines
  - Solid Waste
  - Healthcare Waste
  - Healthcare Facilities
- USAID. Integrated Waste Management Plan
- USAID. Integrated Vector Management Programs for Malaria Vector Control Programmatic Environmental Assessment.

APPLICABLE ILLUSTRATIVE REGULATIONS

Local Government District Authorities Act No 7 of 1982 & Local Government Urban Authorities Act No 8 of 1982.
According to the Local Government (District Authorities) Act of 1982 and Local Government (Urban Authorities) Act of 1982 and their amendments, the village, district and urban authorities are responsible for planning, financing and implementing development programs within their areas of jurisdiction including health services. They are obligated to protect and properly utilize the environment for sustainable development. The Act also empowers the local authorities to make by-laws, which are applicable in their areas of jurisdiction. In practice, however, local governments are unable to make important decisions independently because many legal provisions make the local government dependent on the central government.

Environmental Management Act No. 20 of 2004.
Tanzania's 1997 National Environment Policy provides a framework still being utilized for environmental considerations and decision-making to ensure sustainability, security, and equitable use of resources. This is critical to meeting basic needs of present and future generations, without degrading the environment or risking health or safety; to prevent and control degradation of land, water, vegetation, and air, which constitute life support systems; to conserve and enhance the natural and man-made heritage, including the biological diversity of the unique ecosystems of Tanzania. The policy was followed by the enactment of Environmental Management Act, 2004, which provides the legal and institutional framework for

sustainable management of the environment, prevention and control of pollution, waste management, environmental quality standards, public participation, environmental compliance and enforcement.

In Tanzania, recognition of environmental impact assessment in supporting effective health policy and sustainable development is demonstrated in a series of official policies and strategies. They call for the use of Environmental Impact Assessment (EIA) as a key policy implementation and development tool.

The Tanzania Food, Drugs and Cosmetics (Recall, Handling and Disposal of Unfit Medicines and Cosmetics) Regulations, 2015

2.3 COUNTRY/MINISTRY/MUNICIPALITY ENVIRONMENTAL CAPACITY ANALYSIS

Tanzania has a hierarchical health system which is in tandem with the political-administrative hierarchy. At the bottom, there are the dispensaries found in every village where the village leaders have a direct influence on its running. The health centers are found at ward level and the health center in charge is answerable to the ward leaders. At the district, there is a district hospital and at the regional level a regional referral hospital. The tertiary level is usually the zone hospitals and at a national level, there is the national hospital. There are also some specialized hospitals that do not fit directly into this hierarchy and therefore are directly linked to the ministry of health. Furthermore, the private sector is also engaged in providing health services in the country.

Overall, the Tanzanian health system is still constrained by a number of problems. Most primary health care facilities are still characterized by inadequately trained staff, experiencing frequent shortages of drugs and supplies and being poorly equipped. Furthermore, there is still a problem of inadequacy/ underutilization of skilled human resources in the health sector and subsequently the quality of health care delivered, and also the failure to effectively implement the exemption and waiver system, thereby excluding the very poor and vulnerable groups from effectively accessing health services as reported by the Ministry of Health.

The government has several key plans and policies guiding **healthcare** provision and development. The Health Sector Strategic Plan III (2009–15) is guided by the Vision 2015[2] and guides planning for health facilities. There are many other policies and strategies as listed below aiming at improving the health system and health care provision in Tanzania.

Health Relevant policies and strategies

- National Health Policy
- The 5th Health Sector Strategic Plan (HSSP V) [under development]
- Health Sector HIV Strategic Plan IV (HSHSP IV)
- National Multisectoral HIV and AIDS Framework (NMSF)
- Tanzania Quality Improvement Framework
- National Family Planning Costed Implementation Programme
- The One plan III for reproductive maternal neonatal adolescent and child health.
- National Malaria Strategic Plans (Zanzibar and Mainland)
- National TB and Leprosy Strategic Plan VI (2021-2025)
- National Nutrition Strategy
- National Costed Plan of Action for Most Vulnerable Children II
- Health Financing Strategy
- Malaria Vector Control Strategy

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL AND SOCIAL RISK

This section discusses the potential social and environmental adverse impacts of the interventions covered by this IEE. Section 3.1 is a general discussion and analysis of waste-related impacts of health care activities, and the following sections cover potential impacts for each intervention category.

3.1 ADVERSE IMPACTS OF HEALTH CARE SERVICE DELIVERY DUE TO FAILURE TO PROPERLY MANAGE RESULTING WASTES

Although health care activities provide many important benefits to communities, they can also unintentionally do harm via poor management of the wastes they generate. These wastes generally fall into three categories, in terms of public health risk and recommended methods of disposal:

- ***General*** health care waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75 – 90 percent of waste generated by health care facilities falls into this category, and paper waste can be incinerated or taken to the landfill without additional treatment.
- ***Hazardous*** health care wastes, including small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers and infectious waste (except sharps and waste from patients with highly infectious diseases). Blood and other body fluids are potentially infectious.
- ***Highly hazardous*** health care wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as radioactive or genotoxic wastes.

Pharmaceutical Wastes and Medical Supplies, including condoms: Pharmaceutical drugs, including vaccines, have specific storage time and temperature requirements, and may expire or lose efficacy before they are used, particularly in remote areas where demand is low or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution, or lack of a routine system of disposal.

The effects of pharmaceutical waste in the environment are different from conventional pollutants. Drugs are designed to interact within the body at low concentrations to elicit specific biological effects in humans, and may also cause biological responses in other organisms. There are many drug classes of concern, including antibiotics, antimicrobials, antidepressants, and estrogenic steroids. Their main pathway into the environment is through household use and excretion, and through the disposal of unused or expired pharmaceuticals. In addition, pharmaceutical waste can pollute surface and ground water and impact human health.

Effects on aquatic life are a major concern in the disposal of pharmaceuticals. A wide range of pharmaceuticals has been discovered in fresh waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life.

Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies (including new or used condoms) at low temperatures or in open containers, which results in the release of toxic pollutants into the air. Inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public, resulting in diseases being inadequately treated.

Potentially infectious wastes: Improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease. Transmission of disease through infectious waste is the greatest and most immediate threat from health care waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will remain in the waste.

These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include health care workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use “recycled” contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that carry infectious waste. Health care workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV or hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of the water supply from untreated health care waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed, they can create and extend epidemics. The absence of proper sterilization procedures, for example, is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

Health care activities or interventions can have direct or indirect impacts on waste management:

- **Where USAID support for healthcare service delivery is direct**, USAID bears full responsibility for adverse impacts when its support fails to address waste management or to consider the capacity of medical facilities to properly handle, label, treat, store, transport and properly dispose of medical waste.
- **Where USAID instead funds capacity-building for the entities that manage delivery of care** (e.g., the GOT, NGOs, and CSOs), USAID generally has far less control over service delivery. Reduced control means that USAID’s responsibility for adverse impacts is shared or attenuated, but not eliminated.

For example, proper waste management requires that the systems and structures governing health care delivery address and require appropriate management. Where USAID’s support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.

INTERVENTION CATEGORY 1: **TECHNICAL ASSISTANCE AND CAPACITY BUILDING TO IMPROVE USE OF QUALITY HEALTH SERVICES.**

TABLE 3A. POTENTIAL IMPACTS – INTERVENTION CATEGORY 1

Project/Activity	Potential environmental and social impacts
Sub-activity 1.1: Provide capacity building to healthcare workers (e.g., pre-service training, on-the-job training, classroom training, mentoring, supportive supervision, quality improvement initiatives) in public and private health facilities.	Potentially infectious wastes can arise from improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles. Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade. Also see Section 3.1 for a discussion of general healthcare activities and their direct and indirect impacts on waste management.
Sub-activity 1.2: Strengthen access to and use of quality maternal, newborn, child and adolescent health (MNH), and family planning (FP) services at the facility level and through outreach services.	No adverse impacts are anticipated under this activity.
Sub-activity 1.3: Conduct a baseline assessment of tuberculosis (TB) facility-based services and ensure universal	No adverse impacts are anticipated under this activity.

access to TB and Drug-Resistant (DR)-TB services, including TB diagnostics services (e.g., sample collection and transportation).	
Sub-activity 1.4: Improve use of data and technology for decision-making and program improvement related to health services.	No adverse impacts are anticipated under this activity.
Sub-activity 1.5: Provide high quality technical expertise and assistance to the National Malaria Control Program (NMCP) and Zanzibar Malaria Elimination Program (ZAMEP) to strengthen surveillance systems and support data use for the development of evidence-based policies, strategies, and implementation plans related to malaria case management, malaria in pregnancy (MIP) seasonal malaria chemoprevention, malaria vaccines and other preventive approaches (see Intervention Category 3 for additional malaria prevention activities).	No adverse impacts are anticipated under this activity. See CRM Section 4.2 for opportunities for climate risk mitigation.
Sub-activity 1.6: Strengthen case management and MIP prevention by supporting the implementation and/or planning and data use of Malaria Services and Data Quality Improvement (MSDQI) in public and private health facilities in selected districts of mainland and Zanzibar.	No adverse impacts are anticipated under this activity.

INTERVENTION CATEGORY 2: **DIRECT HEALTHCARE SERVICE DELIVERY (I.E., PREVENTION, CARE AND TREATMENT) FOCUSING ON HIV/AIDS, MALARIA, TB SERVICES, AND FAMILY PLANNING OUTREACH.**

TABLE 3B. POTENTIAL IMPACTS – INTERVENTION CATEGORY 2

Project/Activity	Potential environmental and social impacts
Sub-activity 2.1: Increase awareness of citizens' HIV status through targeted testing services (e.g., index testing, out-patient department screening/testing, social network testing, mobile testing, distribution of HIV self-test kits) Strengthen anti-retroviral therapy (ART) and management of TB, HIV, and sexually transmitted infections (STIs) through training, mentorship and provision of equipment. Encourage health providers to regularly screen for intimate partner and gender-based violence (IPV/GBV).	Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use "recycled" contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles. Also see Section 3.1 for a discussion of general healthcare activities and their direct and indirect impacts on waste management.
Sub-activity 2.2: Screen at-risk groups for sexually transmitted infections and refer for testing & treatment	No adverse impacts are anticipated under this activity.
Sub-activity 2.3: Facilitate family planning and outreach services (e.g., distribution of condoms) in health facilities and the community	Use of condoms presents the risk of infection from improper disposal and can also have an impact on the environment from improper disposal (e.g. burning at low temperatures releases chemicals into the atmosphere and improper disposal can lead to waste buildup). Oral contraceptives and water purification materials present risks to consumers if their efficacy and purity is not adequately assured. There is also new research showing that contraceptive chemicals have been shown in water sources, although the direct impact on health is unknown and still being studied.
Sub-activity 2.4: Work to eliminate mother-to-child transmission of HIV	No adverse impacts are anticipated under this activity.
Sub-activity 2.5: Scale up continuous care interventions to improve treatment outcomes (e.g., adherence counseling, tracking missed appointments)	No adverse impacts are anticipated under this activity.
Sub-activity 2.6: Address gender dynamics to create environments that increase protection against	No adverse impacts are anticipated under this activity.

HIV and TB	
Sub-activity 2.7: Expand access to safe, high-quality Voluntary Male Medical Circumcision (VMMC) services for Tanzanian boys and men and achieve 95% coverage in all the five districts (Iringa, Morogoro, Njombe, Singida, Tabora)	The delivery of VMMC services and kits presents a set of potentially significant adverse environmental and health impacts, particularly related to medical waste. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts. These impacts may be direct or indirect: ● **Where USAID support for service delivery is direct**, USAID bears full responsibility for adverse impacts when its support fails to address waste management or to consider the capacity of medical facilities to properly handle, label, treat, store, transport and properly dispose of medical waste; and ● **Where USAID instead funds capacity-building for the entities that manage delivery of care** (e.g., government ministries and NGOs), USAID generally has far less control over service delivery on the ground. Reduced control means that USAID's responsibility for adverse impacts is shared or attenuated—but not eliminated. For example, proper waste management requires that the systems and structures governing health care delivery address appropriate management. Where USAID's support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.
Sub-activity 2.8: Integrate provision of pre-exposure prophylaxis (PrEP) into the prevention and treatment services. Provide PrEP for those high-risk individuals who test HIV negative in index testing and all other forms of testing.	The delivery of PrEP treatment presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts. These impacts may directly or indirectly harm those who directly contact with the healthcare waste (HCW) are at the most significant risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers.
Sub-activity 2.9: Provide case management services to orphans and vulnerable children	No adverse impacts are anticipated under this activity.
Sub-activity 2.10: Strengthen malaria case surveillance and reactive case detection, including the data collection and management systems that enable the identification of new cases of malaria and trigger investigation and response measures (e.g., RDA).	No adverse impacts are anticipated under this activity.

INTERVENTION CATEGORY 3: **IDENTIFY AND IMPLEMENT VECTOR CONTROL APPROACHES AIMED AT REDUCING THE BURDEN OF MALARIA AND MOVING TOWARDS THE LONG-TERM GOAL OF MALARIA ELIMINATION**

TABLE 3C. POTENTIAL IMPACTS – INTERVENTION CATEGORY 3

Project/Activity	Potential environmental and social impacts
Sub-activity 3.1 Determine targeted populations' access to insecticide-treated nets (ITNs) and the quantity of ITNs needed in the coming years to maintain high population access	No adverse impacts are anticipated under this activity.
Sub-activity 3.2: Deliver ITNs to targeted populations and create an enabling environment to revive the commercial markets for ITNs	The potential adverse impacts of ITN distribution and use are well-documented by USAID's Programmatic Environmental Assessment for Integrated Vector Management Programs for Malaria Vector Control (i.e., Annex L – Recommended LLIN [long-lasting insecticide treated net] Mitigation Measures). They are significant and include health impacts on households and users, particularly women; environmental damage; contamination of water supplies, and harm to aquatic species due to insecticide exposure and improper use and/or disposal of ITNs, among other impacts. The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Also, transport of ITN shipments could result in greenhouse gas emissions. Therefore, these activities present potential adverse environmental impacts. Also see Section 3.1 for a discussion of general healthcare activities and their direct and indirect impacts on waste management.
Sub-activity 3.3: Provide guidance on new evidence-based vector control approaches that show potential for successful outcomes and assist with implementation of proven approaches	No adverse impacts are anticipated under this activity.
Sub-activity 3.4: Implement entomological monitoring (e.g., insecticide resistance and bioassay) of indoor residual spraying, ITN, and foci investigation	The potential adverse impacts of ITN distribution and use are well-documented by USAID's Programmatic Environmental Assessment for Integrated Vector Management Programs for Malaria Vector Control (i.e., Annex L – Recommended LLIN [long-lasting insecticide treated net] Mitigation Measures). They are significant and include health impacts on households and users, particularly women; environmental damage; contamination of water supplies, and harm to aquatic species due to insecticide exposure and improper use and/or disposal of ITNs, among other impacts.

	The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Also, transport of laboratory and field equipment/supply shipments could result in greenhouse gas emissions. Therefore, these activities present potential adverse environmental impacts.
Sub-activity 3.5: Strengthen the Indoor Residual Spraying (IRS) logistics and warehousing system through enhanced forecasting of IRS needs, training, and supervision.	Vector control, including IRS, can have potential adverse environmental impacts. Chemical application of pesticides through IRS, if not done properly, can lead to soil contamination, pollution of surface and groundwater, killing of non-target species, and adverse health risks (e.g., improper Personal Protective Equipment [PPE]). Greenhouse gases/carbon emissions from the implementation of the IRS program likely. See: SEA for Nationwide IRS in Tanzania : 2020-2025 https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2021/03/tanzania-irs-supplemental-environmental-assessment-2015-2020.pdf Tanzania PERSUAPs: NAFAKA and Mboga na Matunda:https://ecd.usaid.gov/document.php?doc_id=50646.
Sub-activity 3.6: Ensure safe and correct insecticide application, thus minimizing human and environmental exposure to IRS insecticides, in compliance with the Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) and Supplemental Environmental Assessment (SEA).	
Sub-activity 3.7: Equip the country with knowledge and skills to plan and implement integrated vector control interventions, including safe and cost-effective indoor residual spraying (IRS), entomological monitoring, and the deployment of insecticide-treated nets. Sub-activity 3.8: Strengthen and improve the use of larval source management activities in low malaria transmission areas	

INTERVENTION CATEGORY 4: **COMMUNITY ENGAGEMENT STRENGTHENING ACTIVITIES**

TABLE 3D. POTENTIAL IMPACTS – INTERVENTION CATEGORY 4

Project/Activity	Potential environmental and social impacts
Sub-activity 4.1: Engage and improve capacity of community health workers (CHW) to provide community-based TB, malaria, and FP services with tools, training, and incentives	The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts. These impacts may directly or indirectly harm those who directly contact with the
Sub-activity 4.2: Establish and strengthen linkages between communities and health facilities to support delivery of malaria, TB, HIV	

and FP services (e.g., engage community groups to identify and conduct TB screening of high-risk individuals and community hotspots)	healthcare waste (HCW) are at the most significant risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers. Also see Section 3.1 for a discussion of general healthcare activities and their direct and indirect impacts on waste management.
Sub-activity 4.3: Engage ADDOs and THs to conduct TB and malaria screening, case identification, and referral of presumptive cases	No adverse impacts are anticipated under this activity.
Sub-activity 4.4: Establish and improve community-based services that address GBV and violence against children.	No adverse impacts are anticipated under this activity.
Sub-activity 4.5: Strengthen malaria case surveillance. Build capacity of gender specific groups to provide TB services and engage youth and women to participate in TB prevention and access to family planning services	The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts. These impacts may directly or indirectly harm those who directly contact with the healthcare waste (HCW) are at the most significant risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers. Also see Section 3.1 for a discussion of general healthcare activities and their direct and indirect impacts on waste management.
Sub-activity 4.6: Provide technical and implementation support for Integrated Community Case Management (iCCM), including development and rollout of training and supervision.	No adverse impacts are anticipated under this activity.
Sub-activity 4.7: Facilitate the start-up of saving and lending groups (e.g., Worth Yetu groups, COCOBAs)	No adverse impacts are anticipated under this activity.
Sub-activity 4.8: Provide educational subsidies to vulnerable adolescent girls aged 10-14 and sponsor vulnerable adolescent girls aged 20-24 to attend vocational education and to start-up their own businesses	No adverse impacts are anticipated under this activity.

INTERVENTION CATEGORY 5: GOVERNANCE, POLICY DEVELOPMENT, AND FINANCE

TABLE 3E. POTENTIAL IMPACTS – INTERVENTION CATEGORY 5

Project/Activity	Potential environmental and social impacts
Sub-activity 5.1: Improve governance and management systems that respond to healthcare needs of different segments of the population, including continued service to the poor and marginalized.	Tanzania Health interventions will support the development and implementation of policies that are linked—directly or indirectly— to environmental health and safety. These include policies to improve certain health sector initiatives that present the risk of adverse impacts stemming from the generation, management or disposal of medical waste. (See Section 3.1 for a fuller discussion of the waste-related impacts of health care activities.) Any adverse impacts generated by policy efforts are likely to be indirect in nature. That is to say, that while the policies do not specifically target elements of environmental health and safety, they are intended to create or promote circumstances that may lead to adverse impacts. For example, targeted health policy initiatives can create situations in which government efforts to improve service delivery lead to an increase in health care waste that the existing infrastructure is not prepared to support in an environmentally sound fashion. The procurement and distribution of health care commodities (i.e., supply chain management), in particular, has the potential to overwhelm the waste management capacity of healthcare facilities. While supply chain management and related health care provision policies and regulation can help improve access to and standards of care, they must also be designed and implemented in a manner consistent with sound environmental health and safety.
5.2 Advocate for policies for more effective governance and accountability (e.g., support for public sector reform, local government transparency, total marketing approach, and stronger environmental oversight).	
Sub-activity 5.3: Establish a customer responsive and self-sustaining public-private partnership that provides quality essential medicines and health commodities.	No adverse impacts are anticipated under this activity.
Sub-activity 5.4: Mobilize capital through innovative financing that mutually benefits Christian Social Services Commission (CSSC) health facilities, drug dispensing outlets, local health insurance providers and commercial investors.	No adverse impacts are anticipated under this activity.
Sub-activity 5.5: Promote citizen engagement to increase the quality of health services (e.g., community scorecards, community-led monitoring)	No adverse impacts are anticipated under this activity.
5.6: Mobilize resources for loan guarantees and blended finance solutions	No adverse impacts are anticipated under this activity.

INTERVENTION CATEGORY 6: INCREASE HEALTH-SEEKING BEHAVIORS AND HEALTH SOCIAL NORMS THROUGH COMMUNICATION AND EDUCATION

TABLE 3F. POTENTIAL IMPACTS – INTERVENTION CATEGORY 6

Project/Activity	Potential environmental and social impacts
Sub-activity 6.1: Social marketing and communication for behavior change and increased use of health services.	No adverse impacts are anticipated under this activity.
Sub-activity 6.2: Strengthen community services focused on promoting health behavior and use of healthcare services.	No adverse impacts are anticipated under this activity.
Sub-activity 6.3: Support the implementation of social behavior change (SBC) activities for malaria, family planning, child health and other areas. (e.g., support mixed-media SBC campaigns (e.g., radio, community theatre, interpersonal communication, small groups)	No adverse impacts are anticipated under this activity.
Sub-activity 6.4: Provide technical assistance to the GOT, civil society organizations, and private sector entities on SBC-related issues.	No adverse impacts are anticipated under this activity.
Sub-activity 6.5: Promote menstrual hygiene management among girls aged 10-14 and distribute reusable Huru kits.	No adverse impacts are anticipated under this activity.
Sub-activity 6.6: Promote positive gender norms at the community level through evidence-based approaches such as SASA.	No adverse impacts are anticipated under this activity.
Sub-activity 6.7: Promote the uptake of Intermittent Preventive Treatment (IPTp3 and 4) for malaria in pregnancy	No adverse impacts are anticipated under this activity.
Sub-activity 6.8 Promote behaviors around ITN access and use	No adverse impacts are anticipated under this activity.
Sub-activity 6.9 Create awareness on acceptance of IRS, MDA, RDA, and other preventative activities	No adverse impacts are anticipated under this activity.
Sub-activity 6.10: Train parents and caregivers of at-risk youth through evidence-based approaches (i.e., Sinovuyo, Furaha)	No adverse impacts are anticipated under this activity.
Sub-activity 6.11: Educate children 9-14 years on sexual violence prevention using evidence-based approaches (e.g., Coaching Boys to Men, ImPower)	No adverse impacts are anticipated under this activity.

Sub-activity 6.12: Improved ability of individuals to practice healthy behaviors through FURAHA YANGU, SITETEREKI, and NAWEZA campaigns.	No adverse impacts are anticipated under this activity.
Sub-activity 6.13: Strengthened community support for healthy behaviors.	No adverse impacts are anticipated under this activity.
Sub-activity 6.14: Improved systems for coordination and implementation of SBC interventions.	No adverse impacts are anticipated under this activity.

INTERVENTION CATEGORY 7: **DIRECT PROCUREMENT OF COMMODITIES AND STRENGTHENING OF COMMODITIES, LOGISTICS AND DIAGNOSTIC SYSTEMS**

TABLE 3G. POTENTIAL IMPACTS – INTERVENTION CATEGORY 7

Project/Activity	Potential environmental and social impacts
Sub-activity 7.1: Support pharmaceutical procurement, supply chain management, and distribution of pharmaceuticals or medical commodities for the prevention and treatment of HIV/AIDS and associated complications (e.g., ARVs); TB; opportunistic infections; malaria, including intermittent preventive treatment of pregnant women (IPTp) (e.g., prophylaxis, and artemisinin-based combination therapies [ACTs]) and rapid diagnostic tests (RDTs); contraceptives; and clinical equipment and supplies.	The environmental impacts of activities associated with procurement and distribution of pharmaceuticals, nutritional supplements, and medical devices are discussed in Section 3.1. Many procured commodities inevitably end up as waste (e.g. condoms, laboratory chemicals, test kits), generate waste as a consequence of their use (e.g., injectable pharmaceuticals), or have the potential to end up as waste due to spoilage or expiration (i.e., all pharmaceuticals). Improper disposal of potentially infectious and pharmaceutical wastes has potentially significant adverse impacts, as discussed in section 3.1. As noted above, the extent of USAID control of the in-country supply chain and use of these commodities ranges from complete to partial, depending on the programming context. To the greatest extent practicable, USAID must work to assure appropriate management of commodity waste streams from acquisition to disposal. Where the IPs identifies deficiencies in its procedures and capabilities, it shall notify USAID and provide recommended action steps for Agency consideration.
Sub-activity 7.2: Support logistics management of pharmaceuticals, diagnostic equipment, and commodities.	
Sub-activity 7.3: Procurement and distribution of Voluntary Medical Male Circumcision (VMMC) kits.	The delivery of VMMC services and kits presents a set of potentially significant adverse environmental and health impacts, particularly related to medical waste. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts. These impacts may be direct or indirect: ● **Where USAID support for service delivery is direct**, USAID bears full responsibility for adverse impacts when its support fails to address waste management or to consider the capacity of medical facilities to properly handle, label,

	treat, store, transport and properly dispose of medical waste; and ● **Where USAID instead funds capacity-building for the entities that manage delivery of care** (e.g., government ministries and NGOs), USAID generally has far less control over service delivery on the ground. Reduced control means that USAID's responsibility for adverse impacts is shared or attenuated—but not eliminated. For example, proper waste management requires that the systems and structures governing health care delivery address appropriate management. Where USAID's support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.
Sub-activity 7.4: Support procurement of insecticide treated bed nets.	Health and environmental impacts may result from inadequate quality control of ITNs (i.e., procuring unapproved ITNs, improper storage, or poor inventory management). Occupational risks for workers involved in implementation (e.g., risks from exposure and vehicular accidents). If ITNs are not securely stored to prevent theft and misuse could result in illegal resale and use. Ecological threat to non-target species and water bodies from ITNs (e.g., fisheries, water bodies, etc.). Improper disposal of ITNs potential unease among the beneficiary population regarding the application of ITNs to resource waters. The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts.
Sub-activity 7.5: Support procurement of insecticide that is used for indoor residual spraying activities.	Health and environmental impacts may result from inadequate quality control of larvicides (i.e., procuring unapproved larvicides, improper storage, or poor inventory management). Occupational risks for workers involved in larviciding implementation (e.g., risks from larvicide exposure and vehicular accidents), especially women of child-bearing age. Health and safety risks for residents near treated sites (e.g., risks from skin contact and/or ingestion of larvicides). Nearby residents may be exposed to larvicides if they are not securely stored to prevent theft and misuse incidents, including the illegal resale of larvicides. Ecological risk to non-target species and water bodies from larvicides (e.g., during larviciding of water bodies). Improper disposal of larvicide (solid and liquid waste). Potential unease among the beneficiary population regarding the application of larvicides to resource waters. Positive social impact from the potential for reduction of malaria morbidity and mortality. Increase in general understanding and knowledge of

	malaria and mitigation capacity for malarial impacts. The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts.
Sub-activity 7.6: Support procurement of reagents that are used for entomological monitoring, molecular analysis and drug efficacy monitoring.	Entomological surveillance and vector control research use laboratory equipment, chemical reagents, insecticides, and based technologies that can have environmental impacts if mismanaged. Entomological surveillance supplies have the potential to cause adverse health and environmental impacts if not properly managed. These materials require special care and management to minimize their expiration and/or damage. Interest and/or concern among beneficiaries regarding activities centered around resource waters and/or increase in general understanding and knowledge of malaria and mitigation capacity for malarial impacts. The delivery of public health commodities presents potentially significant adverse environmental and health impacts, particularly related to procurement, transportation, handling, and treatment, and/or disposal of damaged/expired product is mismanaged. Expansion of these services while strengthening access to health care services may result in adverse environmental impacts. Therefore, these activities present potential adverse environmental impacts.
7.7: Support procurement of family planning commodities for social marketing organizations and public and private sector entities.	No significant impacts expected.

INTERVENTION CATEGORY 8: SMALL-SCALE CONSTRUCTION

TABLE 3H. POTENTIAL IMPACTS – INTERVENTION CATEGORY 8

Project/Activity	Potential environmental and social impacts
Sub-activity 8.1: Construction and/or rehabilitation of new or existing structures (e.g., housing for healthcare workers, health facilities, drug dispensing outlets, warehouses to store medical products).	Construction activities have the potential to cause both direct and indirect adverse impacts on the environment. The construction activities include both well and latrine development. An example of a direct impact is the filling of a wetland to use as a project site. Construction in wetlands, estuaries, or other sensitive ecosystems may destroy or significantly damage exceptional natural resources and the benefits they provide (ecosystem services). This damage may reduce economic productivity, impair essential ecosystem services (such as flood risk reduction, which may become increasingly important in some areas as climate change alters precipitation patterns), or

	degrade the recreational or cultural value of these resources. Often the identification of areas as reserves or special designation is an indication of such ecosystems, and local consultation to understand the value that may be contained in the impact area is essential. Other types of potential environmental impacts of construction projects include damage to sensitive or valuable habitats, unsustainable use of biological resources, depletion or loss of access to ecosystem services, changes to air quality or noise levels, changes to soil or water quality, sedimentation of surface water, contamination of ground and water supplies. Social impacts of construction projects can include displacement and involuntary resettlement, impacts on indigenous peoples and their traditional activities, poor worker management, increased community disease or accidents, removal of or damage to tangible and intangible cultural heritage, disproportional impacts to persons in poverty and vulnerable groups. The impact assessment required under 22 CFR 216 should include identification potential social impacts, especially of those who may be considered marginalized or vulnerable. Vulnerable or marginalized people may have reduced capacity to cope with project impacts. For instance, if a project affects available essential resources, their access to alternative resources is likely to be limited. They have fewer means to absorb adverse changes or shocks and may be less able to build on beneficial changes to their resource bases. Within larger societal groups, pockets of vulnerability may exist. For instance, women are not inherently more vulnerable to project impacts than men. However, depending on the impacts, some groups of women, such as women-headed households, pregnant women, and widows may be vulnerable. If not managed correctly, a project may cause poverty in a community. Examples of poverty risks are those posed by incomplete or poorly managed resettlement or livelihood restoration processes; lack of local investment that results in over-dependence of the community on the project; and overcrowding and draining of resources due to in-migration. These risks should be considered in all the actions taken by the project. Other risks include ground water contamination due to poor siting of pit latrines and borehole drilling sites (water points). Siting of latrines and water sources will consider the potential for surface and groundwater contamination. Any activity promoting sanitation, including training, will integrate and promote general awareness of the environmental, health and safety risks presented by sanitation activities and measures to manage these risks.

	It is essential when considering investments and measures to enhance benefits that equity be central to defining these measures. Long-term livelihood benefits should be prioritized, and the project manager should understand the local realities to understand where investments are most needed. From the perspective of equity and human rights protections, it is important that information and communication activities are carried out in such a way that all people have equal access to information. This does not mean that the same instruments and formats should be used for all groups but that access to information should be available across social groups. In the same way, grievance mechanisms should be accessible by all social groups, where specific attention should be given to vulnerable groups whose voices might not be respected or represented by a majority group.

4.0 ENVIRONMENTAL DETERMINATIONS

4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

Tables 1 and 2 summarize the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22 CFR 216. Specified conditions, detailed in Section 5, become mandatory obligations of implementation, per ADS 204.

4.2 CLIMATE RISK MANAGEMENT

The Climate Risk Management (CRM) screening identifies climate-related risks to health activities that should be addressed to enhance resilience and safeguard activity development objectives. This screening is part of implementing the Reference for ADS Chapter 201 "Climate Risks Management for USAID Projects and Activities."[8]

This section summarizes the methodology used and findings of the screening, in accordance with ADS 201mal. The project design team, in consultation with the CIL, considered the potential impact of climate risks/stressors (changing precipitation patterns, rising temperature, floods, droughts, fires, landslides, etc.) on the sustainability and performance of the activities through the CRM screening. The Mission will share CRM results with partners and include climate risk considerations in solicitations and work plan development when appropriate (see Annex 1 for the complete CRM table).

As described in USAID (2019), Tanzania is projected to experience the following changes in climate by mid-century:

- Increase in average annual temperature of 1.4 to 2.3°C, with greater warming in the west and southwest
- Increase in duration of heat waves by 7 to 22 days and dry spells by up to 7 days
- Likely increase in average annual rainfall by -3 to +9 percent with greatest increase in northeast and likely decline in rainfall from July to September
- Increase in frequency of heavy rainfall events by 7 to 40 percent, as well as an increase in intensity of heavy rainfall events by 2 to 11 percent
- Increase in runoff in some river basins (Pangani, Rufiji), increasing risk of flooding and sedimentation; and a decrease in runoff in other basins (Wami/Ruvu), increasing water stress
- Rise in sea level of 16 to 42 centimeters

Tanzania's health infrastructure and services are highly vulnerable to climate change impacts, including:

- Increased temperatures and flooding could increase the incidence of malaria
- Climate change could increase the spread of HIV/AIDS and TB by facilitating migration due to climate shocks/stressors that force people to move
- Climate change impacts on agriculture (damaged crops, reduced yield) and WASH infrastructure (polluted water that increases incidence of waterborne diseases) could worsen overall health, particularly for sensitive populations like HIV/AIDS, TB, and

[8] Reference to ADS Chapter 201: https://www.usaid.gov/ads/policy/200/201mal

malaria patients. These impacts could also place a heavier burden on the national healthcare system
- Extreme heat and flooding could impact ability to provide technical assistance, engage with communities, or carry out communication and education campaigns by affecting the health of staff/participants, blocking access routes, or disrupting logistics networks
- Climate change shocks and stressors may disproportionately impact women and vulnerable populations

METHODOLOGY

The CRM screening was completed through a desk review. This included reviewing:

- Project specific information, including available descriptions of project activities;
- Climate and health information, including information specific to Tanzania and different regions of Tanzania, including:
    - USAID's Climate Risk Profile of Tanzania[9]
    - USAID/Tanzania Country Development and Cooperation Strategy[10] and Climate Analysis;
    - World Bank Tanzania 2019 Country Environmental Analysis[11]
    - United Rep. of Tanzania: Climate Change, Health and WASH[12]
    - The Impact of Climate Change on Agriculture and Health Sectors in Tanzania: A Review[13]

Following this desk review, the project design team engaged in a facilitated process to confirm risks for each intervention category; to rate risks as high, moderate, or low; and to define appropriate actions to respond to risks rated high and moderate.

RISK RATINGS AND DEFINED ACTIONS

The following summarizes the risk screening findings and actions. The complete results of the CRM screening are provided in Annex 1.

Health Treatment Risks: For malaria, climate risks that could increase the number of malaria cases by expanding disease vector ranges or creating more mosquito breeding sites due to higher temperatures and more extreme precipitation events that could result in more pools of standing water. Heavy rainfall events and higher temperatures could also reduce insecticide effectiveness. For HIV/AIDS and TB patients, climate risks could affect migration of people,

[9] USAID, *Climate Risk Profile: Tanzania*, https://www.climatelinks.org/sites/default/files/asset/document/20180629_USAID-ATLAS_Climate-Risk-Profile-Tanzania.pdf

[10] USAID, *Tanzania Country Development and Cooperation Strategy*, https://www.usaid.gov/sites/default/files/documents/Tanzania_CDCS_2020-2025_Public_1.pdf

[11] World Bank, *Tanzania 2019 Country Environmental Analysis: Environmental Trends and Threats, and Pathways to Improved Sustainability*, https://openknowledge.worldbank.org/handle/10986/31643

[12] WHO and DFID, *United Rep. of Tanzania: Climate change, health & WASH,* https://www.who.int/globalchange/resources/wash-toolkit/tanzania-climate-change-health-wash.pdf

[13] Ojija, F., S. Abihudi, B. Mwendwa, C.M. Leweri, and K. Chisanga, *The Impact of Climate Change on Agriculture and Health Sectors in Tanzania: A review*, https://ijeab.com/detail/the-impact-of-climate-change-on-agriculture-and-health-sectors-in-tanzania-a-review/

potentially increasing spread of HIV/AIDS and TB. Climate stressors may also affect livelihoods, food security, health, and access to WASH infrastructure, all of which may worsen health for HIV/AIDS and TB patients.

- Risks related to malaria treatment are mostly moderate, while risks related to HIV/AIDS and TB treatment are mostly low.

Building and Road Risks: Increased incidence of flooding can block roads or access to buildings, preventing people from reaching health services and medication and affecting procurement of goods. Heavy flooding can also damage buildings that hold medication or host activities, as well as compromise construction operations and other critical infrastructure (such as energy) needed to complete construction.

- Risks to construction-related tasks are high. Risks that block people from reaching health services and medication are moderate.Engineering analysis preceding design activities must include consideration of climate change and its potential impacts on the location (siting), functionality and sustainability of resulting infrastructure and infrastructure services. Such analysis must include identification of relevant data sets and gaps, review of local building standards and codes for adequacy; and determination of safety factors or other measures of uncertainty that will be carried through design. The results of this analysis, including risks identified and how they are addressed, shall be documented.

Governance Risks: Increased intensity, duration, and frequency of climate events, such as extreme heat, heavy rainfall, and drought, could have the following impacts: disrupting technical assistance and logistics, cause health stressors on healthcare workers, and affect ability for people to attend trainings or outreach meetings. If not incorporated into interventions, climate change impacts may result in maladaptation or underperforming interventions.

- Governance risks are mostly low. Climate risks that may result in maladaptation or underperforming interventions if not incorporated into interventions are rated moderate.

The project team has identified activity actions and analyses to respond to these risks, as documented in Annex 1. These recommendations include:

- Strengthen meteorological and health surveillance systems.
- Ensure availability of trained health staff and medical facilities for addressing climate-related diseases and health risks.
- Develop contingency plans to respond to the needs of hard-to-reach communities, particularly in flood-prone areas.
- Develop an assessment of climate impact from procuring locally versus internationally and take measures resulting from assessment.
- Ensure timely communication of climate risks to administrators and staff.
- Integrate climate considerations into malaria intervention planning to consider potential changes in malaria distribution and incidence.
- Consider including climate change in the design, construction, or rehabilitation of health infrastructure, as well as protection of existing infrastructure.

5.0 CONDITIONS AND MITIGATION MEASURES

5.1 CONDITIONS

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

5.1.1 During Pre-Award:

5.1.1.1 Pre-Award Briefings: As feasible, the design team and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide a pre-award briefing for potential offerors on environmental compliance expectations/responsibilities at bidders' conferences.

5.1.1.2 Solicitations: The design team, in coordination with the A/CO, will ensure solicitations include environmental compliance requirements and evaluation criteria. A/CO will ensure technical and cost proposal requirements include approach, staffing, and budget sufficient for complying with the terms of this IEE.

5.1.1.3 Awards: The A/COR, in coordination with the A/CO, will ensure all awards and sub-awards, include environmental compliance requirements.

5.1.2 During Post-Award:

5.1.2.1 Post-Award Briefings: The A/COR and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide post-award briefings for the IP on environmental compliance responsibilities.

5.1.2.3 Workplans and Budgeting: The A/COR will ensure the IP integrates environmental compliance requirements in work plans and budgets to comply with requirements, including EMMP implementation and monitoring.

5.1.2.4 Staffing: The A/COR, in coordination with the IP, will ensure all awards have staffing capacity to implement environmental compliance requirements.

5.1.2.5 Records Management: The A/COR will maintain environmental compliance documents in the official project/activity file and upload records to the designated USAID environmental compliance database system.

5.1.2.6 Host Country Environmental Compliance: The A/COR will ensure the IP complies with applicable and appropriate host country environmental requirements unless otherwise directed in writing by USAID. However, in the case of a conflict between the host country and USAID requirements, the more stringent shall govern.

5.1.2.7 Work Plan Review: The A/COR will ensure the IP verifies, at least annually or when activities are added or modified, that activities remain with the scope of the IEE. Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.

5.1.2.8 IEE Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an IEE Amendment will be required.

5.1.2.9 USAID Monitoring Oversight: The A/COR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, REA, BEO), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).

5.1.2.10 Environmental Compliance Mitigation and Monitoring Plan: The A/COR will ensure the IP develops, obtains approval for, and implements Environmental Mitigation and Monitoring Plans (EMMPs) that are responsive to the stipulated environmental compliance requirements.

5.1.2.11 Environmental Compliance Reporting: The A/COR will ensure the IP includes environmental compliance in regular project/activity reports, using indicators as appropriate; develops and submits the Environmental Mitigation and Monitoring Reports (EMMRs); and completes and submits a Record of Compliance (RoC) describing their implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub activities (as applicable). And where required by Bureaus or Missions, ensure the IP prepares a closeout plan consistent with contract documentation for A/COR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned.

5.1.2.12 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the A/COR, place a hold on activities, take corrective action, and report on the effectiveness of corrective actions. The A/COR initiates the corrective action process and ensures the IP completes and documents their activities. Where required by Bureaus or Missions, ensure Record of Compliance is completed.

5.2 AGENCY CONDITIONS

5.2.1 Sub-award Screening: The A/COR will ensure the IP uses an adequate environmental screening tool to screen any sub-award applications and to aid in the development of EMMPs.

5.2.2 Programmatic IEEs (PIEE): PIEEs stipulate requirements for additional environmental examination of new or country specific projects/activities. The A/COR of any project/activity being implemented under a PIEE will ensure appropriate reviews are conducted, typically through a Supplemental IEE, and approved by the cognizant BEO.

5.2.3 Supplemental IEEs (SIEEs): An SIEE will be prepared for any new project/activity being planned which fall under a PIEE. The SIEE will provide more thorough analysis of the planned activities, additional geographic context and baseline conditions as well as specific mitigation and monitoring requirements.

5.2.4 Other Supplemental Analyses: The A/COR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.

5.2.5 Resolution of Deferrals: If a deferral of the environmental threshold determination was issued, the A/COR will ensure that the appropriate 22CFR216 environmental analysis and documentation is completed and approved by the BEO before the subject activities are implemented.

5.2.6 Positive Determination: If a Positive Determination threshold determination was made, the A/COR will ensure a Scoping Statement, and if required an Environmental Assessment (EA), is completed and approved by the BEO before the subject activities are implemented.

5.2.7 Compliance with human subject research requirements: The AM, A/COR shall assure that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

5.3 MITIGATION MEASURES

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

General COVID-19 Condition: In order to reduce COVID-19 transmission during implementation of these activities, USAID managers must:

- Ensure that all activities addressed by this IEE adhere to current, applicable COVID-19 guidelines. Refer to the AFR COVID-19 PIEE (available at https://ecd.usaid.gov/document.php?doc_id=52754) for links to U.S. and international guidance on appropriate measures to reduce COVID-19 transmission. Such measures may include, but are not limited to social distancing, use of personal protective equipment, limiting the size of gathering and travel, and effective disinfection.
- Share with the partner:
    - Applicable COVID-19 guidance from the USAID Mission or U.S. Embassy;
    - Applicable COVID-19 guidance from local authorities;
    - The following Agency-wide “COVID-19 GUIDANCE FOR IMPLEMENTING PARTNERS” page on the USAID website: https://www.usaid.gov/work-usaid/resources-for-partners/covid-19-guidance-implementing-partners.

Ensure that partners have appropriate training, authorization, and resources to meet the expectations of the applicable guidance while implementing these activities

INTERVENTION CATEGORY 1: TECHNICAL ASSISTANCE AND CAPACITY BUILDING TO IMPROVE USE OF QUALITY HEALTH SERVICES.

TABLE 5A. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 1

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 1.1: Provide capacity building to healthcare workers (e.g., pre-service training, on-the-job training, classroom training, mentoring, supportive supervision, quality improvement initiatives) in public and private health facilities.	**Negative Determination** subject to the following **conditions**: ● Where the training, supervision, curricula development and other health care workforce capacity building is on a subject **where HCW is generated as part of providing that service** (e.g., when techniques or care situations being addressed would generate and require treatment and/or disposal of hazardous or highly hazardous waste), must address appropriate HCWM concerning the proper handling, use, treatment and/or disposal of healthcare waste, including blood, sputum, and sharps. Note that this condition applies to activities targeting home care AND community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials. ● Where **training and instruction involves generation of HCW during the training**, USAID must comply with Tanzanian national policy and guidelines on HCWM and comply with the national HCWM Plan (See mandatory reference section). The waste generated during the training must be appropriately recycled, treated, or disposed of in accordance with Tanzanian National HCWM plan. ○ When **training or instruction takes place in a healthcare facility**, USAID must also confirm that the facility can comply with national standards and guidelines and has a facility HCWM plan in place in accordance with national standards. Where no facility HCWM plan exists, USAID will provide support to the facility to draft an HCWM plan or will utilize a HCWM plan developed by the implementer and approved by the AM (if relevant), A/COR, and MEO. Waste generated during the training must be handled in accordance with the HCWM plan. USAID must fill any deficiencies in meeting requirements for that plan. ○ When **training or instruction takes place at a location other than a healthcare facility**, USAID must develop a HCWM plan for their

	activity and ensure wastes are handled in accordance with that plan. The HCWM plan is drafted by the implementer approved by the AM (if relevant), A/COR, and MEO.
Sub-activity 1.2: Strengthen access to and use of quality maternal, newborn, child and adolescent health (MNH), and family planning (FP) services at the facility level and through outreach services. Sub-activity 1.3: Conduct a baseline assessment of tuberculosis (TB) facility-based services and ensure universal access to TB and Drug-Resistant (DR)-TB services, including TB diagnostics services (e.g., sample collection and transportation). Sub-activity 1.4: Improve use of data and technology for decision-making and program improvement related to health services.	No significant mitigation measures under this activity.

Sub-activity 1.5: Provide high quality technical expertise and assistance to the National Malaria Control Program (NMCP) and Zanzibar Malaria Elimination Program (ZAMEP) to strengthen surveillance systems and support data use for the development of evidence-based policies, strategies, and implementation plans related to malaria case management, malaria in pregnancy (MIP) seasonal malaria chemoprevention, malaria vaccines and other preventive approaches (see Intervention Category 3 for additional malaria prevention activities).	No significant mitigation measures under this activity.
Sub-activity 1.6: Strengthen case management and MIP prevention by supporting the implementation and/or planning and data use of Malaria Services and Data Quality Improvement(MSDQI) in public and private health facilities in selected districts of mainland and Zanzibar.	No significant mitigation measures under this activity.

INTERVENTION CATEGORY 2: **DIRECT HEALTHCARE SERVICE DELIVERY (I.E., PREVENTION, CARE AND TREATMENT) FOCUSING ON HIV/AIDS, MALARIA, TB SERVICES, AND FAMILY PLANNING OUTREACH.**

TABLE 5B. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 2

Project/Activity	**Environmental and Social Mitigation Measures**
Sub-activity 2.1: Increase awareness of citizens' HIV status through targeted testing services (e.g., index testing, out-patient department screening/testing, social network testing, mobile testing, distribution of HIV self-test kits). Strengthen anti-retroviral therapy (ART) and management of TB, HIV, and sexually transmitted infections (STIs) through training, mentorship and provision of equipment. Encourage health providers to regularly screen for intimate partner and gender-based violence (IPV/GBV).	**Negative Determination** subject to the following **conditions**: **When USAID supports healthcare service delivery that generates waste (indirect control of services due to a partnership with other actors**, **including the host country, civil society, and the private sector),** ● USAID will ensure appropriate, sufficient, and sustainable medical waste management through collaboration. If significant deficiencies (defined as not meeting "minimum approaches" as established by WHO guidance) in medical waste management persist in spite of collaborative efforts, USAID must reallocate its resources to either independently close those gaps or to work in facilities where medical waste is properly managed. ● USAID must regularly monitor the state of healthcare waste management in the healthcare facilities it supports, and USAID should request reports on that monitoring with the same regularity as it receives reports on other programmatic objectives of the activity. ● When reports or other information indicate significant deficiencies in the management of medical waste in a given

	facility, USAID will commit its resources (independently or through collaborative efforts) to a speedy correction of significant deficiencies. In this case, USAID will request from implementing partners or prepare internally a Corrective Action Plan that will resolve the subject deficiencies as quickly as possible. **When USAID's partners directly provides healthcare service delivery:** ● Any healthcare waste generated by USAID-funded services must be appropriately managed, including disposal, following USAID Sector Environmental Guidelines (SEG) Healthcare Waste and WHO guidelines as well as the Government mandatory procedures and guidelines. ● Healthcare workers must have appropriate PPE during sample collection including facemasks when Covid-19 transmission is possible. ● Sharps or soiled gauze must be handled in accordance with HCWM plans. HCMP plans must comply with Tanzanian national policy and guidelines on HCWM and comply with the national HCWM Plan (See mandatory reference section). The waste generated during the sample collection must be appropriately recycled, treated, or disposed of in accordance with Tanzanian National HCWM plan. o When **sample collection takes place in a healthcare facility,** USAID must also confirm that the facility can comply with national standards and guidelines and has a facility HCWM plan in place in accordance with national standards. Where no facility HCWM plan exists, USAID will provide support to the facility to draft an HCWM plan or will utilize a HCWM plan developed by the implementer and approved by the AM (if relevant), A/COR, and MEO. USAID must fill any deficiencies in meeting requirements for that plan. o When **training or instruction takes place at a location other than a healthcare facility,** USAID must develop a HCWM plan for their sample collection activity and ensure wastes are handled in accordance with that plan. The HCWM plan is drafted by the implementer approved by the AM (if relevant), A/COR, and MEO.
Sub-activity 2.2: Screen at-risk groups for sexually transmitted infections and refer for testing & treatment	No significant mitigation measures required.
Sub-activity 2.3: Facilitate family planning and outreach services (e.g., distribution of condoms) in health facilities and the community	**Negative Determination** subject to the following **conditions**: All activities involving condom procurement, storage, distribution and use should have relevant and appropriate protocols in place to educate and disseminate best practices in handling the commodity with respect to expiration dates, appropriate storage conditions and safe disposal after use.

Sub-activity 2.4: Work to eliminate mother-to-child transmission of HIV	No significant mitigation measures required.
Sub-activity 2.5: Scale up continuous care interventions to improve treatment outcomes (e.g., adherence counseling, tracking missed appointments)	No significant mitigation measures required.
Sub-activity 2.6: Address gender dynamics to create environments that increase protection against HIV and TB	No significant mitigation measures required.
Sub-activity 2.7: Expand access to safe, high-quality Voluntary Male Medical Circumcision (VMMC) services for Tanzanian boys and men and achieve 95% coverage in all the five districts (Iringa, Morogoro, Njombe, Singida, Tabora) Sub-activity 2.8: Integrate provision of pre-exposure prophylaxis (PrEP) into the prevention and treatment services. Provide PrEP for those high-risk individuals who test HIV negative in index testing and all other forms of testing.	**Negative Determination** subject to the following **conditions:** In addition to **applying mitigations in Sub-activity 2.1**, IPs conducting activities must also ensure: ● Consignees for any pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS); ● If treatment and/or disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of treatment and/or disposal is to return to the manufacturer is not an option use the following resources: International Conventions and Agreements Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal Organization for Economic Cooperation and Development (OECD) Council on the Decision on the control of Transboundary Movements of Wastes USAID Resources and References USAID. Sector Environmental Guidelines ○ olid Waste ○ ealthcare Waste ○ ealthcare Facilities USAID. Integrated Waste Management Plan
Sub-activity 2.9: Provide case management services to orphans and vulnerable children	No significant mitigation measures required.

Sub-activity 2.10: Strengthen malaria case surveillance and reactive case detection, including the data collection and management systems that enable the identification of new cases of malaria and trigger investigation and response measures (e.g., RDA).	No significant mitigation measures required.

INTERVENTION CATEGORY 3: **IDENTIFY AND IMPLEMENT VECTOR CONTROL APPROACHES AIMED AT REDUCING THE BURDEN OF MALARIA AND MOVING TOWARDS THE LONG-TERM GOAL OF MALARIA ELIMINATION**

TABLE 5C. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 3

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 3.1 Determine targeted populations' access to insecticide-treated nets (ITNs) and the quantity of ITNs needed in the coming years to maintain high population access	No significant mitigation measures required.
Sub-activity 3.2: Deliver ITNs to targeted populations and create an enabling environment to revive the commercial markets for ITNs	**Negative Determination** subject to the following **conditions**: Implementation of the LLIN bednet activity is contingent on results of the Initial Site Assessment, as referenced in the BEO conditions section of this IEE. The scope of work for the Initial Site Assessment must be approved by the MEO, and completed within 6 months from the date of issue of this IEE. The results of the Initial Site Assessment must be shared with the BEO upon completion, along with recommended mitigation measures. Based upon the results of the Initial Site Assessment, the BEO will work with the Mission to evaluate whether the recommended mitigation measures are appropriate for continued implementation of the bednet activity, and whether more investigations are necessary. Additional investigations would likely take the form of the Rapid Assessment detailed in the Toolkit. At that time, this IEE will be amended accordingly. Refer to the 2018 PMI Toolkit for guidance on initiating this process. The evaluation should include the following: ● Survey the extent of misuse of bednets for fishing in the activity area using the list of recommended stakeholders and guiding questions outlined on page 5 of the 2018 PMI Toolkit. If no reports or evidence is found through consultations and observations, the activity should document the findings and continue to monitor for any changes in the zone of influence. If the survey indicates

	occurrences or prevalence of misuse for fishing, a full rapid assessment should be completed to thoroughly evaluate the magnitude, impact, and drivers of the issue. ● Once the scope, scale, actors, and drivers of the issue is characterized, the Country Office must work with implementing partners and local stakeholders to identify interventions and mitigate the misuse. ● Mitigation measures should be considered at the procurement, distribution, and disposal phases of ITNs, and may include enforcement of stiff penalties for ITN use in fishing, social behavior change communication campaigns, development of an accountability system for distribution, or other regionally appropriate measures. ● Refer to Annex L of the 2017 IVM PEA for a list of potential mitigation measures which should be applied to the extent possible in order to reduce the potential for impact on aquatic ecosystems. Identifying and Mitigating Misuse of Insecticide-Treated Nets for Fishing Toolkit: https://drive.google.com/file/d/1tXue5o6PkU3B2DzewY7QctMKpSGG8ztk/view?usp=sharing Integrated Vector Management Programs for Malaria Vector Control, 2017 Programmatic Environmental Assessment: https://drive.google.com/file/d/1St5nIkxVs9R-w3U0opgnYO_O94dFu9n7/view?usp=sharing **Additional conditions:** IP(s) are required to purchase and use only WHO-approved brands of ITNs/LLINs and adhere to all relevant stipulations made in the USAID MVC PEA 2012 update. Prioritize ITN procurement from local or regional manufacturers. Implement efficient transport practices for ITN distribution. Consider an assessment of climate impact from procuring locally versus internationally. Disposal of packaging and public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guidelines. Ensure that SBC materials and outreach activities are coordinated with net distribution activities during campaigns, and include guidelines on how to properly wash and maintain ITNs (e.g., discourage disposal of wash water in sensitive ecosystems, discourage washing and rinsing ITNs in water bodies).
Sub-activity 3.3: Provide guidance on new evidence-based vector control approaches that show	No significant mitigation measures required.

potential for successful outcomes and assist with implementation of proven approaches	
Sub-activity 3.4: Implement entomological monitoring (e.g., insecticide resistance and bioassay) of indoor residual spraying, ITN, and foci investigation Sub-activity 3.5: Strengthen the Indoor Residual Spraying (IRS) logistics and warehousing system through enhanced forecasting of IRS needs, training, and supervision. Sub-activity 3.6: Ensure safe and correct insecticide application, thus minimizing human and environmental exposure to IRS insecticides, in compliance with the Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) and Supplemental Environmental Assessment (SEA).	**Negative determination**, subject to the following **condition**s: IRS activities will comply with environmental mitigation and monitoring criteria and all other applicable conditions and/or requirements specified in the USAID Malaria Vector Control (MVC) Programmatic Environmental Assessment (PEA); and IRS activities will comply with environmental mitigation and monitoring criteria and all other applicable conditions or requirements specified in the USAID Environmental Assessment for Presidential Malaria Initiative—Indoor Residual Spraying (IRS) for Malaria Control and the Tanzania IRS Supplemental Environmental Assessment 2020-2025 Implementing partners conducting activities involving procurement, storage, management and/or disposal of public health commodities, including reagents, must ensure, to the greatest extent practicable, that the medical facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of such commodities. Also, Consider an assessment of climate impact from procuring locally versus internationally. PERSUAPs must be valid at the time of implementation. See Tanzania PERSUAP: NAFAKA and Mboga na Matunda:https://ecd.usaid.gov/document.php?doc_id=50646.
Sub-activity 3.7: Equip the country with knowledge and skills to plan and implement integrated vector control interventions, including safe and cost-effective indoor residual spraying (IRS), entomological monitoring, and the deployment of insecticide-treated nets. Sub-activity 3.8: Strengthen and improve the use of larval source management activities in low malaria transmission areas	**Negative determination**, subject to the following **condition**s: Communicate and build capacity for safe use of malaria control measures during technology transfer or capacity building activities. For example, share: • IRS Best Operational Procedures • USAID Malaria Vector Control (MVC) Programmatic Environmental Assessment (PEA); and • Tanzania IRS Supplemental Environmental Assessment 2020-2025 Larval management supported by USAID and using pesticides must comply with the USAID Malaria Vector Control (MVC) Programmatic Environmental Assessment (PEA).

INTERVENTION CATEGORY 4: COMMUNITY ENGAGEMENT STRENGTHENING ACTIVITIES

TABLE 5D. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 4

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 4.1: Engage and improve capacity of community health workers (CHW) to provide community-based TB, malaria and FP services with tools, training and incentives	**Negative determination**, subject to the following **conditions**: See mitigation measures in Sub-activity 2.1.
Sub-activity 4.2: Establish and strengthen linkages between communities and health facilities to support delivery of malaria, TB, HIV and FP services (e.g., engage community groups to identify and conduct TB screening of high-risk individuals and community hotspots)	
Sub-activity 4.3: Engage ADDOs and THs to conduct TB and malaria screening, case identification, and referral of presumptive cases	No significant mitigation measures required.
Sub-activity 4.4: Establish and improve community-based services that address GBV and violence against children.	No significant mitigation measures required.
Sub-activity 4.5: Build capacity of gender specific groups to provide TB services and engage youth and women to participate in TB prevention and access to family planning services.	**Negative determination**, subject to the following **conditions**: ● Where the training, supervision, curricula development and other community health care workforce capacity building is on a subject **where HCW is generated as part of providing that service** (e.g., when techniques or care situations being addressed would generate and require treatment and/or disposal of hazardous or highly hazardous waste), must address appropriate HCWM concerning the proper handling, use, treatment and/or disposal of healthcare waste, including blood, sputum, and sharps. Note that this condition applies to activities targeting home care AND

	community health workers, not just those in clinics and health facilities. Wherever relevant, appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe must be identified and appropriately incorporated in training, protocols, and guidelines. This includes training home care and community health workers to deliver positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials. ● Where **training and instruction involves generation of HCW during the training**, USAID must comply with national policy and guidelines on HCWM and comply with applicable national HCWM Plans. ○ When **training or instruction takes place in a healthcare facility**, USAID must also confirm that the facility can comply with national standards and guidelines and has a facility HCWM plan in place in accordance with national standards. Where no facility HCWM plan exists, USAID will provide support to the facility to draft an HCWM plan or will utilize a HCWM plan developed by the implementer and approved by the AM (if relevant), A/COR, and MEO. Waste generated during the training must be handled in accordance with the HCWM plan. USAID must fill any deficiencies in meeting requirements for that plan. ○ When **training or instruction takes place at a location other than a healthcare facility**, USAID must develop a HCWM plan for their activity and ensure wastes is handled in accordance with that plan. The HCWM plan is drafted by the implementer approved by the AM (if relevant), A/COR, and MEO.
Sub-activity 4.6: Provide technical and implementation support for iCCM, including development and rollout of training and supervision.	No significant mitigation measures required.
Sub-activity 4.7: Facilitate the start-up of saving and lending groups (e.g., Worth Yetu groups, COCOBAs).	No significant mitigation measures required.

Sub-activity 4.8: Provide educational subsidies to vulnerable adolescent girls aged 10-14 and sponsor vulnerable adolescent girls aged 20-24 to attend vocational education and to start-up their own businesses.	No significant mitigation measures required.

INTERVENTION CATEGORY 5: GOVERNANCE, POLICY DEVELOPMENT, AND FINANCE

TABLE 5E. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 5

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 5.1: Improve governance and management systems that respond to healthcare needs of different segments of the population, including continued service to the poor and marginalized. 5.2 Advocate for policies for more effective governance and accountability (e.g., support for public sector reform, local government transparency, total marketing approach, and stronger environmental oversight).	**Negative determination**, subject to the following **conditions**: ● When USAID supports policy reform in partnership with other actors, including the host country, civil society, and the private sector, any policy reforms that influence, impact, or inform healthcare waste management systems, infrastructure and facilities should take into account existing health system capacity with regards to WHO guidelines for healthcare waste management. In cases where significant deficiencies (defined as not meeting "minimum approaches" as established by WHO guidance) in host country medical waste management are known, USAID must ensure that policy reforms take steps towards eliminating those deficiencies. ● When USAID supports training or technical assistance designed to increase capacity of in-country stakeholders to design and implement policy reform in support of health care services, curricula for such capacity building efforts must incorporate discussion of WHO guidelines for healthcare waste management and consideration of how to achieve health care systems-level gains in waste management capacity and/or infrastructure via policy reform. Additional resources on healthcare waste management for consideration can be found in the Healthcare Waste Sector Environmental Guideline, the WHO Safe Management of Wastes from Healthcare Activities, and the Solid Waste Sector Environmental Guideline.
Sub-activity 5.3: Establish a customer responsive and self-sustaining public-private partnership that provides quality essential medicines and health commodities.	No significant mitigation measures required.
Sub-activity 5.4: Mobilize capital through innovative financing that	No significant mitigation measures required.

mutually benefits Christian Social Services Commission (CSSC) health facilities, drug dispensing outlets, local health insurance providers and commercial investors.	
Sub-activity 5.5: Promote citizen engagement to increase the quality of health services (e.g., community scorecards, community-led monitoring)	No significant mitigation measures required.
5.6 Mobilize resources for loan guarantees and blended finance solutions	No significant mitigation measures required.

INTERVENTION CATEGORY 6: **INCREASE HEALTH-SEEKING BEHAVIORS AND HEALTH SOCIAL NORMS THROUGH COMMUNICATION AND EDUCATION**

TABLE 5F. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 6

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 6.1: Social marketing and communication for behavior change and increased use of health services.	No significant mitigation measures required.
Sub-activity 6.2: Strengthen community services focused on promoting health behavior and use of healthcare services.	
Sub-activity 6.3: Support the implementation of social behavior change (SBC) activities for malaria, family planning, child health and other areas through mixed-media SBC campaigns (e.g., radio, community theatre, interpersonal communication, small groups).	
Sub-activity 6.4: Provide technical assistance to the GOT, civil society organizations, and private sector entities on SBC-related issues.	
Sub-activity 6.5: Promote menstrual hygiene management among girls aged 10-14 and distribute reusable Huru kits.	
Sub-activity 6.6: Promote positive	

gender norms at the community level through evidence-based approaches such as SASA.	
Sub-activity 6.7: Promote the uptake of Intermittent Preventive Treatment (IPTp3 and 4) for malaria in pregnancy	
Sub-activity 6.8 Promote behaviors around ITN access and use	
Sub-activity 6.9 Create awareness on acceptance of IRS, MDA, RDA, and other preventative activities	
Sub-activity 6.10: Train parents and caregivers of at-risk youth through evidence-based approaches (i.e., Sinovuyo, Furaha)	
Sub-activity 6.11: Educate children 9-14 years on sexual violence prevention using evidence-based approaches (e.g., Coaching Boys to Men, ImPower)	
Sub-activity 6.12: Improved ability of individuals to practice healthy behaviors through FURAHA YANGU, SITETEREKI, and NAWEZA campaigns.	
Sub-activity 6.13: Strengthened community support for health-seeking behaviors.	
Sub-activity 6.14: Improved systems for coordination and implementation of SBC interventions.	

INTERVENTION CATEGORY 7: DIRECT PROCUREMENT OF COMMODITIES AND STRENGTHENING OF COMMODITIES, LOGISTICS AND DIAGNOSTIC SYSTEMS

TABLE 5G. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 7

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 7.1: Support pharmaceutical procurement, supply chain management, and distribution of pharmaceuticals or medical commodities for the prevention and treatment of HIV/AIDS and associated complications (e.g., ARVs); TB; opportunistic infections; malaria, including intermittent preventive treatment of pregnant women (IPTp) (e.g., prophylaxis, and artemisinin-based combination therapies [ACTs]) and rapid diagnostic tests (RDTs); contraceptives; and clinical equipment and supplies. Sub-activity 7.2: Support logistics management of pharmaceuticals, diagnostic equipment, and commodities. Sub-activity 7.3: Procurement and distribution of Voluntary Medical Male Circumcision (VMMC) kits.	**Negative determination**, subject to the following **conditions**: Commodity procurement and management through the USAID Global Health Supply Chain contract while in possession of the GHSC implementer are under the control of the GHSC PIEE and its amendment or follow-on awards: https://ecd.usaid.gov/document.php?doc_id=53836. When **commodities are in the possession of the Mission's implementers or the Mission is procuring or managing supplies through other non-GHSC mechanisms,** this IEE governs the Mission's actions. A GHSC HCWM plan is available for reference through the GHSC COR. ● **Mission procurement strategy:** An IP must have and implement a procurement strategy that minimizes expiration of products and provides for the return or credit of off-specification, damaged or otherwise unacceptable commodities. ● **Management, treatment, and/or disposal of unusable commodities at an IP owned or managed site:** ○ The waste generated must be appropriately recycled, treated, or disposed of in accordance with Tanzania's National HCWM plan and facility HWCM plans. If the facility is lacking a HCWM plan to adequately handle the waste, the IP must have and implement their own HCWM plan or other approved plan by USAID and MoH. ○ Waste management staff must have appropriate training and PPE based on the waste generated. ○ USAID must fill any deficiencies in meeting requirements for that plan, at a minimum, based on their contribution to the waste generated. Where **USAID provides commodities or packaging for consumables, but MoH or other non-USAID partner is responsible for end of life of the product** (i.e., recycling, treatment, or disposal):

	• USAID must verify that entities taking possession of USAID procured commodities have a HCWM plan or similar SOP for handling of damaged, expired, or off-specification commodities. At the request of MoH or the partner to which commodity chain of custody has been transferred, USAID must provide TA or training to assist the entity with appropriate end of product life management for commodities transferred from USAID.
	
	• If treatment and/or disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of treatment and/or disposal is to return to the manufacturer is not an option use the following resources:
	
	International Conventions and Agreements
	
	• Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal
	• Organization for Economic Cooperation and Development (OECD) Council on the Decision on the control of Transboundary Movements of Wastes
	• Minamata Convention on Mercury
	
	USAID Resources and References
	
	• USAID. Sector Environmental Guidelines
	  ○ Solid Waste
	  ○ Healthcare Waste
	  ○ Healthcare Facilities
	• USAID. Integrated Waste Management Plan
	• USAID. Integrated Vector Management Programs for Malaria Vector Control Programmatic Environmental Assessment.

Sub-activity 7.4: Support procurement of insecticide treated bed nets.	**Procurement, distribution, and use of LLINs** receive a Positive Determination with the Positive Determination being addressed by the follow-on Environmental Assessment met by the IVM MVC PEA and its attendant conditions. LLIN procurement, distribution, and promotion are subject to use of appropriate messaging around use, disposal and safe repurposing. Additionally, the IVM MVC PEA requires an assessment of bednet misuse with reference to the PMI Bednet Misuse Toolkit. Additional details on conditions for LLIN bednets can be found in the PMI FY Guidance (see FY20 example here). IP(s) are required to purchase and use only WHO-approved brands of ITNs/LLINs and adhere to all relevant stipulations

made in the USAID MVC PEA 2012 update.

Ensure that SBC materials and outreach activities are coordinated with net distribution activities during campaigns, and include guidelines on how to properly wash and maintain ITNs (e.g., discourage disposal of wash water in sensitive ecosystems, discourage washing and rinsing ITNs in water bodies)

Additional conditions per the IVM MVC PEA:

Implementation of the LLIN bednet activity is contingent on results of the Initial Site Assessment, as referenced in the BEO conditions section of this IEE. The scope of work for the Initial Site Assessment must be approved by the MEO, and completed within 6 months from the date of issue of this IEE. The results of the Initial Site Assessment must be shared with the BEO upon completion, along with recommended mitigation measures. Based upon the results of the Initial Site Assessment, the BEO will work with the Mission to evaluate whether the recommended mitigation measures are appropriate for continued implementation of the bednet activity, and whether more investigations are necessary. Additional investigations would likely take the form of the Rapid Assessment detailed in the Toolkit. At that time, this IEE will be amended accordingly. Refer to the 2018 PMI Toolkit for guidance on initiating this process. The evaluation should include the following:

- Survey the extent of misuse of bednets for fishing in the activity area using the list of recommended stakeholders and guiding questions outlined on page 5 of the 2018 PMI Toolkit. If no reports or evidence is found through consultations and observations, the activity should document the findings and continue to monitor for any changes in the zone of influence. If the survey indicates occurrences or prevalence of misuse for fishing, a full rapid assessment should be completed to thoroughly evaluate the magnitude, impact, and drivers of the issue.
- Once the scope, scale, actors, and drivers of the issue is characterized, the Country Office must work with implementing partners and local stakeholders to identify interventions and mitigate the misuse.
- Mitigation measures should be considered at the procurement, distribution, and disposal phases of ITNs, and may include enforcement of stiff penalties for ITN use in fishing, social behavior change communication

	campaigns, development of an accountability system for distribution, or other regionally appropriate measures. ● Refer to Annex L of the 2017 IVM PEA for a list of potential mitigation measures which should be applied to the extent possible in order to reduce the potential for impact on aquatic ecosystems. Identifying and Mitigating Misuse of Insecticide-Treated Nets for Fishing Toolkit: https://drive.google.com/file/d/1tXue5o6PkU3B2DzewY7QctMKpSGG8ztk/view?usp=sharing Integrated Vector Management Programs for Malaria Vector Control, 2017 Programmatic Environmental Assessment: https://drive.google.com/file/d/1St5nIkxVs9R-w3U0opgnYO_O94dFu9n7/view?usp=sharing
Sub-activity 7.5: Support procurement of insecticide that is used for indoor residual spraying (IRS) activities.	**Procurement, distribution, and use of IRS** receive a Positive Determination with the Positive Determination being addressed by the follow-on for a follow-on Environmental Assessment met by the IVM MVC PEA and its attendant conditions. IRS actions require a country-level Supplemental Environmental Assessment. IRS activities will comply with environmental mitigation and monitoring criteria and all other applicable conditions and/or requirements specified in the USAID Malaria Vector Control (MVC) Programmatic Environmental Assessment (PEA); and IRS activities will comply with environmental mitigation and monitoring criteria and all other applicable conditions or requirements specified in the USAID Tanzania IRS Supplemental Environmental Assessment 2020-2025
Sub-activity 7.6: Support procurement of reagents that are used for entomological monitoring, molecular analysis and drug efficacy monitoring.	**Negative Determination** subject to the following **conditions:** Implementing partners conducting activities involving procurement, storage, management and/or disposal of laboratory commodities, including reagents, must ensure, to the greatest extent practicable, that the facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of such commodities.
Sub-activity 7.7: Support procurement of family planning commodities for social marketing organizations and public and private sector entities.	No significant mitigation measures required.

INTERVENTION CATEGORY 8: **SMALL-SCALE CONSTRUCTION**

TABLE 5H. SUMMARY OF MITIGATION MEASURES FOR INTERVENTION CATEGORY 8

Project/Activity	Environmental and Social Mitigation Measures
Sub-activity 8.1: Construction and/or rehabilitation of new or existing structures (e.g., housing for healthcare workers, health facilities, drug dispensing outlets, warehouses to store medical products).	**Negative Determination** subject to the following **conditions:** Deforestation or disturbance/alteration of high ecological value wetland areas or other land alteration and/or degradation must be avoided by conducting proper site evaluation as part of a site selection process. All construction activities will be conducted in an environmentally friendly manner consistent with: the SEG Small-Scale Construction (found at: https://www.usaid.gov/sites/default/files/documents/1860/SectorEnvironmentalGuidelines_Construction_2017.pdf USAID Environmental Procedures and host country requirements. Small-scale construction refers to any individual building that does not exceed 10,000 square feet (1000m2) of construction. Any construction works exceeding this scale require more rigorous consideration and mitigation. USAID constructed facilities, structures, and infrastructure must be designed and constructed to appropriate engineering standards to minimize risk to humans and the natural environment. Burnt bricks contribute to deforestation and any construction should use alternatives such as compressed soil brick and stabilized soil blocks that require very little or no energy to manufacture. Additionally, small-scale renovation/ refurbishment and expansion of facilities delivering healthcare services, serving as diagnostic laboratories, or providing practical or lab-based health training must adhere to the below measures: ● The formal AFR subproject/subgrant review process, as set out by the AFR Environmental Review Form must be completed and approved by the COR/AOR, MEO and REA prior to construction. * ● The IP must assure implementation of any mitigation and monitoring conditions specified by the approved ERF; and, ● The environmental management conditions established by the ERF process must be consistent with the conditions for “very small-scale construction” enumerated immediately above and, at minimum, consistent with achieving a “no issues” result under application of the ENCAP Visual Field Guide for Small-Scale Construction. (https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/visual-field-guides) ● Where water supplies for drinking or washing patients or laundry are upgraded or provided, measures will be

taken to ensure that drainage from laundry and bathing facilities does not affect the water supply nor pose threats for transmittal of infectious diseases. The conditions applying to water supplies will also be observed.

- Waste handling equipment and infrastructure. A result of USAID intervention must be that facilities will possess adequate infrastructure and equipment to appropriately handle the healthcare, human and general wastes they may generate per WHO requirements. The conditions applying to sanitation infrastructure apply to sanitation interventions undertaken with such construction.
- No complicating factors. The site is not within 30m of a permanent or seasonal stream or water body; will NOT involve displacement of existing settlement/inhabitants; has an average slope of less than five percent and is not heavily forested; and is in an otherwise undisturbed local ecosystem, or protected area. Sites not meeting one or more of these criteria are subject to the determinations and conditions for construction with a total surface area disturbed of 1000 m2 OR MORE, as described in the following activity threshold determination.

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

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

2. Paint. No lead-based paint shall be used, when lead-

free paint is used, it will be stored properly to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers.

3. Water supplies. Where water supplies for drinking or other uses are upgraded or provided, good-practice design standards must be implemented for new construction and rehabilitation works, generally consistent with USAID's Sector Environmental Guidelines: Water Supply & Sanitation: https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/sector-environmental-guidelines-resources#wsThese standards must be specified in the EMMP.

   For water supply, they must include siting of new wells well away from groundwater contamination sources (e.g. latrines, cesspits, and dumps), exclusion of livestock from water points, and prevention of standing water at water supply points. A water quality assurance plan (WQAP) should specify how the IP will assure safe drinking water for the project and meet applicable partner-country water quality requirements given project implementation conditions. Development of the WQAP must be generally consistent with USAID's WQAP Template https://www.usaid.gov/documents/1860/water-quality-assurance-plan-template-guidance-note. Standards set in the WQAP must be specified in the EMMP. Capacity-building in equipment/system maintenance must be co-programmed with construction/installation of small-scale water supply and sanitation infrastructure.

4. Waste handling equipment and infrastructure. USAID interventions must result in the facilities' possessing adequate provision for handling the wastes they may generate; including human wastes. Sanitation facilities must be implemented with good-practice design standards for new construction and rehabilitation works, generally consistent with USAID's Sector Environmental Guidelines: Water Supply and Sanitation: https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/seg-water-supply/pdf. These standards must be specified in the EMMP.

   For latrines, they must include provisions to prevent contamination of water supplies, appropriate choice of latrine type given local environmental conditions (e.g. pit latrines are rarely suitable in locations where the water

	table is high), provision of hand wash stations, and development and implementation of a system for ongoing latrine cleaning and maintenance. Capacity-building in equipment/system maintenance must be co-programmed with construction/installation of small-scale sanitation infrastructure. For non-human waste, waste management will be undertaken in a manner generally consistent with the guidance for environmentally sound waste management, provided in the Solid Waste chapter of the USAID Sector Environmental Guidelines https://www.usaid.gov/environmental-procedures/sectoral-environmental-social-best-practices/seg-water-supply/pdf. This guidance covers both municipal solid waste generation (organics, plastics, recyclables, etc.) and construction waste. Construction waste entails old construction materials, logs, and debris. Construction waste must not be stored or allowed to migrate outside of the designated construction site. This waste must be cordoned off as it is a safety hazard. No construction waste can be left on site once construction is complete. The IP shall be required to de-construct rather than demolish construction waste as it will be more easily separated for disposal or reuse. The contractor shall de-construct and separate at the source, not at the disposal site. Mixing of deconstructed waste types or the blending of them with soil should not occur as this may render different types of waste unrecognizable. Criteria should be established to create an approved disposal site, i.e. avoid wetlands, floodplains, farmland, etc. If waste products will be repurposed, the product origin must be known to avoid inappropriate use. 5. Facilities intended for storage of chemicals must conform to the requirements for such facilities set out in the Presidential Malaria Initiative Best Management Practices Manual. (https://pmivectorlink.org/resources/tools-and-innovations/).

6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

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

Other than projects/activities determined to have a Positive Threshold Determination, it is confirmed that the projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22 CFR 216.2(d).

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

- Support project preparation, project feasibility studies, or engineering design for activities listed in §216.2(d)(1);
- Affect endangered and threatened species or their critical habitats per §216.5, FAA 118, FAA 119;
- Provide support to extractive industries (e.g. mining and quarrying) per FAA 117;
- Promote timber harvesting per FAA 117 and 118;
- Lead to new construction, reconstruction, rehabilitation, or renovation work per §216.2(b)(1);
- Support agro-processing or industrial enterprises per §216.1(b)(4);
- Provide support for regulatory permitting per §216.1(b)(2);
- Lead to privatization of industrial facilities or infrastructure with heavily polluted property per §216.1(b)(4);
- Research, testing, or use of genetically engineered organisms per §216.1(b)(1), ADS 211; or
- Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, clean-up of spray equipment, and disposal) of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials. Pesticides cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act per §216.2(e) and §216.3(b).

7.0 REVISIONS

Per 22 CFR 216.3(a)(9), when ongoing programs are revised to incorporate a change in scope or nature, a determination will be made as to whether such change may have an environmental impact not previously assessed. If so, this IEE will be amended to cover the changes. Per ADS 204, it is the responsibility of the USAID A/COR to keep the MEO/REA and BEO informed of any new information or changes in the activity that might require revision of this environmental analysis and environmental determination.

ATTACHMENTS:

Annex 1: Climate Risk Management Summary Table for Projects

ANNEX 1. PROJECT CLIMATE RISK MANAGEMENT SUMMARY TABLE

Defined or Anticipated Project Elements[14]	Climate Risks[15]	Risk Rating[16] (low, moderate, high)	How Risks are Addressed at Project Level[17]	Further Analysis and Actions for Activity Design/ Implementation[18]	Opportunities to Strengthen Climate Resilience[19]
Intervention Category 1: Technical assistance and capacity building to improve delivery and access to quality health services.	Increased intensity, duration, and frequency of flooding and heavy rainfall events may disrupt targeted technical assistance and logistics networks to deploy staff and equipment, impede access routes, for trainers and participating health workers, and damage structures that host capacity building activities.	Low	There is flexibility in service provision and capacity development.	Where possible, consider developing virtual trainings to reduce dependency on in-person capacity building events. Develop contingency plans to respond to the needs of hard-to-reach communities, particularly in flood-prone areas. Ensure timely communication of climate risks to administrators and staff.	Include climate change information as it relates to increased morbidity and mortality rates of HIV positive individuals in capacity building activities for the healthcare work force. Develop an assessment of climate impact from procuring locally versus internationally and take measures resulting from assessment.
	Increased frequency and severity of extreme heat and flooding may cause health stressors on healthcare workers and their families, or impede logistics, straining their ability to attend trainings.	Low			
Intervention Category 2: Direct	Climate change could increase migration of persons including HIV/AIDS and TB patients, from areas affected by incessant flooding and	Low	Differentiated services delivery models	Develop contingency plans to respond to the needs of hard-to-reach	Coordinate disaster management and healthcare

[14] Purpose/Sub-purpose, Area of Focus, or Activity/ Mechanism, etc.

[15] List key risks related to the project elements identified through either the strategy- or project-level climate risk assessment.

[16] Low/Moderate/ High

[17] Describe how risks have been addressed at the project level. If a decision has been made to accept the risk, briefly explain why.

[18] Describe CRM measures to be integrated into activity design or implementation, including additional analysis, if applicable.

[19] Describe opportunities to achieve development objectives by integrating climate resilience or mitigation measures.

Defined or Anticipated Project Elements[14]	Climate Risks[15]	Risk Rating[16] (low, moderate, high)	How Risks are Addressed at Project Level[17]	Further Analysis and Actions for Activity Design/ Implementation[18]	Opportunities to Strengthen Climate Resilience[19]
healthcare service delivery (i.e., prevention, care and treatment) focusing on HIV/AIDS, malaria, TB services, and family planning outreach.	drought to other locations. This could increase the spread of HIV/AIDS and TB.		(e.g., community ART, 6MMD, outreach services, VMMC campaigns, CHWs)	communities, particularly in flood-prone areas. Ensure timely communication of climate risks to administrators and staff. Strengthen meteorological and health surveillance systems. Ensure availability of trained health staff and medical facilities for addressing climate-related diseases and health risks. Promote nutritional education. Improve accessibility by accounting for potential flood disruptions in planning and outreach strategy.	departments to ensure that climate change and health-related policies and activities consider each other's work.
	Severe drought, which could affect livelihoods such as agriculture, may result in increased HIV incidence amongst women due to impacts such as sexual violence and income shock (as women may marry earlier or transactional sex to provide for their families).[20]	Low			
	Climate change shocks and stressors, such as increased temperatures, drought, and flooding, could have a negative impact on the agricultural sector through crop damage or reduced yield. This could increase malnutrition, which would affect the health of vulnerable populations, particularly patients who are sick with HIV/AIDS and TB.	Low			
	Increased flooding that overwhelms poor water and sanitation infrastructure could increase the incidence of waterborne diseases such as cholera, typhoid, and diarrhea. Increased urbanization is already exposing more people to flooding after heavy rainfall events. This could worsen the health of HIV/AIDS and TB patients or strain the healthcare system.	Low			
	A warming climate could directly lead to an increased number of heat-related mortalities (heat strokes), or cause severe discomfort, particularly among children, pregnant women, the sick, and the elderly. This could strain efforts to provide care for HIV/AIDS and TB patients.	Low			

[20] Low et al., *Association between severe drought and HIV prevention and care behaviors in Lesotho: A population-based survey 2016–2017*, https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002727

Defined or Anticipated Project Elements[14]	Climate Risks[15]	Risk Rating[16] (low, moderate, high)	How Risks are Addressed at Project Level[17]	Further Analysis and Actions for Activity Design/ Implementation[18]	Opportunities to Strengthen Climate Resilience[19]
	Increased flooding frequency and severity could impede access routes, preventing healthcare workers from reaching patients. Flooding could also destroy buildings and residences, separating HIV/AIDS and TB patients from necessary medication.	Moderate			
	If not incorporated into research and assessments, climate change impacts to future temperature and precipitation patterns may result in maladaptation or underperforming interventions.	Low			
Intervention Category 3: Identify and implement vector control approaches aimed at reducing the burden of malaria and moving towards the long-term goal of malaria elimination	Increased temperatures could expand the range of disease vectors like mosquitoes, increasing the spread of malaria and other vector-borne diseases. New malaria cases have already begun to emerge in historically malaria-free regions, such as Tanga, Kilimanjaro, and the Arusha highlands.	Moderate	The National Malaria Control Program (mainland) and Zanzibar Malaria Elimination Program have partnered with the Tanzania Meteorological Agency to incorporate weather information into an early warning system for malaria that is accessible through the District Health Information	Develop contingency plans to respond to the needs of hard-to-reach communities, particularly in flood-prone areas. Ensure timely communication of climate risks to administrators and staff. Strengthen systems that use seasonal forecasts for malaria contingency planning. Ensure availability of trained health staff and medical facilities for addressing climate-related diseases and health risks.	Coordinate disaster management and healthcare departments to ensure that climate change and health-related policies and activities consider each other's work. Integrate climate considerations into malaria intervention planning to consider potential changes in malaria distribution and incidence.
	Increased rainfall could create or expand mosquito breeding sites, such as ponds, pools, wells or bores, and canals, resulting in higher frequency of malaria cases.	Moderate			
	Sea level rise could cause mass population movement from Zanzibar and coastal Tanzania to areas where malaria is more prevalent. This could increase the number of malaria cases.	Low			
	Increased incidence of heavy rainfall events could reduce insecticide and larvicide effectiveness by washing it away, requiring more frequent applications to achieve the same effect. Temperature changes could also affect insecticide and larvicide effectiveness.	Moderate			
	Increased flooding frequency and severity could impede access routes, preventing healthcare	Low			

Defined or Anticipated Project Elements[14]	Climate Risks[15]	Risk Rating[16] (low, moderate, high)	How Risks are Addressed at Project Level[17]	Further Analysis and Actions for Activity Design/ Implementation[18]	Opportunities to Strengthen Climate Resilience[19]
	workers from reaching patients, or disrupting distribution of insecticide-treated nets, application of indoor residual spray, and other commodities for malaria interventions.		System - 2 (DHIS2).	Promote nutritional education.	
	If not incorporated into research and assessments, climate change impacts to future temperature and precipitation patterns may result in maladaptation or underperforming interventions.	Moderate			
Intervention Category 4: Community Engagement Strengthening Activities	Increased intensity, duration, and/or frequency of flooding and heavy rainfall may impede access routes for community engagement staff and damage structures that host community engagement strengthening activities.	Low	Climate risks are not addressed at the project level.	Develop contingency plans to respond to the needs of hard-to-reach communities, particularly in flood-prone areas. Research the implications of climate change on vulnerable populations. Ensure timely communication of climate risks to administrators and staff.	Consider including climate change information and disaster preparedness in social marketing, educational, and behavior change communication materials.
	Increased frequency and severity of extreme heat and flooding may cause health stressors on community engagement staff and their families, or impede logistics, straining their ability to conduct outreach.	Low			
	Climate change shocks and stressors like extreme heat, drought, and flooding could have impacts on food security and livelihoods that may disproportionately impact women and vulnerable populations. This could decrease their ability to participate in community engagement strengthening activities.	Low			
Intervention Category 5: Governance, policy development, and finance	Increased impacts to human health, because of climate change (e.g., heat stress, direct impacts from flooding, food insecurity from failed crops, increased vector ranges, polluted or depleted water supply) may place an increased burden on the national health system.	Low	There are some strategies in place to adapt policies to consider climate impacts for	Strengthen preparedness for and response to health emergencies. Develop indicators to monitor inclusion of CRM considerations and	Combine WASH and HIV/AIDS/TB and malaria strategies to improve outcomes. Enhance funding for institutional sanitation and hygiene
	Increases in climate shocks and stressors may put a strain on government staff and resources.	Low			

Defined or Anticipated Project Elements[14]	Climate Risks[15]	Risk Rating[16] (low, moderate, high)	How Risks are Addressed at Project Level[17]	Further Analysis and Actions for Activity Design/ Implementation[18]	Opportunities to Strengthen Climate Resilience[19]
	This could decrease funding and attention for health-related policy and strategy development.		infrastructure and agriculture.	measures into activity implementation.	infrastructure, including schools and healthcare facilities. Diversify water sources for drinking water and hygiene. Integrate climate considerations into health planning policy.
	If not incorporated into research and assessments, climate change impacts to future temperature and precipitation patterns may result in maladaptation or underperforming interventions.	Moderate			
Intervention Category 6: Increase health-seeking behaviors and health social norms through communication and education	Increased intensity, duration, and/or frequency of flooding and heavy rainfall may impede access routes, disrupt logistics networks, or damage buildings for communication and education staff and the activities they carry out.	Low	Climate risks are not addressed at the project level.	Develop contingency plans to respond to the needs of hard-to-reach communities, particularly in flood-prone areas.	Consider including climate change information and disaster preparedness in social marketing, educational, and behavior change communication materials.
	Increased frequency and severity of extreme heat and flooding may cause health stressors on communication and education staff and their families, straining their ability to conduct outreach.	Low			
Intervention Category 7: Direct procurement of commodities and strengthening of commodities, logistics and diagnostic systems	Increased frequency and severity of flooding could impede access routes, disrupt logistics networks, or damage buildings, interrupting procurement and strengthening of commodities.	Moderate	Climate risks are not addressed at the project level.	Develop contingency plans to respond to the needs of hard-to-reach communities, particularly in flood-prone areas, such as through use of seasonal forecasts, monitoring, and preparation of supplies.	

Defined or Anticipated Project Elements[14]	Climate Risks[15]	Risk Rating[16] (low, moderate, high)	How Risks are Addressed at Project Level[17]	Further Analysis and Actions for Activity Design/ Implementation[18]	Opportunities to Strengthen Climate Resilience[19]
Intervention Category 8: Small-scale construction	Increased intensity and frequency of flooding may destroy or damage new or rehabilitated facilities, hampering related health care services.	Moderate	Climate risks are not addressed at the project level.	Embed adaptive management allowances in new or rehabilitated infrastructure to cope with long-term climate change.	Consider including climate change in the design, construction, or rehabilitation of health infrastructure, as well as protection of existing infrastructure.
	Increased intensity and frequency of flooding and heavy rainfall could compromise construction operations; this could delay rehabilitation of facilities or new construction.	Moderate			
	Extreme heat and increased intensity and frequency of flooding could damage energy infrastructure, which may disrupt energy systems needed for small-scale construction.	Moderate			
	Extreme heat and increased intensity and frequency of flooding could impact the health and safety of construction workers, potentially resulting in a reduction of labor and affecting the ability for construction projects to finish.	Low			