COVER SHEET
INITIAL ENVIRONMENTAL EXAMINATION (IEE)

PROGRAM/ACTIVITY DATA:

Program/Activity Number:	USAID/ Tanzania DO 1 IR 1.2
Program/Activity Title:	USAID/Tanzania Health Status Improved
Country/Region:	Tanzania
Functional Objective:	3 Investing in People
Program Area:	3.1 Health
Elements:	3.1.1 HIV/AIDS 3.1.2 Tuberculosis 3.1.3 Malaria 3.1.6 Maternal and Child Health 3.1.7 Family Planning and Reproductive Health 2.2.3 Local Government and Decentralization
Period Covered:	FY 2016 – FY 2020
LOP Amount:	$1,425,000,000
IEE Prepared by:	Josh Habib, The Cadmus Group, Inc.; Jacqueline Kalimunda and Bethany Haberer, Health Office
IEE Amendment (Y/N):	No
Current Date:	February 2016
Expiration Date:	December 2021

Other Relevant Environmental Compliance Documentation**:**

Tanzania Supplemental Environmental Assessment for Indoor Residual Spraying for Malaria Control 2015-2020

Supplemental Environmental Assessment: Tanzania Vector Control Scale-up Project

Feed the Future Innovation Lab for Rift Valley Fever Control in Agriculture

D02: Inclusive Broad-based Economic Growth Sustained
IR 2.1 Binding Constraints to Private Sector Investment Reduced IEE
IR 2.2 Agricultural Productivity and Value Chain IEE
For WASH activities USAID/Tanzania IR 2.3 Natural Resources Management and Water Portfolio (EG) IEE

ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion	X	Negative Determination	X
Positive Determination		Deferral	

ADDITIONAL ELEMENTS:

EMMP: X Conditions: X PVO/NGO: _____ Pesticides:* X

**22 CFR 216.3 (b)(1) applies*

SUMMARY OF FINDINGS:

Scope

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of health-related activities expected to be implemented by USAID/Tanzania, as approved in the following Project Authorization Documents (PADs):

- Comprehensive Health Services Delivery (CHSD) PAD (September 2015),
- Community Health Promotion and Services (CHPS)PAD (July 2015),
- Services Delivery Systems Strengthening (SDSS) PAD (April 2015),
- Mobilizing Maternal Health (Vodafone) PAD (September 2013), and
- Gender Equality and Youth Inclusion (in process).

Activities implemented under these PADs will support the USAID/Tanzania Country Development Cooperation Strategy (CDCS) goal of "Tanzania's socio-economic transformation toward middle income status by 2025 advanced." This goal will be met through three complementary Development Objectives (DOs) and associated Intermediate Results (IRs).

This IEE will predominantly cover IR 1.2: Health Status improved but also covers health components in activities under the CDCS for:

- DO1: Tanzania women and youth empowered
  - IR 1.1: Gender Equality and Youth Inclusion
  - IR 1.3.3: Parental and Community in Education Enhanced

- DO2: Inclusive broad-based economic growth sustained
  - IR 2.1: Binding constraints to private sector investment reduced
  - IR 2.2: Agricultural productivity and profitability increased in targeted value chains
  - IR 2.4: Unmet need for family planning reduced

- DO3: Effective democratic governance improved
  - IR 3.1: Citizen engagement made more effective
  - IR 3.2: Government delivery of services improved

- Cross-cutting Intermediate Result (CCIR): Data-driven decision-making, planning and implementation improved

This IEE supersedes the Mission's previous and recently expired IEEs for SO 10: Reduced Transmission and Impact of HIV/AIDS and SO11: Health Status of Tanzanian Families Improved; except that activities already operating under an approved environmental mitigation and monitoring plan (EMMP) may continue operating under that EMMP.

Projects will be implemented through a number of separate instruments (contract, grant or cooperative agreement). Each instrument consists of a specified set of activities. In order to facilitate environmental review of the entire Health Project, this IEE assesses by tactic type (rather than by individual mechanism), describes potential environmental impacts and makes recommended determinations. For example, if numerous instruments comprising the Health Project entail a similar form of training or capacity building—in, say, disease surveillance—this type of capacity building will be discussed and assessed only once in this IEE and will apply across the sector. This approach limits redundancy (and length) and generally simplifies interpretation of the IEE by USAID staff and partners.

The following table summarizes the tactic categories established for the purpose of environmental review of the health projects. This table also indicates the recommended determination(s) associated with each of the tactic categories.

Table 1: USAID/Tanzania Health Tactic Categories and Preliminary Recommended Determinations

Tactic Category	Categorical Exclusion(s)	Negative Determination(s)	Deferral	Link to Full Analysis
1) Technical assistance and capacity building to improve delivery of and access to quality health services.	✓	✓ (w/ conditions)		Click here
2) Direct healthcare service delivery focusing on HIV/AIDS, TB services, and family planning outreach	✓	✓ (w/ conditions)		Click here
3) Increasing health-seeking behaviors and health social norms through communication and education	✓			Click here
4) Direct social and protections services support to vulnerable children and households impacted or affected by HIV/AIDS or gender-based violence	✓	✓ (w/ conditions)		Click here
5) Household economic strengthening activities		✓ (w/ conditions)		Click here
6) Human resources, advocacy, and organizational Development	✓	✓ (w/ conditions)		Click here
7) Support for governance, policy development, and finance instruments	✓	✓ (w/ conditions)		Click here
8) Direct procurement of commodities and strengthening of commodities, logistics, and diagnostic systems		✓ (w/ conditions)		Click here
9) Small-scale construction		✓ (w/ conditions)		Click here

Tactic Category	Categorical Exclusion(s)	Negative Determination(s)	Deferral	Link to Full Analysis
10) Data collection, analysis and information sharing	✓			Click here

The tactic categories summarized in Table 1 span a broad set of awards that (a) are currently being implemented by USAID/Tanzania and fall under the aegis of the Health sector or (b) are expected to be implemented as health activities prior to the expiration of this IEE.

General Implementation & Monitoring Conditions

Activities undertaken by or through these Project awards are subject to this IEE. In addition to the specific conditions enumerated in Section 3, the negative determinations recommended in this IEE are contingent on full implementation of a set of general monitoring and implementation requirements specified in Section 4 of the IEE.

These require, in summary: 1) IP briefings on Environmental Compliance Responsibilities; 2) development of environmental mitigation and monitoring plans (EMMPs); 3) integration and implementation of EMMPs in work plans and budgets; 4) integration of compliance responsibilities in prime and sub-contracts, and grants/agreements; 5) assurance of sub-grantee and sub-contractor capacity and compliance; 6) Health Team environmental compliance monitoring; 7) 22 CFR 216 documentation coverage for new or modified activities; and 8) compliance with host country requirements.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED

CLEARANCE
Acting Mission Director:
USAID/Tanzania
Daniel Moore Date: 3/16/16

CONCURRENCE:
AFR Bureau Environmental Officer:
Brian Hirsch Date: 4/22/16

Approved: ☒
Disapproved ☐

FILE Nº (AFR BEO): Tanzania Health Portfolio IEE 2016_2021

ADDITIONAL CLEARANCES:

Acting Health Office Director:
USAID/Tanzania
Bethany Haberer Date: 2/25/2016

Acting Mission Environmental Officer:
USAID/Tanzania
Gilbert Kajuna Date: 2/25-2016

RLO/Acting Deputy Mission Director:
USAID/Tanzania
Helen Pataki Date: 2/24/16

Regional Environmental Officer:
USAID/Nairobi-East Africa
David Kinyua Date: 03/02/2016

Distribution List:
USAID/Tanzania Health Office, including DO 1 IR 1.2 Activity Managers
USAID/Tanzania Contracting Office, including responsible COs and AOs
USAID/Tanzania Acting Program Office Director

Chief of Party for each Implementing Partner

INITIAL ENVIRONMENTAL EXAMINATION

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Period covered:	FY 2016 – FY 2020
Life of Project Amount:	$1,425,000,000
IEE Prepared By:	Josh Habib, The Cadmus Group, Inc.; Bethany Haberer and Jacqueline Kalimunda USAID/Tanzania Health Office
IEE Amendment (Y/N):	No
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Other Relevant Environmental Compliance Documentation:

Tanzania Supplemental Environmental Assessment for Indoor Residual Spraying for Malaria Control 2015-2020

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D02: Inclusive Broad-based Economic Growth Sustained
IR 2.1 Binding Constraints to Private Sector Investment Reduced IEE
IR 2.2 Agricultural Productivity and Value Chain IEE
For WASH activities USAID/Tanzania IR 2.3 Natural Resources Management and Water Portfolio (EG) IEE

This IEE supersedes the Mission's previous and recently expired IEEs for SO 10: Reduced Transmission and Impact of HIV/AIDS and SO11: Health Status of Tanzanian Families Improved; except that activities already operating under an approved environmental mitigation and monitoring plan (EMMP) may continue operating under that EMMP.

ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion	X	Negative Determination	X
Positive Determination		Deferral	

ADDITIONAL ELEMENTS:

EMMP: X | Conditions: X | PVO/NGO: | Pesticides:* X

**22 CFR 216.3 (b)(1) applies*

1.0 Background and Activity/Program Description

1.1 Purpose and Scope of 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 health and governance activities under Health Projects, and on this basis, to recommend determinations and, as appropriate, attendant conditions, for these activities. Upon final approval of this IEE, these recommended determinations are affirmed as 22 CFR 216 Threshold Decisions and Categorical Exclusions, and conditions become mandatory elements of project/program implementation.

This IEE addresses activities expected to be implemented by USAID/Tanzania, as encompassed by the mission-wide Health-relevant Project Appraisal Documents (PADs). Activities implemented will support the USAID/Tanzania Country Development Cooperation Strategy (CDCS) objective of "achieving a transformed USAID-Tanzania partnership to strengthen the use of Tanzania's resources to meet the country's development needs." The CDCS objective will be met in the health sector through three complementary Development Objectives (DOs) and associated Intermediate Results (IRs):

- DO1: Tanzania women and youth empowered
  - IR 1.1: Gender Equality and Youth Inclusion
  - IR 1.2: Health status improved
  - IR 1.3.3: Parental and Community in Education Enhanced

- DO2: Inclusive broad-based economic growth sustained
  - IR 2.1: Binding constraints to private sector investment reduced
  - IR 2.2: Agricultural productivity and profitability increased in targeted value chains
  - IR 2.4: Unmet need for family planning reduced

- DO3: Effective democratic governance improved
  - IR 3.1: Citizen engagement made more effective
  - IR 3.2: Government delivery of services improved

- Cross-cutting Intermediate Result (CCIR): Data-driven decision-making, planning and implementation improved

Overall funding is estimated at $1,425,000,000, covering FY 16 through FY 20.

For purposes of analysis, this IEE synthesizes current and anticipated Health activities under the office's various projects and associated initiatives into a set of tactic categories, each of which contains a number of entailed approaches. As with all IEEs, and in accordance with 22 CFR 216, it reviews the reasonably foreseeable effects of each approach on the environment. On this basis, this IEE recommends Threshold Decisions and, in some cases, attendant conditions, for these approaches.

In addition, this IEE sets out project[1]-level implementation procedures intended to assure that conditions in this IEE are translated into approach-specific mitigation measures, and to assure systematic compliance with this IEE during project and activity implementation. These procedures are themselves a general condition of approval for the IEE, and their implementation is, therefore, mandatory.

This IEE is a critical element of a mandatory environmental review and compliance process meant to achieve environmentally sound activity design and implementation.

1.2 Background (Context and Justification)

This IEE addresses all health-related activities expected to be implemented by USAID/Tanzania by the Health Office, as approved in the following Project Authorization Documents (PADs):

- Comprehensive Health Services Delivery (CHSD) PAD (March 2015),
- Community Health Promotion and Services (CHPS)PAD (July 2015),
- Services Delivery Systems Strengthening (SDSS) PAD (April 2015),
- Mobilizing Maternal Health (Vodafone) PAD (September 2013), and
- Tumaini: Gender Equality and Youth Inclusion (in process).

Activities implemented under these PADs will support the USAID/Tanzania Country Development Cooperation Strategy (CDCS) goal of "Tanzania's socio-economic transformation toward middle income status by 2025 advanced." This goal will be met through three complementary Development Objectives (DOs) and associated Intermediate Results (IRs).

1.3 Summary of Projects and Activities

Comprehensive Health Service Delivery (CHSD) PAD summary

The objective of the CHSD project is to provide high quality, comprehensive and integrated health services to the people of Tanzania, especially adolescents and women, with a focus on reproductive and child health. In order to achieve high quality, integrated services, various inputs are required and various outputs can be measured. USAID funded activities in these IRs work to ensure that various inputs (e.g., training, commodities, laboratory tests, supervision and mentoring, routine data collection and analysis at the service provision level) are in place and result in a service delivery site that provides the essential services necessary to avert the predominant causes of maternal and child death.

1 The terms 'project" and "activity" are used throughout this IEE as per USAID's programming framework and glossary. As such, a project is a set of executed interventions, over an established timeline and budget intended to achieve a discrete development result (i.e. the project purpose) through resolving an associated problem. It is explicitly linked to the CDCS Results Framework. An activity is a sub-component of a project that contributes to a project purpose. It typically refers to an award (such as a contract or cooperative agreement), or a component of a project such as policy dialogue that may be undertaken directly by Mission staff.

This Comprehensive Health Service Delivery PAD covers an eight year period and reflects the process of streamlining management efforts and enhancing the effectiveness of USAID investments to improve health outcomes by integrating health services, as appropriate. The integrated approach under CHSD will improve linkages across the full continuum of care for Tanzanian adolescents, women and children (from pre-pregnancy to antenatal care to intrapartum and postpartum care; and from newborn to child care; from community health promotion, case identification and referral to health facilities.

Some of these services include:
1) Increase access to comprehensive maternal, newborn and child health, family planning and reproductive health services by strengthening referral systems between communities and facilities including validated, completed referrals between community identified cases and health facilities.
2) Support HIV prevention, care and treatment including PMTCT, early infant diagnosis and pediatric HIV. HIV testing and counseling through PITC will form an integral component during FP, under-five, antenatal and postnatal care, early infant diagnosis, community care and TB screening.
3) Support prioritized maternal and child health high impact interventions that focus on improving care during pregnancy (antenatal care), during labor, and during the postpartum period for mother and baby.
4) Support districts and regions to increase accessibility, utilization and quality of health services through increased accountability and responsiveness by supporting results-based financing. As well, support health facilities to provide the complete package of essential health services in line with the GOT's standards of care.
5) Support clinical and community-based services and interventions to prevent and respond to gender-based violence.
6) Support integration of TB and TB/HIV services through systematically implementing TB control measures including improved infection control both in facilities and homes, and community-based care and treatment that is strongly linked to facilities.
7) Support key malaria intervention areas including distribution and use of ITNs, indoor residual spraying, IPT for pregnant women to improve malaria diagnosis and treatment.
8) Increase access and use of family planning and health services through community outreach, services at static health facilities as well as mobile clinics, and promotion of social marketing of health commodities including contraceptives and community-based distributors.
9) Develop technical, managerial, and logistics capacities of national malaria control programs to undertake vector control programs in a safe and judicious manner. Support national ministries (e.g., MOHSW, PMO-RALG) and health systems (e.g., human resources and health information) to achieve service delivery goals of the healthcare sector.

Community Health Promotion and Services (CHPS) PAD summary

The Community Health Promotion and Services (CHPS) project, which complements the Health Office's Comprehensive Health Services Delivery and Services Delivery Systems Strengthening projects, play a critical role in meeting national, regional and international goals. Community-based health programs bridge the gap between the formal healthcare system and the communities where vulnerable populations live. Through health promotion and education, community-based health programs equip families and communities with essential information and the self-efficacy needed to practice healthy and health-seeking behaviors. Community actors including local government, civil society organizations, and community health workers break down barriers to accessing healthcare by facilitating referrals to health facilities, and delivering essential health promotion and commodities at the community level.

The CHPS project covers a five-year performance period (FYs 2014–2018) and aims to achieve GHI Strategy Intermediate Result (IR) 3: Improved Adoption of Healthy Behaviors—including Healthcare-Seeking Behaviors, with a Focus on Women and Girls. This is phrased as "IR 1.2.2 Adoption of healthy behaviors including healthcare-seeking behaviors and balanced nutrition" in the Mission's Country Development Cooperation Strategy. This result will be met primarily through investments in the promotion of healthy behaviors and social norms, use of community-based health services, and access to social welfare services. The CHPS project's contribution to the Health Office's goal of Improved Health Status for Tanzanians is linked to the success of Health Office activities across the Tanzania GHI platform. For example, when a community health worker facilitates pre- and postnatal visits for a new mother, it is expected that the woman and her family will receive quality services as a result of USAID's investments in improving the health facility.

Strengthening of healthcare financing options will ensure that the woman and her family can pay for the health services through the Community Health Fund scheme. With careful consideration, activities from each of the Health Office's teams will converge at the community and family levels and ensure that vulnerable populations achieve improved health outcomes.

Service Delivery System Strengthening (SDSS) PAD summary

USAID's Service Delivery Systems Strengthening (SDSS) Project investments work to improve government service delivery in the health, agriculture, education, and other sectors. USAID/Tanzania's health sector investments in facility-based services and community health promotion and services activities, as well as its agriculture, infrastructure, water and education service delivery are addressed under this Project. The SDSS Project is guided by USAID/Tanzania's Country Development Cooperation Strategy (CDCS) 2015-2019, as well as strategic thinking from the Global Health Initiative (GHI) strategy and Feed the Future Initiatives. The SDSS Project will be led by the Mission's Development Objective Three (DO3) Working Team delivering *Effective democratic governance improved*. The SDSS Project will work to ensure that any results are sustained after USAID support ends, and that institutionalized capacity for ongoing improvement exists. Specifically, the SDSS Project aims to support the GOT to develop a self-reliant local government service delivery system, particularly for health, agriculture, education, and other sectors, that is responsive to the needs of Tanzanians.

The SDSS Project will be implemented within the same timeframe as USAID/Tanzania's CDCS (FY 2015–2019). The SDSS Project will advance national level sector systems improvements (in health and education) and multi-sectoral improvements at the district or Authority LGA level. It will also achieve results related to the GHI Strategy Intermediate Result 2: *Improved Health Systems to Strengthen the Delivery of Healthcare Services,* and the USAID/Tanzania Feed the Future Multi-Year Strategy, *Increased investment in agriculture and nutrition related activities,* and *Improved use of maternal and child health and nutrition service .* This result will be met by targeting challenges associated with human resources for health (HRH), health information systems and data use, governance, domestic financing and procurement for health, infrastructure, agriculture, water and sanitation, and education services.

Mobilizing Maternal Health (Vodafone) PAD summary

The purpose of this project initiated in 2013 is to establish community outreach programs for women at risk of delivery complications and to strengthen MNCH service delivery capacity at two rural hospitals as well as the Comprehensive Community-based Rehabilitation in Tanzania (CCBRT) activity at the Maternity Hospital and the Districts hospitals outside of Dar es Salaam that refer to it. The project

addresses factors that can directly impact the reduction in maternal and newborn mortality, including the provision of emergency evacuation and referral services for pregnant women at risk and, engaging in preventive and referral measures, which aim to reduce the need for emergency evacuation. The project also contributes by using existing web and cellphone-based tools to support health workers who provide maternal, newborn and child healthcare.

Tumaini: Gender Equality and Youth Inclusion

The purpose of GEYI, in close alignment with CDCS intermediate result (IR) 1.1, is to increase gender equality and youth inclusion. Efforts to achieve this result can be seen in projects and activities across the Mission, and therefore the success of GEYI will largely depend upon the attributable results of other teams. This cross-cutting approach is informed by USAID's Local Systems Framework, which affirms that sustainability depends on the contributions of multiple and interconnected actors working within multiple local systems.

Activities not managed in-country

Especially for those activities or awards where 1) the mission uses a IQC, IDIQ, RFTOP, LWA mechanism to support mission activities (i.e. Mission AO/CO issues award) or 2) the mission has allocated Mission resources to a central, regional bureau (i.e. Bureau for Africa) or regional mission mechanism (i.e. field support) and where the mission has designated an activity manager, the mission will have oversight responsibilities to assure environmental compliance from the controlling IEEs.

1.4 Tactic Categories for Environmental Review

As noted above, health projects will be implemented through an array of separate instruments; and each instrument consists of a specified set of actions. In order to facilitate environmental review of the entire health portfolio, this IEE assesses potential environmental impacts and makes recommended determinations by tactic category (rather than by individual mechanism). For example, if numerous instruments comprising the Health portfolio entail a similar form of training or capacity building—in, say, disease surveillance—this type of capacity building will be discussed and assessed only once in this IEE and will apply across the projects. This approach limits redundancy (and length) and generally simplifies interpretation of the IEE by USAID staff and partners.

The tactic categories span a broad set of awards that (a) are currently being implemented by USAID/Tanzania and fall under the aegis of the Health sector; or (b) that are expected to be implemented as part of health projects prior to the expiration of this IEE.

For purposes of environmental review and compliance, constituent activities of USAID/Tanzania health portfolio are organized into the following categories:

1. Technical assistance and capacity building to improve delivery of and access to quality health services;
2. Direct healthcare service delivery focusing on HIV/AIDS, TB services and family planning outreach;

3. Increasing health-seeking behaviors and health social norms through communication and education;
4. Direct social and protections services support to vulnerable children and households impacted or affected by HIV/AIDS or gender-based violence;
5. Household economic strengthening activities;
6. Human resources, advocacy, and organizational development;
7. Support for governance, policy development, and finance instruments;
8. Direct procurement of commodities and strengthening of commodities, logistics and diagnostic systems;
9. Small-scale construction; and
10. Data collection, analysis and information sharing.

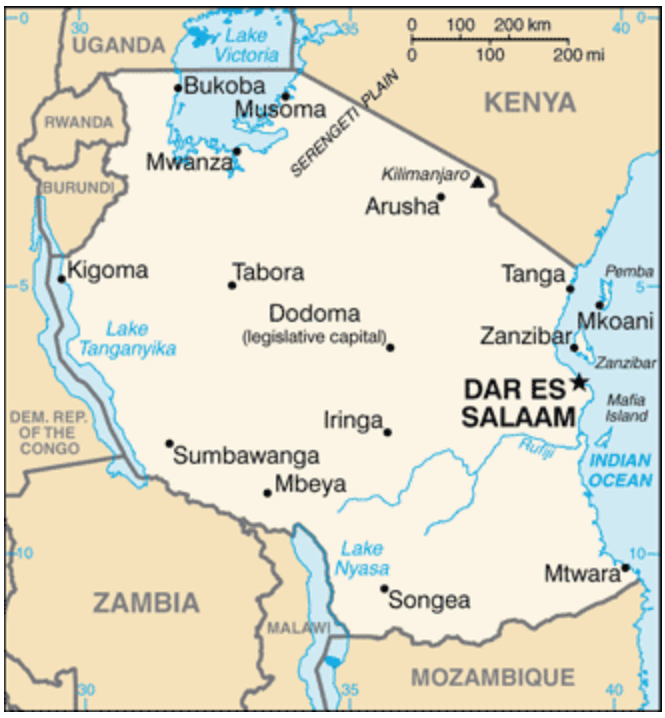
Each tactic category has a number of associated activities; these will be listed, and, where not self-explanatory, explained in Section 3 of the IEE.

2.0 Country, Environmental and Health Information

2.1 Locations Affected & Baseline Information

Geography, Climate and Topography

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



Map 1: Tanzania; Source: CIA World Factbook

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

1000 m elevation 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. The per capita Gross Domestic Product (GDP) has increased from $1,025 in 2004 to $1,380 in 2012. Yet, widespread poverty persists. In 2012, 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 on line 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.

Inclusive broad-based growth is stymied by: (a) low productivity growth in labor-intensive sectors (agriculture employs 77 percent out of total national employment, but the sector grew just 4 percent per year over the past decade) and (b) an unchanging and high population growth rate. Forty-four percent of Tanzania's current population of 45 million is under 15 years of age. At the current growth rate, Tanzania's population is projected to reach 70 million by 2025. Gender inequities continue to persist. Salaries paid to women are on average 63 per cent lower than those paid to men, and when women own businesses, they make 2.4 times less profit than men.

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. In Tanzania, youth unemployment in 2011 was estimated at 13.4%, with female unemployment at 14.3% and male unemployment at 12.3%.

Health Sector

As noted in the PADs, despite significant progress over the past 15 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

2 Excerpt from Tanzania Environmental Threats and Opportunities Assessment (ETOA), 2012
3 Excerpt from Tanzania Country Development Cooperation Strategy (CDCS), October 3, 2014-October 3, 2019 and Tanzania Mainland Poverty Assessment

cause of maternal mortality, and also the leading cause of death amongst children in Tanzania (prevalence is lower in Zanzibar). In mainland Tanzania, more than 40 percent of outpatient visits are due to malaria, resulting in 10-12 million malaria cases annually, of which 60,000 to 80,000 result in death. Some improvement has been seen in the prevalence of infectious diseases, attributable to improved health behaviors such as immunizations for children and the use of insecticide-treated bed nets. 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 2010.[4]

In FY 2015, PMI worked with national and local GOT entities to provide household spraying, bed nets, malaria case management, and other high impact interventions. According to the 2011/2012 Tanzania HIV and Malaria Indicator Survey, more than 70 percent of young children and pregnant women - groups most at risk of malaria infection - slept under an ITN the night before the survey. This represents a four-fold increase since 2004-05. Despite substantial improvement in prevention practices, malaria still poses a significant threat to children. Nine percent of children between 6 to 59 months of age tested positive for malaria nationwide, and in four regions more than 20 per cent of young children tested positive.

Tanzania also faces a generalized HIV epidemic on the Mainland, and a concentrated HIV epidemic in the Zanzibar archipelago. An estimated 1.4 million Tanzanians are infected with HIV and each year 100,000 new infections occur and 80,000 people die from the infection. There are also significant gender differences in HIV prevalence; prevalence is higher for women than men in almost every age group except 35-39. Overall, male prevalence was 3.8 percent in 2011/12 while female prevalence was 6.2 percent.[5] TB remains the leading cause of death amongst people living with HIV, and Tanzania is in the top 22 countries with the highest TB burden.[6]

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; because of community outreach efforts, most adults now know where to get an HIV test and 62 percent of women and 47 percent of men have received HIV tests.[7]

Only 43 percent of women make all four recommended pre-natal care visits, and only about half of births are attended by a skilled health professional. Women face social and gender norms, which further hinder their health and development. Tanzania is one of the lowest-ranked countries in the world for gender equality, and gender-based violence is common, with 44 percent of women reporting having experienced physical violence, and 20 percent having experienced sexual violence.[8]

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

4 PMI, Tanzania; 2015; accessed via the internet on 10/19/2015
5 Tanzania 2011-2012 HIV/AIDS and Malaria Indicator Survey, March 2013
6 USAID/Tanzania Country Development Cooperation Strategy (CDCS) October 3, 2014- October 3, 2019
7 USAID/Tanzania Community Health Promotion and Services PAD
8 USAID/Tanzania Community Health Promotion and

5.7 to 5.4 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 has increased from 20 percent to 27 percent between 2005 and 2010, with use of any family planning method increasing from 26 percent to 34 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. 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.[9]

Water Resources[10,11,12]

Water resources are crucial to Tanzania's economy. Water is key to agricultural productivity, 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.

Major cities in Tanzania source water from the country's rivers; Dar es Salaam, Morogoro, Kibaha and Dodoma are supplied by the Wami-Ruvu river basin, while the Kilimanjaro District (including Arusha) is supplied by the Morogoro, Kibaha and Dodoma. Most urban areas use groundwater as a supplement to surface water, except Zanzibar, which relies primarily on groundwater. In Dar es Salaam, 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 Wami-Ruvu river basin water quality and quantity 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

9 Ibid
10 Water in Crisis- Tanzania, The Water Project, Accessed via the Internet on 15 February 2015 at : http://thewaterproject.org/water-in-crisis-tanzania
11 The Economics of Climate Change in Tanzania, Water Resources, Accessed via the internet on 15 February 2015
12 Tanzania, Water Futures, Accessed via the internet on 15 February 2015

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.

NOTE: WASH activities are covered in the USAID/Tanzania IR 2.3 Natural Resources Management and Water Portfolio (EG) IEE

2.2 Applicable Host Country Health, Environmental and Social Laws, Regulations and Policies [13]

Several initiatives have also been taken by government institutions and donors to make operational the use of EIA in development planning.

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.

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. 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.

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. Relevant policies and strategies include:

- National Health Policy
- Health Sector Strategic Plan IV (HSSP IV)
- Health Sector HIV Strategic Plan III (HSHSP III)
- National Multisectoral HIV and AIDS Framework (NMSF)
- Tanzania Quality Improvement Framework
- National Family Planning Costed Implementation Programme

13 Except for the subsection on "Environmental Management Act No.20 of 2004", this section is an excerpt from the Tanzania Environmental Threats and Opportunities Assessment (ETOA), 2012

· The National Road Map to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015
· Malaria Strategic Plan
· National TB and Leprosy Strategic Plan IV
· National Nutrition Strategy
· National Costed Plan of Action for Most Vulnerable Children II
· Health Financing Strategy

In addition, various GOT regulations address proper health care waste management, as shown in the table below:

Tanzania Legislation on Health Care Waste Management

REGULATION	PROVISION or GUIDANCE
Public Health Act, 2009	Section 89 of the Public Health Act requires healthcare waste to be managed in accordance with the guidelines and standards under the Environmental Management Act.
Environmental Management Act (EMA), 2004	Department of Environment at the National Environment Management Council (NEMC) collaborates with the Ministry of Health and Social Welfare (MoHSW) to: • Ensure that healthcare wastes are sorted and stored in prescribed coded containers and transported and disposed of via registered healthcare wastes refuse trucks designed; and • Prescribe the best possible method for final disposal of various types of healthcare wastes.
Occupational Health and Safety Act of 2003	Safety and Health Inspectors are required to inspect all workplaces to determine whether they are in compliance with OHS legislation and standards, specifically: • Regular inspection, supervision and monitoring to assess the safety practices at health institutions. • Staff should be trained in the application of safety standards so that they are aware of the potential risks in non-compliance. • Accidents should be reported and dealt with in accordance with established protocols. • Persons who handle healthcare waste should be provided with protective gear and clothing as recommended by WHO guidelines.
Healthcare Waste Management National Policy Guidelines	Identify appropriate HCWM methods that can be applied in healthcare facilities and within communities, including: • Providing a better knowledge of the fundamentals of HCWM planning and better understanding of the hazards linked to HCWM. • Developing HCWM plans, standards and procedures that are in compliance with the current environment and public health legislations of Tanzania • Setting priority actions to tackle most sensitive problems related to HCWM • Reviewing appropriate and sustainable technology to treat and dispose of HCW • Analyzing HCWM challenges at health care facilities and developing strategies for safe management of HCWM; • Developing public private partnerships for investments in HCWM.
Healthcare Waste Management Monitoring Plan	Provides monitoring guidelines for stakeholders involved in healthcare waste management at central, regional, district and local levels. Contains template and checklists for the monitoring plan to be used by all levels. This document helps to: • Establish actions that must be performed as a minimum to ensure the safe handling and disposal of HCW.

	• Establish/develop indicators that demonstrate that mitigation actions/activities are implemented. • Develop tools for information collection, analysis and construction of the indicators; and • Define institutional arrangement and assignment of duties, roles/responsibilities for those monitoring HCWM activities
National Standards and Procedures for Healthcare Waste Management in Tanzania	Provides technical information for planning and implementation of HCWM, including technical operations of HCWM and recommended best practices. Also includes a summary of standards and specifications regarding selected HCW treatment options.

Potential Environmental Impacts and Recommended Determinations, including Conditions

As set out in section 1.4, for the purpose of environmental review, current and anticipated activities in the USAID/Tanzania Health portfolio are grouped into the following tactic categories. This IEE includes several illustrative activities for each tactic category.

Specific tactic categories are:

1. Technical assistance and capacity building to improve delivery of and access to quality health services;
2. Direct healthcare service delivery focusing on HIV/AIDS, TB services and family planning outreach;
3. Increasing health-seeking behaviors and health social norms through communication and education;
4. Direct social and protections services support to vulnerable children and households impacted or affected by HIV/AIDS and/or gender-based violence;
5. Household economic strengthening activities;
6. Human resources, advocacy, and organizational development;
7. Support for governance, policy development, and finance instruments;
8. Strengthening of commodities, logistics and diagnostic systems, and direct procurement of commodities;
9. Small-scale construction; and
10. Data collection, analysis and information sharing.

Each category contains a number of activities. In Sections 3.1 – 3.10, the activities are described and their potential impacts analyzed. On this basis, Recommended Determinations are made. In most cases, Negative Determinations with conditions. *Upon approval of this IEE, implementation of these conditions becomes mandatory.*

Section 3.11 addresses the general impacts of waste generated in conjunction with health care systems. Although waste may not be directly generated by USAID support, by supporting health systems in

general, it is a reasonable and an ethical responsibility to consider how to address health care waste and to improve waste treatment and disposal.

3.1 Tactic Category 1: Technical assistance and capacity building to improve delivery of and access to quality health services.

This tactic category consists of the following activities:

1) Pre- and in-service training and supportive supervision of health care providers on clinical interventions and norms for service delivery to improve quality of and access to care. Health care provider refers both to clinical workers in the formal health system (i.e., in health facilities) as well as NGO staff, birth attendants, community health workers and others who provide care at the community level. Pre-/in-service training and supportive supervision areas may include, but are not limited to:
    - Health care workers and/or service delivery agents, where trainee does not handle medical waste e.g., case managers, promotional messengers) as a function of their position on topics related to family planning, reproductive health, maternal, newborn and child health, nutrition, HIV, TB, malaria, gender-based violence (GBV), or antenatal/post-natal care and exclusive breastfeeding;
    - Health care workers and/or service delivery agents, where trainee handles medical waste as a function of their position e.g., workers providing services related to HIV/AIDS, TB, obstetrics, reproductive health, family planning or promotes or delivers insecticide-treated nets (ITNs) or indoor residual spraying (IRS), as a function of their position on topics related to family planning, reproductive health, maternal, newborn and child health, nutrition, HIV, TB, malaria, GBV, or antenatal/post-natal care and exclusive breastfeeding;
    - Related to maternal and child health (MCH), anticipated activities include prevention of mother-to-child transmission, including counseling and support for maternal nutrition and safe infant feeding practices, antenatal care, post abortion care, skilled birth attendance, essential newborn care and post-partum care and emergency obstetric care at the community and facility levels;
    - Voluntary family planning (FP) skills and knowledge including contraceptive counseling and referral, with a focus on informed and voluntary use of short-term, long-acting and reversible and permanent methods of contraception.
    - Related to both clinic-and home-based HIV/AIDS services, such as prevention, voluntary medical male circumcision, counseling and testing, referral to treatment and care services, treatment of HIV and opportunistic infections, and treatment and referral services for orphans and vulnerable children (OVC), including nutritional support and health services targeted at OVC;
    - Training of clinical and home-based caregivers in line with Ministry of Health, Community Development, Gender, Seniors, and Children (MHCDGSC) standards, including physical care for chronically ill AIDS patients, support to family caregivers, volunteers, and clinical and implementing partner staff;
    - Related to malaria, anticipated activities include prevention, promotion of ITNs and IRS, diagnosis, case management, and treatment, including intermittent preventive treatment of pregnant women (IPTp) e.g., prophylaxis or artemisinin-based combination therapies (ACTs);
    - Related to tuberculosis, anticipated activities include TB testing, treatment, and case

management of multi drug resistant (MDR) TB and TB/HIV co-infection.

- Support to nutrition programs embedded in agricultural activities.

2) Supporting private sector and faith-based health facilities, as above; and
3) Fostering establishment of innovative Public Private Partnerships (PPPs), including between Local Government Authorities (LGAs) and private providers.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

Training (including supportive supervision) is one of a class of activities under 22 CFR 216 eligible for categorical exclusion. However, training of health care providers is intended to improve and expand the delivery of or access to health care services. As detailed in section 3.1, the delivery of these services presents a set of potentially significant adverse environmental and health impacts, particularly waste- and bio-safety related.

Further, the purpose of the training activities and the **development of training curricula** are to influence the actions of healthcare providers/service delivery agents. Appropriate management of health care waste depends heavily on individual actions of these agents (e.g., is there consistent separation of sharps and "red bag" waste?). Training should, as appropriate in the context of the scope of the training, address proper handling, use and disposal of health care waste, including proper disposal of blood, sputum, and sharps. For example, training administrative staff on case management may not be appropriate to include waste disposal training, but training nurses on delivery of vaccinations would be appropriate to discuss how to dispose of used needles and vaccine packaging.

Training in TB care requires special consideration because TB is highly infectious and can result in significant hazardous healthcare wastes, including sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases. TB care can also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

While USAID does not have control over the actions of health care providers/service delivery agents/managers post-training, it can assure that the curricula, training and leadership programs fully and appropriately integrate sound management of health care waste.

While most training activities are subject to conditions because they may result in hazardous wastes (i.e., from the collection or analysis of blood or body fluid samples), training in family planning is an exception; while not entirely free from risk, family planning training activities are not expected to adversely impact the environment and is, therefore, eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

With respect to ITNs/LLINs, the distribution of nets has been shown to be a cost-effective and efficacious approach to malaria vector control and, as such, provides significant public health benefits. Along with these benefits, however, the use of these treated materials with insecticides creates tangible risks to human health and the environment throughout the life cycle of the insecticide products. Continuous exposure to ITNs/LLITNs may have some risks that need to be monitored over time. In addition to concerns regarding distribution and use of ITNs/LLINs, disposal of bed nets, particularly by burning, can result in adverse environmental and human health effects.

Adverse health effects also arise from conversion of ITNs/LLINs to improper use (e.g. use as fishnets, clothing, and wrapping.)

These issues have been considered and mitigation measures specified in USAID's Malaria Vector Control Programmatic Environmental Assessment (MVC PEA). The risks of ITN disposal, misuse, and repurposing is discussed in the March 2015 President's Malaria Initiative Technical Guidance (p. 17-19).

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determinations***
Pre- and in-service training and supportive supervision of health care providers on clinical interventions and norms for service delivery to improve quality of and access to care. Health care provider refers both to clinical workers in the formal health system (i.e., in health facilities) as well as NGO staff, birth attendants, community health workers and others who provide care at the community level.	**Negative Determination** subject to the following **conditions:** When techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste, training/curricula/supervision must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STDs, sputum samples for diagnosis of TB). Note that this condition applies to BOTH activities targeting home care AND community health workers: IPs must, as appropriate, include healthcare waste (HCW) management messages and develop appropriate disposal practices in home-based and community-based situations that are cost effective and safe. Positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials should be delivered, as appropriate, along with standard health care messages, and these messages should be included in training, protocols, and guidelines. **Reference:** the USAID Sector Environmental Guidelines for Health Care Waste contains guidance, which must inform compliance with these conditions, particularly in the section titled, "Minimum elements of a complete waste management program." See also WHO's "Safe Management of Wastes from Health Care Activities."
Promotion or delivery of ITNs/LLINs	**Negative Determination** subject to the following **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. Disposal of packaging and public health commodities will be treated using the guidelines provided in USAID Solid Waste

	Sector Environmental Guideline
Indoor residual spraying (IRS) activities	**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 2015-2020
Technical training and capacity building on nutrition programs embedded in agricultural activities.	**Categorical Exclusion**, per §216.2(c)2 (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, and waste water treatment).
Initiatives and efforts to foster the establishment of innovative PPPs	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs; (iii) Analyses, studies, academic or research workshops and meetings; and (v) Document and information transfers.

3.2 Tactic Category 2: Direct healthcare service delivery focusing on HIV/AIDS, TB services and family planning outreach

This tactic category consists of the following activities:

1) **HIV/AIDS Support**:
   - Voluntary Medical Male Circumcision: Delivery of VMMC service packages, including the provision of HIV testing and counseling services.
   - Counseling and rapid HIV testing,
   - Prevention of mother to child HIV transmission and early Infant HIV diagnosis,
   - Provision of lifelong ARV drugs to people living with HIV,
   - Palliative service delivery support, in particular social and material support, such as nutrition counseling, legal aid, and housing.
2) **TB Support:** Service delivery of clinical care in TB service settings, including examinations, clinical monitoring, treatment and prevention of TB in basic health care settings, related laboratory services as well as TB diagnostic and testing services.
3) **FP Outreach Campaigns:** Promotion of FP and delivery of contraceptive services through community outreach, services at static health facilities, and mobile clinics.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

The activities in this tactic category are intended to improve and expand the delivery of or access to health care services. As detailed in Section 3.11, the delivery of these services 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.

Improving health care service delivery primarily entails targeted technical assistance, but improved delivery also involves mobilizing and engaging with at-risk populations such that they can benefit from these services. Establishing new health care linkages for key populations requires effective community outreach and education, but these activities do not have an adverse impact on the environment, and are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determination***
Provide service delivery support for HIV/AIDS and TB care, including technical assistance of health care workers and delivery agents, where trainee handles medical waste as a function of their position (e.g., workers providing HIV/AIDS, TB, care counseling and testing).	**Negative Determination**, subject to the following **conditions**: Direct support and capacity building must integrate feasible efforts to assure that improved healthcare services: o Address and support proper waste management (including handling, labeling, treatment, storage, transport and disposal of medical waste); o Address and support the capacity of medical facilities for waste management; and o Prioritize environmental health considerations

	Where USAID directly supports health service delivery, the Health Team and IPs must ensure, to the greatest extent feasible, that the medical facilities and operations benefitting from USAID support have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste and that norms and training include environmental health considerations. The ability of IPs and the Health Team to assure such procedures and capacity is limited by its level of control over the management of the beneficiary facilities and operations. Where the IPs identify deficiencies in the procedures and capabilities it shall notify USAID and provide recommended action steps for Agency consideration. Note that this condition applies to BOTH activities targeting home care AND community health workers: IPs must, as appropriate, include healthcare waste (HCW) management messages and develop appropriate disposal practices in home-based and community-based situations that are cost effective and safe. Positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials should be delivered, as appropriate, along with standard health care messages, and these messages should be included in training, protocols, and guidelines. **Training in TB care**, including diagnosis, treatment, and public health, must conform to the international standards articulated in the World Health Organization's International Standards for Tuberculosis Care Where USAID directly supports diagnostic testing, USAID must assure that the TB laboratories meet the reference standards established by WHO related to 1) codes of practice, 2) equipment, 3) laboratory design and facilities, 4) health surveillance, 5) training, and 6) waste handling. Depending on the specific tests conducted by a facility, additions and modifications to the WHO measures may be warranted for different levels of risk as described in WHO's Tuberculosis Laboratory Biosafety Manual (2012 edition or later) Mandatory reference: The USAID Sector Environmental Guidelines for Healthcare Waste contains guidance, which must inform compliance with these conditions, particularly in the section titled, "Minimum elements of a complete waste management program." Other important references to consult

	in establishing a waste management program are "WHO's Safe Management of Wastes from Healthcare Activities."
Promotion of FP and delivery of contraceptive services through community outreach, services at static health facilities, and mobile clinics.	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs; (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment).

3.3 Tactic Category 3: Increasing health-seeking behaviors and health social norms through communication and education

This tactic category consists of the following Illustrative activities:

1) Social marketing and communication for behavior change and increased use of health services.

- Improve health social and behavior change communication (SBCC) as well as social marketing activities supporting health care seeking behavior, nutrition, and marketing of health commodities;
- Promote social marketing of health commodities, including condoms and oral contraceptive pills, through community-based distributors;
- Design, produce, and distribute radio programs promoting critical health behaviors at the regional, district and community levels;
- Produce quality, evidence-based communication resources for use by service delivery partners in fixed and mobile sites;
- Implement scaled-up, high-quality SBCC programs promoting HIV-related risk reduction and practice of healthy behaviors among key and vulnerable populations;
- Provision of tools to community outreach workers to facilitate communication for behavior change, including integrated health topics;
- Development of appropriate training and tools for community groups and local NGOs--women's groups, farmers' associations, cooperatives, etc.--to advocate for improved health services and access to essential commodities; and
- Support to approaches that link community structures and health facilities, e.g., community adherence groups.

2) Strengthen **community services** focused on promoting health behavior and use of heath care services.

- Provide training to peer educators to conduct outreach among hard-to-reach vulnerable populations;
- Create support groups at drop-in centers, particularly for hard-to-reach vulnerable populations;
- Support for secondary and vocational scholarships to vulnerable youth (e.g., programs for underserved youth, adults and pre-school children in poor urban and rural areas);

- Direct support to the Ministry of Education & Vocational Training to implement HIV prevention and reproductive health education in secondary schools;
- Establish and improve community-based services that address gender-based violence and violence against children;
- Conduct annual regional meeting of SBCC implementers (GOT, implementing partners, NGOs, CBOs, private sector entities) to discuss progress and share work plans;
- Capacity enhancement of GOT officials at central, provincial, and district levels to coordinate and manage national and sub-national SBCC efforts; and
- Continued capacity building of Tanzanian NGOs, CBOs and private sector entities.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

Public awareness, education, and related social marketing initiatives are essential to activities that strengthen and expand care delivery systems and the health care workforce. In many cases, these initiatives promote use of health care commodities such as condoms, pharmaceuticals, and insecticide-treated nets. Improper disposal of these items by end-users (the targets of the marketing message) has adverse environmental impacts; see discussion under 3.11 below. The use and subsequent disposal stimulated by these programs, however, is geographically dispersed, reducing the intensity of the impact, and USAID/IPs have very limited control over end-user actions. Additionally, it is expected that the Health Team and IPs will include messages that emphasize the proper storage, use, and disposal of these products. Taken together, these factors suggest that the categorical exclusion to which communication/education/outreach activities normally qualify is also applicable in this case.

Concomitantly with its policy-related objectives, Tanzania Health Projects will support increased citizen engagement and public participation to advance institutional reforms and improve government services, particularly at the local level. These interventions are often characterized as enabling the 'demand' side of a traditional supply-and-demand relationship; citizens are equipped and encouraged to identify and articulate their concerns and needs to government entities. The government is able to respond and effectively 'supply' the desired (or improved) public services through implementation of the types of reforms and policy initiatives described above.

Support for enhanced citizen engagement entails improved communication and information sharing between the GOT and its citizens, as well as targeted efforts to increase the role of women and other marginalized groups, and improve educational opportunities. These interventions are central to improved local governance and the ability of the GOT to undertake effective development planning. The types of technical assistance, education, and information sharing that characterize the activities that comprise Tactic Category 3 are expected to have no discernible adverse impact on the environment, direct or indirect. These activities are eligible for Categorical Exclusion under 22 CFR §216.2(c)2. A Categorical Exclusion is recommended for all activities implemented under this Tactic Category.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determinations***
Social marketing and communication for behavior change and increased use of health services.	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs;

Strengthening of **community services** focused on promoting health behavior and utilization of heath care services.	(iii) Analyses, studies, academic or research workshops and meetings; (v) Document and information transfers; and (xiv) Studies, projects, or programs intended to develop the capability of recipient countries to engage in development planning.

3.4 Tactic Category 4: Direct social and protections services support to vulnerable children and households impacted or affected by HIV/AIDS and gender-based violence.

This tactic category consists of the following activities:

- Support education, health, reproductive health and nutrition services and education to vulnerable children and families;
- Training on skills, mainly for parents and support networks, on health and social issues;
- Facilitate referral linkages for orphans and vulnerable children to access health, social and HIV/AIDS services and track to ensure completion of services; continue to support HIV/AIDS infected vulnerable households to ensure adherence and retention to care;
- Support for secondary and vocational scholarships to vulnerable youth (e.g., programs for underserved youth, adults and pre-school children in poor urban and rural areas); and
- Establish and improve community-based services that address gender-based violence and violence against children.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

Most of the activities in this tactic category are not expected to have adverse impacts on the environment because they involve training, education, and outreach directly to communities and families.

The programs and activities within this category, however, must comply with Tanzania environmental requirements, legislation and standards. Furthermore, where appropriate, technical assistance and training will include environmental awareness and sensitivity components, including exposure to the principles and procedures of Environmental Impact Assessment (EIA).

Tactic Category Approaches	***Recommended Determinations***

Support education, health and nutrition services and education to vulnerable children and families; Training on skills, mainly for parents and support networks, on health and social issues; and Facilitate referral linkages for the OVC to access health, social and HIV/AIDS services and track to ensure completion of services; continue to support HIV/AIDS infected vulnerable households to ensure adherence and retention to care	**Negative determination**, subject to the following **conditions**: Implementing and procurement documentation must require that programs and activities will comply with Tanzania environmental requirements, legislation and standards. Furthermore, where appropriate, technical assistance and training will include environmental awareness and sensitivity components, including exposure to the principles and procedures of Environmental Impact Assessment (EIA).
Support for secondary and vocational scholarships to vulnerable youth (e.g., programs for underserved youth, adults and pre-school children in poor urban and rural areas); Establish and improve community-based services that address gender-based violence and violence against children.	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs.

3.5 Tactic Category 5: Household economic strengthening activities

This tactic category consists of the following activities:

- Facilitate formation and functioning of saving and lending societies through training and mentoring;
- Strengthen community-level savings and lending; and
- Integrate health, nutrition, and gender-based activities with saving activities at community level.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

The provision of targeted financial assistance and support for loan-making can present the possibility of indirect adverse impacts. As increased financing is made available to the health care sector, additional investments will likely occur in health facilities and health worker housing, as well as training, technical assistance, and education for village health team workers and households. Taken together, these forms of investment and subsequent changes in health care service delivery and household activity present the risk of potentially adverse impacts, as detailed in Section 3.1. The indirect risks associated with financing interventions warrant specific conditions.

Tactic Category Approaches	***Recommended Determinations***

Facilitate formation and functioning of saving and lending societies through training and mentoring; Strengthen community-level savings and lending; and Integrate health, nutrition, and gender-based activities with saving activities at community level.	**Negative determination**, subject to the following **conditions**: Implementing and procurement documentation must require that programs and activities will comply with government of Tanzania environmental requirements, legislation and standards. Furthermore, where appropriate, technical assistance and training will include environmental awareness and sensitivity components, including exposure to the principles and procedures of EIA.

3.6 Tactic Category 6: Human resources, advocacy, and organizational development

This tactic category consists of the following illustrative activities:

1) Development of strategies and systems in human resources to increase retention and quality of service delivery in health and other key sectors, where the implementation of those policies may have a direct or foreseeable indirect impact on natural resources, or environmental health and safety (e.g., health care waste management, management of commodities).
    - Provide support for coordination among ministries in the assignment of workers;
    - Develop systematic recruitment plans;
    - Establish partnerships for in-service training of workers;
    - Leverage private medical institutions and the private sector for opportunities of education of mid-level workers and those with diplomas;
    - Inform LGAs on the use of existing human resource systems;
    - Provide support for the establishment of scholarships for students and health workers at the local level;
    - Build worker capacity in supply chain management (e.g., disposal training) through the use of toolkits and mentoring programs; and
    - Build worker capacity to improve budgeting and planning for cross-linked economic development factors affecting health outcomes.

2) Support for citizens' engagement with local and national government to improve quality, accountability and transparency in service delivery.
    - Improve dialogue among government, private sector, and civil society (e.g., facilitate opportunities for local solutions);
    - Improve information sharing (e.g., transferring and exchanging knowledge between the GOT and its citizens through increased public participation);
    - Increased role of women, youth and other marginalized populations in civil society (e.g., reduce barriers to participation in local governance and representation);
    - Engage youth in advocating for reproductive health and family planning and other health services;
    - Build the capacity of public advocates, establish public recourse instruments, and increase awareness of rights;

- Develop a system to track responsiveness of local officials to stakeholders;
- Establish new health care linkages for target populations; and
- Improve equitable access to cost-effective health care.

3) Provide institutions support through technical assistance and capacity building in organizational management and administration to improve accountability and quality of service.

- Support to GOT entities and parastatals (e.g., assistance to Ministry of Finance, Ministry of Health and Social Welfare, Tanzania Social Action Fund, and Medical Stores Department);
- Build core organizational competencies in CSOs and NGOs;
- Improve accountability and responsiveness of regional and district/council health management teams and health committees and enhance governance capacity of these entities;
- Strengthen the supply chain for moving health commodities from the national level to zonal, district and facility levels;
- Increase expertise in budget management and fiscal processes e.g., build institutional capacity through sharing of best practices in budget execution and projection methods;
- Establish and promote organizational management 'best practices' e.g., identify knowledge sharing opportunities among Tanzanian CSOs;
- Improve use of administrative and management tools and resources e.g., integration of Information Technology [IT] systems, and monitoring and evaluation (M&E) techniques.
- Increase regional and district expertise in social and behavior change communication;
- Develop health service delivery guidelines, standards, training curricula, and supervision systems;
- Improve standards of care for public health priorities e.g., develop and promote model system for HIV/AIDS prevention, care and treatment, and integrate family planning across MCH and HIV health elements;
- Improve quality of pre-service training by improving infrastructure, building capacity of preceptors, installing skills labs, developing an organized practicum experience for students.
- Strengthen health care referral systems between patients, communities and health facilities;
- Laboratory strengthening, such as for vaccine preventable disease surveillance, cervical cancer diagnostics, malaria surveillance, diagnostic quality assurance and quality control
- Develop improved funding models e.g., for diversified health sector support; and
- Establish and support a PIO grant for a Single Donor Trust Fund for Results-based Financing.
- Supporting development, hiring deployment, and retention of skilled health providers.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

Tanzania Health Projects will support the development and implementation of some 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 and disposal of medical waste. (See Section 3.11 for a fuller discussion of the waste-related impacts of health care activities.)

Any adverse impacts generated by policy efforts in this Tactic Category 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 scenarios or 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/disposal capacity of health care 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.

Based on the potential for these and similar indirect adverse environmental impacts, several of the policy development and implementation activities within this tactic category are not eligible for Categorical Exclusion and will be subject to conditions.

For other health policy and development activities, the objectives of Tanzania Health Projects include advancing institutional reforms that will help the GOT meet the country's public health and broader development needs. Institutional reforms at this scale are often rooted in policy initiatives that (re)define the structure and mandate of state entities and the delivery of government services. The Tanzania Health Project entails support for these types of policy interventions, including efforts to improve health care provision, expand capacity for complex decision-making, and generally enhance the delivery of public-sector services. The policy development and implementation activities encompassed by this tactic category do not have an environmental health and safety dimension—they are anticipated to have no discernable adverse impact on the environment, direct or indirect.

Additionally, the types of policy development and implementation activities encompassed by this tactic category are eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determinations***
Development of strategies and systems in human resources to increase retention and quality of service delivery in health and cross-cutting sectors. Support for citizens' engagement with local and national government to improve quality, accountability, and transparency in service delivery.	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs; (iii) Analyses, studies, academic or research workshops and meetings; (v) Document and information transfers; and (xiv) Studies, projects, or programs intended to develop the capability of recipient countries to engage in development planning.
Provide institutions support through technical assistance and capacity-building in organizational management and administration to improve accountability and quality of service.	**Negative determination**, subject to the following **condition**: Technical assistance and capacity-building must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices; and Technical assistance and capacity-building must be characterized by and integrate BMPs from USAID Sector

	Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities.

3.7 Tactic Category 7: Support for governance, policy development, and finance instruments

This tactic category consists of the following illustrative activities:

1) Support for governance, policy development, and finance activities that do not have a direct or foreseeable indirect impact on environmental health and safety. For direct delivery and implementation see instead Tactic Category 2

- Support Government-to-Government assistance that complements Tanzanian-led strategic initiatives;
- Support the Tanzania Results-based Financing Trust Fund to increase the accessibility, utilization and quality of health services through increased accountability and responsiveness;
- Improve access to data, information and analysis for policy development and program improvement (e.g., facilitating events to share lessons learned, reviewing and evaluating trends, and assessing reform efforts);
- Advocate for policies for more effective governance and accountability (e.g., support for public sector reform, local government transparency, and stronger environmental oversight);
- Develop a health financing strategy to underpin sustainable financing
- Build civil society and citizen engagement capacity to demand transparency in budgeting and execution of government programs at the LGA level;
- Create fora for dialogues on budgeting and planning for health service delivery and commodities;
- Support development of a domestic resource mobilization strategy ;
- Improve supply side finance management and procurement;
- Improve budget planning and execution; and
- Foster systems to implement financial audit recommendations.

2) Support for governance, policy development, and finance activities, where the implementation of those policies may have a direct or foreseeable indirect impact on natural resources, or environmental health and safety.

- Build capacity and develop health care service delivery initiatives where disposal of expired pharmaceuticals or medical waste is an integral part (e.g., technical assistance to MOHSW on supply chain management, health commodity procurement, mobile service provision, and the regulatory environment);
- Support LGAs directly through host government instruments, such as a Fixed Amount Reimbursement Implementation Letter to strengthen health services.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

Tanzania Health Projects 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 3.11 for a fuller discussion of the waste-related impacts of health care activities.)

As with Tactic Category 6, any adverse impacts generated by policy efforts in this Tactic Category 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 health care 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.

Based on the potential for these and similar indirect adverse environmental impacts, several of the policy development and implementation activities within this tactic category are not eligible for categorical exclusion and will be subject to conditions.

For other health policy and development activities that are eligible for a categorical exclusion, the objectives of the Tanzania Health Project include advancing institutional reforms that will help the GOT meet the country's public health and broader development needs. Institutional reforms at this scale are often rooted in policy initiatives that (re)define the structure and mandate of state entities and the delivery of government services. Tanzania Health Projects entail support for these types of policy interventions, including efforts to improve health care provision, expand capacity for complex decision-making, and generally enhance the delivery of public-sector services. The policy development and implementation activities encompassed by this tactic category do not have an environmental health and safety dimension—they are anticipated to have no discernable adverse impact on the environment, direct or indirect.

The types of policy development and implementation activities encompassed by this tactic category are eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determinations***
Governance, policy development, and finance, for those activities that do not have a direct or foreseeable indirect impact on natural resources, or environmental health and safety	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs; (iii) Analyses, studies, academic or research workshops and meetings; (v) Document and information transfers; and (xiv) Studies, projects, or programs intended to develop the capability of recipient countries to engage in development planning.

Governance, policy development, and finance, where the implementation of those policies may have a direct or foreseeable indirect impact on natural resources, or environmental health and safety.	**Negative determination**, subject to the following **condition**: Support for health care service delivery-related policy development and implementation must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices.

3.8 Tactic Category 8: Direct procurement of commodities and strengthening of commodities, logistics and diagnostic systems

This tactic category consists of the following illustrative activities:

- Reinforce management responsibilities for healthcare supply chains e.g., commodity procurement and distribution, and assistance with waste disposal and expired products;
- Improve forecasting and budgeting for commodity, personnel, and infrastructure investments and autonomy in procurement; and
- 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.
- Support logistics management of pharmaceuticals, diagnostic equipment, and commodities.
- Procurement and distribution of Voluntary Medical Male Circumcision (VMMC) kits;
- Support waste management of pharmaceuticals, and medical supplies, including VMMC kits.
- Procurement and distribution of insecticide-treated bed nets to prevent malaria.
- Procurement, distribution, and application of indoor residual spraying of insecticides to prevent malaria.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

The environmental impacts of activities associated with procurement and distribution of pharmaceuticals, nutritional supplements, and medical devices are discussed in Section 3.11.

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 3.11.

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.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determination***
Reinforce management responsibilities for healthcare supply chains (e.g., commodity procurement and distribution, and assistance with waste disposal and expired products). Improve forecasting and budgeting for commodity, personnel, and infrastructure investments and autonomy in procurement. 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); STIs; malaria, including intermittent preventive treatment of pregnant women (IPTp) (e.g., prophylaxis, and artemisinin-based combination therapies [ACTs], etc.); contraceptives; and clinical equipment and supplies. Support logistics management of pharmaceuticals, diagnostic equipment, and commodities. Procurement and distribution of Voluntary Medical Male Circumcision (VMMC) kits. Support waste management of pharmaceuticals, and medical supplies, including for VMMC kits. Procurement and distribution of insecticide treated bed nets to prevent malaria.	Negative Determination **subject to** the following **conditions:** Implementing partners conducting activities involving procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, VMMC kits, immunizations and nutritional supplements, 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; 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 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 disposal is to return to the manufacturer. If this is not possible, then follow WHO guidelines for Safe Disposal of Unwanted Pharmaceuticals; and Disposal of packaging and other public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guidelines.

Procurement, distribution, and application of indoor residual spraying of insecticides to prevent malaria.	
Pharmaceutical procurement and distribution for the prevention and treatment of TB and opportunistic infections	**Negative Determination s**ubject to the following **conditions:** Conditional upon the procurement and distribution of TB-related pharmaceutical supplies conforming to the WHO-approved list of drugs and treatment regimens Disposal of packaging and other public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guidelines.

3.9 Tactic Category 9: Small-scale construction

This tactic category consists of the following activities:

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

Note: WASH construction activities covered under the USAID/Tanzania IR 2.3 Natural Resources Management and Water Portfolio (EG) IEE.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

In addition to the various interventions described above and below, the implementation of Tanzania Health Project activities may also entail small-scale construction/rehabilitation. These activities have a well-known set of potential adverse impacts, which are described here:

- **Disturbance to existing landscape/habitat**. Construction typically necessitates clearing, grading, trenching and other activities that can result in near-complete disturbance to the pre-existing landscape/habitat within the plot or right-of-way. If the plot or right-of-way contains or is adjacent to a permanent or seasonal stream/waterbody, grading and leveling can disrupt local hydrology;
- **Sedimentation/fouling of surface waters**. Run-off from cleared ground or materials stockpiles during construction can result in sedimentation/fouling of surface waters, particularly if the site is located proximate to a stream or water body;
- **Standing water**. Construction may result in standing water on-site, which readily becomes a breeding habitat for mosquitoes and other disease vectors; this is of particular concern as malaria is endemic in much of Eastern and Southern Africa, including Tanzania;
- **Occupational and community health and safety hazards**. The construction process and construction sites present a number of hazards -- fall and crush injuries, hazards from hand or power tools and equipment used in construction, and exposure to hazardous substances, such as solvents in paint, and cement dust;
- **Increased Air and Noise Pollution** can result during construction or rehabilitation from the actions of construction equipment and workers. Experience shows that these impacts are

controllable below the level of significance with basic good construction management practices, including occupational safety and health practices; and

- **Adverse impacts of materials sourcing**. Construction requires a set of materials often procured locally -- timber, fill, sand and gravel, bricks. Unmanaged extraction of these materials can have adverse effects on the environment. For example, stream bed mining of sand or gravel can increase sedimentation and disturb sensitive ecosystems; purchase of timber from unmanaged or illegal concessions helps drive deforestation.

While USAID's Implementing Partners (IPs) generally have direct control over their general contractors (GCs), construction materials are often procured by GCs from sub-vendors. In the case of timber, these sub-vendors are often the terminus of a long and untraceable supply chain. This separation from source both limits the actions that IPs can take to assure environmentally responsible sourcing of these materials and reduces IP responsibility for these impacts—the exception is burnt bricks, for which the impacts can be avoided by requiring use of an alternative material. However, IPs can and should undertake reasonable due diligence to assure that they do not bear direct responsibility for adverse impacts, and to reduce indirect impacts so far as feasible.

Note that in the absence of complicating factors, the USAID Bureau for Africa has concluded that very-small-scale general construction involving a total "disturbed area" of less than 1000m^2 is of its nature very unlikely to create significant adverse impacts. In general, the potential impacts of facilities construction and operation somewhat larger than 1000m^2 are controllable with basic good design and operating practices. The precise nature of the potential impacts—and the appropriate design and operating practices to mitigate them—are highly dependent both on location and the characteristics of the infrastructure. This requires a site- and design-specific assessment of potential adverse impacts and the efficacy of available mitigation measures.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determination***
Construction of new or rehabilitation of existing structures (e.g., health clinics)	**Negative determination**, subject to the following **conditions**: **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 5 percent and is not heavily forested, in an otherwise undisturbed local ecosystem, or in a protected area; **Construction will be undertaken in a manner generally consistent with the guidance for environmentally sound construction**, as provided in the Small Scale Construction Guidelines of the USAID Sector Environmental Guidelines. At 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) IPs must require their 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; and 4) IPs must identify and implement any feasible measures to increase the probability that timber is procured from legal, well-managed sources; **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. All results of the testing for asbestos shall be communicated to the C/AOR and retained in the project records; **Paint.** No lead-based paint shall be used. When lead-free paint is used, it will be stored properly so as 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; **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; and **Facilities intended for storage of pesticides** must conform to the requirements for such facilities set out in the PMI Best Management Practices Manual.

3.10 Tactic Category 10: Data collection, analysis, and information sharing to improve health service delivery

This tactic category consists of the following illustrative activities:

- Public health surveillance through studies, surveys, assessments, and monitoring of provider skills;
- Evaluations and assessments of discrete activities and interventions;
- Sharing of public health data; dissemination of healthcare-related research and analysis (e.g., "lessons learned" and best practices);
- Improving the quality and use of data;
- Targeted health care research and performance monitoring (e.g., ART assessments and surveys);
- Improved information technology (IT) including harmonizing human resource information systems for equitable distribution of public workers;
- Strengthen health surveys by the National Bureau of Statistics (NBS);
- Design interoperable systems for health and logistics;
- Develop software platforms adaptable to public and private use;
- Ensure timely collection and compilation of health data;
- Integrate private providers into the collection methods;

- Train and supervise strengthening of data use by community health members.

Potential Adverse Impacts & Considerations Regarding Recommended Determinations.

The improved collection, analysis, and sharing of data and information will benefit health activities implemented by numerous national and international partners. In many cases, these measures will inform the design and implementation of the types of health sector interventions described above; they are intended to enable more effective decision making and better development outcomes.

The types of data collection, analysis and information sharing that characterize the activities that comprise this tactic category are expected to have no discernible adverse impact on the environment, direct or indirect. These activities are therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

A Categorical Exclusion is recommended for all activities implemented under Tactic Category 9.

Recommended Determinations. Per the above analysis, the following threshold determinations are recommended for activities in this tactic category:

Tactic Category Approaches	***Recommended Determinations***
Conduct and support public health surveillance (e.g., studies, surveys, and assessments) ***NOTE****: Surveys or assessments (e.g., from HIV testing) that could produce Healthcare waste are NOT covered under a categorical exclusion. For these activities see Section 3.2, Tactic Category 2.* Sharing of public health data Strengthen health surveys by the National Bureau of Statistics (NBS). Develop M&E procurements. Dissemination of healthcare-related research and analysis (e.g., "lessons learned" and best practices) Target healthcare research and performance monitoring e.g., ART assessments and surveys, etc.)	**Categorical Exclusion**, per §216.2(c)2 (iii) Analyses, studies, academic or research workshops and meetings; and (v) Document and information transfers.
Improve information technology (IT) (e.g., system upgrades)	**Categorical Exclusion**, per §216.2(c)2 (i) Education, technical assistance, or training programs;

Design interoperable systems for health and logistics Develop software platforms adaptable to public and private use; develop incentives for timely collection and compilation of health data. Train and supervise strengthening of data use by community health members. Integrate private providers into the collection methods. Use evidence-based decision making to improve the quality and use of data.	(iii) Analyses, studies, academic or research workshops and meetings; and (v) Document and information transfers.

3.11 Adverse Impacts of Health Care Service Delivery Due to Failure to Properly Manage Resulting Wastes

This section is a general discussion and analysis of waste-related impacts of health care activities. It is referenced at multiple points in the analyses of the specific tactic categories that follow in Sections 3.1 – 3.10. No recommended determinations are attached specifically to this section.

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.

4. General Project Implementation and Monitoring Requirements

In addition to the specific conditions above, the negative determinations recommended in this IEE are contingent on implementation of the following general monitoring and implementation requirements:

1. **IP Briefings on Environmental Compliance Responsibilities.** USAID/Tanzania shall provide each Implementing Partner (IP), with a copy of this IEE; each IP shall be briefed on their environmental compliance responsibilities by their cognizant C/AOR. During this briefing, the IEE conditions applicable to the IP's activities will be identified.

2. **Development of EMMP.** Each IP whose activities are subject to one or more conditions set out in Section 3 of this IEE shall develop and provide for C/AOR review and approval an Environmental Mitigation and Monitoring Plan (EMMP) documenting how their project will implement and verify all IEE conditions that apply to their activities.

   These EMMPs shall identify how the IP shall assure that IEE conditions that apply to activities supported under sub-contracts and sub-grants are implemented. (In the case of large sub-grants or subcontracts, the IP may elect to require the sub-grantee/sub-contractor to develop their own EMMP.)

   Note: The AFR EMMP Factsheet provides EMMP guidance and sample EMMP formats.

   Integration and implementation of EMMP. Each IP shall integrate their EMMP into their project work plan and budgets, implement the EMMP, and report on its implementation as an element of regular project performance reporting.

   IPs shall assure that sub-contractors and sub-grantees integrate implementation of IEE conditions, where applicable, into their own project work plans and budgets and report on their implementation as an element of sub-contract or grant performance reporting.

3. **Integration of compliance responsibilities** in prime and sub-contracts and grant agreements.

   a. USAID/Tanzania shall assure that any future contracts or agreements for implementation of health activities, or significant modification to current contracts/agreements shall reference and require compliance with the conditions set out in this IEE, as required by ADS 204.3.4.a.6.

   b. IPs shall assure that future sub-contracts and sub-grant agreements, or significant modifications to existing awards, reference and require compliance with relevant elements of these conditions.

5. **Assurance of sub-grantee and sub-contractor capacity and compliance.** IPs shall assure that sub-grantees and sub-contractors have the capability to implement the relevant requirements of this IEE. The IP shall, as and if appropriate, provide training to sub-grantees and sub-contractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities.

6. **USAID/Tanzania monitoring responsibility.** USAID/Tanzania will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether there are new or unforeseen consequences arising during implementation that were not identified and reviewed in this IEE. If new or unforeseen consequences arise during implementation, the Mission will suspend the activity and initiate appropriate, further review in accordance with 22 CFR 216. USAID monitoring shall include regular site visits.

7. **New or modified activities.** As part of its initial Work Plan, and all Annual Work Plans thereafter, IPs, in collaboration with their C/AOR, shall review all ongoing and planned activities to determine if they remain within the scope of this IEE.

   If health activities outside the scope of this IEE are planned, USAID/Tanzania shall assure that an amendment to this IEE addressing these activities is prepared and approved prior to implementation of any such activities.

   Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be modified to comply or halted until an amendment to the documentation is submitted and approved.

8. **Compliance with Tanzania Requirements.** Nothing in this IEE excuses IP, sub-grantee and sub-contractor responsibility for compliance with applicable Tanzania environmental laws and regulations. The IP, sub-grantees and sub-contractors should comply with Tanzania environmental regulations unless otherwise directed in writing by USAID. In case of differences between host country and USAID regulations, the latter should take precedence.

Abbreviations and Acronyms

ACTs	Artemisinin-Based Combination Therapies
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
C/AOR	Contracting/Agreement Officer's Representative
CBO	Community-Based Organization
CFR	Code of Federal Regulations
CHPS	Community Health Promotion And Services
CHSD	Comprehensive Health Services Delivery
CDCS	Country Development Cooperation Strategy
CSO	Civil Society Organizations
DO	Development Objective
EA	Environmental Assessment
EIA	Environmental Impact Assessment
EMA	Environmental Management Act
EMMP	Environmental Mitigation and Monitoring Plan
ETOA	Environmental Threats and Opportunity Assessment
FP	Family Planning
GDP	Gross Domestic Product
GOT	United Republic of Tanzania
HCW	Healthcare Waste
HCWM	Healthcare Waste Management
HIV	Human Immunodeficiency Virus
HSHSP III	Health Sector HIV Strategic Plan III
HSSP IV	Health Sector Strategic Plan IV
IEE	Initial Environmental Examination
IP	Implementing Partner
IR	Intermediate Result
IRS	Indoor Residual Spraying
IPTp	Intermittent Preventive Treatment Of Pregnant Women
IT	Information Technology
ITN	Insecticide-treated (bed) Net
LGA	Local Government Authorities
LLIN	Long Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MEO	Mission Environmental Officer
MCH	Maternal And Child Health
MHCDGSC	Ministry of Health , Community Development, Gender, Seniors, and Children
MVC PEA	Malaria Vector Control Programmatic Environmental Assessment
NEMC	National Environmental Management Council
NMSF	National Multisectoral HIV and AIDS Framework
OHS	Occupational Health and Safety Act of 2003
OVC	Orphans and Vulnerable Children
PAD	Project Appraisal Document

PIO	Public International Organization
PMI	President's Malaria Initiative
PMO-RALG	Prime Minister's Office–Regional Authorities and Local Governments
PPP	Public Private Partnership
REA	Regional Environmental Advisor
SBCC	Social And Behavior Change Communication
SDSS	Services Delivery Systems Strengthening
SO	Strategic Objective
STD	Sexually-transmitted Disease
TGNP	Tanzanian Gender Networking Program
TB	Tuberculosis
USG	US Government
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation And Hygiene
WHO	World Health Organization