# INITIAL ENVIRONMENTAL EXAMINATION

## PROJECT/ACTIVITY DATA

<table>
<thead>
<tr>
<th><strong>Project/Activity Name:</strong></th>
<th>Health Systems Strengthening (HSS) Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amendment (Y/N):</strong></td>
<td>N</td>
</tr>
<tr>
<td><strong>Geographic Location(s) (Country/Region):</strong></td>
<td>Uganda/East Africa</td>
</tr>
<tr>
<td><strong>Implementation Start/End:</strong></td>
<td>December 14, 2017 – December 31, 2021</td>
</tr>
<tr>
<td><strong>Solicitation/Contract/Award Number:</strong></td>
<td>Multiple</td>
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<tr>
<td><strong>Implementing Partner(s):</strong></td>
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| **Tracking ID/link:** | Uganda Health Systems Portfolio  

**Tracking ID/link of Related RCE/IEE (if any):**

- Uganda DO3 Health IEE 011516;  
- Uganda Health IEE Amendment 070317;  
- Uganda DO3 health IEE Amend2 92217; and  
- Uganda Infrastructure Development 051715.  
- Uganda DO3 Health IEE Amend2 090116 Global Health AIDSFree PIEE, June 2013;  
- Epidemic and Maintenance Control IEE, August 2018;  
- USAID/Uganda Environmental Compliance Support Report and Recommendations for Health Care Waste Management, September 2018

## ORGANIZATIONAL/ADMINISTRATIVE DATA

<table>
<thead>
<tr>
<th><strong>Implementing Operating Unit(s):</strong></th>
<th>USAID/Uganda</th>
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<tbody>
<tr>
<td><strong>Funding Operating Unit(s):</strong></td>
<td>USAID/Uganda/Health and HIV/AIDS</td>
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<tr>
<td><strong>Funding Account(s):</strong></td>
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<td><strong>Funding Amount:</strong></td>
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<td><strong>Amendment Funding Date:</strong></td>
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<td><strong>Amendment Funding Amount:</strong></td>
<td>NA</td>
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<td><strong>Other Affected Unit(s):</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Lead BEO Bureau:</strong></td>
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</tbody>
</table>
| **Prepared by:**                   | USAID/Uganda Health Systems Strengthening Project Management Team (HSS-PMT);  
USAID/Uganda Mission Environmental Officer |
| **Date Prepared:**                 | May 3rd, 2018 |
## ENVIRONMENTAL COMPLIANCE REVIEW DATA

<table>
<thead>
<tr>
<th>Analysis Type:</th>
<th>☑   Categorical Exclusion</th>
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<tr>
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<td>☑   Initial Environmental Examination</td>
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<tr>
<td></td>
<td>☑   Amendment</td>
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<td>☐   Deferral</td>
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<table>
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<tr>
<th>Environmental Determination(s):</th>
<th>☑   Categorical Exclusion</th>
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<tr>
<td></td>
<td>☑   Negative Determination</td>
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<tr>
<td></td>
<td>☑   Negative Determination with Conditions</td>
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<tr>
<td></td>
<td>☐   Positive Determination</td>
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</tbody>
</table>

| Initial Environmental Examination Expiration Date: | December 31, 2021 |

| Additional Analyses/Reporting Required: | Environmental Review Reports (ERRs Annex A), EMMPs (incl. GH AIDSFree EMMP) under the Global Health AIDSFree PIEE |

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<thead>
<tr>
<th>Climate Risks Identified (#):</th>
<th>Low ______  Moderate ______  High ______</th>
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</thead>
<tbody>
<tr>
<td>Climate Risks Addressed (#):</td>
<td>Low ______  Moderate ______  High ______</td>
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<td>--------------------------------</td>
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</tbody>
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THRESHOLD DECISION MEMO AND SUMMARY OF FINDINGS

PURPOSE AND SCOPE OF THE INITIAL ENVIRONMENTAL EXAMINATION

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID interventions described herein and recommend determinations and, as appropriate, conditions, for the entire portfolio of activities expected to be implemented by USAID/Uganda under the Health Systems Strengthening (HSS) Project. Upon approval, these determinations become affirmed, per 22 CFR 216, and specified conditions become mandatory obligations of implementation. This analysis also documents the results of the project-level Climate Risk Management process in accordance with USAID policy (specifically, ADS 201 mandatory reference 201mal_042817).

Additionally, the HSS Project IEE brings 31 activities, some of which have already been evaluated in earlier IEEs and Amendments, under one IEE. This IEE replaces and supersedes these previous IEEs; except that ongoing activities with an approved environmental monitoring and mitigation plan (EMMP) may continue operating under that EMMP. New activities or ongoing activities without an existing, approved EMMP must meet the conditions of this IEE regardless of the award date. Any future amendments will be made to this new IEE.

PROJECT/ACTIVITY SUMMARY

The USAID/Uganda Country Development Cooperation Strategy (CDCS) for 2016 – 2021 was approved in December 2016, the five-year goal being: **Uganda’s systems are accelerating inclusive education, health and economic development.** In contrast to the previous strategy, the new CDCS proposes an integrated approach that will adeptly bring together a range of interventions under the following three integrated development objectives (DOs):

- **DO1:** Community and household resilience in select areas and target populations increased;
- **DO2:** Demographic drivers affected to contribute to long term trend shift; and
- **DO3:** Key systems more accountable and responsive to Uganda’s development needs.

The Mission elected to pursue the following five projects under the above development objectives:

- Health Systems Strengthening Project;
- Resilience Project;
- Demographic Drivers Project;
- Market Systems Project; and
- Governance and Citizen Participation Systems Project.

The health system in Uganda is identified in the CDCS as one of the critical systems that the Mission intends to strengthen in order to achieve its five-year goal. The HSS Project is designed to strengthen the accountability and responsiveness of Uganda’s health system in order to provide better health services to the people of Uganda. The Project directly contributes to the achievement of **DO 3: Key systems more accountable and responsive to Uganda’s development needs.**
The systems approach that is integral to the success of DO3 requires Mission technical offices to systematically build in governance considerations in programming and to monitor and adapt continuously to changes in the shifting socio-political context. The DO3 approach also requires an emphasis on fighting corruption and patrimonialism and identifies and applies a mix of public, private and market based solutions to strengthen the system. The HSS Project incorporates this approach through empowering citizens; reinforcing civil society; building local government capacity; and strengthening institutional checks and balances. The HSS Project will also implement specific interventions to strengthen governance and accountability support systems within the sector.

The Project will directly contribute to the achievement of each of the four intermediate results (IRs) under DO 3:

- **IR 3.1: Leadership in development supported** – improve health system governance and strengthen leadership, stewardship and management of health resources;
- **IR 3.2: Citizens actively participate in development** – increase citizen voices and civic engagement to demand and receive better services and enhance the partnership between the public and private sectors;
- **IR 3.3: Key elements of systems strengthened** – support all six building blocks of the health system: (1) leadership and governance, as noted under IRs 3.1 and 3.2; (2) health care financing; (3) health workforce; (4) medical products, vaccines and technologies; (5) health information; and (6) service delivery; and
- **IR 3.4: Enabling environment that supports functional systems improved** – strengthen both the policies and the policy-making process, including the active engagement of key stakeholders in the formulation and implementation of health sector policies.

**ENVIRONMENTAL DETERMINATIONS**

Upon approval of this document, the determinations become affirmed, per Agency regulations (22 CFR 216). The following table summarizes the environmental determinations for the HSS project/activities:

**TABLE 1: ENVIRONMENTAL DETERMINATIONS**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Categorical Exclusion</th>
<th>Negative Determination With Conditions</th>
<th>Positive Determination</th>
<th>Deferral¹</th>
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<tbody>
<tr>
<td>Uganda Health Systems Strengthening Activity (UHSS)</td>
<td>√</td>
<td>√</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strategic Information Technical Support Activity (SITES)</td>
<td>√</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Strengthening Human Resources for Health Activity (SHRH)</td>
<td>√</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Systems Strengthening and Health Commodities</td>
<td>√</td>
<td>√</td>
<td>-</td>
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</tbody>
</table>

¹ Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities. USAID/IPs may utilize the Environmental Screening Tool to assess impacts of deferred activities.
<table>
<thead>
<tr>
<th>(Uganda Health Supply Chain)</th>
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</thead>
<tbody>
<tr>
<td>Applying Science to Strengthen and Improve Systems (ASSIST)</td>
<td>√</td>
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<tr>
<td>Advocacy for Better Health (ABH)</td>
<td>√</td>
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<tr>
<td>Support Results Based Financing through the Ministry of Finance</td>
<td>√</td>
<td>√</td>
<td>-</td>
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<tr>
<td>Fiduciary Agent (FA)</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>HSS Project Cross-cutting Analytics Implementation Science and Program Operations Support</td>
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<tr>
<td>WHO RIO Grant for the TB Catastrophic Cost Survey</td>
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<tr>
<td>National Nutritional Surveillance</td>
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<td>-</td>
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<tr>
<td>Enterprise Resource Planning (ERP) (Software Procurement)</td>
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<tr>
<td>Enterprise Resource Planning (ERP) (Hardware Procurement)</td>
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<tr>
<td>Global Health Supply Chain (GHSC) for Procurement and Supply Management (PSM)</td>
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<td>Nutrition Commodities – Ready to Use Therapeutic Food (RUTF)</td>
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<td>STOP TB/Global Drug Facility</td>
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<td>Fleet Management</td>
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<td>Ministry of Health (MOH) Support/ Partnership for Accountability</td>
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<td>Sustaining Health Outcomes through the Private Support Project (SHOPS) Plus</td>
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<td>Systems Strengthening and Health Commodities (Uganda Health Supply Chain) Follow — on</td>
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<tr>
<td>Strengthening National Medical Store</td>
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</tbody>
</table>
**Results Based Financing for RMNACH Services**

- ✓
- ✓

**Behavioral Change Communication for Transformation Activity**

- ✓
- -

**Nutrition and Maternal Child Health Enabling Environment**

- ✓
- -

**Fiduciary Agent (FA) Follow-on**

- ✓
- -

**The Integrated Systems Strengthening for Community Health Worker (ISS-CHW) Programming Project**

- ✓
- -

**African Collaborative for Health Financing Solutions (ACS)**

- ✓
- -

**Strengthening High-impact Interventions for an AIDSFree Generation (AIDSFree)**

- ✓
- ✓

**Strengthening Regional Referral Hospitals**

- ✓
- -

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**CLIMATE RISK MANAGEMENT**

The climate risk analysis established that climate risks were low for most project elements, except for the storage and distribution components of the supply chain management systems. For these two components, climate risk was ranked as moderate, requiring that risk management options be identified and implemented. Extreme weather events like heavy rains, floods and heat will likely affect stored health supplies. Heavy rains and floods could also damage roads and affect distribution of supplies. Climate-proofing of the storage and distribution systems is therefore required.

The recommended climate risk management actions include installing air conditioning systems, ensuring storage rooms are well ventilated and roofed, using the pallet and shelf system, installing temperature readers, having standby refrigerators for cold chain, installing backup generators, etc. The Project will also ensure that supply distribution plans are based on weather forecasts, and that stocks delivered will adequately cover long periods of three months and beyond. The selected delivery trucks will be those specially designed to withstand weather conditions (e.g. refrigerated for cold chain, leak-proof and are four-wheel drive). These climate risk management options will be integrated into activity implementation plans.

**BEO SPECIFIED CONDITIONS OF APPROVAL**

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

In accordance with 22 CFR 216 and Agency policy, the conditions and requirements of this document become mandatory upon approval. This includes the relevant limitations, conditions and requirements in this document as stated in Sections 3, 4, and 5 of the IEE and any BEO specified conditions of approval.
USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: Health Systems Strengthening Project

Approval: [Signature] Acting Mission Director

[Signature] Acting Deputy Mission Director

[Signature] Michael Howard, Acting Director, HIV/AIDS Office

Date: 7/2/18

[Signature] J. Opio, Mission Environmen... Director

Date: 05/19/2018

[Signature] David Kinyua, Regional Environment Advisor

Date: 05/22/2018

Date: 05/22/2018

Date: 8/22/2018

For: Walter K. Riedel, Africa Bureau, Environmental Officer

AFR CIL Clearance R. Karrin

CC: GH-BEO D. Darbin

Uganda HSS LEE
1.0 PROJECT/ACTIVITY 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 the USAID interventions described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, per 22 CFR 216 and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the project-level Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

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

This environmental analysis addresses the entire portfolio of activities expected to be implemented by USAID/Uganda under the Health Systems Strengthening (HSS) Project. The project is designed to strengthen the accountability and responsiveness of Uganda’s health system in order to provide better health services to the people of Uganda.

Implementing partners are responsible for monitoring the environmental mitigation measures for their activities per the conditions of the IEE. The EMMP describes the impacts identified in the IEE and the mitigation measures planned to minimize or eliminate the environmental impacts of project activities (ADS 204 Supplement Section 5).

Additionally, the HSS Project IEE brings 31 activities, some of which have already been evaluated in earlier IEEs and Amendments, under one IEE. This IEE replaces and supersedes these previous IEEs; except that ongoing activities with an approved environmental monitoring and mitigation plan (EMMP) may continue operating under that EMMP. New activities or ongoing activities without an existing, approved EMMP must meet the conditions of this IEE regardless of the award date. Any future amendments will be made to this new IEE.

1.2 PROJECT/ACTIVITY OVERVIEW

The health system in Uganda is identified in the 2016 - 2021 CDCS as one of the critical systems that the Mission intends to strengthen in order to achieve its five-year goal of “Uganda’s systems are accelerating inclusive education, health, and economic development.” The Project is designed to strengthen the accountability and responsiveness of Uganda’s health system in order to provide better health services to the people of Uganda. The HSS Project directly contributes to the achievement of Development Objective (DO) 3: “Key systems more accountable and responsive to Uganda’s development needs.”

The systems approach that is integral to the success of DO3 requires Mission technical offices to systematically build governance considerations into programming and to continuously monitor and adapt to changes in the shifting socio-political context. The DO3 approach also requires an emphasis on fighting corruption and patrimonialism and identifying and applying a mix of public, private and market
based solutions to strengthen the system. The HSS Project incorporates this approach through empowering citizens, reinforcing civil society, building local government capacity and strengthening institutional checks and balances. The HSS Project will also implement specific interventions to strengthen governance and accountability support systems within the sector.

The HSS Project covers a four-year implementation period (November 2017- September 2021), at a total estimated cost of $286,303,065. It includes a suite of closely integrated and complementary activity mechanisms including cooperative agreements, contracts, and grants.

1.3 PROJECT/ACTIVITY DESCRIPTION

The HSS Project will directly contribute to the achievement of DO3: “Key systems more accountable and responsive to Uganda’s development needs,” through the following four Intermediate Results (IRs):

- IR 3.1: Leadership in development supported;
- IR 3.2: Citizens actively participate in development;
- IR 3.3: Key elements of the systems strengthened; and
- IR 3.4: The enabling environment that supports functional systems improved.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
</table>
| Uganda Health Systems Strengthening Activity (UHSS) – Strengthening Decentralization for Sustainability (SDS) Follow-on | **Brief Description:** This activity is designed to improve the functionality of Ugandan health systems by focusing on key public and private sector institutions, and community structures at the national, district, facility, and community levels. As USAID Uganda’s flagship health systems strengthening activity, UHSS will maximize the impact of investments made by the GOU the United States Government and other donors in the sector. Main interventions include training of leader and health managers; organizational capacity assessment and improvement; developing documents that will help as management tools and guidelines for improving health systems performance; conducting sector specific civic education; providing subgrants to local organizations; and assessing and reporting on health systems performance periodically.  
**Key outcomes or performance targets to be achieved:** Improved leadership and accountability for results; increased availability and improved management of key health systems resources including health financing; and strengthening community systems for service delivery.  
**Type of Action:** Contract  
**Budget Estimate:** $40,000,000  
**Implementing Partner (IP):** TBD |
| Strategic Information Technical Support Activity (SITES) | **Brief Description:** The purpose of this activity is to facilitate, promote, and enhance evidence-based programming, and reporting in Uganda’s health system, particularly its response against the HIV/AIDS epidemic through improving collection, analysis and presentation and use of strategic health information.  
**Key outcomes or performance targets to be achieved:** Develop a functional system for President’s Emergency Plan for AIDS Relief (PEPFAR) data |
**Activity** | **Description**
---|---
management; produce quality and timely data for PEPFAR program planning and reporting; maintain the district health information software; roll out electronic medical record system in USAID/Uganda priority sites; provide support to health management information system and other related information system to the Government of Uganda (GOU); provide support to the orphans and vulnerable children management information system (OVCMIS) and related information system to GOU; Improve health management information systems (HMIS) and OVCMIS in selected districts; improve HMIS and OVCMIS in Districts where Department of Defense (DOD) Walter Reed PEPFAR activities are implemented; provide communication and operation support to the PEPFAR Coordination Office; monitor special population groups, analyze “Leaks” in the cascade, leverage geography in monitoring and evaluation; conduct special studies of inter-agency interest; conduct data analysis and special studies of USAID interest. Conduct Analysis for USAID HIV Interventions M&E in the continuum of response; complete data quality assessments; (Inter-Agency), complete data quality assessments (USAID); complete data quality assessments. (DOD/Walter Reed); complete assessment of USAID IP monitoring and evaluation plans; complete assessment of DOD/Walter Reed Program monitoring and evaluation plans; provide support to site improvement through monitoring system (SIMS) and national health facility assessment; provide data for district-level coverage and outcome indicators; provide technical assistance to USAID on a need basis; facilitate meetings and tele/video conferencing Resources for PEPFAR and USAID Health and HIV/AIDS work. Relationship with project purpose: Key elements of the health system strengthened, strategic information.

**Type of Action:** Contract  
**Budget Estimate:** $22,628,598  
**IP:** Social & Scientific Systems Inc.

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**Brief Description:** The SHRH overall objective is to strengthen the capacities of central ministries, district local governments, health professional councils (HPC), private not for profits and health training institutions to effectively and efficiently plan and manage the health workforce in Uganda for improved health, and HIV/AIDS services and better health outcomes.

**Key outcomes or performance targets to be achieved:** Functional and sustainable human resources information systems in all the districts and central institutions by Year 2; district level recruitment and retention plans implemented; functional health points of contact (HPCs) with district health supervisory authorities in all districts; quality and efficiency of in-service training programs improved; increased recruitment and retention rates in hard-to-reach areas and rural health facilities; performance management plans implemented and used for accountability at all levels; support supervision systems implemented effectively; appropriate rewards and sanctions system implemented; absenteeism is reduced by fifty percent in health sector by Year 5; improved efficiency of health training institutions in Uganda; quality of the preservice training programs (classroom and practicum components) improved and standardized; and increased intake and graduation of students from hard-to-reach and rural areas.

**Type of Action:** Cooperative Agreement  
**Budget Estimate:** $22,940,559
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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</table>
| **Systems Strengthening and Health Commodities (Uganda Health Supply Chain)** | **Brief Description:** The objective of this activity is to improve the health status of the Ugandan population by increasing the availability, accessibility, and appropriate use of essential medicines and health supplies (EMHS). The objective will be achieved through three main intermediate results: 1) national policies and strategies support cost-effective, equitable, and transparent use of available EMHS resources; 2) country capacity strengthened for effective management and utilization of EMHS; and 3) increased availability and access to EMHS for priority populations.  
**Key outcomes or performance targets to be achieved:** National policies support cost-effective, equitable and transparent use of EMHS resources; country capacity strengthened to effectively and sustainably manage the supply chain system; and increased availability and access to vital medicines and health supplies among priority populations.  
**Type of Action:** Cooperative Agreement  
**Budget Estimate:** $35,590,864 |
| **Applying Science to Strengthen and Improve Systems (ASSIST)** | **Brief Description:** The Health Care Improvement (HCI) award is USAID-funded activity implemented through an indefinite quantities contract with University Research Co. LLC. The activity aims to provide technical assistance in quality of healthcare with a focus on adapting modern quality improvement (QI) approaches such as improvement collaborative and continuous quality improvement to the needs of Uganda. HCI builds upon the successes of USAID's Quality Assurance Projects. The QI methods address the processes of delivering HIV/AIDS health care using evidence-based guidelines as well as issues on coverage and accessibility. The approaches aim to address the need to provide the best care at the lowest possible cost while also achieving good health outcomes. HCI also aims to build a sustainable, government-owned system for improving care at all levels of the health system. The HCI project supports health facilities, district, regional QI teams and the central level through the quality of care initiative in the Ministry of Health (MOH). HCI also provides technical assistance to other US Government partners in country.  
**Key outcomes or performance targets to be achieved:** Increased capacity of U.S. Government (USG) partners to improve the quality of services; increased capacity of the MOH and Ministry of Gender Labor and Social Development (MGLSD) to coordinate and oversee QI implementation; and generation of new knowledge and best practices in quality improvement.  
**Type of Action:** Field Support  
**Budget Estimate:** $5,017,500  
**IP:** Management Science for Health |
| **Communication for Healthy Communities.** | **Brief Description:** CHC designs and executes well-coordinated, evidence- and theory-based health communication interventions to improve knowledge, attitudes, norms, behaviors, and demand for services relating to HIV, tuberculosis, malaria, nutrition, maternal and child health, and family planning. Capacity strengthening of the GOU and other stakeholders, particularly U.S. Government (USG) service delivery partners, is critical to the success of this
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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| Advocacy for Better Health (ABH) | The program will strengthen skills needed to design, manage and evaluate health communication interventions, and to adapt and scale up communication efforts in support of service delivery activities at the community level.  
Key interventions include training of health communication professionals in the sector; developing health messages and validating through a multi stakeholder process; field testing messages before final approval by concerned government entities; printing messages on papers, pamphlet and posters; disseminating messages through print and broadcast media etc.  
**Key outcomes or performance targets to be achieved:** High-quality health communication interventions designed; increased demand and uptake of services; increased research and knowledge management to enhance health communication; and improved coordination of health communication interventions.  
**Type of Action:** Cooperative Agreement  
**Budget Estimate:** $49,997,475  
**IP:** FHI |
| Support Results Based Financing through the Ministry of Finance | The activity will support the Ministry of Health to purchase selected health services through a results based financing arrangement to link health financing to results and performance targets. Through this activity, USAID will fund the Ministry of Health for pre-determined results, with payment made only upon verification that the agreed-upon results have actually been delivered in the required quantity and quality.  
**Key outcomes or performance targets to be achieved:** strengthen core health system functions, increasing the efficiency and accountability of the health system while improving performance.  
**Relationship with Project Purpose:** Key elements of the system strengthened |
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<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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</table>
| **Strengthening Regional Referral Hospitals** | Brief Description: Support Regional Referral Hospitals (RRH) to provide technical assistance through improving referrals, supervision and oversight at lower level health facilities. The activity provides regular service delivery planning, implementation and monitoring support to lower level facilities to improve service quality through addressing referral policies and structural and capacity constraints. The RRHs will be supported to develop a health network model where lower level health facilities are linked to the RRHs in a hub-and-spoke approach.  

Key outcomes or performance targets to be achieved: Improve quality of health care services. Key Objectives include: strengthening RRHs to serve as regional centers for health service quality, technical assistance and systems strengthening as a pathway for long term sustainability; Enable RRHs to support district LGs to effectively implement MoH policies and guidelines in their respective regions in close collaboration with Local Governments District Health Offices; Position RRHs to serve as counterparts of USAID regional projects, with a long-term goal of making them direct recipients of USAID assistance.

Type of Action: G2G to 7 Regional Referral Hospitals  
Budget Estimate: $50,000,000  
Status: Design not started  
IP: TBD |
| **Fiduciary Agent (FA)**                  | Brief Description: This activity intends to minimize the risk of waste, abuse and fraud of USG-funded antiretroviral (ARV) drugs. The objective of this six-month activity is to determine whether the GOU through National Medical Stores (NMS) has adequate internal controls to receive, transport, store, distribute and account for USG-Funded ARV drugs, and to ensure the ARVs reach the intended beneficiaries. To accomplish this, the contractor will conduct regular assessments at Joint Medical Stores (JMS), NMS and selected health facilities to verify that appropriate systems are in place and data provided to USAID are accurate. From these assessments, the FA will inform USAID as to the level of compliance with the provisions of Implementation Letter No. 2. Ultimately, the FA will establish whether controls to receive, store, distribute, track, monitor and account for USG-funded ARVs exist at JMS, NMS and selected health facilities.  

Key outcomes or performance targets to be achieved: Increased availability of and accessibility to health services; improved quality of health services; increased availability of resources for public sector health services; and improved organization and management of service delivery.  

Type of Action: Contract  
Budget Estimate: $149,922  
IP: TBD |
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<th>Activity</th>
<th>Description</th>
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</table>
| HSS Project Cross-cutting Analytics, Implementation Science, and Program Operations Support | **Brief Description:** This activity will support emerging cross cutting analytic needs such as: special studies, assessments impact and performance evaluations, learning reviews, surveys, analyses that support program design, implementation, monitoring and evaluations. The mechanism shall also provide logistical support such as workshop facilitation and other emerging administrative and operational needs to effectively manage the health systems project. This is a category of interventions that will support other activities.  

**Key outcomes or performance targets to be achieved:** Evidence-based programming will improve, management efficiency will increase, and integration will be strengthened.  

**Type of Action:** Cooperative Agreement  
**Budget Estimate:** $5,000,000  
**IP:** TBD |
| WHO PIO Grant for the TB Catastrophic cost survey | **Brief Description:** The purpose of this grant is to support a survey designed to assess the economic burden (i.e. direct and indirect costs) incurred by tuberculosis (TB) patients (and their households) and to identify cost drivers in order to guide policies on cost mitigation and service delivery model improvements. Worldwide, TB patients often incur large costs related to illness, as well as to seeking and receiving health care. Such costs can create access and adherence barriers which can affect health outcomes and increase risk of transmission of disease. These costs can also contribute to the economic burden of households. In low- and middle-income countries, TB patients face costs that on average amount to half their annual income. In all settings, TB affects the poorest segment of society the worst. The poverty-aggravating effects of TB are therefore gravest for those that are already most vulnerable. The survey will help us understand the cost implications of TB disease on the population and will give us more insight to the vulnerability caused and resilience profiles of households affected by TB.  

**Key outcomes or performance targets to be achieved:** a) to document the magnitude and main drivers of patient costs in order to guide policies on cost mitigation for the purpose of reducing financial barriers to access and adherence; b) to determine baseline and periodically measure the percentage of diagnosed TB patients treated in the National TB and Leprosy Program (NTLP) network (and their households) in Uganda, who incur direct and indirect costs beyond a defined threshold of their annual income; c) to determine the correlation between facing costs above different thresholds of annual household income and the borrowing or selling assets to finance health care expenditure (or dissaving), in order to assess if the measure of dissaving is a sufficient metric of catastrophic total costs (for field testing period to inform selection of proxy for final protocol); and d) to help design a standardized approach for periodic measurements of financial barriers to adherence based on baseline experience and to enable reporting on the 2020 End TB Strategy target that no family affected by TB will incur total (direct and indirect) catastrophic costs as specifically defined in the context of this work.  

**Type of Action:** PIO Grant  
**Total Estimated Cost/Budget:** $105,743  
**IP:** WHO |
<table>
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<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>Nutritional Surveillance</td>
<td><strong>Brief Description:</strong> This activity is aimed at strengthening the nutrition surveillance systems component of the Uganda National Panel Survey implemented annually by Uganda Bureau of Statistics. This will support regular timely collection, analysis, and reporting of nutrition data. The information from the system will contribute to credible metrics to strengthen performance tracking, investments, accountability, advocacy, and decision making critical to address undernutrition. <strong>Key outcomes or performance targets to be achieved:</strong> Improve county led capacity in the development, adaptation of tools and approaches to collect and analyze nutrition data. <strong>Type of Action:</strong> Budget Estimate: $600,000 IP: McKing</td>
</tr>
<tr>
<td>Enterprise Resource Planning (ERP)- (Software)</td>
<td><strong>Brief Description:</strong> The purpose of the activity is to support the implementation of an ERP Software at NMS enabling a seamless exchange of information within the organization, as well as to train users on the system. This activity consists primarily of software, training and implementation services that will implement an integrated and interoperable system with a supply chain focus on several functions. It is anticipated that the ‘ordering and receiving’ module of the ERP package will be rolled out to 65 health facilities in Year II (including all 13 Regional Referral Hospitals and a mix of Health Center IV’s and III’s), and to 550 facilities (inclusive of the 65) in Year III. The selection of the additional 485 facilities (district hospitals, health center IV’s and health center III’s) will be based on patient volume and equitable distribution between regions and levels and an assessment conducted by both Uganda Health Supply Chain (UHSC) Project and GOU. <strong>Key outcomes or performance targets to be achieved:</strong> Management efficiency will increase, all essential business functions will be computerized into an integrated system, Commodity tracking will be improved and transparency increased, ordering for all essential medications (not just ARVs) to the NMS will be done online. <strong>Type of Action:</strong> Contract <strong>Budget Estimate:</strong> $10,000,000 IP: TBD</td>
</tr>
<tr>
<td>Enterprise Resource Planning (ERP)- (Hardware)</td>
<td><strong>Brief Description:</strong> The purpose of ERP hardware activity consists primarily of supplying, installing, and maintaining computer hardware and software for NMS’s ERP supporting systems to implement an integrated and interoperable ERP for NMS’ supply chain management sector, covering the National Medical Stores, hospitals, health districts and health centers in Uganda. The planned equipment for the ERP hardware includes computers, laptops, printers, heavy duty MFP, power stabilizers, RFID scanners, ERP APP/DB server and rack, back up appliances, networking racks, wireless network access device, router, network switch, firewall, virtualization management software, windows server data center operating systems, windows desktop operating software, anti-virus software, primary data center, UPS power protection server and backup data protection software for virtualization.</td>
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<tr>
<td>Activity</td>
<td>Description</td>
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</table>
| **Global Health Supply Chain for Procurement and Supply Management (GHSC-PSM)** | **Key outcomes or performance targets to be achieved:** Management efficiency will increase, all essential business functions will be computerized into an integrated system, Commodity tracking will be improved and transparency increased, ordering for all essential medications (not just ARVs) to the NMS will be done online.  
**Type of Action:** Contract  
**Budget Estimate:** $3,000,000  
**IP:** TBD |
| **Brief Description:** The purpose of the GHSC-PSM activity is to ensure uninterrupted supplies of health commodities in support of USG-funded public health initiatives around the world. The project provides direct procurement and supply chain management support to PEPFAR, the President’s Malaria Initiative, USAID’s family planning (FP) and reproductive health (RH) program. To support USG-funded global health activities, GHSC-PSM manages a wide array of health commodity procurement services and provides related systems-strengthening technical assistance encompassing all elements of a comprehensive supply chain.  
**Key outcomes or performance targets to be achieved:** Improved strategic planning and implementation related to supply chain management and commodity security; improved in-country logistics including effective and efficient delivery of health commodities to service sites; increased capacity building efforts by implementing strategies to transfer of skills, knowledge, and technology for improved and sustained performance, strengthened enabling environments to improve supply chain performance, Innovations and research conducted, shared and implemented.  
**Type of Action:** Field support  
**Budget Estimate:** $26,400,000  
**IP:** Chemonics International |
| **STOP TB/Drug Facility** | **Brief Description:** STOP TB/GDF is a flagship USAID global procurement mechanism for TB commodities. USAID Uganda will procure TB drugs, lab reagents, GeneXpert machines and cartridges.  
**Key outcomes or performance targets to be achieved:** Timely procurement and delivery of TB drugs, supplies and equipment, which will lead to improved TB case detection and treatment success.  
**Type of Action:** Grant  
**Budget Estimate:** $3,000,000  
**IP:** STOP TB Partnership Trust Fund |
<p>| <strong>Nutrition Commodities Ready to Use Therapeutic Food (RUTF)</strong> | <strong>Brief Description:</strong> This involves procurement and distribution of the nutrition commodity (RUTF) as part of severe acute malnutrition. RUTF is an essential drug listed by GOU. Through approximately 60 health facilities supported by RHITES, severely malnourished adults and children will assess the commodity as part of key nutrition intervention package. |</p>
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<tr>
<th>Activity</th>
<th>Description</th>
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<tr>
<td><strong>Key outcomes or performance targets to be achieved:</strong> Increased access to RUTF as part of management of severe malnutrition in order to improve nutrition outcomes.</td>
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<tr>
<td><strong>Type of Action:</strong> TBD</td>
<td><strong>Budget Estimate:</strong> $350,000</td>
</tr>
<tr>
<td><strong>Food Fortification</strong></td>
<td><strong>Brief Description:</strong> The purpose of this activity is to build national-level capacity to implement and monitor food fortification. This activity will build onto the gains made through the Uganda and East Africa region fortification project. The activity is to provide actions that strengthen: 1) advocacy coordination, and resource mobilization; 2) standards and enforcement; 3) monitoring and evaluation; 4) documentation of evidence; and 5) identify opportunities and education sector engagement including industries, schools and laboratories. This activity is purely technical assistance; the activity shall not be involved in manufacturing or distribution of fortified foods.</td>
</tr>
<tr>
<td><strong>EQUIP</strong></td>
<td><strong>Brief Description:</strong> USAID has offered technical support to the Ugandan Government in the collection and analysis of information to inform strategic decision-making regarding ART treatment options. USAID is providing technical support through EQUIP. The purpose is to support the MOH of Uganda to complete a National Test and Treat cost modeling exercise. This task will include assessing the commodity and human resource needs as well as all other costs for test and treat services for the country as well as for the targeted Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women (DREAMS) districts.</td>
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<td>Activity</td>
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<tr>
<td><strong>Fleet Management</strong></td>
<td><strong>Brief Description:</strong> The purpose is to allow the Health and HIV office to move forward in supporting MOH to address the fleet management improvement that is critical in improving efficient use of resources, address corruption, and increase accountability. USAID is cognizant that accountability for resources is critical to the sustainability of its investment in the GOU and its impact to improve health services delivery.</td>
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<tr>
<td><strong>Type of Action:</strong> TBD</td>
<td><strong>Budget Estimate:</strong> $3,000,000</td>
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<td><strong>IP:</strong> TBD</td>
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<tr>
<td><strong>Ministry of Health (MOH) Support/Partnership and Accountability</strong></td>
<td><strong>Brief Description:</strong> The key object of this contact is to support an assessment of internal governance systems and procedures of the MOH, to identify issues and shortcomings and provide guidance on how to address areas in need of reform to ultimately allow MOH to function with greater accountability, good governance and transparency. To accomplish this, the contractor will conduct an assessment at MOH to ascertain the current status of internal governance systems and procedures. From this assessment, the contractor will develop a statement of work that will inform USAID’s next steps subject to availability of funds.</td>
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<tr>
<td><strong>Type of Action:</strong> TBD</td>
<td><strong>Budget Estimate:</strong> $250,000</td>
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<td><strong>IP:</strong> TBD</td>
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<td><strong>Sustaining Health Outcomes through the Private Support Project (SHOPS) Plus</strong></td>
<td><strong>Brief Description:</strong> SHOPS Plus is USAID’s initiative in private sector health. This activity is a PHS Bridge which seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV, child health, and other health areas. SHOPS Plus also aims to increase lending to the private health sector by providing training and technical assistance to both financial institutions and private providers.</td>
</tr>
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<td></td>
<td>1. SHOPS Plus will Continue to strengthen the Medical Bureaus’ capacity as a “network manager” of Private Not for Profit (PNFPs) to ensure quality and sustainability of health service delivery. Provide grants to Medical Bureaus to build their institutional capacity and support health system strengthening activities across the Faith Based Networks, support the roll out and utilization of codified principles (model charters/policies) to institutionalize best leadership and governance practices across all bureaus and cascade to subnational level faith structures, hospitals and lower health facility leadership and governance structures; and</td>
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<td>2. Maintain technical support to the health DCAs at DFCU (newly established) and Centenary (ongoing) Banks.</td>
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<td>This intervention is critical to sustain access to finance for the private health service providers and health business strengthening. They will continue to assist Banks to build credit pipelines of borrowers that are aligned with the USAID objectives of promoting lending to previously unfunded or underfunded...</td>
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<td>Activity</td>
<td>Description</td>
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<td>niches of the private health market, including facilities in rural areas, female-owned healthcare businesses, and first-time borrowers, Train bank officers and work with DFCU Bank to increase their internal capacity to implement a health lending strategy, developing a work plan to assist DFCU with the overall lending efforts within the bank. Assist DFCU in gathering current private health lending information including up-to-date market data on private health lending that is important for a DCA to work effectively and to give a broad understanding of current market opportunities with the health sector. Provide private health lending data and health sector information sharing.</td>
<td><strong>Type of Action:</strong> TBD/Field Support  <strong>Budget Estimate:</strong> $1,000,000  <strong>IP:</strong> SHOPS Plus</td>
</tr>
<tr>
<td><strong>Brief Description:</strong> The activity’s objective is to improve the health status of the Ugandan population by increasing the availability, accessibility, and appropriate use of essential medicines and health supplies (EMHS). The objective will be achieved through three main intermediate results: 1) national policies and strategies support cost-effective, equitable, and transparent use of available EMHS resources; 2) country capacity strengthened for effective management and utilization of EMHS; and 3) increased availability and access to EMHS for priority populations. The activity mainly provides technical assistance to the Ministry of Health and health facilities as well as other USAID implementing partners to improve supply chain management practices. Key interventions include training, mentoring, supportive supervision, technical assistance in developing policies, tools and guidelines; and providing equipment such as computers, motorbikes and shifts to health facilities.  <strong>Key outcomes or performance targets to be achieved:</strong> National policies support cost-effective, equitable and transparent use of EMHS resources, Country capacity strengthened to effectively and sustainably manage the supply chain system, and increased availability and access to vital medicines and health supplies among priority populations</td>
<td><strong>Type of Action:</strong> TBD  <strong>Budget Estimate:</strong> $30,000,000  (Status: Design yet to be started)  <strong>IP:</strong> TBD</td>
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<tr>
<td><strong>Brief Description:</strong> This activity will support the expansion of an ongoing results based financing (RBF) work currently underway by the MoH through funding from Belgian Government and implemented by the Belgian Technical Cooperation (BTC) to improve reproductive, maternal, neonatal and child health (RMNACH) services. The activity will help link financial disbursements incentives to health systems performance results as measured by changes in service uptake and quality of care. The activities will leverages existing in the health sector to complement and incentivize results by paying for desired outcomes upon verification. USAID will transfer resources to the Belgian Embassy and the activities will be implemented by BTC in USAID supported districts.</td>
<td><strong>Type of Action:</strong> TBD  <strong>Budget Estimate:</strong> $30,000,000  (Status: Design yet to be started)  <strong>IP:</strong> TBD</td>
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<tr>
<td>Activity</td>
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</table>
| Behavioral Change Communication for Transformation Activity – CHC follow on | **Key outcomes or performance targets to be achieved:** Increased adoption of behaviors that will impact and better health outcomes.  
**Type of Action:** TBD  
**Budget Estimate:** $25,000,000  
**IP:** TBD |
| Nutrition and Maternal Child Health Enabling Environment | **Brief Description:** This activity will be organized around a number of integrated multi-sectoral nutrition and Maternal Child Health interventions cutting across CDCS 2.0 result areas. The planned activities aim to address gaps along policy, enabling environment, capacity building, technical assistance, and financing elements at national and district level. In advancing nutrition and maternal child health, the activity will work to build effective institutions, and functional systems to plan, manage, and evaluate programs. This will require calling for stronger country commitment and government leadership along with active engagement of communities, the private sector and civil society essential for achieving and sustaining nutrition and maternal child health outcomes.  
**Key outcomes or performance targets to be achieved:** The enabling environment for maternal child health and nutrition enhanced to improve health outcomes.  
**Type of Action:** TBD  
**Budget Estimate:** Approximately $17,500,000 (planned for five years)  
**IP:** TBD |
<p>| Fiduciary Agent (FA) Follow-on | <strong>Brief Description:</strong> The Fiduciary Agent intends to minimize the risk of waste, abuse and fraud of USG-Funded Antiretroviral (ARV) drugs. The objective is to determine whether the Government of Uganda (GoU) through National Medical Stores (NMS) has adequate internal controls to receive, transport, store, distribute and account for USG-Funded ARV drugs, and to ensure the ARVs reach the intended beneficiaries. To accomplish this, the Contractor will conduct regular assessments at Joint Medical Stores (JMS), NMS and selected health facilities to verify that appropriate systems are in place and data provided to USAID are accurate. From these assessments, the FA will inform USAID as to the level of compliance with the provisions of Implementation|</p>
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<tr>
<th>Activity</th>
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<tr>
<td>Letter no. 2. Ultimately the FA will establish whether controls to receive, store, distribute, track, monitor and account for USG-funded ARVs exist at JMS, NMS and selected health facilities.</td>
<td><strong>Key outcomes or performance targets to be achieved:</strong> Increased availability of and accessibility to health services; improved quality of health services; increased availability of resources for public sector health services; and improved organization and management of service delivery. <strong>Type of Action:</strong> Contract <strong>Preliminary Budget Estimate:</strong> $5,000,000 <strong>IP:</strong> TBD</td>
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<tr>
<td>The integrated Systems Strengthening for Community Health Worker (ISS-CHW) Programming Project</td>
<td><strong>Brief Description:</strong> The ISS-CHW activity supports the MoH to institutionalize the community health extension worker (CHW) strategy. The activity goal is to support the GOU to achieve effective high impact health and nutrition interventions at scale; ending preventable child and maternal deaths; creating an AIDS-free generation; and realizing other health goals. Key outcomes or performance targets to be achieved: Institutionalization through effective and efficient linkages of community health projects; measurement to influence systems &amp; policies to operationalize the CHW strategy; inclusive and effective partnerships to sustain the CHW strategy. <strong>Type of Action:</strong> Cooperative Agreement <strong>Budget Estimate:</strong> $1,152,432 <strong>IP:</strong> TBD</td>
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<tr>
<td>African Collaborative for Health Financing Solutions (ACS)</td>
<td><strong>Brief Description:</strong> The ACS is USAID funded field support project which aims to help countries in sub-Saharan Africa advance Universal Health Coverage (UHC). ACS will help identify operational challenges to advancing implementation of health financing policies by working with country and regional actors to support collaborative and inclusive multi-stakeholder processes. In Uganda, ACS will provide support to establish a collaborative and inclusive process to develop a “UHC roadmap” in Uganda. A local facilitator will lead this process with support from ACS team members and other technical and regional experts who can be strategically deployed to provide inputs. <strong>Key outcomes or performance targets to be achieved:</strong> A consultative process for drafting a UHC roadmap established, action-oriented UHC roadmap developed. Relationship with Project Purpose: Enabling Environment, Key Elements of the System Strengthened. <strong>Type of Action:</strong> Cooperative Agreement/Field Support <strong>Budget Estimate:</strong> $795,757 <strong>IP:</strong> Results for Development (R4D)</td>
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<tr>
<td>Strengthening High-Impact Intervention for an AIDS-Free Generation (AIDSFree)</td>
<td><strong>Brief Description:</strong> AIDSFree aims to improve the quality and effectiveness of high-impact, evidence-based HIV interventions to meet country-specific goals and objectives. This centrally managed mechanism intends to support countries</td>
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<td>to strengthen partner technical competence for design and management of high-impact evidence-based biomedical, structural and behavioral approaches to sustainable HIV programming. In Uganda, AIDSFree provides technical assistance in Health Care Waste Management (HCWM) to the United States Government (USG) HIV/AIDS implementing partners and runs the public private partnership (PPP) with Green Label Services Limited (GLSL) with the aim of reducing biomedical transmission of pathogens, including HIV, through unsafe HCWM practices at hospitals and health centers. The activity trains health staff on proper handling of waste at health facility; collects and distracts health facility waste at a specified locations across the country and promotes sustainable approaches to dealing with medical waste through a Public-Private-Partnership approaches.</td>
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</table>

**Key outcomes or performance targets to be achieved:** Increased capacity among USG (that is, CDC, USAID, DoD/MUWRP) partners and local government counterparts to assess and plan for HCWM and evaluate the outcome of interventions; increased availability of resources in the public sector health services for waste management; final disposal solutions for HCWM through working with the central MOH to implement the national HCWM plan and procure appropriate technology.

**Type of Action:** Cooperative Agreement

**Budget Estimate:** $912,725

**IP:** JSI

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### 2.0 BASELINE ENVIRONMENTAL INFORMATION

#### SUMMARY OF GENERAL CONDITIONS IN UGANDA

USAID/Uganda’s Environmental Threats and Opportunities Analysis (ETOA), completed in 2015, summarizes key features of the natural environment. Uganda is a landlocked country on the equator, covering 241,551 sq. km. Approximately 20% of the surface area of Uganda is covered by aquatic systems comprising five major lakes (Victoria, Kyoga, Albert, George and Edward), the Kazinga Chanel, about 160 minor lakes and an extensive river system, dams and ponds. These aquatic systems are usually fringed with extensive wetlands. Uganda is among the richest countries with respect to its natural environment. The country has a wide variety of physical environmental features, ranging from tropical forests to grasslands, an extensive surface drainage pattern (e.g. lakes, rivers, streams, etc.) and arid and semi-arid areas to the snow-capped Rwenzori Mountains range. The country has seven of Africa’s 18 bio-geographic regions, which is the highest concentration on the continent, and some 90 different vegetation communities.

Given Uganda’s location in a zone between the ecological communities that are characteristic of the drier East African savannas and the moist West African rain forests, combined with high altitude ranges, the country has a high level of biological diversity. Most of Uganda’s biodiversity is found in its natural forests, but a considerable number is also found in other natural ecosystems such as mountains, savannahs, wetlands, lakes and rivers. Uganda’s is an exceptionally important area for biodiversity conservation. The natural resource base, especially its wide diversity of wildlife, is the country’s greatest
biological and economic asset for sustainable tourism industry development. More than 18,783 species of fauna and flora are recorded, including: approximately 5,000 species of higher plants; lower plants, including *algae* (115 species), *Pteridophytes/ferns* (386 species), *bryophytes/mosses* (500 species) and *liverworts* (250 species); and birds (1,063 species), representing 50% of Africa’s bird species. Uganda is second in Africa in number of mammal species (345 species); 15 mammal species and sub-species are endemic to Uganda and nine species of primates are known, including the mountain gorilla, the red Columbus monkey and the chimpanzee. Over half (53.9% - 400 individuals) of the world’s remaining population of mountain gorillas are found in Uganda; along with butterflies (1,249 species); fish (600 species); amphibians (98 species); reptiles (150 species) and insects (8,999 species). The cichlid family consisting of 324 species of which 292 are endemic to Lake Victoria (NEMA 2012) dominates the fish diversity in Uganda. Lakes Victoria, Kyoga, and George are of international importance in the conservation of endemic wetland species.

Conservation of key biodiversity resource areas is a well demonstrated priority of the Government of Uganda (GOU). About 13% of the country’s land area is protected under a comprehensive system of National Parks, Wildlife Reserves and Forest Reserves. The Uganda Wildlife Authority and the Forest Sector Support Department manage these areas.

Uganda’s biodiversity faces a wide range of threats and is at significant risk. The USAID/Uganda ETOA, completed in 2015, identified the following threats to biodiversity and forest in order of importance:

- **Agricultural expansion into natural ecosystems:** Agriculture potentially threatens the vitality and health of wetlands through draining of water and clearing wetland vegetation, especially seasonal woodlands, bush and thickets, negatively affecting their capability to provide ecosystem services (Turyahabwe et al., 2013). Furthermore, the promotion of commercial crops reduces available arable land for the rural poor, which may force them to encroach on forests and other natural ecosystems.

- **Charcoal/firewood collection:** Biomass is the dominant energy resource for households as well as for small and medium-scale industries – 92% of Uganda’s energy needs are met from woody biomass (NEMA, 2014a). Fuelwood currently contributes more than 96% of energy for cooking in Uganda (NEMA 2014b). Charcoal production increased from 7,975,000 tons in 2009 to 10,449,000 tons in 2013. During the same period, fuelwood for household use increased from 21,905,000 to 25,196,000 tons (UBOS 2014). These has contributed to loss of forest cover in the country.

- **Infrastructure development:** Urban expansion, energy development, mining. Urbanization and industrialization have exerted pressures mainly on peri-urban forest reserves and wetlands for expansion of urban and industrial centers, and 30% of Uganda’s wetland ecosystem, or 4.7% of Uganda’s total land area, has been lost just in 15 years (NEMA 2014a).

- **Illegal activities:** Poaching (wildlife, fisheries, timber) and wildlife trafficking. Illegal activities affecting biodiversity inside and outside protected areas and in wetlands and water bodies include hunting for subsistence, commercial trading of wildlife and wildlife products (meat, skins and other trophies) pit sawing and fishing. Animals most affected are elephants for ivory, hippopotamus for meat and ivory, sitatunga and other antelopes for subsistence consumption and pangolins for their scales.
- **Human-wildlife conflict**: These conflicts occur as a result of movement of wildlife from inside to outside protected areas. These conflicts are occurring as a result of increased interaction between people and wildlife and destruction of crops by elephants, chimpanzees, etc.

- **Pollution**: This results from agricultural, industrial, and municipal waste discharge and dumping. This poses a potential threat to biodiversity through habitat modification or loss (NEMA 2014).

- **Climate change**: An overview of climate change and biodiversity conducted by USAID in 2014 found that, “Biodiversity and ecosystem-specific goods and services in Uganda are likely to be adversely affected by climate change in the future. According to projections, Uganda will continue to experience rising temperatures, which will increase by more than 2°C by 2030 (Tetra Tech ARD, 2013). Additionally, the growing variability of inter-annual rainfall is projected to continue, including increased rainfall during the dry season. These new climate scenarios are expected to increase the frequency of floods, droughts, and fires.”

- **Zoonotic diseases**: Zoonotic disease and vector-borne diseases form more than 70% of the global emerging and reemerging disease burden. Zoonotic diseases are known to be very aggressive and contagious. Passed from animals to humans and vice versa. Uganda has experienced eight such out breaks in the past years (Nabukenya et al., 2014).

- **Invasive species**: This is a priority concern for protected-area management. Invasives affect nearly half of all the National Parks in Uganda, including Queen Elizabeth Conservation Area, Lake Mburo National Park, Kidepo Valley Conservation Ares, Murchison Falls Conservation area and others.

- **Over-exploitation of natural ecosystems, especially forests, wetlands, rangelands and fisheries**: Forest cover change in Uganda has decreased from 24% in 1990 to 9% in 2015. Most logging for timber and fuelwood takes place on private land (MWE 2011), making it difficult for the responsible agencies to enforce the principal of maximum sustainable yield provided for in the legal framework governing exploitation of natural ecosystems.

<table>
<thead>
<tr>
<th>NATURAL FOREST (Ha)</th>
<th>1990</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
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<tr>
<td>On private land</td>
<td>3,319,090</td>
<td>2,546,778</td>
<td>2,117,331</td>
<td>1,046,306</td>
<td>660,986</td>
</tr>
<tr>
<td>In protected Areas</td>
<td>1,531,394</td>
<td>1,449,688</td>
<td>1,364,260</td>
<td>1,189,532</td>
<td>1,067,793</td>
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<td><strong>Total</strong></td>
<td><strong>4,880,484</strong></td>
<td><strong>4,018,466</strong></td>
<td><strong>3,573,591</strong></td>
<td><strong>2,292,838</strong></td>
<td><strong>1,829,779</strong></td>
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</table>

*Source: Ministry of Water and Environment.*

- **Transboundary threats**: Transboundary threats to biodiversity conservation and forest management are mainly poaching across borders, trafficking of wildlife and forest products, seasonal incursion of pastoralists for water and grazing resources, fishing, charcoal burning and
timber harvesting. The majority of Uganda’s protected areas high in biodiversity are located along international borders, which are largely porous.

- **Human-induced wildfires:** Human-induced wildfires threaten biodiversity resources. Fires are set to prepare land for agricultural production and rangeland regeneration and to flush out animals and ease visibility during hunting. Fires can affect plant species composition, richness, diversity and cover (Govender et al., 2006).

- **Underlying causes:** The following are the underlying causes of the threats to biodiversity described above:
  - Population growth;
  - Weak governance, including weak implementation and conflicting and overlapping mandates;
  - Limited opportunities for off-farm employment;
  - Poverty;
  - Insecurity of land tenure;
  - Government policies that fail to promote conservation; and
  - Climate change.

Three regions of Uganda have particularly important biodiversity. These are:

- **Western Uganda** forms part of the Albertine Rift Region, which is one of Africa’s most important regions for biodiversity. About half of the entire population of the mountain gorilla (*Gorilla gorilla berengei*) lives in the extreme southwestern part of this region. Lakes George and Edward have 79 species of fish; three of these species are endemic to Uganda (*Varicorhinus Ruwenzori, Microcteriopoma damasi* and *Hypsopanchax modestus*) (NEMA, 2009). An endemic species of papyrus (*Chloropeta gracilirrostris*) grows in the shallower parts of Lakes Edward, George and Bunyonyi.

- The **Southern Central Region**, which includes Lake Victoria, the lakes of the Kyoga basin and Sango Bay, originally had more than 600 endemic haplochromine cichlids. They also have important biodiversity that, due to the island nature, is extremely fragile. This gives the southern portion of Central Uganda its particular importance for biodiversity (NEMA, 2009).

- **Northeastern Uganda** is important for biodiversity because a number of species are endemic to this area and areas of Kenya and Southern Sudan. The species include 30 species of birds, among which are the Karamoja Apalis (*Apalis karamojae*), a threatened species, and several species of butterflies, including *Papilio nobilis* and *Charaxes summersalis elgonae*, the cheetah (*Acinonyx jubatus*), lesser kudu (*Tragalaphus imberbis*), greater kudu (*Tragalaphus strapsiceros*), roan antelope (*Hippotragus equines*), secretary bird (*Sagittarius serpentarius*) and ostrich (*Struthio camelus*).

**Baseline Environmental Conditions**

**Climate:** Uganda has a tropical climate, with temperatures ranging from 21-25°C, apart from in the mountainous areas, which are much cooler – the top of Mount Rwenzori is often covered with snow.
The hottest months are July to September and December to February. Evenings can feel chilly after the heat of the day with temperatures around 12-16ºC. Most regions of Uganda, apart from the dry area in the north, have an annual rainfall of between 1,000 mm and 2,000 mm. There is heavy rain between March and May and between October and November (NEMA 2014).

However, within the next 50 years, scientists expect average temperatures in Uganda to rise by around 2°C. Climate change is likely to cause an increase in extreme weather events such as floods, heat and droughts. While rainfall is expected to decrease slightly across the country, most significantly over Lake Victoria, the west and northwest – mainly highlands – are likely to become slightly wetter. In addition, rainfall is expected to be more erratic, unpredictable, and intense, with shorter rainy seasons (CDKN, 2015).

Uganda is already experiencing the impacts of climate variability and associated economic losses. For example, a drought in 2008 caused losses of approximately 3% of the value of all food and cash crops that year (NEMA, 2008). Two years later, the country suffered economic losses of US$470 m in food crops, cash crops and livestock as a result of the 2010/11 drought (OPM, 2012). This equates to about 16% of the total annual value of these crops in 2011.

In 2012, USAID/Uganda commissioned a climate change vulnerability assessment. Results of the assessment indicated that temperatures have and will continue to increase in Uganda, and, although average total precipitation is projected to stay the same, the country may experience an increase in rainfall during the dry season and an increase in extreme events such as droughts and floods. The assessment’s livelihood analysis indicated that 73% of households surveyed were highly vulnerable to climate change impacts because of their reliance on sensitive crops and their lack of assets, financial capital, and non-agricultural sources of income that can be used at times of stress. Additionally, as a result of global climate change, Uganda is experiencing melting glaciers in the Rwenzori Mountains and increasing intensity and frequency of dry spells and floods. This has led to increasing prevalence of agricultural pests and human diseases (e.g. malaria). Furthermore, biodiversity and ecosystem-specific goods and services in Uganda are likely to be adversely affected by climate change.

A key message from the CDKN 2015 study is that the cost of inaction is 20 times greater than the cost of adaptation. Development prospects will therefore only be reached if the impacts of climate change on Uganda are mitigated. In response, Uganda’s First National Development Plan (2010–2015) recognizes that climate change will affect most of its key economic sectors and that action on climate change is crucial if the country is to meet its goal to become a competitive, upper middle-income country by 2040 (Vision 2040). The Plan also recognizes that, for development to be economically and socially sustainable, climate resilience must be at the heart of policies for growth and development, energy access and security, increased agricultural production, education and health. The National Climate Change Policy (NCCP) was completed at the end of 2013 (approved by Cabinet in April 2015). Priorities in the policy have been mainstreamed into the Second National Development Plan (2015–2020).

**Topography:** Uganda is divided into four relief regions:

- Above 2,000 m – 2% of the land area;
- 1,500–2,000 m – 5% of the land area;
- 900–1,500 m – 84% of the land area; and
Below 900 m – 9% of the land area.
A large part of Uganda forms part of the interior plateau of the African continent. The Rwenzori Mountains and the Mufumbira volcanoes in the West and Mt. Elgon, Mt. Moroto, Mt. Morungole, Mt. Timu and Mt. Kadam in the East (NEMA 2002) represent the plateau in the eastern and western parts of the country.

**Soils:** The most dominant soil type is ferrallitic soil which accounts for about two-thirds of the soils found in the country. According to Parsons (1970), the soils of Uganda have been classified as:

- Soils of high productivity constituting 8% of the land area;
- Soils of medium productivity constituting 14% of the land area;
- Soils of fair productivity constituting 43% of the land area;
- Soils of low productivity constituting 30% of the land area; and
- Soils of negligible productivity constituting 5% of the land area (FAO 2006).

**Water resources:** Uganda is endowed with significant surface and groundwater resources which consist of open water bodies (lakes and rivers), wetlands, groundwater and rain water. Of the 241,500 km² total area of the country, fresh water lakes occupy 36,280 km² (15%).

**Wetlands:** Uganda presently has 12 sites designated as Wetlands of International Importance, with a surface area of 454,303 hectares. Wetlands occupy an estimated 13% of Uganda’s national territory and serve a number of functions. They serve as storehouses for fresh water and nurseries for fish; they sustain high levels of biodiversity and represent important bird areas; some act as basins for tertiary treatment of urban wastewater; and many people depend for their livelihoods on wetland resources. However, the wide distribution of wetlands and the lack of protective mechanisms mean that a large proportion of the population has access to wetlands, which is resulting in extensive degradation and biodiversity loss. According to a 2012 NEMA report, wetlands in 2008 covered approximately 10.9% of the land area, down from 15.6% in 1994 (MWE, 2012). The ongoing, overall decline in wetlands, particularly in the Lake Victoria and Lake Kyoga drainage basins, is largely attributed to encroachment for expansion of urban centers, housing settlements and industrial developments and extension of agricultural land driven by declining soil productivity in the uplands, pushing people to farm in lowlands, which is further exacerbated by complex land ownership issues.

**Forest resources:** Forests and woodlands cover approximately 4.9 million hectares in Uganda, about 24% of the total land area in 2012 (UIA, 2012). The vast majority of this is woodland (19%), while the rest is tropical moist forest (5%) and forest plantations (0.2%). According to the National State of Environment Report (NEMA 2012), Uganda’s forests and woodland resources contribute 2% of the national GDP; however, the deforestation rate is estimated at 1.8% per year. Between 1995 and 2005 Uganda’s forest area decline from 24% to 18% of the land area at a deforestation rate of 18%. Uganda has lost more than three million hectares of forest cover since 1990 (NFA, 2015). This is almost 30% of the 1990 forest coverage acreage. The main factors at play are the rapid expansion of farmlands, rapidly growing human population and increased urbanization (NEMA, 2012). In the recent past, the tendency for people to migrate out of the increasingly crowded city into the suburbs of Kampala has seen the forest coverage in the districts of Wakiso, Mukono and Mpigi reduce to 22% of what they were during the 1990s (NFA, 2011).
Population: Population is an important factor that affects environmental management in Uganda. It affects the availability and renewability of natural resources. The use of natural resources is directly proportionate to population increase. The vast majority of Uganda’s population is very dependent on natural resources. For example, the decline in forest cover at 1.8% per annum is attributed to the increasing demand for land for agriculture and fuelwood by the rapidly increasing population.

Uganda’s population is approximately 37.7 million people, up from 8 million people at the time of independence in 1962. The 2014 census revealed an increase of 10.7 million from the 24.2 million estimated by the 2002 census. This indicates an annual growth rate of 3.03%, giving an estimated population of 42.4 million people by 2020. The average household size is 4.7 persons, with a sex ratio of 94.5 males per 100 females. An estimated 72% of the population lives in rural areas as compared to 28% in the urban centers. Moreover, 49% of Uganda’s population is under the age of 15 and 18.9% is under the age of five.

<table>
<thead>
<tr>
<th>Population</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>37.7 million</td>
<td>100%</td>
</tr>
<tr>
<td>Children aged 0-59 months (under five years)</td>
<td>6.6 million</td>
<td>18.9%</td>
</tr>
<tr>
<td>Women of reproductive age (15-49 years)</td>
<td>7.3 million</td>
<td>20.9%</td>
</tr>
<tr>
<td>Population that is under 15 years of age</td>
<td>17.0 million</td>
<td>48.7%</td>
</tr>
<tr>
<td>Population of adolescents (10-19 years of age)</td>
<td>8.6 million</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

Source: National Population and Housing Census 2014

Despite Uganda’s success in reducing poverty, more than 7.5 million Ugandans still live in poverty, surviving on income below the minimum that is required to meet their basic needs, partly due to high population growth (MFPED 2012). The incidence of poverty remains higher in rural areas than in urban areas. The rural areas, with 85% of the population, constitute 94.4% of national poverty. The incidence of poverty remains highest in the Northern Region and least in the Central Region. On average, poverty in the Northern region (46.2%) remains higher than the national average (24.5%) (UBOS 2010).

2.1 LOCATIONS AFFECTED AND ENVIRONMENTAL CONTEXT

HSS activities implemented by USAID/Uganda shall take place throughout the country in a variety of environmental conditions. Currently, the activities listed in TABLE 1 above target 61 of the 112 health districts in Uganda, as well as national-level activities with the MOH and other ministries and organizations. Over the life of the HSS Project, USAID anticipates further refinements and adjustments to the targeted districts to ensure support is reaching those most in need and being harmonized with other Mission priorities and investments by the GOU and other development partners. The country’s environmental baseline is summarized in Section 2.0 above.

2.2 APPLICABLE AND APPROPRIATE PARTNER COUNTRY AND OTHER INTERNATIONAL STANDARDS (E.G. WHO), ENVIRONMENTAL AND SOCIAL LAWS, POLICIES, AND REGULATIONS
Relevant Ugandan laws and regulations related to environmental protection and natural resources management include:

The Constitution of Uganda (1995) includes provisions related to environmental protection and land tenure, including:

- **Section 39- Right to a clean and healthy environment**: Every Ugandan has a right to a clean and healthy environment.

- **Section 245 - Protection and preservation of the environment**: Parliament shall by law provide for measures intended to:
  a. Protect and preserve the environment from abuse, pollution and degradation;
  b. Manage the environment for sustainable development; and
  c. Promote environmental awareness.

- **Section 237-Land Ownership**:
  1. Land in Uganda belongs to the citizens of Uganda and shall vest in them in accordance with the land tenure systems provided in the Constitution of Uganda.
  2. Notwithstanding clause (1);
     a. The Government or Local Government may subject to article 26 of Uganda Constitution, acquire land in the public interest; and the conditions governing such acquisition shall be prescribed by Parliament.
     b. The Government or Local Government as determined by Parliament by law, shall hold in trust for the people and protect, natural lakes, rivers, wetlands, forest reserves, game reserves, national parks and any land to reserve for ecological and touristic purposed for the common good of all citizens.
  3. Land in Uganda shall be owned in accordance with the following land tenure systems:
     a. Customary;
     b. Freehold;
     c. Mailo; and
     d. Leasehold.

The National Environment Act (NEA, 1995) establishes the National Environment Management Authority (NEMA), and the governing principles for environmental planning, regulation, and management including environmental quality standards, requirements for environmental impact assessment (EIA), and penalties for environmental offenses. NEMA is the principal agency in Uganda charged with the responsibility of coordinating, monitoring, regulating and supervising environmental management in the country. NEMA spearheads the development of environmental policies, laws, regulations, standards and guidelines and guides the GOU in sound environmental management in Uganda. NEMA is expected to encourage, supervise, monitor and coordinate environmental actions among and between sectors and provide technical and training input and policy-level assistance to other agencies.

The National Environment Policy (NEMP, 1995) provides the framework to guide development actions and is the cornerstone of the country’s commitment to social and economic development that is environmentally sustainable and which will bring the benefits of a better life to all Ugandans. The overall policy goal is “sustainable social and economic development which maintains or enhances
environmental quality and resource productivity on a long term basis that meets the needs of the present generation without compromising the ability of future generations to meet their own needs.” The NEMP aims to guide sustainable economic development through sound environmental and natural resources management using a participatory approach. The NEMP promotes environmentally responsible social and economic growth and recognizes biodiversity conservation as a form of natural resources management that is critical to meeting the needs of Ugandans.

The National Environment Action Plan (NEAP, 1995) presents strategies for the kinds of development Uganda needs to guide it on the path of improving the quality of human life, while at the same time conserving the environment. The NEAP is a response to the challenge of environmental degradation and is an action agenda to achieve the balance between development and environmental management. It analyses and brings together, in a coherent manner, different sector-based activities into one integrated effort. It focuses on key environmental problems, namely: soil degradation, deforestation, loss of biodiversity, wetlands degradation, pollution, management issues, etc. The NEAP is in line with Agenda 21, which Uganda endorsed at the Earth Summit in Rio de Janeiro in 1992. The NEAP involves all interested organizations, both local and international, in the quest for sustainable development.

Uganda’s Environmental Impact Assessment Regulations (1998) apply to: 1) all projects included in the Third Schedule to the NEA; and 2) any major repairs, extensions or routine maintenance of any existing project that is included in the Third Schedule to the NEA. The third schedule lists a wide range of project types (agriculture, mining, infrastructure, waste disposal, etc.) No developer shall implement a project for which an environmental impact assessment is required under the NEA and under these regulations unless the environmental impact assessment has been concluded accordance with these regulations. [It should be noted that in addition to complying with USAID Environmental regulations, all USAID funded activities must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.]

Since the mid-1980s, Uganda’s development policy has increasingly recognized the critical importance of natural resources to the country’s economic base. This current National Development Plan 2015/16-2019/20 (NDP II) is the second in a series of six five-year plans aimed at achieving Uganda’s Vision 2040: “a transformed Ugandan society from a peasant to a modern and prosperous county within 30 years.” The goal of the NDP II is to propel the country towards middle income status by 2020 through strengthening the country’s competitiveness for sustainable wealth creation, employment, and inclusive growth. The focus of the Environment and Natural Resources sector of the NDP II is geared toward the following: 1) protecting, restoring, and maintaining the integrity of degraded fragile ecosystems; 2) increasing sustainable use of environment and natural resources; 3) increasing national forest cover and economic productivity of forests; 4) increasing the national wetland coverage; 5) increasing the functionality and usage of meteorological information systems; and 6) increasing the country’s resilience to the impacts of climate change.

Additionally, the NDP II places emphasis on investing in the promotion of people’s health and nutrition and early diagnosis and treatment of diseases with a focus on: 1) mass management of malaria (mass malaria treatment for prevention); 2) national health insurance scheme; 3) universal access to family planning services; 4) health infrastructure development; 5) reducing maternal, neonatal and child morbidity and mortality; 6) scaling up HIV prevention and treatment; and 7) developing a center of
excellence in cancer treatment and related services. It will also focus on: effective delivery of the Uganda National Minimum Health Care Package (UNMHCP); more efficient use of available health resources; and strengthening public and private partnerships for health and health systems.

Relevant Ugandan laws and regulations related to health and safety include:

The Constitution of Uganda requires the GOU to provide basic health services to its people and to promote proper nutrition and healthy lifestyles (Objective XIV). The Constitution further provides for all people in Uganda to enjoy equal rights and opportunities, have access to health services, clean and safe water and education, among other things. Investing in the promotion of people’s health and nutrition ensures that they remain productive and contribute to national development.

The theme of the Second National Health Policy (2010) is “promoting people’s health to enhance social-economic development.” The MOH is responsible for coordinating the drafting of bills to promote and regulate health services. The process of reviewing legislation and policies has been slow due to inadequate allocation of financial and human resources for these processes. Various bills such as the Pharmacy Profession and Practice Bill, Uganda Medicines Control Authority Bill, Food and Nutrition Bill, Food and Drug Act, National Health Insurance Bill and the Traditional and Complementary Medicines Bill are currently at different stages of development. Gaps also exist in the legal framework for the adaptation of new health technologies and enforcement of legislation and policies remains a major challenge in Uganda health sector.

The MOH has developed a National Policy on Injection Safety and Health Care Waste Management (2004). The Policy “sets out strategies for ensuring that patients, health workers, communities and the environment are protected from risks associated with unnecessary and unsafe injections” and “addresses improper disposal and destruction of injection materials and other health care waste.” The Policy ensures that each health facility will make guidelines for the proper handling and disposal of health care waste known to the staff, designate a staff member in charge of health care waste and ensure that workers follow procedures.

The Uganda Clinical Guidelines (2016) National Guidelines for Management of Common Conditions was produced by the MOH with financial assistance from the USAID-funded Uganda Health Supply Chain and the Clinton Health Access Initiative. The Uganda Clinical Guidelines help to achieve high standards of quality and efficiency in health service delivery by presenting updated, practical, and useful information on the diagnosis and management of common conditions in Uganda. The guidelines also establish a strong foundation for the appropriate and cost-effective use of essential medicines.

Section 13 of the Occupational Safety and Health Act (2006) states that it is obligatory for an employer to ensure the health, safety and welfare of persons at their workplace. Employers must take measures to keep the workplace pollution-free by employing technical measures, applied to new plants or processes in design or installation or added to existing plants or processes, or by employing supplementary organizational measures. Additionally, the employer should provide and maintain safe and risk-free means of access to and exit from the workplace. Workers must be well informed of the real and potential dangers associated with the use of the substance or machinery and they must be well equipped with personal protective equipment (PPE) to prevent the risks of accidents or of adverse effects on health. The Act further provides that it is the responsibility of employer to provide free PPE,
including clothing, to the workers involved in hazardous work. The type of PPE needed varies depending on the nature of work being performed. The right use of PPE reduces risk of accident and the adverse effects on health.

3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK

This section describes the results of an analysis of activities/project elements for potential adverse environmental, social, and climate impacts.

CLIMATE RISKS AND MITIGATION

The climate risk analysis established that climate risks were low for most project elements, except for the storage and distribution components of the supply chain management systems. For these two components, climate risk was ranked as moderate, requiring that risk management options be identified and implemented. Extreme weather events like heavy rains, floods and heat will likely affect stored health supplies. Heavy rains and floods could also damage roads and affect distribution of supplies. Climate-proofing of the storage and distribution systems is therefore required.

The recommended climate risk mitigation actions include installing air conditioning systems; ensuring storage rooms are well ventilated and roofed, using the pallet and shelf system, installing temperature readers, having standby refrigerators for cold chain, installing backup generators, etc. The project will also ensure that supply distribution plans are based on weather forecasts, and that stocks delivered will adequately cover long periods of three months and beyond. The selected delivery trucks will be those specially designed to withstand weather conditions (e.g. refrigerated for cold chain, leak-proof, and are four-wheel drive). These climate risk mitigation options will be integrated into activity implementation plans.

For the purpose of environmental review, HSS Project activities addressed by this IEE are grouped into the following intervention categories:

1. Governance and leadership;
2. Supply chain management systems;
3. Health information management systems;
4. Human resources for health;
5. Health communication;
6. Health service delivery;
7. Analytical and operational support;
8. Activities with a sub-grant component; and

3.1 GOVERNANCE AND LEADERSHIP

The HSS Project will identify and promote local solutions to addressing leadership and governance challenges and gaps in the policy and enabling environment in the health sector through the following activities:

- UHSS

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2 Includes analysis of environmental and social risk
- Food Fortification;
- Fleet Management;
- Nutrition and Maternal Child Health Enabling Environment;
- MOH Support;
- The integrated Systems Strengthening for Community Health Worker (ISS-CHW) Programing Project;
- African Collaborative for Health Financing Solutions (ACS); and
- Strengthening Regional Referral Hospitals.

**Interventions**

- Technical assistance to improve leadership and accountability for results in Uganda's health system, which shall include:
  - Training of leaders and health managers;
  - Organizational capacity assessment and improvement;
  - Developing documents as management tools and guidelines for improving health systems performance;
  - Conducting sector specific education; and
  - Assessing and reporting on health systems performance.

- Technical assistance to increase national-level leadership and capacity, especially for MOH, the private sector and the Uganda Bureau of Standards, to implement and monitor food fortification activities through:
  - Advocacy, coordination and resource mobilization; and
  - Identifying opportunities for private and education sector engagement, including industries, schools and laboratories etc.;

- Technical assistance to MOH to address fleet management that is critical in improving efficient use of resources, addressing corruption, and increasing accountability;

- Carry out an assessment of internal governance systems and procedures in the MOH, to identify shortcomings and to provide greater accountability, good governance and transparency;

- Technical assistance to build national-level capacity to implement and monitor food fortification which includes; strengthening standards and enforcement;

- Provide technical assistance and build capacity; in improving the enabling environment for maternal and child health, and nutrition at national and district level;

- Influence systems and policy to operationalize the CHW strategy;

- Develop inclusive and effective partnerships to sustain the CHW strategy;

- Support the development of a Universal Health Coverage road map, through a collaborative and inclusive multi-sectoral processes;

- Provide technical assistance to improve referrals, supervision and oversight at lower level health facilities, and improve service quality through addressing referral policies and structural and capacity constraints; and

- Develop a health network model where lower level health facilities are linked to the RRHs in a hub-and-spoke approach.

**Potential Adverse Impacts**
The above activities will not have direct adverse environmental impacts. These activities have components that do not involve interventions that would affect the biophysical environment. However, in the course of implementing these activities, partners should take advantage of opportunities to address any potential adverse environmental impacts that may emerge.

3.2 SUPPLY CHAIN MANAGEMENT SYSTEMS

This intervention category involves:

i) Procurement, storage, management and disposal of public commodities, including pharmaceuticals drugs, medical kits, supplies and /or chemical reagents; and

ii) Nutritional commodity management, including packaging, warehousing and distribution.

The following activities shall involve (i) and /or (ii) above:

- Global Health Supply Chain (GHSC) for Procurement and Supply Management (PSM);
- Systems Strengthening and Health Commodities (Uganda Health Supply Chain);
- Fiduciary Agent;
- Fiduciary Agent Follow –on;
- Enterprise Resource Planning (ERP) (Hardware and Software Procurement);
- Nutrition Commodities – Ready to Use Therapeutic Foods (RUTF);
- STOP TB/Global Facility; and
- Systems Strengthening and Health Commodities (Uganda Health Supply Chain) Follow-on.

Potential Adverse Impacts

Procurement, storage, management and disposal of public commodities: 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 and/or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution and/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, which 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.

Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals have been discovered in fresh and marine 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 are that burning pharmaceuticals and plastic medical supplies (including new or used condoms) at low temperatures or in open containers results in release of toxic pollutants into the air. Also inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public.

Nutrition commodity management: Nutrition commodity management often includes packaging, warehousing and distribution. The process may include protection against pests through fumigation, packaging and repackaging. Fumigation using toxic pesticides is of concern because of the risks involved
in handling, procuring and use of pesticides (only USAID approved pesticides shall be used). Pesticides can endanger human and animal health, persist in nature, and interfere with natural pesticide controls (such as predatory insects). Applying too many inorganic chemicals can cause many of these elements to build up in water.

3.3 HEALTH MANAGEMENT INFORMATION SYSTEMS

This intervention category involves information and data collection and management for evidence-based programming of interventions in the health sector. They will be implemented through the following activities:

- Strategic Information Technical Support Activity (SITES);
- UHSS;
- Nutritional Surveillance;
- EQUIP; and
- WHO PIO Grant for the TB Catastrophic cost survey.

**Interventions**

- Provide support to Health Management Information Systems and other related information system to the GOU;
- Provide support to the orphans and vulnerable children management information system and related information systems to the GOU;
- Develop a functional system for PEPFAR data management. Produce quality data for PEPFAR program planning and reporting;
- Maintain the District Health Information software-2;
- Roll out an electronic medical records system in priority sites;
- Provide support for regular, timely collection, analysis, and reporting of nutrition data;
- Provide technical support to the GOU in the collection and analysis of information to inform strategic decision-making regarding HIV/AIDS treatment options; and
- Conduct economic analysis of differentiated service delivery models for PEPFAR-supported HIV/AIDS care and treatment services.

**Potential Adverse Impacts**

The above activities do not have direct adverse environmental impacts. They have components that do not involve interventions that would affect the biophysical environment, as they entail health data management, assessments etc. However, in the course of implementing these activities, partners should take advantage of opportunities to address any potential adverse environmental impacts as they may emerge.

3.4 HUMAN RESOURCES FOR HEALTH

The below activities shall strengthen the capacities of health sector human resources at the central ministry, district local governments, health professional councils, private not-for-profits and health training institutions to effectively and efficiently manage the health systems in Uganda.

- UHSS; and
- Strengthening Human Resources for Health Activity (SHRH).

**Interventions**

- Improve leadership and accountability for results in the health sector;
- Provide technical assistance to human resources information systems (HRIS) usage with the aim of transitioning HRIS to ministries, central institutions and local governments;
- Technical support to districts and municipalities to develop three-year costed human resources for health (HRH) recruitment plans and retention plans;
- Support districts and central institutions with wages to recruit new staff;
- Improve the capacity of health professional councils to functionalize regional offices and district health supervisory authorities;
- Train District Health Management Teams in effective supervision approaches;
- Train health managers of districts and regional referral hospitals to strengthen performance management systems;
- Provide technical support to districts in effectively tracking and analyzing attendance and reporting for management action;
- Streamline coordination of continuing professional development/in-service trainings and support the GOU and IPs to strengthen coordination and management of community health workers; and
- Provide technical support to health training institutions to improve their efficiency, productivity, and quality of training through technical support to curriculum review processes, provision of learning materials and scholarships for critical cadre courses.

**Potential Adverse Impacts**
The above activities do not have direct adverse environmental impacts. They have components that do not involve interventions that would affect the biophysical environment, as they entail technical assistance to improve the management of the health workforce and community systems for service delivery. However, in the course of implementing these activities, partners should take advantage of opportunities to address any potential adverse environmental impacts they may emerge.

### 3.5 HEALTH COMMUNICATION

The below activities shall involve social marketing of health products and services to improve knowledge, attitudes, behaviors and demand for better health services:
- Communication for Healthy Communities (CHC) Follow-on;
- Advocacy for Better Health (ABH); and
- Behavioral Change Communication for Transformation activity.

**Interventions**
- Advocacy for responsiveness and accountability by decision-makers and service providers in the health sector;
- Capacity building with MOH and other relevant GOU structures and partners to help build local ownership and capacity for coordinating, designing and managing strategic health communications for social and behavior change across a wide variety of health areas including: HIV, tuberculosis, malaria, malnutrition, maternal, child and neonatal health and family planning to improve knowledge, attitudes, behaviors and demand and utilization of health services;
- Scale up communication efforts in support of service delivery activities at the community level;
- Tailor messaging and social and behavior change communication (SBCC) activities to focus on the youth population (Ugandans under 30 years of age) and their special needs;
• Use a multisector approach for social behavior change to improve outcomes related to HIV, TB, malaria, nutrition, WASH, global health security agenda, maternal and child health, and family planning;
• Disseminate messages through print and media, etc.;
• Train health communication professionals;
• Provide SBCC technical assistance, including support to the Global Health Security Agenda (GHSA);
• Increase uptake of health products and services through innovative social marketing approaches;
• Improve capacity of selected service providers of health products and services; and
• Train local civil society and community-based organizations on advocacy skills, preparing advocacy messages for media outreach, organizing policy and programmatic discussion forums and meetings, working with print and broadcasting media organizations and journalists on messaging and reporting on health-related issues.

Potential Adverse Impacts
The above activities do not have direct adverse environmental impacts. These activities have components that do not involve interventions that would affect the biophysical environment, as they entail communication interventions to improve attitudes, norms, behaviors etc., and increase utilization of socially marketed products and services in Uganda. However, in the course of implementing these activities, partners should take advantage of opportunities to address any potential adverse environmental impacts they may emerge.

3.6 HEALTH SERVICE DELIVERY

The following activities shall generate, store and dispose of all categories of medical wastes:
• ASSIST;
• UHSS; and
• Sustaining Health Outcomes through the Private Support Project (SHOPS) Plus; and
• Results based financing for RMNNACH services.

Interventions
• Testing and delivery of HIV/AIDS health care; and
• Provide technical assistance to improve affordability, access, and quality of private health sector facilities and services; and
• Increase uptake of RMNACH services; improve quality of care; and increase accountability for results in select in select districts.

Potential Adverse Impacts
Generation, storage and disposal of medical wastes: Although health care activities provide many important benefits to communities, they can also unintentionally do harm via poor management of the waste generated. This waste generally falls 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 it can be burned or taken to the landfill without any additional treatment;

- **Hazardous** health care waste, including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious; and

- **Highly hazardous** health care waste, which should be given special attention, includes 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 such as tuberculosis and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

**Potentially infectious waste:** Improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from 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 be present in the waste. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Health care workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of 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 of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

Most health facilities in Uganda, especially those located upcountry, lack or have inadequate facilities for health care waste (HCW) management. In addition, these facilities lack staff with adequate training in HCW management. Potential environmental impacts result from poor or inadequate management of HCW. Inadequate or improper collection, storage and disposal of HCW can lead to contamination of soil, surface and groundwater sources, loss of biodiversity, bioaccumulation of heavy metals along the food chain, air pollution from burning of HCW, disease transmission and exposure of communities to toxic wastes that are corrosive, flammable or explosive, among others. This shall be implemented through various implementation mechanisms including EQUIP.

### 3.7 ANALYTICAL AND OPERATIONAL SUPPORT

The HSS Project Cross-cutting Analytics and Program Operations Support umbrella “activity” covers a range of activities that will support HSS Project design, implementation, monitoring and evaluation. These activities are typically conducted independently from those described in TABLE 2 above and are often procured on an *ad hoc* basis. They may be conducted at any point in the program cycle or in collaboration with other development partners in support of activities and other investments made through the HSS Project portfolio. Specific interventions shall be drawn from among those listed below.

**Interventions**

- Impact and performance evaluations and learning reviews;
Surveys, assessments, analyses, studies, etc., including baseline surveys and political economy and gender analyses, among others;
- Desk reviews and other basic research;
- Logistical support, such as workshop facilitation and other administrative and operational needs; and
- Economic analysis of differentiated service delivery models of PEPFAR supported HIV/AIDS care and treatment services in Uganda.

**Potential Adverse Impacts**
The above activities will not have direct adverse environmental impacts on the biophysical environment. However, in the course of implementing these activities, partners should take advantage of opportunities to address any potential adverse environmental impacts that may emerge.

### 3.8 ACTIVITIES WITH A SUB-GRANT COMPONENT

The following activities have a sub-grant component:
- CHC Follow-on;
- ABH;
- SHOPS Plus.

**Potential Adverse Impacts**
The above activities could have direct adverse impacts on the biophysical environment. In the course of implementing these activities, implementing partners and relevant Contracting/Agreement Officer’s Representatives (C/AORs) shall screen each grant proposal to determine whether there are potential adverse effects on the environment and, if necessary, recommend appropriate mitigation measures.

### 3.9 HEALTH CARE WASTE MANAGEMENT INFRASTRUCTURE

The AIDSFree activity is establishing a commercial health care waste management facility in Bubaare II Village in Mbarara, Uganda through a Private Public Partnership with the MOH with support from USAID. The Private Public Partnership with Green Label Services Limited (GLSL) has the following health waste management facilities:

- GLSL Bulowoosa Village, Iganga Waste Management Facility (Incinerator), operational since October 2012.
- GLSL Bubaare II Village, Mbarara Waste Management Facility (Autoclave), under construction, NEMA-Approved ESIA, 5 April 2018.

**Potential Adverse Impacts**
This activity could have direct adverse impacts on the biophysical environment if stringent mitigation measures are not implemented. Adverse impacts on the environment could result from incinerator emissions, waste water, leachate from the landfill, health and safety issues, etc.

### 4.0 ENVIRONMENTAL DETERMINATIONS

#### 4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS
The threshold determinations recommended below are based on the following logic:

*Categorical Exclusions:* Activities with no foreseeable direct or indirect environmental impact and falling within the activities detailed as those qualifying for a pre-threshold determination of a categorical exclusion (22 CFR 216.2(c)(1)). Monitoring of these activities for changes or unforeseen impacts must still be in place.

*Negative Determinations with Conditions:* Activities with low or moderate environmental impact requiring mitigation measures are assigned a Negative Determination with Conditions. Conditions are those requirements or specific mitigation measures applicable to the activity planning, implementation and operation. Conditions are detailed for these activities in Section 5.

Pursuant to 22 CFR 216.2(c)(2), the following activities are categorically excluded from further environmental analysis, unless they have a foreseeable effect on the natural or physical environment, either indirectly or directly.

(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);

(iii) Analyses, studies, academic or research workshops and meetings;

(v) Document and information transfers;

(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.); and

(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.).

Many HSS Project activities do not include direct biophysical interventions but involve training, capacity building, strengthening of government intuitions, planning, information dissemination, data management and analysis, communication and other forms of support and technical assistance (TA) to advance health systems in Uganda. Some such activities cannot, however, be automatically assigned a Categorical Exclusion; their potential for indirect impacts must be considered. Accordingly, the following section considers the indirect impacts of potentially categorically excludable actions and does not recommend a Categorical Exclusion when such impacts are foreseeable.

The following table summarizes the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22 CFR 216. Specified conditions become mandatory obligations of implementation per ADS 204. The environmental threshold decisions in this IEE are contingent upon full implementation of the following general implementation and monitoring requirements. USAID will ensure that applicable requirements are met. Climate risk analysis is detailed separately (Section 4.2), and threshold determinations are separate from climate risk categorization of high, moderate, or low risk.

**TABLE 3: ENVIRONMENTAL THRESHOLD DECISIONS AND CONDITIONS**
### Activities

<table>
<thead>
<tr>
<th>Intervention Category 1: Governance and Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda Health Systems Strengthening Activity (UHSS) – Strengthening Decentralization for Sustainability (SDS) Follow-on</td>
</tr>
<tr>
<td>Food Fortification</td>
</tr>
<tr>
<td>Fleet Management</td>
</tr>
<tr>
<td>MOH Support</td>
</tr>
<tr>
<td>Nutrition and Maternal Child Health Enabling Environment</td>
</tr>
<tr>
<td>The integrated Systems Strengthening for Community Health Worker (ISS-CHW) Programming Project</td>
</tr>
<tr>
<td>Strengthening Regional Referral Hospitals</td>
</tr>
<tr>
<td>African Collaborative for Health Financing Solutions (ACS)</td>
</tr>
</tbody>
</table>

**Categorical Exclusion**

Pursuant to 22 CFR 216.2(c)(2), the following activities are *categorically excluded* from further environmental analysis:

1. Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
2. Analyses, studies, academic or research workshops and meetings;
3. Document and information transfers;
4. Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.).

### Intervention Category 2: Supply Chain Management Systems

<p>| |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Global Health Supply Chain (GHSC) for Procurement and Supply Management (PSM)</td>
</tr>
<tr>
<td>Systems Strengthening and Health Commodities (Uganda Health Supply Chain)</td>
</tr>
<tr>
<td>Systems Strengthening and Health</td>
</tr>
</tbody>
</table>

**Categorical Exclusion**

Pursuant to 22 CFR 216.2(c)(2), the following activities are *categorically excluded* from further environmental analysis:

1. Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
2. Analyses, studies, academic or research workshops and meetings;
3. Document and information transfers;
<table>
<thead>
<tr>
<th>Commodities (Uganda Health Supply Chain) Follow-on</th>
<th>(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiduciary Agent Follow-on</td>
<td><strong>Negative Determination</strong>, subject to the following <strong>Condition(s)</strong>:</td>
</tr>
<tr>
<td></td>
<td><strong>In any instance that a USAID activity controls commodities at end-of-life, appropriate end-of-life management must be assured.</strong></td>
</tr>
<tr>
<td></td>
<td>- Otherwise, and in all cases, implementing partners conducting activities involving procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, must ensure, to the greatest extent practicable, that they and/or the medical facilities and operations involved, as appropriate, have adequate procedures and capacities in place to properly manage and dispose of such commodities.</td>
</tr>
<tr>
<td></td>
<td>- Consignees for any pharmaceutical drugs procured under these activities must be advised: (1) to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS); (2) that, if disposal is required due to expiration or any other reason, the preferred method of disposal is to return to the manufacturer. If that is not possible, then the preferred disposal method is as per the WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals (<a href="http://www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf">www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf</a>).</td>
</tr>
</tbody>
</table>

**Intervention Category 3: Health Management Information Systems**

<table>
<thead>
<tr>
<th>Strategic Information Technical Support Activity (SITES)</th>
<th><strong>Categorical Exclusion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>UHSS-SDS Follow-on</td>
<td>Pursuant to 22 CFR 216.2(c)(2), the following activities are <strong>categorically excluded</strong> from further environmental analysis:</td>
</tr>
<tr>
<td>Nutrition Surveillance</td>
<td>(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);</td>
</tr>
<tr>
<td>WHO PIO Grant for the TB Catastrophic cists survey</td>
<td>(iii) Analyses, studies, academic or research workshops and meetings;</td>
</tr>
<tr>
<td>EQUIP</td>
<td>(v) Document and information transfers;</td>
</tr>
<tr>
<td></td>
<td>(vi) Contributions to international, regional or national organizations by the United States which are not for the purpose of carrying out a specifically identifiable project or projects;</td>
</tr>
<tr>
<td></td>
<td>(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)</td>
</tr>
</tbody>
</table>

**Intervention Category 4: Human Resources for Health**

<table>
<thead>
<tr>
<th>UHSS-SDS Follow-on</th>
<th><strong>Categorical Exclusion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Category 5: Health Communication</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Categorical Exclusion</td>
<td></td>
</tr>
<tr>
<td>Pursuant to 22 CFR 216.2(c)(2), the following activities are categorically excluded from further environmental analysis:</td>
<td></td>
</tr>
<tr>
<td>(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);</td>
<td></td>
</tr>
<tr>
<td>(ii) Analyses, studies, academic or research workshops and meetings; and</td>
<td></td>
</tr>
<tr>
<td>(vi) Document and information transfers.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Category 6: Health Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorical Exclusion</td>
</tr>
<tr>
<td>Pursuant to 22 CFR 216.2(c)(2), the following activities are categorically excluded from further environmental analysis:</td>
</tr>
<tr>
<td>(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Determination, subject to the following Condition(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) Health Team must work with its implementing partners to assure that the medical facilities and operations involved have adequate procedures and...</td>
</tr>
</tbody>
</table>
Sustaining Health Outcomes through the Private Support Project (SHOPS) Plus; and

(iii) The USAID’s Sector Environmental Guidelines ‘Healthcare Waste: http://www.usaidgems.org/Documents/SectorGuidelines/Healthcare contains guidance which should inform the Team’s activities to promote proper handling and disposal of medical waste, particularly in the section titled, “Minimum elements of a complete waste management program.” supporting GOU and other stakeholders to strengthen HCW systems.

(iv) For activities that generate health care waste, the Health Office A/COR and Implementing Partners will ensure that the following waste management practices are in place:

- Health facilities (or other appropriate organizations) will have a written waste management plan.
- Roles and responsibilities for staff in handling, storing, treating and disposal of HCW are clearly defined.
- Rules for managing HCW are written and maintained.
- Staff are trained in the handling, storing, treating and disposing of HCW.
- Protective clothing is available to protect staff and used by these staff when dealing with HCW.
- Good hygiene practices are followed by staff.
- Staff are appropriately vaccinated against certain diseases, including hepatitis B and tetanus.
- Temporary storage containers are located in designated areas and labeled appropriately.
- Procedures for minimizing waste, including reuse and recycling, are established.
- A system for segregating waste is in place.
- Provide facilities for proper collection, segregation, storage, and disposal of HCW.
- Appropriate treatment options for hazardous and highly hazardous waste is available.
- A final disposal site is identified and available for waste that cannot be treated and disposed of properly.
- Periodic monitoring of adherence to, and effectiveness of, the HCW management plan.

In certain instances, USAID may need to engage in the construction or renovation of HCW disposal facilities, such as incinerators, placenta pits and ash pits. In addition, USAID will engage in contractual arrangements with waste management companies e.g Green Label, to collect medical waste and dispose or manage HCW at their sites for many health facilities without adequate waste disposal. Finally, deliberate efforts by the GOU together with the Implementing partners are underway to train health workers on waste segregation, management and disposal. Please see the MOH National Policy on Injection Safety and Health Care Waste Management for further information on GOU standards, as well as the USAID Sector Environmental Guidelines for Healthcare Waste.

Results based financing for RMNNACH services.

Intervention Category 7: Analytical and Operational Support
Cross-cutting Analytics and Program Operations Support

**Categorical Exclusion**

Pursuant to 22 CFR 216.2(c)(2), the following activities are *categorically excluded* from further environmental analysis:

(iii) Analyses, studies, academic or research, workshops and meetings; and
(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.).

**EQUIP**

Intervention Category 8: Activities with a sub-grants component

| Uganda Private Heath Support Program (PHS) | **Negative Determination**, subject to the following **Condition(s)**:
| Communication for Healthy Communities (CHC) | All activities including a sub-grant component will ensure the screening of each sub-grant using an Environmental Review Form (ERF) and shall include use of the USAID/Africa Bureau ERF (ANNEX A) in their sub-grant procedures.
| Advocacy for Better Health (ABH) | All ERFs shall be reviewed and approved by the MEO and respective C/AOR. A **Negative Determination with Conditions** is recommended pursuant to 22 CFR 216.3 (a)(2)(iii) for the DCAs agreements intended to increase the Borrower’s access to loans for interventions in USAID/Uganda Health sector, subject to the following conditions:

i. The loans must adhere to USAID Standard Provisions in ANNEX A2.
ii. The Guaranteed Party shall provide for review by the USAID Mission Environmental Officer (MEO) and the Regional Environmental Advisor (REA) a copy of its environmental policies and procedures as a condition precedent to the Guarantee Agreement.
iii. USAID, including the MEO and REA, will evaluate the lender’s environmental policies for sufficiency to ensure compliance with the environmental provisions of the standard language in the Guarantee Agreement.
iv. If the lender’s capacity is judged, in this evaluation, to be insufficient, USAID/Uganda will provide for appropriate lender capacity building. This capacity building activity will be designed in coordination with the MEO and REA.
v. USAID/Uganda Health Office will periodically review the Guaranteed Party’s and Borrowers implementation of the above, including during project monitoring visits.
vi. Environmental compliance will comprise one of the performance measures of the activities’ mid and/or end term technical evaluation to be carried out by USAID/Uganda Health Team.
vii. **Mandatory reference:** The USAID Sector Environmental Guidelines (http://www.usaidgems.org/sectorGuidelines.htm) must inform compliance with these conditions

General Implementation and Monitoring Requirements:

- When implementing partners (IPs) are identified, the A/COR will brief them on environmental compliance responsibilities, IEE conditions, reporting requirements, integration of environmental compliance requirements in activity budgets, and documentation coverage;
- The A/COR shall ensure that any future contracts or agreements for implementation of activities and/or significant modification to current contracts
or agreements shall reference and require compliance with the conditions set out in this IEE, as required by ADS 204.3.4.a.6 and ADS 303.3.6.3.e;

- IPs shall ensure that sub-grantees and subcontractors have the capability to implement the relevant requirements of this IEE. The IP shall, if and as appropriate, provide training to sub-grantees and subcontractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities;
- As part of IPs’ Annual Work/Implementation Plans, IPs, in collaboration with their A/COR, shall review all ongoing and planned activities to determine if they are within the scope of this IEE;
- If activities are outside the scope of this IEE, an IEE amendment shall be prepared and approved prior to implementation of any such activities; and
- As required by ADS 204.5.4, designated personnel will actively monitor and evaluate whether the program and its activities remain consistent with the approved environmental compliance requirements. If new or unforeseen consequences arise during implementation, an IEE amendment will be developed.

**Intervention Category 9: Health Care Waste Management infrastructure**

Pursuant to 22 CFR 216.2(c)(2), the following activities are **categorically excluded** from further environmental analysis:

(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
(ii) Analyses, studies, academic or research workshops and meetings;
(v) Document and information transfers;
(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.

**Negative Determination**, subject to the following **Condition(s):**

As a Public Private Partnership between USAID, Green Label SL, and the GOU MOH for management of health care waste, a negative determination is recommended with the following conditions:

- Host country environmental regulations shall apply, specifically, an Environmental and Social Impact Assessment conducted with approval from the National Environment Management Authority (completed in October 2016 and approved 5 April 2017); and

**AIDSFree Project**

**Construction of HCW Management Facility**
### 4.2 CLIMATE RISK MANAGEMENT

<table>
<thead>
<tr>
<th>Defined or Anticipated Project Elements/Intervention Category</th>
<th>Climate Risks</th>
<th>Risk Rating</th>
<th>How Risks are Addressed at Project Level</th>
<th>Further Analysis and Actions for Activity Design/Implementation</th>
<th>Opportunities to Strengthen Climate Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and Leadership</td>
<td>Limited/none. This component only involves technical training on governance &amp; leadership</td>
<td>Low</td>
<td></td>
<td></td>
<td>These activities could include awareness raising on climate risk mainstreaming and management in MOH policy and planning processes</td>
</tr>
<tr>
<td>Supply Chain Management Systems</td>
<td>Extreme weather events could adversely affect stored supplies, damage roads and commodities, and disrupt the cold chain</td>
<td>Low for procurement; Moderate for storage and distribution</td>
<td>Standards exist that must be observed before a facility can be accredited to store and handle medical supplies.</td>
<td>Climate-proofing the storage systems by installing AC, ensuring the rooms are well ventilated, using the pallet and shelf system, installing temperature readers, standby refrigerators for cold chain, installing back-up generators, ensuring no leaking roofs, etc. Ensure distribution plans are based on weather forecasts, stocks delivered should adequately cover long periods of 3 months and above; and the delivery</td>
<td>Distribution trucks are designed to withstand weather conditions</td>
</tr>
<tr>
<td>Defined or Anticipated Project Elements/Intervention Category</td>
<td>Climate Risks</td>
<td>Risk Rating</td>
<td>How Risks are Addressed at Project Level</td>
<td>Further Analysis and Actions for Activity Design/Implementation</td>
<td>Opportunities to Strengthen Climate Resilience</td>
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<tr>
<td>Health Management Information Systems</td>
<td>Extreme weather events could likely affect/delay data collection exercises</td>
<td>Low</td>
<td>N/A</td>
<td>N/A</td>
<td>Most data is collected in-house from health units, not from the households. It is then transmitted on-line.</td>
</tr>
<tr>
<td>Human Resources for Health</td>
<td>Limited/none. This component only involves HR planning, workforce management, performance improvement</td>
<td>Low</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Health Communication</td>
<td>Limited/none. This component only involves communication through various mass media</td>
<td>Low</td>
<td>N/A</td>
<td>N/A</td>
<td>Presents opportunity for mainstreaming climate risk awareness in planned health communication activities</td>
</tr>
<tr>
<td>Health Service Delivery</td>
<td>Extreme weather events could adversely affect stored supplies. The rest involves quality improvement TA, training for health workers, developing standards, research, governance &amp;Mgt. for private clinics, use of trucks should be built to withstand weather conditions (e.g. refrigerated for cold chain, leak-proof 4-wheel drive, etc.)</td>
<td>Low</td>
<td>The fortified foods will be stored together with the medicines. Similar standards are observed as above</td>
<td>Use weather forecasts to inform storage. Climate-proofing the storage systems as in supply chain management systems above</td>
<td></td>
</tr>
<tr>
<td>Defined or Anticipated Project Elements/ Intervention Category</td>
<td>Climate Risks</td>
<td>Risk Rating</td>
<td>How Risks are Addressed at Project Level</td>
<td>Further Analysis and Actions for Activity Design/ Implementation</td>
<td>Opportunities to Strengthen Climate Resilience</td>
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<td>------------------------------------------------------------------</td>
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<tr>
<td>Media &amp; re-packaging and food fortification</td>
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<td></td>
</tr>
<tr>
<td>Analytical and Operational Support</td>
<td>Extreme weather events could likely affect/delay data collection exercises</td>
<td>Low</td>
<td>N/A</td>
<td>Plan for field-based data collection during seasons with no extreme weather events like floods</td>
<td></td>
</tr>
<tr>
<td>Activities with a Sub-grant Components</td>
<td>At this point, the project element only involves provision of technical assistance, training, health insurance and sub-grants</td>
<td>Low</td>
<td>N/A</td>
<td>Conduct climate risk screening for activities that will receive sub-grants</td>
<td></td>
</tr>
<tr>
<td>Health Care Waste Management Infrastructure</td>
<td>Extreme weather events could likely affect infrastructure</td>
<td>Low</td>
<td></td>
<td>Ensure proper siting of infrastructure e.g. away from flood-prone sites. Build strong infrastructure that will resist damage by extreme weather events</td>
<td></td>
</tr>
</tbody>
</table>
5.0 CONDITIONS AND MITIGATION MEASURES

5.1 MANAGEMENT CONDITIONS

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

Implementing Partner Briefings on Environmental Compliance Responsibilities: The Health Systems Strengthening Project Management Team (HSS-PMT) shall provide each IP with a copy of this IEE. Each IP shall be briefed on their environmental compliance responsibilities by the C/AOR. During this briefing, the IEE conditions applicable to the IP’s activities will be identified.

Development of Environmental Mitigation and Monitoring Plans (EMMP): Each IP whose activities are subject to one or more conditions set out in Section 4 of this IEE shall develop and provide for MEO and C/AOR review and approval an EMMP documenting how the activity will implement and verify all IEE conditions that apply to activity interventions.

These EMMPs shall identify how the IP shall assure that IEE conditions that apply to activities supported under subcontracts and subgrant are implemented. In the case of large subgrants or subcontracts, the IP may elect to require the subgrantee/subcontractor to develop their own EMMP.


Integration and Implementation of EMMP: Each IP shall integrate the EMMP into the activity work plan and budgets, implement the EMMP, and report on its implementation as an element of regular activity performance reporting. IPs shall assure that subcontractors and subgrantees integrate implementation of IEE conditions, where applicable, into their own work plans and budgets and report on their implementation as an element of subcontract or subgrant performance reporting.

Integration of Compliance Responsibilities in Prime and Subcontract and Grant Agreements:

a) The HSS-PMT shall assure that any future contracts or agreements for implementation of HSS activities, and/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 and ADS 303.3.6.3.e.

b) IPs shall assure that future subcontracts and subgrant agreements, and/or significant modifications to existing agreements, reference and require compliance with relevant elements of these conditions.

Assurance of Subgrantee and Subcontractor Capacity and Compliance: IPs shall assure that subgrantees and subcontractors have the capability to implement the relevant requirements of this IEE. The IP shall, as and if appropriate, provide training to subgrantees and subcontractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities.

HSS-PMT Monitoring Responsibility: As required by ADS 204.5.4, the HSS-PMT 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 team will
suspend the activity and initiate appropriate, further review in accordance with 22 CFR 216. USAID monitoring shall include regular site visits.

**New or Modified Activities:** As part of the 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 are within the scope of this IEE.

If HSS Project activities outside the scope of this IEE are planned, the HSS-PMT 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 22 CFR 216 environmental documentation shall be modified to comply or halted until an amendment to the documentation is submitted and approved.

**Compliance with Host Country Requirements:** Nothing in this IEE substitutes for or supersedes IP, subgrantee and subcontractor responsibility for compliance with all applicable host country laws and regulations. The IP, subgrantees and subcontractors must comply with host country environmental regulations unless otherwise directed in writing by USAID. However, in the case of conflict between host country and USAID regulations, the latter shall govern.

6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

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

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

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

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

7.0 REVISIONS

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

Note to USAID Staff, Consultants & Partners Regarding the: Africa Bureau ENVIRONMENTAL REVIEW FORM & INSTRUCTIONS

Appropriate use

1. The Environmental Review Form (ERF) can only be used when and as specifically authorized by the IEE or EA governing the project or program in question. For IEEs, this authorization is made in the form of a negative determination with conditions. Authorized use of the ERF is limited to the specific class of activities enumerated in the determination.

2. The BEO will not clear an IEE or EA that authorizes use of the ERF unless ALL of the following are true:
   a. the general nature or potential scope of the activities for which the ERF will be used are known at the time the IEE is written (e.g. small infrastructure rehabilitation, training and outreach for a specified purpose, etc.).
   b. these activities will be executed under a grant or subproject component of a parent project/program. The ERF cannot be used in lieu of a request for categorical exclusion, IEE or IEE amendment when new activities/components are to be added to existing projects, programs or sector portfolios.
   c. of their general nature, foreseeable adverse environmental impacts are small or easily controllable with BASIC MITIGATION TECHNIQUES that can BE SUCCESSFULLY IMPLEMENTED BY FIELD STAFF.
   d. of their general nature, the activities are NOT large-scale.

There is no formal AFR standard for “small-scale activities.” Over time, AFR has developed some “rules of thumb” for activities that are BOTH small-scale AND pose very low risks of significant adverse impacts. These are used in the ERF itself: e.g. construction involving less than 10,000 sq. ft. total disturbed area and less than $200,000 total cost; road rehabilitation of less than 10km total length without change to alignment or right-of-way. Activities moderately larger than these “rules of thumb” are also small-scale, but are treated by the ERF as being of moderate/unknown risk, thus requiring an environmental review report.

What does “moderately larger” mean? What about activities for which there is no “rule of thumb” built into the ERF? Absolute physical scale and funding level, physical scale relative to the surrounding built environment, population affected, and number of locations affected are among the factors relevant to determining whether a class of activities is “small scale.” The IEE must provide enough information for the BEO to assess whether the activities proposed for subproject review will be indeed be small scale within their implementation context.

Adaptation of the form

1. Text in UNDERLINE & BLUE HIGHLIGHT MUST be customized to the particular project/mission.
2. Yellow highlighted text must be reviewed and then modified, deleted or retained, as appropriate.
3. Both the form AND instructions should be generally reviewed and modified to reflect the specific project/program and implementation context.
4. The adapted form and instructions must be appended to the Initial Environmental Examination for the overall project.
5. For NRM-oriented programs (especially those involving CBNRM, ecotourism, enterprises exploiting non-timber forest products, etc.) consider adaptation and use of the Supplemental Environmental Review Form for NRM sector activities.

Questions and Guidance

General guidance on subproject review is available on the MEO Resource Center at www.encapafrica.org/meoEntry.htm. For specific questions, contact the Mission Environmental Officer or Regional Environmental Advisor. Good-practice examples of completed forms, environmental review reports and environmental management plans are available from USAID/AFR’s ENCAP project: encapinfo@cadmusgroup.com; www.encapafrica.org.

Revision history:

Major update on 24 June 2010 to clarify appropriate use, revise Environmental Review Report structure, and update clearance requirements. Formatting and presentation revised 17 Jan 2005. Revised April 13, 2004, to include biosafety considerations and better reflect the Supplemental Environmental Review Form for NRM sector activities.
Instructions for environmental review of XXX Program Subprojects/Sub-grants

Note: These instructions accompany the attached “Environmental Review Form for USAID/XXX Program/Project Activities” (ERF). Follow, but DO NOT SUBMIT, these instructions.

Who must submit the Environmental Review Form (ERF)?
ALL Implementing Partners seeking to implement [describe qualifying activities] under the XXX Program/Project must complete, sign and submit the ERF to [insert name & email of C/AOTR].

Authority: Use of the ERF for these activities is mandated by the governing Initial Environmental Examination (IEE) for the XXX Project/Program. The IEE can be downloaded at: [insert URL].

No implementation without an approved ERF
The proposed activities cannot be implemented and no “irreversible commitment of resources” for these activities can be made until the ERF (including Environmental Review Report, if required, see Step 4, below) is cleared by the C/AOTR, the Mission Environmental Officer (MEO) and the Regional Environmental Advisor (REA).

NOTE: USAID may deny clearance to the ERF, or may require modification and re-submission for clearance.

Environmental management requirements resulting from the ERF
If the ERF requires preparation of an Environmental Review Report (see Step 4, below), any environmental management measures specified in the approved Environmental Review Report MUST be implemented.

Situations in which additional environmental review is required.
If the ERF finds that one of more of the proposed activities has the potential to cause significant adverse environmental impacts, the activities must be redesigned or an IEE or full Environmental Assessment must be conducted and approved prior to implementation.

If USAID determines that the proposed activities are outside the scope of activities for which use of this form is authorized, the activities must be redesigned or an IEE or IEE Amendment will be required.

In either situation, USAID will confer with the partner to determine next steps. Note: If an IEE or EA is required, all environmental management measures specified in the IEE or EA must then be implemented.

Step 1. Provide requested “Applicant information” (Section A of the ERF)

Step 2. List all proposed activities
In Section B of the form, list all proposed activities.
Activities are a desired accomplishment or output: e.g. seedling production, road rehabilitation, school construction. Each activity has entailed actions—for example, road rehabilitation includes survey, grading, culvert construction, compaction, etc. Be aware of these entailed actions, but do NOT list them. List activities DESCRIPTIVELY. For example, “training” is not a sufficient activity listing. The listing must specify WHO is being trained, and in WHAT.

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

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

If an activity is specifically identified as “very low risk” or “high risk” in the list below, indicate this in the “screening result” column in Section B of the form.
### Very low-risk activities
(Activities with low potential for adverse biophysical or health impacts; including §216.2(c)(2))

- Provision of education, technical assistance, or training. (Note that activities directly affecting the environment do not qualify.)
- Community awareness initiatives.
- Controlled agricultural experimentation exclusively for the purpose of research and field evaluation confined to small areas (normally under 4 ha./10 acres). This must be carefully monitored and no protected or other sensitive environmental areas may be affected.
- Technical studies and analyses and other information generation activities not involving intrusive sampling of endangered species or critical habitats.
- Document or information transfers.
- Nutrition, health care or family planning, EXCEPT when (a) some included activities could directly affect the environment (construction, water supply systems, etc.) or (b) biohazardous (esp. HIV/AIDS) waste is handled or blood is tested.
- Small-scale construction. Construction or repair of facilities if total surface area to be disturbed is less than 10,000 sq. ft. (approx. 1,000 sq. m.) (and when no protected or other sensitive environmental areas could be affected).
- Intermediate credit. Support for intermediate credit arrangements (when no significant biophysical environmental impact can reasonably be expected).
- Maternal and child feeding conducted under Title II of Public Law 480.
- Title II Activities. Food for development programs under Title III of P.L. 480, when no on-the-ground biophysical interventions are likely.
- Capacity for development. Studies or programs intended to develop the capability of recipients to engage in development planning. (Does NOT include activities directly affecting the environment)
- Small-scale Natural Resource Management activities for which the answer to ALL SUPPLEMENTAL SCREENING QUESTIONS (see Natural Resources supplement) is “NO.”

### High-risk activities
(Activities with high potential for adverse biophysical or health impacts; including §216.2(d)(1))

- River basin development
- New lands development
- Planned resettlement of human populations.
- Penetration road building, or rehabilitation of roads (primary, secondary, some tertiary) over 10 km length, and any roads which may pass through or near relatively undegraded forest lands or other sensitive ecological areas
- Substantial piped water supply and sewerage construction.
- Major bore hole or water point construction.
- Large-scale irrigation; Water management structures such as dams and impoundments
- Drainage of wetlands or other permanently flooded areas.
- Large-scale agricultural mechanization.
- Agricultural land leveling.
- Procurement or use of restricted use pesticides, or wide-area application in non-emergency conditions under non-supervised conditions. (Consult MEO.)
- Light industrial plant production or processing (e.g., sawmill operation, agro-industrial processing of forestry products, tanneries, cloth-dying operations).

### High-risk and typically not funded by USAID:
- Actions affecting protected areas and species. Actions determined likely to significantly degrade protected areas, such as introduction of exotic plants or animals.
- Actions determined likely to jeopardize threatened & endangered species or adversely modify their habitat (esp. wetlands, tropical forests)
- Activities in forests, including:
  - Conversion of forest lands to rearing of livestock
  - Planned colonization of forest lands
  - Procurement or use of timber harvesting equipment
  - Commercial extraction of timber
  - Construction of dams or other water control structures that flood relatively undegraded forest lands
  - Construction, upgrading or maintenance of roads that pass through relatively non-degraded forest lands. (Includes temporary haul roads for logging or other extractive industries)

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

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

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**UGANDA HEALTH SYSTEMS PORTFOLIO IEE 2018-2021**

4
Check “moderate or unknown risk” under screening results in Section B of the form for ALL such activities.

### Common examples of moderate-risk activities

**CAUTION:**
If ANY of the activities listed in this table may adversely impact (1) protected areas, (2) other sensitive environmental areas, or (3) threatened and endangered species and their habitat, THEY ARE NOT MODERATE RISK. All such activities are HIGH RISK ACTIVITIES.

<table>
<thead>
<tr>
<th>Small-scale agriculture, NRM, sanitation, etc. (You may wish to define what “small scale” means for each activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural experimentation. Controlled and carefully monitored agricultural experimentation exclusively for the purpose of research and field evaluation of MORE than 4 ha.</td>
</tr>
</tbody>
</table>

**NOTE Biotechnology/GMOs:** No biotechnology testing or release of any kind are to take place within an assisted country until the host countries involved have drafted and approved a regulatory framework governing biotechnology and biosafety.

All USAID-funded interventions which involve biotechnologies are to be informed by the ADS 211 series governing "Biosafety Procedures for Genetic Engineering Research". In particular this guidance details the required written approval procedures needed before transferring or releasing GE products to the field.

<table>
<thead>
<tr>
<th>Medium-scale construction. Construction or rehabilitation of facilities or structures in which the surface area to be disturbed exceeds 10,000 sq. ft. (1000 sq. meters) but funding level is $200,000 or less. (E.g. small warehouses, farm packing sheds, agricultural trading posts, produce market centers, and community training centers.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural roads. Construction or rehabilitation of rural roads meeting the following criteria:</td>
</tr>
<tr>
<td>Length of road work is less than ~10 km</td>
</tr>
<tr>
<td>No change in alignment or right of way</td>
</tr>
<tr>
<td>Ecologically sensitive areas are at least 100 m away from the road and not affected by construction or changes in drainage.</td>
</tr>
<tr>
<td>No protected areas or relatively undegraded forest are within 5 km of the road.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title II &amp; III Small-Scale Infrastructure. Food for Development programs under Title II or III, involving small-scale infrastructure with the known potential to cause environmental harm (e.g., roads, bore holes).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity imports of commodities such as fertilizers</td>
</tr>
<tr>
<td>Sampling. Technical studies and analyses or similar activities that could involve intrusive sampling, of endangered species or critical habitats. (Includes aerial sampling.)</td>
</tr>
<tr>
<td>Water provision/storage. Construction or rehabilitation of small-scale water points or water storage devices for domestic or non-domestic use. Water points must be located where no protected or other sensitive environmental areas could be affected.</td>
</tr>
</tbody>
</table>

**NOTE:** USAID guidance on water quality requires testing for arsenic, nitrates, nitrites and coliform bacteria.

**Support for intermediate credit institutions** when indirect environmental harm conceivably could result.

<table>
<thead>
<tr>
<th>Institutional support grants to NGOs/PVOs when the activities of the organizations are known and may reasonably have adverse environmental impact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pesticides. Small-scale use of USEPA-registered, least-toxic general-use pesticides. Use must be limited to NGO-supervised use by farmers, demonstration, training and education, or emergency assistance.</td>
</tr>
</tbody>
</table>

**NOTE:** Environmental review (see step 5) must be carried out consistent with USAID Pesticide Procedures as required in Reg. 16 [22 CFR 216.3(b)(1)].

| Nutrition, health care or family planning, if (a) some included activities could directly affect the environment (e.g., construction, supply systems, etc.) or (b) biohazardous healthcare waste (esp. HIV/AIDS) is produced, syringes are used, or blood is tested. |

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**Step 4. Determine if you must write an Environmental Review Report**

Examine the “screening results” as you have entered them in Table 1 of the form.

- If ALL the activities are “very low risk,” then no further review is necessary. In Section C of the form, check the box labeled “very low risk activities.” Skip to Step 8 of these instructions.

- If ANY activities are “unknown or moderate risk,” you MUST complete an ENVIRONMENTAL REVIEW REPORT addressing these activities. Proceed to Step 5.

- If ANY activities are “high risk,” note that USAID’s regulations usually require a full environmental assessment study (EA). Because these activities are assumed to have a high
probability of causing significant, adverse environmental impacts, they are closely scrutinized. *Any* proposed high-risk activity should be discussed in advance with USAID. Activity re-design is often indicated.

In some cases, it is possible that reasonable, achievable mitigation and monitoring can reduce or eliminate likely impacts so that a full EA will not be required. If the applicant believes this to be the case, the Environmental Review Report must argue this case clearly and thoroughly. Proceed to Step 5.

**Step 5. Write the Environmental Review Report, if required**

The Environmental Review Report presents the environmental issues associated with the proposed activities. It also documents mitigation and monitoring commitments. Its purpose is to allow the applicant and USAID to evaluate the likely environmental impacts of the project.

For a single, moderate risk activity, the Environmental Review Report is typically a SHORT 4–5 page document. The Report will typically be longer for (1) multiple activities; (2) activities of high or unknown risk; and/or (3) when a number of impacts and mitigation measures are being identified and discussed.

The Environmental Review Report follows the outline below. Alternate outlines are acceptable, so long as all required information is covered.

A. **Summary of Proposal.** Very briefly summarize background, rationale and outputs/results expected. (Reference proposal, if appropriate).

B. **Description of Activities.** For all moderate and high-risk activities listed in Section B of the ERF, succinctly describe location, siting, surroundings (include a map, even a sketch map). Provide both quantitative and qualitative information about actions needed during all project phases and who will undertake them. (All of this information can be provided in a table). If various alternatives have been considered and rejected because the proposed activity is considered more environmentally sound, explain these.

C. **Site-specific Environmental Situation & Host Country Requirements.** Describe the environmental characteristics of the site(s) where the proposed activities will take place. Focus on site characteristics of concern—e.g., water supplies, animal habitat, steep slopes, etc. With regard to these critical characteristics, is the environmental situation at the site degrading, improving, or stable?

   Also note applicable host country environmental regulations and/or policies. (For example, does the project require host country environmental review or permitting? Building approval? Etc.)

   **NOTE:** provide site-specific information in this section, NOT country-level information. General information about country level conditions should already be contained in the IEE governing the XXX project/program.

D. **Environmental Issues, Mitigation Actions, and Findings.** For ALL proposed activities:

   i. Briefly note the potential environmental impacts or concerns presented by the proposed activities (if any). *For guidance, refer to Africa Bureau’s Environmental Guidelines for Small-Scale Activities; available at [www.encapafrica.org/egssaa.htm](http://www.encapafrica.org/egssaa.htm).*

As per the Small-Scale Guidelines, consider direct, indirect and cumulative impacts across the activity lifecycle (i.e. impacts of site selection, construction, and operation, as well as any problems that might arise with abandoning, restoring or reusing the site at the end of the anticipated life of the facility or activity). Note that “environment” includes air, water, geology, soils, vegetation, wildlife, aquatic resources, historic, archaeological or other cultural resources, people and their communities, land use, traffic, waste disposal, water supply, energy, etc.)
ii. Assess the extent to which these potential impacts and concerns are significant in the context of the specific activity design and site.

iii. Set out the mitigation actions to be employed to address these issues.

Mitigation actions are means taken to avoid, reduce or compensate for impacts. Mitigation measures must be reasonable and implementable by field staff. They should be consistent with the good practice guidance provided in Africa Bureau’s Environmental Guidelines for Small-Scale Activities: (www.encapafrica.org/egssaa.htm) Cite this or other guidance used for mitigation design.

iv. Reach one of three findings regarding the potential impacts:

a. Significant adverse impacts are very unlikely. Of its nature, the activity in question is very unlikely to result in significant, adverse environmental impacts. Special mitigation or monitoring is not required. Note: this conclusion is rarely appropriate for high-risk activities.

b. With implementation of the specified mitigation and monitoring, significant adverse impacts are very unlikely.

c. Significant adverse impacts are possible. That is, it is not possible to rule out significant adverse environmental impacts even given reasonable, attainable mitigation and monitoring.

In this case, USAID and the partner will consult regarding next steps. If the activity is to go forward in its current form, additional analysis in the form of an IEE or EA will be required.

Format and structure of this section. Choose a format and structure that presents the necessary information clearly and succinctly.

Table formats can be used. In the example below, the proposed activity was construction of an institutional facility on a 7500m3 plot bisected by a seasonal stream providing drainage to the local area. One potential impact of the activity was reduction of or alteration to the drainage eco-service provided by the seasonal stream.

<table>
<thead>
<tr>
<th>Issue or cause for concern</th>
<th>Analysis</th>
<th>Finding and conditions/mitigation actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The seasonal stream running through the plot drains an area of at least 2 km² to the WNW. Diminution or alteration to this drainage “service” could result in increased upstream pooling &amp; flooding during the rainy season, with associated property damage and increased breeding habitat for disease vectors.</td>
<td>As indicated at left, this impact only arises if the drainage “service” provided by the seasonal stream is diminished or altered in some adverse manner. So long as compound design maintains the existing service level and construction is managed without disruption to stream flow, actual adverse impact will be negligible or zero.</td>
<td>Per analysis at left, this potential impact is not significant, so long as the following mitigations are implemented: 1. Total stream capacity cannot be diminished by the development of the compound. (Stream channel on average is 3m x 1m.) 2. The stream must remain substantially in the same channel and cannot, e.g., be re-routed around the property. 3. If construction will result in an interruption to stream flow, provision must be made to provide a temporary bypass. Temporary damming of stream flow is not permissible. 4. Post-construction, the stream bed within the property, including point-of-entry (e.g. via culvert under perimeter wall) must be maintained free of obstructions to flow.</td>
</tr>
</tbody>
</table>

E. Environmental Mitigation and Monitoring Plan (EMMP). Set out how compliance with mitigation actions will be monitored/verified. This includes specifying WHO will be responsible for
the various mitigation actions, and HOW implementation of the mitigation actions will be tracked/verified.

Also specify how you will report to USAID on the implementation of mitigation actions. (You are REQUIRED to provide your C/AOTR with sufficient information on the status of mitigation implementation for USAID to effectively fulfill its oversight and performance monitoring role.)

Again, choose a format and structure that presents the necessary information clearly and succinctly. EMMPs are typically in table format, and often include a compliance log or “monitoring record” section that records implementation status of the various mitigation actions. The EMMP with current monitoring log can then simply be submitted to the C/AOTR with the quarterly or 6-month project report, satisfying the environmental compliance reporting requirement.

The most basic EMMP format is

<table>
<thead>
<tr>
<th>Mitigation action</th>
<th>Responsible Party</th>
<th>Monitoring/Verification Method</th>
<th>Monitoring Record (date, result, corrective actions taken, if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

For additional EMMP formats and examples, see the ENCAP EMMP factsheet, available via www.encapAfrica.org/meoEntry.htm

F. Other Information. Where possible and as appropriate, include photos of the site and surroundings; maps; and list the names of any reference materials or individuals consulted.

(Pictures and maps of the site can substantially reduce the written description required in parts B & C)

**Step 6. Transcribe findings from the Environmental Review Report to the ERF**

For each high-risk or unknown/moderate-risk activity, transcribe your finding from the environmental review report to the last column of Section B of the ERF.

**Step 7. Sign certifications** (Section C of former.)

**Step 8. Submit form to USAID C/AOTR.** Be sure to attach the Environmental Review Report, if any.
# Environmental Review Form for XXX Program subprojects/subgrants

Follow, but do not submit, the attached instructions.

## A. Applicant information

<table>
<thead>
<tr>
<th>Organization</th>
<th>Parent grant or project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual contact and title</td>
<td>Address, phone &amp; email (if available)</td>
</tr>
<tr>
<td>Proposed subproject/subgrant (brief description)</td>
<td>Amount of funding requested</td>
</tr>
<tr>
<td></td>
<td>Period of performance</td>
</tr>
<tr>
<td></td>
<td>Location(s) of proposed activities</td>
</tr>
</tbody>
</table>

## B. Activities, screening results, and findings

<table>
<thead>
<tr>
<th>Proposed activities (Provide DESCRIPTIVE listing. Continue on additional page if necessary)</th>
<th>Screening result (Step 3 of instructions)</th>
<th>Findings (Step 6 of instructions. Complete for all moderate/unknown and high-risk activities ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Low Risk</td>
<td>High-Risk*</td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<td>6.</td>
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<td>7.</td>
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</tbody>
</table>
*These screening results require completion of an Environmental Review Report
C. Certification:
I, the undersigned, certify that:

1. The information on this form and accompanying environmental review report (if any) is correct and complete.
2. Implementation of these activities will not go forward until specific approval is received from the C/AOTR.
3. All mitigation and monitoring measures specified in the Environmental Review Report will be implemented in their entirety, and that staff charged with this implementation will have the authority, capacity and knowledge for successful implementation.

(Signature) ___________________________ (Date) ________________
(Print name) __________________________ (Title) ________________

Note: if screening results for any activity are “high risk” or “moderate or unknown risk,” this form is not complete unless accompanied by an environmental review report.

BELOW THIS LINE FOR USAID USE ONLY

Notes:
1. For clearance to be granted, the activity MUST be within the scope of the activities for which use of the ERF is authorized in the governing IEE. Review IEE before signature. If activities are outside this scope, deny clearance and provide explanation in comments section. The Partner, C/AOTR, MEO and REA must then confer regarding next steps: activity re-design, an IEE or EA.
2. Clearing an ERF containing one or more findings that significant adverse impacts are possible indicates agreement with the analysis and findings. It does NOT authorize activities for which “significant adverse impacts are possible” to go forward. It DOES authorize other activities to go forward. The Partner, C/AOTR, MEO and REA must then confer regarding next steps: activity re-design, an IEE or EA.

Clearance record

<table>
<thead>
<tr>
<th></th>
<th>C/AOTR</th>
<th>USAID/XXXX MEO</th>
<th>Regional Env. Advisor (REA)</th>
<th>Bureau Env. Officer (BEO)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Clearance given</td>
<td></td>
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<tr>
<td>□ Clearance denied</td>
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</tbody>
</table>

C/AOTR, MEO and REA clearance is required. BEO clearance is required for all “high risk” screening results and for findings of “significant adverse impacts possible. The BEO may review”

Note: if clearance is denied, comments must be provided to applicant (use space below & attach sheets if necessary)
ANNEX A2: USAID STANDARD LOAN PROVISIONS AS RELATED TO ENVIRONMENTAL COMPLIANCE

USAID Standard DCA Loan Provisions include the proviso that approval of loans will be contingent upon the submission by the Guaranteed Party of evidence sufficient to demonstrate compliance with local environmental laws and to enable USAID to make an assessment of the environmental impact of such activities.

(a) The Loan must not be used to finance any of the following:

(i) Goods or services which are to be used primarily to meet military requirements or to support police or other law enforcement activities;

(ii) Surveillance equipment;

(iii) Equipment, research and/or services related to involuntary sterilization or the performance of abortion as a method of family planning; or

(iv) Activities which significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas,

(b) The Loan must not be used to finance any of the following without the prior written approval of USAID:

(i) Pharmaceuticals;

(ii) Pesticides;

(iii) Logging equipment;

(iv) Luxury goods (including alcoholic beverages and jewelry);

(v) Establishing or expanding any enterprise that will export raw materials that are likely to be in surplus in world markets at the time such production becomes effective and that are likely to cause substantial injury to U.S. producers;

(vi) Activities which would result in the loss of forest lands due to livestock rearing, road construction or maintenance, colonization of forest lands or construction of dams or other water control structures;

(vii) Activities which are likely to have a significant adverse effect on the environment, including any of the following (to the extent, such activities are likely to have a significant adverse impact on the environment):

• Programs of river basin development;

• Significant irrigation or water management projects (including dams and impoundments);

• Agricultural land leveling;

• Major drainage projects;

• Large scale agricultural mechanization;

• New lands development;

• Resettlement projects;

• Penetration road building or road improvement projects;

• Construction of power plants or industrial plants; or

• Large scale potable water and sewerage projects

(viii) Activities which are likely to involve the loss of jobs in the United States due to the relocation or expansion outside of the United States of an enterprise located in the United States, or

(ix) Activities which the Guaranteed Party is aware are reasonably likely to contribute to the violation of internationally recognized rights of workers.
Approval of loans to finance activities described in subsections (ii), (iii), (vi) or (vii) above will be contingent upon the submission by the Guaranteed Party of evidence sufficient to demonstrate compliance with local environmental laws and to enable USAID to make an assessment of the environmental impact of such activities.
ENVIRONMENTAL MITIGATION AND MONITORING PLAN (EMMP)

PROJECT/ACTIVITY DATA

<table>
<thead>
<tr>
<th>Project/Activity Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Location(s) (Country/Region):</td>
<td></td>
</tr>
<tr>
<td>Implementation Start/End:</td>
<td></td>
</tr>
<tr>
<td>Contract/Award Number:</td>
<td></td>
</tr>
<tr>
<td>Implementing Partner(s):</td>
<td></td>
</tr>
<tr>
<td>Tracking ID/link:</td>
<td></td>
</tr>
<tr>
<td>Tracking ID/link of Related IEE:</td>
<td></td>
</tr>
<tr>
<td>Tracking ID/link of Other, Related Analyses:</td>
<td></td>
</tr>
</tbody>
</table>

ORGANIZATIONAL/ADMINISTRATIVE DATA

| Implementing Operating Unit(s): (e.g. Mission or Bureau or Office) |  |
| Lead BEO Bureau: |  |
| Prepared by: |  |
| Date Prepared: |  |
| Submitted by: |  |
| Date Submitted: |  |

ENVIRONMENTAL COMPLIANCE REVIEW DATA

<table>
<thead>
<tr>
<th>Analysis Type:</th>
<th>EMMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Analyses/Reporting Required:</td>
<td>EMMR</td>
</tr>
<tr>
<td>[Add others as appropriate]</td>
<td></td>
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</tbody>
</table>

PURPOSE

Environmental Mitigation and Monitoring Plans (EMMPs) are required for USAID-funded projects when the 22CFR216 documentation governing the project (e.g. the Initial Environmental Examination (IEE)) imposes mitigation measures on at least one project or activity. EMMPs ensure that the ADS 204.3 requirements for incorporating and monitoring appropriate mitigative measures into project or activity design. Responsibility for developing the EMMP lies with USAID, but EMMPs are usually prepared by the Implementing Partner (IP). EMMPs are typically conducted after the IEE is complete, though they may be completed as part of the IEE. EMMPs are a vehicle for translating IEE conditions and mitigation measures into specific, implementable, and verifiable actions.
An EMMP is an action plan that clearly defines:

1. **Mitigation measures.** Actions that reduce or eliminate potential negative environmental impacts resulting directly or indirectly from a particular project or activity, including environmental limiting factors that constrain development.

2. **Monitoring indicators**. Criteria that demonstrate whether mitigation measures are suitable and implemented effectively.

3. **Monitoring/reporting frequency.** Timeframes for appropriately monitoring the effectiveness of each specific action.

4. **Responsible parties.** Appropriate, knowledgeable positions assigned to each specific action.

**USAID APPROVAL OF EMMP**

*The routing process and associated signature blocks may be customized by Bureau or Mission. Please follow Bureau- or Mission-specific guidance. Include signature blocks in accordance with Bureau and/or Mission policy. At a minimum include the noted required signatures. Add other signatures as necessary.*

<table>
<thead>
<tr>
<th>Approval:</th>
<th>[Name], Activity Manager/A/COR [required]</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearance:</td>
<td>[Name], Mission Environmental Officer [as appropriate]</td>
<td>Date</td>
</tr>
<tr>
<td>Clearance:</td>
<td>[Name], Regional Environmental Advisor [as appropriate]</td>
<td>Date</td>
</tr>
<tr>
<td>Concurrence:</td>
<td>[Name], ____ Bureau Environmental Officer [as appropriate]</td>
<td>Date</td>
</tr>
</tbody>
</table>

**DISTRIBUTION:** [Distribution lists may be customized by Bureau or Mission. Please follow Bureau- or Mission-specific guidance.]

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3 Note: Monitoring indicators differ from performance indicators, which are the measures that USAID uses to detect progress towards the results included in a Results Framework.
1.0 PROJECT/ACTIVITY SUMMARY

(This should be a concise summary of information in the IEE, modified to site-specific circumstances, with regard to mitigation and monitoring activities.)

2.0 INSTRUCTIONS

(These instructions may be customized by Bureau or Mission. May include character/page limits, subsections for narrative on mitigation and monitoring activities, and other Bureau-specific EMMP requirements, including use of the EMMP Table in Section 3 below.)
### 3.0 EMMP TABLE FOR [PROVIDE NAME OF ACTIVITY]

[Modify activity categories as appropriate.]

<table>
<thead>
<tr>
<th>Project/Activity/Sub-Activity</th>
<th>Identified Environmental Aspects or Impacts</th>
<th>Mitigation Measure(s)</th>
<th>Monitoring Indicator(s)</th>
<th>Monitoring and Reporting Frequency</th>
<th>Responsible Parties</th>
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<tr>
<td>Activity Category 1:</td>
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<td>Activity Category 6:</td>
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</tbody>
</table>

*Add rows as needed*
## ANNEX C: Climate Risk Screening and Management Tool for Health Systems Strengthening Project Design

### OUTPUT MATRIX: CLIMATE RISKS, OPPORTUNITIES, AND ACTIONS for HSS PAD

* = A required element, according to the Mandatory Reference  
# Project elements may include Purpose / Sub-purpose, Areas of Focus, or Activities / Mechanisms, etc.

<table>
<thead>
<tr>
<th>1.1. (a) Project Element</th>
<th>1.1. (b) Activities</th>
<th>1.2: Timeframe</th>
<th>1.3: Geography</th>
<th>2: Climate Risks*</th>
<th>3: Adaptive Capacity</th>
<th>4: Climate Risk Rating*</th>
<th>5: Opportunities</th>
<th>6.1: Climate Risk Management Options</th>
<th>6.2: How Climate Risks Are Addressed in the Project*</th>
<th>7: Next Steps for Activity Design*</th>
<th>8: Accepted Climate Risks*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Management Information Systems</td>
<td>SITES, UGHSS, X-cutting analyses, Nutrition surveillance, WHO PIO grant for TB catastrophic survey, EQUIP</td>
<td>0-20 years</td>
<td>National</td>
<td>Extreme weather events could likely affect/delay data collection exercises</td>
<td>The information capacity to prepare for climate risks exists, based on local knowledge of seasons</td>
<td>Low</td>
<td>Most data is collected in-house from health units, not from the households. It is then transmitted on-line. This minimizes climate risk</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Activities with a Sub-grant Component</td>
<td>UGHSS (SDS follow-up), PHS, CHC, ABH</td>
<td>0-5 years</td>
<td>National</td>
<td>Limited/none. The project element involves provision of technical assistance, training.</td>
<td>N/A</td>
<td>Low</td>
<td>N/A</td>
<td>Conduct climate risk screening for activities that will receive sub-grants</td>
<td>Conduct climate risk screening for activities that will receive sub-grants</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Human Resources for Health</td>
<td>0-15 years</td>
<td>National</td>
<td>Limited/none. This component involves HR planning, workforce management, performance improvement</td>
<td>N/A</td>
<td>Low</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Supply Chain Management Systems</td>
<td>GHSC, UGHSS, UG health supply chain, Fid. Agent, ERP, RUTF, STOP TB/ Global Facility</td>
<td>0-5 years</td>
<td>Both regional (SW, C, EC, Mid-N, Mid-W, W/Nile, K'ja) and national levels</td>
<td>None as this component only involves international procurement processes</td>
<td>N/A</td>
<td>Low for procurement</td>
<td>An IT-based system is used for ordering and management of procurement processes</td>
<td>ERP- Automated system to optimize supply chain management – builds in multi-level contingency planning</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Climate-proofing the storage systems by:**
- Installing AC,
- Ensuring the rooms are well ventilated, using
- Standards to protect commodities,
- TA for proper handling & storage (climate proofing, pallets,

- Integrate the identified climate risk management options into project design narrative and

- Standards to protect commodities, TA for proper handling & storage (climate proofing, pallets,
| Health Service Delivery | 0-10 years | National | Extreme weather events could adversely affect stored supplies in this sector. Some financing allocated to address some climate risks during storage & handling. | the pallet and shelf system, installing temperature readers, standby refrigerators for cold chain, installing back-up generators, ensure no leaking roofs, etc. | AC, Cold chain, shelves, back-up generators | implementation plans | N/A |

<p>| Extreme weather events (heavy rains, floods, heat) could damage roads and commodities, disrupt cold chain, etc. | Not within financial and human capacity of the project to address road damage resulting from extreme weather events. | Moderate for distribution. Distribution trucks are designed to withstand weather conditions. | Ensure distribution plans are based on weather forecasts, stocks delivered should adequately cover long periods of 3 months and above; and the delivery trucks should be built to withstand weather conditions (e.g. refrigerated for cold chain, leak-proof 4-wheel drive, etc.). | Contingency planning to include weather trend data/link to climate factors &amp; distribution channel interruptions; TA, ensure vehicles are climate-proofed. | Integrate the identified climate risk management options into project design narrative and implementation plans. | N/A |
| Governance and Leadership | UGHSS, Nutrition/MC H Enabling Env., Food Fortification, Fleet Management, MOH Support. | 0-15 years | Limited/none. This component only involves technical training on governance &amp; leadership | Inadequate capacity to collect and use climate information related to climate risk management in the health sector. | Low | These activities could include awareness raising on climate risk mainstreaming and management in Ministry of Health policy and planning processes | N/A | N/A | Evaluate opportunity to include awareness raising on climate risk mainstreaming and management in planned trainings on | N/A |</p>
<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Level of Engagement</th>
<th>Information Deepening</th>
<th>Potential for Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Communication</strong></td>
<td>Communicating for healthy communities, Advocacy for better health</td>
<td>Limited/none. This component only involves communication through various mass media</td>
<td>Inadequate dissemination and use of climate information on climate risk in the health sector</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Analytical and Operational Support</strong></td>
<td>Cross-cutting analytics and program operations support</td>
<td>Extreme weather events could likely affect/delay data collection exercises</td>
<td>The information capacity to prepare for climate risks exists, based on local knowledge of seasons</td>
<td>Low</td>
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<tr>
<td>Health Care Waste Management Infrastructure</td>
<td>AIDSFREE project</td>
<td>0-20 years</td>
<td>National</td>
<td>Extreme weather events like floods could likely affect infrastructure</td>
</tr>
</tbody>
</table>