Virtual Field Visit Instructions

Your group will play the role of a Mission sector team that is in the process of adding a significant new program component not covered by an existing ***Initial Environmental Examination*** (or IEE). You know this program component may present some environmental challenges.

The Implementing Partner (IP) is developing an IEE to cover the new component. Prior to receiving the IEE, your team undertakes a (virtual) field visit to improve its understanding of the implementation context and to allow you to better evaluate the IEE.

The new program components are described in the briefs on the following pages.

1. **Before you go:** Read the briefing relevant to your group. Briefly review the *Small Scale Guidelines* chapter relevant to the field visit. *Note the potential adverse impacts typical of activities in this sector.*

2. During your Virtual Field Visit:

- Note the key aspects of the *baseline situation* that affect the significance of impacts and the type of mitigation that may be appropriate.
- Look for evidence that the *potential impacts* you have identified are *actual*—and if yes, how significant they may be.
- Look for evidence of the environmental management measures that may be in place, and their effectiveness
- Gather as much information from your "field" visit as possible to help evaluate these impacts and design mitigation measures

2. **Back in the classroom:** As a group,
   - Review key potential impacts of the project, per the *Small-Scale Guidelines* chapter.
   - Characterize key elements of the baseline situation
   - In view of the baseline situation and the intended intervention, identify which impacts are of concern/may be significant
   - Identify likely mitigation/management approaches.
   - Be prepared to report out the results of your discussions.

Group 1: Briefing Sheet
Smallholder Irrigation Rehabilitation and Expansion

You are the USAID/XXX Agriculture & Economic Growth program team. Your portfolio includes the **Smallholder Agricultural Productivity and Market Access Program (SAPMA**).

SAPMA is a 5-year, $50mn program funded by USAID to boost smallholder agricultural productivity with improved varieties and cultivation practices, and to support cooperative processing and marketing. The program is considered critical to food security and to enhancing economic opportunities (and thus to supporting political stability) in key rural provinces. SAPMA is now 2 years into implementation.

SAPMA was designed with the idea that improving varieties and practices would be applied to existing smallholder plots. However, implementation experience to date shows that lack of irrigation infrastructure is a key barrier to smallholder productivity in the target rural provinces.

An additional smallholder irrigation scheme component is therefore being added to SAPMA. In the current phase, time and funding is sufficient only for a single pilot activity; however in the next SAPMA phase, replication and full roll-out is anticipated, resulting in the development of 8–10 schemes.

The pilot will REHABILITATE and EXPAND the **Bagamoyo Irrigation Development Project (BIDP)** scheme, now about 20 years old. This is a 200 hectare smallholder irrigation scheme (open canal type), which draws from the Ruvu, a small perennial river. The Ruvu is an important local source of water for domestic and agricultural use, and a local source of fish.

Rehabilitation will include minimal re-leveling of the existing site and repair of an intake/pumping structure, 300m primary canal, and necessary secondary canals and control gates.

The primary canal has sufficient capacity to support extension of the scheme on 50Ha of adjacent land, and the project will undertake this expansion, which will include leveling, and construction of secondary canals and control gates.

The access road and the cooperative's processing capacity will be upgraded under existing SAPMA components.

Beneficiary farmers will be members of an existing cooperative, as well as 3 extended families currently informally occupying the expansion land. (The project will construct replacement housing for these families; the cooperative has already secured their agreement to be relocated to a nearby village.) SAPMA will train farmers in cultivation techniques, including use of agricultural inputs, and provide technical extension services such as soil tests. In return farmers will "tithe" 10% "of production from their assigned plot(s) to the cooperative. Agricultural inputs and tillage will be provided on credit by the cooperative.

The pilot will also serve as a mentored capacity-building opportunity for the provincial irrigation development department of the agricultural ministry, who will participate in scheme development.

Similarly, SAPMA will fund a supervising engineer whose duties will include mentoring and training the local contractors in good-practice irrigation construction techniques. This is intended to put in place local capacity that will result in accelerated, good-practice development of irrigation schemes in the province. SAPMA will operate the scheme for one year (two crop cycles are anticipated) then provide technical assistance to the cooperative and extension services to farmers for a second year

This **smallholder irrigation component is NOT covered by the existing Agriculture Sector IEE**. The implementing partner is developing an IEE to cover this component and is submitting it very soon. You are aware that aspects of this new component likely present environmental challenges. To better understand this new program component, and to better evaluate the IEE, you undertake an inspection visit of the BIDP.

Group 2: Briefing Sheet
District Hospital Expansion and Rehabilitation

You are the USAID/XXX health program team. In your portfolio is the **"Maternal, Child & Rural Health Support Program" (MCRH).**

MCRH is a 5-year, $50mn program intended to better monitor, diagnose and treat HIV/AIDS, TB, cholera and other infectious "epidemic diseases." The program leverages the existing network of health posts and clinics which are supervised by and organized under the district hospitals. MCRH is 1 year into implementation.

(**Note:** In your country, district hospitals are key "anchors" of the public health system. In addition to providing treatment for more serious cases (and quarantine of potentially epidemic diseases), they serve as supervisory, data-collection, stocking and distribution centers for the clinics and health posts in their districts. District hospitals also provide prevention/education services via the out-district health posts under their direction.)

At the time that MCRH was designed, it was assumed that another donor would be supporting physical rehabilitation of the district hospitals in the MCRH target areas. In these areas, most district hospitals are 35-40 years old, and have undergone no significant expansion or rehabilitation since construction.

However, the expected complementary project did not materialize. A survey of existing facilities has determined that planned MCRH activities such as medical assistant training and equipment provision will fail to achieve the desired results unless hospital facilities themselves are significantly upgraded.

Therefore, a district hospital expansion/rehabilitation component is being added to MCRH. Five District hospitals in MCRH target areas will be chosen according to criteria developed in consultation with the Ministry of Health.

At each hospital, new ward blocks will be constructed and existing blocks rehabilitated. The expected result is a 50% increase in bed capacity at beneficiary hospitals (usually ~ 60 beds), with significant improvements to lighting, ventilation and hygiene over existing conditions. This will be accompanied by rehabilitation and construction of new latrine blocks and drainage as well as perimeter fences and walls.

No expansion of existing hospital grounds is anticipated. However, in some cases, adjacent settlement is informal and hospital fences/walls are non-existent or in poor repair. In these cases, dwellings have been erected inside hospital grounds.

New facilities/installations for management of sharps and other infectious medical waste will also be put in place. At all facilities surveyed, existing incinerators are poorly operated or in disrepair. New incinerators will be constructed/installed as necessary. On-site waste pits will be provided at all hospitals.

In consultation with each facility, management plans for infectious waste and facilities hygiene will be developed and associated training of staff carried out. This will include pest control plans and training, as insect and rodent infestations are a significant problem in all hospitals.

The pilot will also serve as a mentored capacity-building opportunity for the medical facilities department of the health ministry, who will participate in planning, contracting and oversight. This is intended to build governmental capacity for health facilities upgrades throughout the country.

Bagamoyo District Hospital is one of several district hospitals that will be receiving support under the District Hospital Expansion and Rehabilitation Component of the MCRH. It is generally representative of the conditions to be found at all supported hospitals.

This new **expansion/rehabilitation component is NOT covered by the missions' existing Health Sector IEE**. The implementing partner is developing an IEE to cover this component and is submitting it very soon. You are aware that aspects of this new component likely present environmental challenges. To better understand this new component, and to better evaluate the IEE, you undertake an inspection visit of the Bagomoyo District Hospital.