



LAC-IEE-04-23

ENVIRONMENTAL THRESHOLD DECISION

Activity Location : Honduras

Activity Title : Investing in People: Health Activity

Activity Number : 522-0433

Funding : \$45,000,000

Life of Project : FY 2004 – FY 2009

IEE Prepared by : Peter Hearne, MEO, USAID/Honduras
Kelly Flowers, SPS

Recommended Threshold Decision : Categorical Exclusion and Negative Determination with Conditions

Bureau Threshold Decision : Concur with Recommendation

Comments:

Pursuant to 22 CFR 216.2(c)(2)(i), (iii), and (viii), a **Categorical Exclusion** is issued to the activities involving training, education, and technical assistance and programs involving nutrition, health care or population and family planning services that will not have an impact on the environment.

A **Negative Determination with Conditions** is also issued for activities that have the potential for generating small amounts of medical waste: provision of low-cost rapid HIV tests, sputum testing of tuberculosis suspected patients, and some other limited activities related to maternal and child health, reproductive health and family planning. The following conditions apply to this decision.

- Disposal of these medical waste materials will be handled appropriately in accordance with the current medical waste disposal practices of the GOH Ministry of Health, as discussed in LAC-IEE-00-57, LAC-IEE-98-47, and LAC-IEE-96-25, which includes destruction and/or disposal of needles and burning of

samples, gloves, and other waste products in the rural health centers, and incineration in the large hospitals.

- USAID will build into all grant agreements appropriate requirements for medical waste disposal in accordance with WHO standards and support their application.
- Implementation of these activities is conditional on adherence to approved environmental guidelines for the handling and disposal of medical waste, discussed in the above-mentioned IEEs.
- USAID Health Officers will make periodic visits and disseminate specific requirements and WHO guidelines to rural and urban health facilities, to monitor compliance with mitigation measures.
- A Supplemental IEE shall be submitted to the LAC BEO for approval if it becomes apparent during activity implementation that there may be environmental impacts not contemplated in the IEE, or if activities not covered by the IEE are included in final program design, such as, but not limited to, support for the procurement and/or use of pesticides, construction of health facilities, or the improvement or construction of rural water and sanitation systems.
- Finally, a monitoring plan detailing how the Mission will oversee the way implementing partner(s) handle medical waste issues shall be submitted to the Regional Environmental Advisor for approval prior to commencing activities.

Date _____
George R. Thompson, P.E.
Bureau Environmental Officer
Bureau for Latin America & the Caribbean

Copy to : Paul Tuebner, Mission Director, USAID/H

Copy to : Peter Hearne, MEO, USAID/Honduras

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Copy to : Laura Libanati, LAC/CAM

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Copy to : IEE File

Attachment: IEE

INITIAL ENVIRONMENTAL EXAMINATION

Activity Location: Honduras

Activity Title: “Investing in People: Health Activity”

Activity Number: 522-0433

Funding: \$45,000,000

Life of Activity: FY2004 – FY2009

IEE Prepared by: Peter Hearne, MEO
Kelly Flowers, SPS

Date Prepared: May 17, 2004

Recommendation for Threshold Decision:

Pursuant to Section 216.2(a) of AID environmental procedures, environmental analysis/evaluation is required for new projects, programs or activities authorized by A.I.D. The attached information presents an analysis of activities planned under CAM’s Regional Strategic Objective Number 3 “Investing in People: Healthier, Better Educated People”, Intermediate Results 3.1: “Increased and improved equitable social sector investments”, 3.3: “Increased use of quality maternal-child and reproductive health services”; and 3.4: “HIV/AIDS and other infectious diseases contained”.

Based on the attached description, USAID/HONDURAS recommends: (1) a Negative Determination with Conditions for the rapid HIV tests, testing of tuberculosis and other limited activities related to health services; and (2) a Categorical Exclusion for all other activities.

Concurrence:

Paul Tuebner
USAID/Honduras Mission Director

Mission Clearance:

Peter Hearne, MEO _____

JAnderson, SO3/HRD _____

DBall, SPS _____

ADickie, DMD _____

RLA Clearance:

Michael Donald, RLA/G-CAP _____

**INITIAL ENVIRONMENTAL EXAMINATION (IEE)
FOR THE
“INVESTING IN PEOPLE: HEALTH ACTIVITY”
STRATEGIC OBJECTIVE GRANT AGREEMENT (522-0433)**

Activity Description

The Health Activity described below is intended to help attain the following General Objective of Honduras’ Poverty Reduction Strategy Paper (PRSP) of August 2001: “Strengthen the human capital of poor groups by improving their access to basic education, health and cultural services...” It is likewise intended to help attain Strategic Objective 3 of USAID’s CAM Regional Strategy: “Healthier, Better Educated People,” including its associated Intermediate Results 3.1, 3.3 and 3.4 (below).

IR 3.1. “Increased and improved equitable social sector investments.” The Health Activity will assist the Secretariat of Health (SOH) to design and implement a sector wide approach (SWAP) in health, including, but not limited to, assistance to improve the capacity of the SOH and local authorities to design, implement and evaluate decentralized health-care-delivery systems that emphasize service for the poor.

IR 3.3. “Improved integrated management of child and reproductive health.” The Health Activity will expand the availability of basic health and family-planning services, measurably improve their quality, and vigorously promote their use.

IR 3.4. “HIV/AIDS and other infectious diseases contained and mitigated.” The Health Activity will (i) change behaviors related to HIV transmission, especially among high-prevalence groups; (ii) establish supportive local environments for people with HIV/AIDS; (iii) improve the detection and treatment of tuberculosis; and (iv) institutionalize the use of multi-purpose environmental health workers to combat malaria, dengue, and other diseases.

Activities

A. Health Sector Reform

The Health Activity will, in coordination with other donors and the SOH, provide technical assistance and limited budget support to (i) design and implement a Sector Wide Approach (SWAP) for the health sector and (ii) decentralize the delivery of government health services.

Technical assistance to design and implement the SWAP may include, but will not necessarily be limited to, the following:

1. Defining the sector (what it includes and, by implication, does not include) or otherwise defining the basic parameters for what will be funded by the GOH and donors participating in the SWAP. This is likely to encompass all significant components of the sector, such as salaries; facilities; equipment and supplies; preventive, primary, secondary and tertiary care; medical and nursing schools; contracts or grants to NGOs or other private-sector organizations.
2. Documenting the funding and other resources likely to be available to the sector during the life of the SWAP, including resources from the GOH, donors and the private sector, including individual expenditures.
3. Formulating health-outcome-related goals and objectives for the sector, based on existing GOH policy, including the Poverty Reduction Strategy Paper (PRSP). Achieving political consensus for these goals and objectives.
4. Assessing sector-wide constraints - financial, organizational, behavioral, motivational, political, human-resource - to attaining these goals and objectives, including factors constraining equity, efficiency, service delivery and use, and health impact.
5. Formulating and implementing a GOH/donor plan for overcoming the constraints and attaining sector goals and objectives. Overcoming fundamental constraints may require the establishment of a reform agenda involving fundamental changes in (i) the roles and functions of the SOH and other central government entities vis-a-vis local authorities; (ii) the roles of public versus private-sector entities; (iii) human-resource planning, development and use; (iv) procurement and logistics systems and procedures; and (v) management, planning, financing, monitoring and evaluation systems. Achieving political consensus for the strategy and the reform agenda.
6. Formulating and implementing rational and transparent methodologies for allocating available resources (2 above) among the various components of the sector (1 above) in order to implement the strategy. Achieving political consensus for these allocations.

Technical assistance to decentralize the delivery of health services, and budget support to implement decentralization at pilot sites, may include, but will not necessarily be limited to, the following:

1. Specification of roles and functions of specific SOH entities and specific Departmental and Municipal entities in a decentralized system.
2. Elaboration and implementation of plans for transferring functions from SOH to Departments and Municipalities.
3. Reorganization of the SOH and complementary re-organization models for Departments and Municipalities, to enable all three to assume new functions under a decentralized system.

3. Training and other capacity-building activities to enable SOH, Departmental and Municipal officials to exercise their new responsibilities.
4. Support-system strengthening activities at Central, Departmental and Municipal levels, possibly including but not limited to the design and pilot implementation of planning, personnel, financial-management, procurement (including but not limited to contraceptive procurement), logistics, quality-assurance, and monitoring-and-evaluation systems.
5. The use of contracted staff or contracted organizations to provide health services where desired by Municipal authorities.

B. Maternal and Child Health and Family Planning

The Health Activity will, in coordination with other donors and the SOH, provide technical assistance and budget support to increase the availability, use and quality of maternal-and child-health and family-planning services, especially in geographic areas of greatest need.

These services will include pre-natal care; essential obstetric care, including normal facility-based deliveries, common obstetric complications and post-abortion care, including family-planning counseling; family-planning services, including emergency contraception and long-term and permanent methods; prevention of neonatal mortality; immunizations; child growth monitoring and health promotion, including breastfeeding promotion; and childhood diarrheal disease and acute respiratory infections. The principal vehicles for delivering these services are expected to be the Integrated Management of Childhood Diseases, Integrated Child Care and Integrated Maternal Care Programs.

Activities in support of these services may include, but will not necessarily be limited to the following:

- 1) Training for service providers, including assistance to improve central and local training capability.
- 2) Formulation of service-delivery protocols and guidelines that establish specific standards of care for specific services.
- 3) Design and implementation of a quality-assurance system based on observed provider compliance with service-delivery standards.

4) The design, implementation and evaluation of national and local Information, Education, and Communication (IEC) campaigns to promote service utilization, especially of maternal health and family planning services, including the development of national and local IEC capability.

5) Provision of contraceptives by USAID.

6) Development and implementation of health information systems to collect and report basic service statistics (i.e., statistics on services provided).

7) Design and implementation of population based surveys to document community-level and national service utilization, fertility and mortality.

C. HIV and Other Infectious Diseases

The Health Activity will, in coordination with other donors, the SOH and private sector partners, provide technical assistance and budget support to (i) prevent the transmission of HIV; (ii) provide basic care and support services to people with HIV/AIDS; (iii) measure changes in the prevalence of HIV infection and of risk-taking behavior; and (iv) increase the capacity of the National AIDS Program to monitor and evaluate HIV/AIDS activities.

HIV/AIDS activities may include, but will not necessarily be limited to, the following:

- a. Condom social marketing, especially for high-risk situations.
- b. NGO behavior-change communication programs, including activities to promote partner reduction, abstinence, and condom use and to reduce stigma associated with HIV infection, especially among high-risk populations.
- c. Voluntary testing and counseling by NGOs, especially for high-risk populations, including post-test prevention counseling.
- d. Procurement of rapid HIV tests for use in Health Activity-supported NGO activities.
- e. NGO care-and-support programs for HIV positive people, including but not limited to prevention counseling, referral for anti-retroviral therapy and sexually transmitted infections (STI), tuberculosis (TB) and other medical and social services.
- f. Data-collection and reporting systems related to the above.
- g. Design and implementation of systems to measure national HIV seroprevalence.

h. Design and implementation of systems to measure seroprevalence and the prevalence of high-risk behaviors among high-prevalence groups.

i. Design and implementation of program monitoring and evaluation mechanisms.

The Health Activity will, in coordination with the SOH and other donors, provide technical assistance and budget support for activities to control tuberculosis, malaria and dengue, primarily in the those geographic areas with the highest prevalence of infection. For TB, activities will consist primarily of training health and community personnel to implement Directly Observed Therapy, Short Course (DOTS). Activities to control malaria and dengue will be undertaken by Environmental Health Technicians (EHTs) who will emphasize rapid case finding and treatment and the correction of environmental conditions which foster the proliferation of these diseases. The Health Activity will support the training of up to a total of 700 EHTs.

Environmental Impact Discussion and Recommendation

The new Health Activity SOAG No. 522-0433 will carry out the same or similar activities as those under the Family Health SOAG No. 522-0403, with the exception of rural water and sanitation activities, which will no longer be financed. Therefore, the Mission recommends the following environmental monitoring and mitigation measures for the new Health Activity SOAG No. 522-0433:

A **Categorical Exclusion** is recommended for activities under the Amendment involving training, education, and technical assistance and programs involving nutrition, health care or population and family planning services that will not have an impact on the environment, in accordance with 22 CFR 216 Paragraph 216.2(c)(2)(i), (iii) and (viii).

A **Negative Determination with Conditions** is recommended for activities that have the potential for generating small amounts of medical waste: provision of low-cost rapid HIV tests, sputum testing of tuberculosis suspected patients, and some other limited activities related to maternal and child health, reproductive health and family planning. Disposal of these medical waste materials will be handled appropriately in accordance with the current medical waste disposal practices of the GOH Ministry of Health, as discussed in LAC-IEE-00-57, LAC-IEE-98-47, and LAC-IEE-96-25, which includes destruction and/or disposal of needles and burning of samples, gloves, and other waste products in the rural health centers, and incineration in the large hospitals. USAID will build into all grant agreements appropriate requirements for medical waste disposal in accordance with WHO standards and support their application. Implementation of these activities is conditional on adherence to approved environmental guidelines for the handling and disposal of medical waste, discussed in the above-mentioned IEEs. USAID Health Officers will make periodic visits and disseminate specific requirements and WHO guidelines to rural and urban health facilities, to monitor compliance with mitigation measures.

A Supplemental IEE shall be submitted to the LAC BEO for approval if it becomes apparent during activity implementation that there may be environmental impacts not contemplated in the IEE, or if activities not covered by the IEE are included in final program design, such as, but not limited to, support for the procurement and/or use of pesticides, construction of health facilities, or the improvement or construction of rural water and sanitation systems.

Furthermore, the following language will be included in the Strategic Objective Grant Agreement, and in all contracts and agreements under this activity:

“The Grantees and/or Contractors agree that all activities funded under this Agreement will comply with all environmental requirements applicable to USAID-financed activities, including those set forth in Title 22 of the United States Code of Federal Regulations Part 216. Implementation Letters may be issued by USAID from time to time to establish such requirements and the procedures and/or mechanisms to be used to insure full compliance with such requirement by the Grantee and any other organization receiving Grant funds under this Agreement.”