EMPR Quarter 1

Haiti SDSH II

August 1, 2012 – September 30, 2012

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Santé pour le Développement et la Stabilité d'Haïti

Environmental Mitigation Report (EMPR)

USAID HAITI MISSION SO and Title: The Development Objective (DO) of the current health strategy is "Health and Nutrition Status of the Haitian Population Improved

Title of IP Activity: SDSH II

IP Name: Management Sciences for Health - MSH

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I) Background

The *Santé pour le Développement et la Stabilité d'Haïti II* (SDSH II) Project was awarded to Management Sciences for Health (MSH) in july 2012 for one year. This Project builds on the successes and lessons learned from earlier MSH projects, namely Haiti Health Systems 2004 (HS2004), Health Systems 2007 (HS2007) and SDSH.

Similar to its predecessor projects, SDSH aims to improve access to, quality and use of a basic integrated package of services that contain maternal and child health care (with an emphasis on emergency obstetrical and neonatal care and nutrition); family planning and reproductive health; HIV/Aids and tuberculosis detection, prevention, care and treatment; and identification, referral, and care for vulnerable populations including cases of gender based violence (GBV) and child protection (CP). The referrals include non-health services legal assistance, psychological support and educational opportunities. The SDSH II project also needs to strengthen the capacity of Haiti's "Ministère de la Santé Publique et de la Population (MSPP)" [Ministry of Public Health and Population (MOH)] to carry out its executive management and oversight functions at the departmental level.

Project service delivery activities are implemented through performance-based financing (PBF) subcontracts with local nongovernmental organizations (NGOs) and through MOH public sector sites known as *zones ciblées* (ZCs). By the end of the July 2013, the Project will offer the minimum package of care to the covered population through a total of 164 health facilities.

In order to comply with the US environmental regulation the SDSH II Project needs to continue to apply, environmentally sound design to limit and mitigate the impact that the refurbishments or expanded services might have on the immediate and surrounding environment as required by the Haitian Environmental law.

II) Main Activities Conducted

The first quarter of the project that covered only August and September was quite intense in start up activities and close out of the SDSH I, few activities related to EMP were completed during the first two months of the Project SDSH. Main activities during this period were around developing the workplan for the new project.

Handling and disposal of medical waste

The Project conducted supervision visits in 24 sites to ensure that all medical waste generated by regular activities during health service delivery at clinics supported by SDSH II such as sharps, blades, x- ray waste, materials with blood (human tissue bandages with blood, sutures, cotton, gauze with blood) were properly disposed off. Safety boxes are available and well used at supported sites but their elimination still need to be monitored and improved in some sites. Specific waste containers are available at the health facilities in order to collect contaminated materials. Incinerators for destruction of these materials are not available at all sites and it is planned during the upcoming months to assess the availability of incinerators, construct or renovate a few incinerators based on the assessment and availability of funding and to develop a plan to ensure elimination of medical waste from the sites

without incinerators.

Non hazardous wastes were collected in waste containers on a regular basis. If incineration is not available, these wastes are burned or buried in a controlled area, where scavenging would not occur. Sanitary wastes are evacuated through toilets which need in some sites to be cleaned on a regular basis.

Waste management and infection prevention assessment

The Project team at the central level developed a checklist in order to assess the level of compliance by the health facilities to the requirements regarding waste management and infection prevention. This checklist will be filled for at least one third of the existing 160 facilities of the SDSH network; the information collected will then be analyzed and the results presented to USAID during the next quarter.

Supervision visits by SDSH II staff have been conducted for 24 sites to ensure compliance to Waste Management and Infection Control procedures and to provide recommendation based on observation. During those visits, a particular focus has been given to verification of disposal of syringes, needles and other sharp material, safe handling of waste prior to elimination.

Provision of waste management material and equipment

Material and small equipment (such as waste containers, chlorine solution, thick household gloves, shovels and boots) essential to guarantee proper waste control were purchased under SDSH I and distributed by the SDSH II Project during this period.

Capacitate project staff in handling medical waste

SDSH I and SDSH II had 2 months overlap, during this period project staff organized two training of trainers (ToT) sessions have been conducted on waste management and infection prevention under SDSH I. A total of 34 technical people at the departmental level participated at these sessions and will lead cascade of trainings under SDSH II in their respective departments to ensure that the competencies of institutional and community health providers as well as staffs in charge of waste are reinforced in waste management.

III) Anticipated activities for next quarter

- Training of health providers on waste management and infection prevention in all ten departments.
- Development of waste management and infection prevention plan by health facilities.
- Conduct waste management assessment for sites within the network.
- Production of the report for the assessment on waste management.
- Establish a list of health facilities to provide with incinerators.
- Conduct community awareness raising activities related to Waste Management/Infection Control.

IV) Environmental Monitoring and Evaluation Tracking Table

#	Description of Mitigation Measure	Responsible Party	Monitoring Methods		Progress during first quarter
			Indicators	Methods	
1	Handling of hazardous medical waste	MSH / Waste Management Advisor (WMA) Heads of Institutions	At least one person trained in handling hazardous medical waste per partner institution	Training registers of representatives from clinical sites by MSH	Traning for people working in health facilities not yet done. Due to heavy workload.
	Collection and disposal of hazardous waste				
	Wear thick, household gloves before handling hazardous waste	In charge of Health facilities	Safety equipment available at all sites (gloves, safety boxes)	Regular spot visits by MSH representative	Equipment not available at all sites. Procurement done under SDSH I to provide necessary equipment to all sites supported by the Project. Equipment bought will be distributed during next quarter.
	Safety boxes are available and well used	In charge of Health facilities	Puncture resistant containers are available and used appropriately in all sites At least 85% of sites visited are compliant	MSH / WMA use the written waste management protocol to report on the status of waste management at each site with an improvement plan where needed	Safety boxes available at most sites. There is a need to ensure training of service providers in order to guarantee appropriate use of the safety boxes.
2	Partners' institutions will define the circuits of hazardous waste disposal at their specific sites	Institution MSH / WMA	Each site has guidelines for waste management hang in a visible location in the health facility	Observation during sites visits	Not yet done
	1st Choice: All syringes, needles and other disposable implements should be well secured and covered before being transported to a nearby hospital to assure that they reach their destination for incineration	Institution	Puncture resistant containers are available and used in all sites Full safety boxes are stored in a secure area prior to incineration / transport	Spot visit to verify if waste is well disposed off	Safety boxes available but disposal of the boxes remain an issue that will be addressed with the development ofplans based on the waste management assessments.
	2nd Choice: Burn waste materials in a	Institution	Hazardous waste is not found on facility	Spot visit to verify if waste is well	Waste materials are burnt in several PPS but hazardous

	container to decrease likelihood of scavenging and to reduce the risk of infection		grounds, except in appropriately marked and secured areas/receptacles at least 85% of sites visited are compliant	disposed off	waste are still found on facility grounds.

#	Description of Mitigation Measure	Responsible Party	Monitoring Methods		Progress during first quarter
			Indicators	Methods	
3	**Collection and disposal of non hazardous / toxic medical waste**				
	Wear thick household (utility) gloves, coveralls, face mask, and boots when handling and transporting wastes.	Institutions (clinics)	Safety gloves, masks, boots available and utilized at all health facilities supported by SDSH II	Spot sites visits by MSH to observe safety disposal of materials when handling waste	Equipment not yet available at all sites. Procurement done to provide necessary equipment to all sites supported by the Project. Equipment bought will be distributed during next quarter.
	Dispose of solid wastes in non-corrosive washable containers (plastic or galvanized metal) with tight fitting covers.	Institutions (clinics)	Non-corrosive washable containers (plastic or galvanized metal) with tight fitting covers available at 95% sites	Spot sites visits by MSH to observe safety disposal of materials when handling waste	Containers not yet available at all sites. Procurement done to provide sufficient quantity of plastic containers to all sites supported by the Project. Containers bought will be distributed during next quarter.
	Collect the waste containers on a regular basis and transport the combustible ones to the incinerator. If incineration is not available, burn or bury in a controlled area, where scavenging would not occur.	Institutions (clinics)	Maintenance records indicate at least 2 transport of waste per week	Waste management registers verification	Not yet done. These measures will be presented for implementation during trainings for health providers and waste managers.
	Wash hands after handling wastes. Decontaminate and wash gloves in a chlorine solution prior to reuse or disposal.	Institutions (clinics)	Available clean water and chlorine solution near the circuit of waste handling	Spot visits observations	These measures will be presented for implementation during trainings for health providers and waste managers.

#	Description of Mitigation Measure	Responsible Party	Monitoring Methods		Progress during first quarter
			Indicators	Methods	
4	**Handling and disposal of sanitary wastes**				
	Wear thick household (utility) gloves when, handling and transporting wastes	Institutions (clinics)	Safety gloves, masks, boots available at the health facility and utilized	Spot visits to see if safety measure are respected	Equipment not yet available at all sites. Procurement done to provide necessary equipment to all sites supported by the Project. Equipment bought will be distributed during next quarter.
	Carefully pour wastes down a utility sink drain or into a flushable toilet. Liquid wastes can also be poured into latrines that do not drain uphill from a water source. Avoid splashing.	Institutions (clinics)	Specific drainage facility for sanitary waste available and utilized	Review of the drainage system during field visits and propose remedial measures if necessary to the institutions	These measures will be presented for implementation during tranings for health providers and waste managers.
	Rinse the toilet or sink carefully and thoroughly with water to remove residual wastes. Avoid splashing.	Institutions (clinics)	Sink drain/toilets are available and clean built	Spot visits to observe how waste handling areas are managed, if they are clean with no splash around	This measure will be presented for implementation during trainings for health providers and waste managers.
	Decontaminate specimen container with 0.5% chlorine solution or other locally available and approved disinfectant, by soaking for 10 minutes before washing	Institutions (clinics)	Available clean water and chlorine solution near the circuit of waste handling		This measure will be presented for implementation during trainings for health providers and waste managers.
5	**Handling and disposal of waste containers**				
	Use non-corrosive washable containers (plastic or galvanized metal) with covers for contaminated wastes.	Institutions (clinics)	Non-corrosive washable containers (plastic or galvanized metal) with covers for contaminated wastes are used in all sites	Spot visit to observe the use of non-corrosive washable containers with covers	Equipment not yet available at all sites. Procurement done to provide necessary equipment to all sites supported by the Project. Equipment bought will be distributed during next quarter.
	Wash all waste containers with a disinfectant cleaning solution (0.5%	Institutions (clinics)	Waste containers are regularly disinfected at all sites	Spot visit/ visual observation of treatment of containers	This measure will be presented for implementation during tranings for health providers and waste

	chlorine solution) and rinse with water				managers.

#	Description of Mitigation Measure	Responsible Party	Monitoring Methods		Progress during first quarter
			Indicators	Methods	
5	When possible, use separate containers for combustible and non-combustible wastes to avoid workers from having to handle and separate wastes by hand later	Institutions (clinics)	Use of separate containers for combustible and non-combustible wastes at 50% of sites	Spot visit/visual observation of separation of waste	This measure will be presented for implementation during trainings for health providers and waste managers.
	Use heavy work gloves when handling wastes	Institutions (clinics)	Heavy gloves and masks available at all clinics	Spot visit/ visual observation of treatment of containers	Equipment not yet available at all sites. Procurement done to provide necessary equipment to all sites supported by the Project. Equipment bought will be distributed during next quarter.
	Rinse glass containers thoroughly with water. Glass containers may be washed with detergent, rinsed, and reused	Institutions (clinics)	Glass containers are separated from non glass containers, rinsed thoroughly and reused	Spot visit/ visual observation of treatment of containers	This measure will be presented for implementation during tranings for health providers and waste managers.
	Non glass containers which contained toxic substances: rinse three times with water, puncture and dispose by burial	Institutions (clinics)	Non glass containers are punctured and disposed off for incineration	Spot visit/ visual observation of separation of waste and treatment of containers	This measure will be presented for implementation during tranings for health providers and waste managers.
6	**Small scale construction / rehabilitation of buildings**				
	Assessment of sites selected for renovation	MSH/Engineer MSH/WMA	Renovation plan takes into account environmental assessment recommendations prior to construction	Environmental assessment report	Renovation not yet started by the Project during this period.
	All building designs and implementation will be approved by a certified engineer	MSH/Engineer	Certification from a certified engineer	Environmental assessment report	N/A
	Avoid construction in sites prone to flooding where possible	MSH/Engineer	Certification from a certified engineer	Environmental assessment report	N/A

	Cover construction site to keep dust and concentrated noisiest work to a minimum, if the dwellings are located nearby	MSH/Engineer	Construction site covered with sheets that protect visitors of the health center from injury, noise and dust	Site visit	N/A

#	Description of Mitigation Measure	Responsible Party	Monitoring Methods		Progress during first quarter
			Indicators	Methods	
6	Make recommendations to the institutions to ensure latrines or toilets are not built up hill from a water source	MSH / Engineer	A report is available that certifies the compliance to MOH norms and standards	Review report	N/A
	Check that small rehabilitation buildings meet MOH standards	MSH / Engineer	A report is available that certifies the compliance to MOH norms and standards	Review report	N/A
	Non-lead based paints will be purchased under SDSH II	MSH / Engineer	A report is available that certifies the compliance to MOH norms and standards	Review report	N/A
	Avoid painting during working hours	Head of institution	Schedule of work	Review planning of painting work	N/A
	Schedule work to be completed during hours of least distraction to patients and neighbors when possible	Head of institution	Schedule of work	Review planning of work	N/A
7	**Small scale construction / rehabilitation of incinerators**				
	Locate new incinerators away from populated areas and from clinics		Incinerators located away from public areas and are burning waste cleanly and completely	Reports on construction of incinerators Site visit to construction	Construction or dotation of new incinerator not done during this period.
	Burn in the incinerator only during non rainy times. Burn during windy days to dissipate smoke particles			Visual observation	This measure will be presented for implementation during trainings for health providers and waste managers.
	Ensure that incinerators are equipped with filters and that filters are inspected/cleaned and/or replaced			Visual observation	Follow up need to be done for the cleaning or replacement of filters.
	Ensure that the incinerators are functional and used properly			Visual observation	Follow up will be made by the Departmental Technical Advisor.