

ULAT- Initial Environmental Examination

[MSH/ULAT Honduras Project]

[February 2012]

Key Words:

[Environmental actions, categorical exclusion, CFR, environmental threshold, waste management, mitigation actions]

This report was made possible through support provided by the US Agency for International Development, under the terms of [The United States Agency for International Development (USAID) under the USAID/Honduras] Number [AID-522-C-11-000001]. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Unidad Local de Apoyo Técnico para Salud
Management Sciences for Health
Tegucigalpa M.D.C.
Honduras C.A.
Telephone: (504) 2235-5919
www.msh.org

Local Technical Assistance Unit for Health Project (ULAT) HONDURAS

Project's Initial Environmental Examination (IEE) (Summary page and Document)

Contract: AID-522-C-11-000001

Submitted to:

Kellie Stewart
Director- Health, Population and Nutrition Office
U.S. Agency for International Development
Tegucigalpa, Honduras

Submitted by:

Alvaro Gonzalez COP
Management Sciences for Health (MSH)
Local Technical Assistance Unit for Health Project
Col. Rubén Darío, Ave. José María Medina C-417
Tegucigalpa, Honduras

Initial Environmental Examination (IEE) (Summary and Signature Page)

I. Program/Activity Data

Program/ Activity Name: Assistance Objective 4: Health Status for Underserved and Vulnerable Population improved.

Activity Number: 522-0450

Country/ Region: Honduras- nationwide

Program Title: Local Technical Assistance Unit for Health Project (ULAT)

Funding Begin: July 29, 2011 (FY-2011)

Funding End: July 30, 2014

LOP amount: US\$11,393,674.00

IEE prepared by: Alvaro Gonzalez and Karla Schwarzbauer (COP and Operations & M/E Manager ULAT Project)

Current date: February 28, 2012

2. Environmental Action Recommended:

Request for Categorical Exclusion(s): activities have no adverse effect (i.e., training, technical assistance; not to include any infrastructure rehabilitation.)

Negative Determination: no significant adverse effects expected for activities which are well defined over life of the award.

Without conditions (no special mitigation measures needed)

With conditions (mitigation measures specified)

Positive Determination: potential for significant adverse effect of one or more activities. Appropriate environmental review needed/conducted.

Deferral: elements not well defined; activities will not be implemented until amended IEE is approved.

3. Additional Elements: none applicable

4. Summary of Findings:

The purpose of this IEE is to comprehensively review the activities undertaken by the Local Technical Assistance Unit for Health Project (ULAT) and based on the Environmental Threshold Decision (LAC-IEE-1083) for USAID-Honduras AO 4, provide and corroborate threshold determinations of environmental impact and conditions for mitigation where appropriate.

The ULAT project objectives seek to provide integrated technical assistance to MOH and its strategic partners such as IHSS, ASHONPLAFA and others in order to: 1) improve the quality, coverage and access to sustainable maternal and child health and family planning services provided to underserved and vulnerable populations in the country and 2) help transform the current health system into one that is decentralized and plural, but integrated and that provides sustainable, efficient and equitable health services, especially for the most vulnerable and excluded populations. All of ULAT's activities take place within the own ULAT's, MOH's, ASHONPLAFA's and IHSS facilities. Regional work is

focused mainly on the MOH's Sanitary Health Regions with regional staff who are then responsible for the conduction and oversight of all activities/ strategies being implemented.

Based on USAID's Strategic Objective 4 Framework, the ULAT project has the following intermediate results:

- IR 4.1 Use and Access of Quality Maternal and Child Health and Family Planning Services Increased
- IR 4.2 Maternal and Child Health and Family Planning Services Sustained
- IR 4.4 Data Used for Decision Making

Within these previously stated IR's, the ULAT Project will focus its technical assistance on the following:

- Capacity building in MOH; ASHONPLAFA and IHSS staff and key directives in diverse FP, MCH and RH areas
- Strategy design, validation and socialization with the MOH and IHSS of diverse outputs related to FP, MCH and Health Sector Reform (these deliverables include updated national FP strategy, annual RAMNI work-plans, updated ONEC strategy, Institutional planning document, political incidence strategy defined for the MOH, organizational development for the central and regional levels defined and under implementation, general health law and/or specific laws defined, MOH's national health care model defined, among others.
- Health systems strengthening activities focused on the development of leadership and managerial skills in MOH directive and political staff in order to give way to the big changes the reform of the current health system requires, that will enable its sustainability over time.
- Evaluation and technical assistance in the evaluation and analysis processes of MOH studies, which include the Ramos Maternal Mortality Study, the National Maternal Mortality Surveillance Study until now

The environmental determination for the ULAT project falls under the classification of "**Categorical Exclusion**" from environmental examination for the following activities:

- 22 CFR 216.2(c)(2)(i), for activities involving Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.)
- 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;
- 22 CFR 216.2(c)(2)(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.)
- 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.
- 22 CFR 216.2(c)(2)(xv), for activities which involve the application of design criteria or standards developed and approved by A.I.D.

In regards to the Environmental Threshold Decision Document (LAC-IEE-1083) for USAID's Honduras AO 4, pertaining to "**Negative Determination with Conditions**" for activities under IR 4.1 which may involve construction of minor infrastructure, the ULAT project in this case would not apply due to the fact that there are no activities planned nor contractual milestones linked with health clinic or hospital remodeling or minor infrastructure. The ULAT project also does not have any activities linked to IR 4.3 (Use of quality HIV/AIDS services expanded), thus there is no direct project links to activities which could generate medical or bio hazardous waste.

INITIAL ENVIRONMENTAL EXAMINATION

Program/ Activity Name: Assistance Objective 4: Health Status for Underserved and Vulnerable Population improved.

Activity Number: 522-0450

Country/ Region: Honduras- nationwide

Program Title: Local Technical Assistance Unit for Health Project (ULAT-II)

1. Introduction

The Local Technical Assistance Unit for Health (2007-2010), started out when MSH was implementing its Leadership, Management and Sustainability (LMS) program with USAID funds. The ULAT project at that time was designed as a mechanism for coordination and integration of the technical assistance conducted by USAID, to give continuity to the agreed upon MCH and FP goals with the Ministry of Health of Honduras.

For this new phase, the Local Technical Assistance Unit for Health (ULAT-II) Project will extend vital health system strengthening processes initiated during the past ULAT project—while providing renewed impetus for initiatives to expand coverage and improve access to health care for underserved and vulnerable populations in Honduras. ULAT’s strategy for greatly improving the quality, quantity, and cost efficiency of health services in underserved areas is to connect decision-makers at the central level with conditions on the ground, at the community level. For the next four years, ULAT-II will partner with stakeholders on both top-down and bottom-up approaches to increasing health sector responsiveness and effectiveness, with the aim of establishing sustainable capacity in both the public and private sectors to take ownership of the process at the end of the project.¹

All of ULAT’s project activities are designed to take place within the own ULAT’s, MOH’s, ASHONPLAFA’s and IHSS facilities. Regional work is focused mainly on the MOH’s Sanitary Health Regions with regional staff who are then responsible for the conduction and oversight of all activities/ strategies being implemented throughout their areas of intervention.

During the initial environmental determination for the ULAT-II project, it was found to fall under the classification of “**Categorical Exclusion**” from environmental examination for the activities listed in the bulleted paragraph below, with no activities pertaining to “**Negative Determination with Conditions**” under IR 4.1. The ULAT-II project does not apply due to the fact that there are no activities planned nor contractual milestones linked with health clinic or hospital remodeling or minor infrastructure, nor are there any activities whatsoever linked to IR 4.3 (Use of quality HIV/AIDS services expanded), thus there is no direct project links to activities which could generate medical or bio hazardous wastage.

Activities listed under Categorical Exclusion include::

- 22 CFR 216.2(c)(2)(i), for activities involving Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.)
- 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;
- 22 CFR 216.2(c)(2)(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.)
- 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.
- 22 CFR 216.2(c)(2)(xv), for activities which involve the application of design criteria or standards developed and approved by A.I.D.

¹ ULAT-II/MSH- Annual Work plan , Tegucigalpa 2011

2. Background and Activity Program Description

In order to meet Strategic Objective No. 4 from the USAID/Honduras Assistance Framework: “Improved health status of underserved and vulnerable populations,” USAID/Honduras Local Technical Assistance Unit for Health (ULAT-II) project, aims to provide integrated technical assistance to MOH and its strategic partners such as IHSS, ASHONPLAFA and others to: 1) improve the quality, coverage and access to sustainable maternal and child health and family planning services provided to underserved and vulnerable populations in the country and 2) help transform the current health system into one that is decentralized and plural, but integrated and that provides sustainable, efficient and equitable health services, especially for the most vulnerable and excluded populations.

To achieve the objective of the project, we have defined the following life of project results to be realized along with counterparts in the MOH, IHSS and ASHONPLAFA²

ULAT- Major Results
IR 4.1 Use and Access of Quality Maternal and Child Health and Family Planning Services Increased
4.1.1 Access to and availability of effective public- and private-sector FP services for underserved and vulnerable populations increased <ul style="list-style-type: none"> 4.1.1.1 MOH and IHSS institutional capacity to improve access to and availability of effective FP services increased 4.1.1.2 ASHONPLAFA's institutional capacity to improve access to and availability of FP services increased 4.1.2 Public and private sector provider capacity to improve access to and availability of MCH services—especially obstetric and neonatal—increased <ul style="list-style-type: none"> 4.1.2.1 MOH capacity to oversee RAMNI implementation nation-wide strengthened 4.1.2.2 Capacity of ONEC providers to reach underserved and vulnerable populations with effective services increased
IR 4.2 Maternal and Child Health and Family Planning Services Sustained
4.2.1 Health system reformed to provide quality maternal and child health and family planning services for underserved and vulnerable populations <ul style="list-style-type: none"> 4.2.1.1 MOH role as steward of political, technical, financial, and regulatory frameworks to support MCH and FP service provision strengthened 4.2.1.2 Legal and regulatory framework capacity to improve MCH and FP services for underserved and vulnerable groups strengthened 4.2.1.3 Plans, processes, and tools for new health model incorporating social protection for underserved and vulnerable groups completed 4.2.1.4 Decentralization of health services to increase access and coverage strengthened 4.2.1.5 Social protection, including MCH and FP services for underserved and vulnerable groups, strengthened and expanded 4.2.1.6 Capacity of the National Quality System for Health to improve MCH and FP services for underserved and vulnerable groups strengthened 4.2.2 Permanent availability of contraceptive methods and supplies assured <ul style="list-style-type: none"> 4.2.2.1 Capacity of CIDATA to improve MCH ad FP services for underserved and vulnerable groups strengthened
IR 4.4 Data Used for Decision Making
4.4.1 Epidemiological/health surveillance and M&E systems improved and updated <ul style="list-style-type: none"> 4.4.1.1 MOH capacity to use the National Epidemiological/Health Surveillance System to respond to underserved and vulnerable groups improved 4.4.1.2 MOH SIIS capacity to support health surveillance and M&E systems targeting underserved and vulnerable groups improved 4.4.1.3 MOH capacity to monitor and evaluate health system performance sector wide improved 4.4.1.4 MOH capacity to generate and use evidence to improve health sector response to underserved and vulnerable groups strengthened

To achieve the project results in a sustained way, ULAT will offer technical assistance at all levels of the system, such as directors and technical and operational teams from each of the local partners.

² MSH- Local Technical Assistance Unit for Health Project (ULAT) RFP SOL-522-10-000003, Technical Proposal Revised, 2011

Working on multiple levels presents advantages for the project which specifically include:

- It facilitates the mediator role in various instances within an institution and/or among various actors in the sector helping to maintain the same logical concept, methodology and in the implementation of each of the processes and/or actions.
- Offers a constant technical coaching in a way that opportunistically identifies political, technical and/or financial conditions that can facilitate the advance of key processes as well as possible setbacks in each of the processes.

2.1. The main activities by intermediate results are:

IR 4.1 Use of and Access to Quality Maternal and Child Health and Family Planning Services Increased

Activities in this result area are focused in strengthening the capacity of the MOH to implement important policies and strategies aimed at ensuring that the most vulnerable populations have access to quality MCH and FP services. These policies and strategies are RAMNI, CONE, and the FP Strategy with its respective clinical norms.

IR 4.2 Expected Result: Maternal and Child Health and Family Planning Services Sustained

This result comes from USAID's results framework, through which it is guaranteed that all MCH and FP interventions with USAID support, have the necessary mechanisms to assure their sustainability. For this IR we propose to work in developing a political incidence strategy, strengthening institutional planning (prior written as sector planning), develop planning competencies in MOH staff, and organizational and functional re-structuring of the MOH's central and regional levels.

IR 4.4 Data used for decision making

With support from USAID through ULAT and the CDC, the MOH has developed tools related to health surveillance as well as the monitoring and evaluation processes of RAMNI. Even though the advances in the development and implementation of these tools have been substantial, the mechanisms for improving decision-making have yet to be developed at the same magnitude. To support this process, the ULAT Project will support the improvement of health surveillance systems with a special emphasis on the surveillance of maternal and child health, the process of monitoring and evaluating management systems, and the improvement of the health information systems.

3. Country and Environmental Information

The Honduran Political Constitution approved in 1982 establishes, in Article 145, that the state is obligated to conserve the environment such that it is suitable for people's health. This article omits recognizing the importance of an ecological balance by solely referring to people's health.

Honduras' General Environmental Law, created by Decree No. 104-93 which entered into force on July 20, 1993, is the primary law governing the allowable environmental impacts of business operations. The law is loosely modeled on several United States environmental laws, particularly, the National Environmental Protection Act (NEPA). The law sets forth as its general objectives the protection of the natural environment, conservation and rational use of natural resources, which are defined broadly to include cultural, historical and social resources, and the prohibition of pollution. The law provides for the creation of an administrative organ under the direction of the "Secretaría de Estado en el Despacho del Ambiente" that later merged into the "Secretaría de Recursos Naturales y Ambiente" (SERNA), Environmental Council, a Technical Advisory committee and an Environmental Prosecutors Office (Procuraduría del Ambiente).

The General Environmental Law is the most important law relating to protected areas. This law establishes the framework for designation, administration and oversight of protected areas, including national parks. Titles II to IV set forth the various categories of resources protected under the law, and include: wild flora and fauna, forests, soils, agricultural areas, urban areas, coastal and marine resources, the atmosphere, minerals and hydrocarbons, solid and organic wastes, agrochemicals, toxic and dangerous pollutants, and historical, cultural and tourism resources.

The Secretary of Health is responsible for determining technical standards with regard to permitted amounts of ground level contaminants and emissions, and for issuing guidelines on permissible levels of sound, vibrations, smoke, and

particles (Articles 60 and 61 of the General Environmental Law). This position is also in charge of granting authorizations for manufacturing, storing, importing, trading, transporting, using and disposing of toxic or dangerous substances.

The Secretary of Health, in conjunction with the Secretary of Natural Resources and the Secretary of National Defense, is responsible for treating continental and marine waters.

The Environmental Treatment Directorate is part of the Secretary of Health Office and its functions are to monitor compliance with standards to ensure that the environment is sufficiently healthy and contaminant free for the health of the people, to eradicate all diseases that originate in the air, water and dangerous substances and to control industrial and pharmaceutical establishments, as well as those selling food.³

3.1. Waste Management

The main environmental determinants that affect health are poor management of solid and hazardous waste, air pollution, and water pollution. Respiratory and skin conditions, diarrhea related morbidity and mortality, as well as other conditions are related to these determinants. Honduras has made significant progress in at least two environmental determinants by increasing access to drinking water and adequate excreta disposal. However, effective action plans that address the problems of air pollution and adequate final disposal of solid and hazardous waste have not been developed. This is reflected by the limited number of sanitary landfills that operate in the municipal areas. Approximately 3.7% (11 municipalities) have adequate final disposal sites. The other municipalities have outdoor municipal dumps or dispose of waste on public roads or in small uncontrolled dumps.⁴

4. Evaluation Of Activities With Respect To Environmental Impact Potential

ULAT activities, for the most part, do not have direct adverse environmental impacts, as they generally entail capacity building, strategy design, validation and socialization, health systems strengthening, evaluation, information, communication, training, research, planning, leadership and management activities. While these activities are not likely to generate adverse environmental impacts, they may provide opportunities to incorporate and improve means of addressing medical and bio hazardous waste management into several of the main products and deliverables being technically assisted by ULAT.

5. Recommended Mitigation Actions (Including Monitoring And Evaluation)

5.1. Threshold decisions

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Intervention
IR 4.1 Use of and Access to Quality Maternal and Child Health and Family Planning Services Increased <ul style="list-style-type: none"> Revising, updating, strengthening policies and strategies related to RAMNI, ONEC, and the FP with its respective clinical norms 	Categorical Exclusion <ul style="list-style-type: none"> 22 CFR 216.2(c)(2)(i), for activities involving Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.) 22 CFR 216.2(c)(2)(viii), Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment 22 CFR 216.2(c)(2)(xv), for activities which involve the application of design criteria or standards developed and approved by A.I.D. 	<ul style="list-style-type: none"> No biophysical interventions involved Categorical exclusions apply except to the extent that activity might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.) <p>Proactive Interventions:</p> <ul style="list-style-type: none"> Inclusion of environmental mitigation activities for medical wastes within the new maternal-neonatal norms.

³ Madrigal Patricia; Environmental Policy Analysis: Report on Honduran Environmental Laws and their Real or Potential Impact on the Intermediate Result "Improved Management and Conservation of Critical Watershed" and the Central America Free Trade Agreement (CAFTA); USAID, 2004

⁴ Document "Health Systems Profile- Honduras- Monitoring And Analyzing Health Systems Change", 3rd Edition, PAHO 2009

<p>IR 4.2 Maternal and Child Health and Family Planning Services Sustained</p> <ul style="list-style-type: none"> Developing a political incidence strategy, strengthening institutional planning (prior written as sector planning), developing a legal framework, develop planning competencies in MOH staff, and organizational and functional re-structuring of the MOH's central and regional levels. 	<p>Categorical Exclusion</p> <ul style="list-style-type: none"> 22 CFR 216.2(c)(2)(i), for activities involving Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.) 22 CFR 216.2(c)(2)(viii), Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning. 22 CFR 216.2(c)(2)(xv), for activities which involve the application of design criteria or standards developed and approved by A.I.D. 	<ul style="list-style-type: none"> No biophysical interventions involved Categorical exclusions apply except to the extent that activity might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.) <p>Proactive interventions:</p> <ul style="list-style-type: none"> Inclusion of environmental mitigation activities for medical waste management, when appropriate within the organizational and functional manuals to be designed for the new MOH's central and regional structure. Inclusion of environmental mitigation indicators for medical waste management in the new decentralized provider contracts. Provide technical support for the inclusion of environmental mitigation measures according to Honduran law, within public policy documents to be developed under the ULAT Project. Inclusion of environmental mitigation activities for medical waste management, when appropriate within the Hospital reordering guidelines and hospital self-management document
<p>IR 4.4 Data Used for Decision Making</p> <ul style="list-style-type: none"> Technical assistance for improvement of health surveillance systems with a special emphasis on the surveillance of maternal and child health, the process of monitoring and evaluating management systems, and the improvement of the health information systems. 	<p>Categorical Exclusion</p> <ul style="list-style-type: none"> 22 CFR 216.2(c)(2)(i), for activities involving Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.) 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings; 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning. 22 CFR 216.2(c)(2)(xv), for activities which involve the application of design criteria or standards developed and approved by A.I.D. 	<ul style="list-style-type: none"> No biophysical interventions involved Categorical exclusions apply except to the extent that activity might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.) <p>Proactive interventions:</p> <ul style="list-style-type: none"> Inclusion of risk indicators to monitor environmental mitigation and biohazard waste management at a national level within the Health services monitoring system.

5.2. Mitigation, Monitoring Measures and Evaluation

As required by ADS 204.3.4, the ULAT COP along with MSH's Country Operations Support Team, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this Request for Categorical Exclusion arise during implementation, and modify or end activities as appropriate.

In regards to the subcontract that we have foreseen within our work-plan, ULAT will make sure to incorporate provisions that the activities to be undertaken will comply with the environmental determinations and recommendations of this IEE. This includes assurance that the activities conducted with USAID funds fit within those described in the approved IEE and that any mitigating measures required for those activities are followed.

ULAT will make the necessary provisions to ensure as appropriate, that quarterly progress reports, annual reports and other special reports, contain a brief update of the mitigation and monitoring proactive activities previously defined above and how they are being implemented, as well as include any other major modifications/revisions in the development activities, and mitigation and monitoring procedures when needed.

For the writing of this IEE, the following documents were consulted:

1. USAID- Honduras LAC-IEE-1083, Environmental Threshold Decision, July 15, 2010
2. USAID- Environmental Procedures Training Manual (AFR), Chapter 4- Writing the Initial Environmental Examination (IEE), May 2003
3. USAID- Environmental Compliance Procedures, Title 22- Code of Federal Regulations, Part 216
4. Document "Health Systems Profile- Honduras- Monitoring And Analyzing Health Systems Change", 3rd Edition, PAHO 2009
5. USAID- Latin-American guidelines for Solid Waste Management
(http://www.usaid.gov/locations/latin_america_caribbean/environment/docs/epiq/epiq.html)
6. Madrigal Patricia; Environmental Policy Analysis: Report on Honduran Environmental Laws and their Real or Potential Impact on the Intermediate Result "Improved Management and Conservation of Critical Watershed" and the Central America Free Trade Agreement (CAFTA); USAID, 2004