

PROGRAM DESCRIPTION
Peace Corps PASA for Health and
Water and Sanitation Reconstruction Activities

I. BACKGROUND

1. Pre-Hurricane Georges Health Conditions

Children in the Dominican Republic, prior to Hurricane Georges suffered from poor health status, especially those from the poorer segments of the population. Although the national under-five mortality rate was relatively low at 61 deaths per 1,000 live births according to the 1996 Demographic and Health Survey (DHS), the mortality rates in the areas most affected by Hurricane Georges in the Southwest and East Regions were much higher, 92 and 83 respectively. The 1996 DHS also documented high morbidity rates of acute respiratory infection (ARI 24.7%) and diarrhea (15.7%) with significantly higher rates of both in the East and South West Regions. According to SESPAS, in 1997 the principal causes of childhood mortality were ARI (18.13%), diarrheas (12.01%), and general infection (11.43%). Worldwide, malnutrition is indicated in 42% of these deaths. The 1996 DHS documents 10% of Dominican children as malnourished, and double that rate in the Southwest Region.

The bateyes are permanent labor camps predominately populated by Haitian workers. Health conditions found in the bateyes are among the worse in the country. Several of USAID's partner NGOs are working with the batey populations.

2. Pre-Hurricane Georges Water and Sanitation Situation

Prior to Hurricane Georges, the Dominican Republic had one of the lowest rates of Water Supply and Sanitation (WS&S) coverage in Latin America and the Caribbean (LAC) with environmental health conditions that contributed to high rates of morbidity and threatened gains made by USAID and the Government of the Dominican Republic (GODR) in reducing child mortality. The US Mission to the Dominican Republic, including USAID and the Peace Corps, and the GODR recognized that WS&S services were key preventive health interventions.

Coverage rates for the rural population were low, despite significant investments in the sector by the GODR over many years. According to the Pan American Health Organization (PAHO), 55% of the rural population did not have access to adequate water supplies and over 70% did not have access to adequate sanitation facilities.

USAID and the Peace Corps have both had success in delivering water and sanitation systems to rural communities. The key ongoing approach is to promote a "total community participation" model that invests time and money first in

organizing communities and then systematically involving them in decision making, planning and implementation. Community ownership of the systems is promoted; communities assume responsibility for operations and maintenance (O&M), which puts the sustainability of the systems in the communities' hands. In addition, sanitation and hygiene education components were integral parts of the project, to assure effective health impacts. This model motivated community members to work together, allowing them to experience democracy at its most elemental level. Communities that successfully develop WS&S systems often continued to take on challenges in other sectors on their own.

a. **Hurricane Georges Related Damage to Primary Health Services**

A disaster such as Hurricane Georges greatly increases the risk of under five morbidity and mortality due to lack of potable drinking water, over-crowding (in shelters, or in houses of family and friends where many poor Dominicans have had to relocate due to destruction of their houses) and malnutrition due to scarcity of food and income. As mentioned above, epidemics such as malaria, dengue and others can be expected to follow a disaster.

Primary health care is provided to rural Dominicans through the Ministry of Health (SESPAS), the private sector, various Non-Governmental Organizations (NGOs), as well as through several donor organizations such as the US Peace Corps. The hurricane has caught SESPAS in the process of a major reorganization and decentralization, which has slowed its ability to provide rapid and effective primary health care to the affected population (SESPAS 1998). The hurricane has also damaged many health facilities, which will be repaired with funds from the Government of the Dominican Republic (GODR) but will take time to be fully functioning.

The disaster has tested the effectiveness of the SESPAS decentralization to Provincial Health Departments (Direcciones Provinciales de Salud (DPS)). The DPSs are still weak, but most were able to respond positively to the crises.

Many of the most affected families are too poor to avail themselves of the for-profit private health sector, which is concentrated in the capital city and other municipalities.

NGOs in the Dominican Republic, including international and local NGOs, church affiliated organizations and the Peace Corps provide primary health care services, especially in the rural areas. Since the hurricane, they have been working diligently to provide assistance to communities, often in conjunction with international donors (including USAID) and the Provincial Health Directorates.

b. Hurricane Georges related damage to WS&S systems.

As a result of Hurricane Georges, gains achieved in rural WS&S coverage by USAID, Peace Corps and other donors suffered a significant setback. A bad Water and Sanitation situation was made worse. Hurricane winds, high rains and related flooding damaged or destroyed water systems in the East and Southwest sections of the country. While comprehensive assessment of damages to water and sanitation systems throughout the country were not found to be available. The Peace Corps and USAID's NGO and Public Sector partners have noted that water supply as one of the highest needs in the country. Examples of water supply system damage include:

- ▶ spring intake tanks damaged or destroyed
- ▶ blockage or contamination of open wells (from mud slides)
- ▶ damage to or washing away of water distribution pipes
- ▶ damage to water pumps and/or electrical systems for pumps
- ▶ contamination of water sources and (damaged) piped water systems

In addition, latrines were partially or completely destroyed throughout the hurricane affected area. Examples of latrine damages include:

- ▶ superstructure partially damaged or completely blown away,
- ▶ pits filled with mud and,
- ▶ seats and bases damages or destroyed.

II. EXPECTED RESULTS, TARGET POPULATION AND PROGRAM STRATEGY

A. Expected Results

The sub-results will be determined by the Peace Corps proposals, but may include:

- a. Health behaviors relating to child survival improved, such as home use of oral rehydration for diarrhea, proper hygiene, and appropriate use of health services for acute respiratory infections.
- b. Community water systems and latrines restored and functioning.
- c. Community health services such as Oral Rehydration Units established and functioning.
- d. Improved utilization of other reconstruction efforts, such as linkages between oral rehydration therapy and water and sanitation programs for synergistic prevention of malnutrition due to diarrheal disease. Linkages will also be made with the nutritional and epidemiological surveillance systems, feeding programs, housing programs and other activities in the community and region.

e. Community pharmacies functioning.

1. Target Population

The number of people whose health is placed at increased risk due to Hurricane Georges in the Dominican Republic is estimated at over a million. This results package will only be able to provide primary health care and health education services to a portion of the eligible population. The actual number of people and communities which will be served by this component will be determined by the amount of funding available, and by the proposals received by the Peace Corps. The Peace Corps has identified 400 families in need of services.

The eligible target populations reside in disadvantaged rural and per-urban communities that meet the following criteria:

- The Hurricane caused sufficient damage and disruption to water and sanitation facilities to increase health risks to children.
- The community members are in agreement with implementing the reconstruction project using the "Total Community Participation" model, involving community organization and voluntary labor.
- There are indications that once water systems or primary health care services and health education activities are in place, they can be sustained within the community, or replaced by other services.
- Priority will be given to the poorest communities most effected by the hurricane, including Bateyes.
- Priority consideration will be given to communities having an existing relationship with the Peace Corps.
- Priority will also be given to communities receiving multiple assistance from the Peace Corps to take advantage of synergies with other sector assistance.
- The Peace Corps will consider the qualification of the volunteer or NGO to undertake the proposed program, based on expected results, costs, administrative and overhead costs and any other consideration that the Peace Corps feels that will be appropriate.
- Primary health care programs which receive agreements under this program will participate in the decentralized epidemiological surveillance programs of SESPAS.

III. AGREEMENTS PROVISIONS

Based on the attached Peace Corps proposal, the Peace Corps will utilize this agreement for the following purposes:

- A. Reconstruction of small scale water and sanitation systems damaged by Hurricane Georges.

- B. Provision of primary health services and health education for communities damaged by Hurricane Georges.

The Peace Corps should be reminded of USAID's Automatic directive System Section 306.5.23c Participating Agency's Procurement Procedures:

A PA contracting under a PASA/RSSA must follow its own procurement procedures, particularly the Federal Acquisition Regulation (FAR). It shall not use a PASA/RSSA as a vehicle to avoid FAR restrictions, such as the Competition in Contracting Act or small and minority business set-aside requirements. The PA shall follow certain USAID regulations, such as USAID approval of salaries in excess of the ES-6 level, the AIDAR provisions with respect to source, origin, nationality and commodity eligibility, and ADS Chap 320 marking requirements to identify USAID contributions to program-financed commodities, equipment, or activities.

This indicates that since pharmaceuticals are a restricted commodity, the Peace Corps will not be allowed to use PASA funds to procure local pharmaceuticals unless authorized in advance by the Agreement Officer.

IV. REPORTING REQUIREMENTS

Peace Corps will provide a semi-annual technical report to USAID/Dominican Republic on technical results listed in section II above, problems or delays encountered and future activities under this SPA. Semi-annual report will be submitted within 15 days after the end of the semester. Financial reports, using USAID approved formats will also be made as per the standard provisions.

V. PROJECT ASSISTANCE COMPLETION DATE

The Project Assistance Completion Date for this SPA will be two years after its effective date.

VI. 621(a) JUSTIFICATION AND DETERMINATION FOR USE OF A PARTICIPATING AGENCY (PA)

ADS section 306.5.1 Priority and Criteria for the Use of Other Federal Agencies states that the following policies shall be followed when using other federal agencies in a PASA:

Justification and Determination - The cognizant Assistant Administrator (AA) or Deputy, or Mission Director or Deputy shall determine whether or not the criteria in 306.5.1b have been met for technical assistance requirements and, if so, shall certify the rationale establishing that a Participating Agency (PA) has unique or particular suitability to perform the technical assistance (the FAA Section 621(a) Justification and Determination).

The following summary statement must also be included and signed by the bureau or mission official identified above: "The proposed agreement shall be exempt from the provisions of OMB Circular A-76 because (1) it is for the provision of technical assistance, and (2) the facilities and resources of the other Federal agency are particularly or uniquely suitable for the technical assistance to be provided; (3) the services can be made available without interfering unduly with domestic programs (i.e. the PA has excess capacity), and (4) the services are not competitive with private enterprise."

The Peace Corps is particularly suited through its unique services and facilities to provide the requirements sought in this MAARD, and; the technical services being sought from the Peace Corps are not competitive with private enterprise for the following reasons:

(a) The water and sanitation systems to be repaired or reconstruction were originally installed, or have been improved, by the Peace Corps water and sanitation volunteers. The Peace Corps, therefore, has unique access to plans and experience with these systems. Because the Peace Corps has been working with the involved communities, utilizing the "Total Community Participation" model in these communities, the use of outside vendors would be disruptive to the process and would require an unacceptable amount of time to complete the task, as this is an emergency reconstruction activity. With the immense need in water and sanitation system rehabilitation in the Dominican Republic after the hurricane, it is unlikely that any private sector firm would be willing to repair in a timely fashion the small systems the Peace Corps will work with.

(b) The Peace Corps is providing primary health activities in communities affected by the hurricane through existing health volunteers. It is the only organization which can provide required health activities to these communities, in a coordinated manner with other Peace Corps interventions.

(c) The Peace Corps has sufficient capability available to provide both the water and sanitation and primary health activities needed for the reconstruction activities without affecting its ongoing programs.

By approving the MAARD, the Deputy Director certifies that the proposed amendment to this PASA is exempt from the provisions of Circular A-76 because (1) the reconstruction of small water and sanitation systems which have been worked on by the Peace Corps is a niche that only the Peace Corps can fill in a timely manner; (2) these services are not competitive with private enterprise and; (3) the services provided by the Peace Corps can be made without undue interference with its own programs.

**THRESHOLD DECISION BASED ON
INITIAL ENVIRONMENTAL EXAMINATION**

Activity Location: World Wide
Global Bureau Special Objective
Enhance communities' capabilities to conduct low-cost, grass roots, sustainable development activities

Activity Title/ID: Peace Corps: Small Project Assistance (SPA) Program

Funding (Fiscal Year & Amount): \$20 million
FY99-04 \$20 mill

IEE Prepared By: G/ENV/ENR, Mbenge
Date: April 7, 1999

Environmental Action Recommended: 'Negative Determination' Under USAID Regulation 22 CFR 216.3 (a) (2) (iii).

SO Team Decision: (Approval/Disapproval of Environmental Action Recommended in the IEE)

Approved: *Amos W. Baker*
Disapproved: _____
Date: 4-7-99

Decision of the Deputy Assistant Administrator:

Approved: *IR*
Disapproved: _____
Date: 4-7-99

Decision of the Bureau Environmental Officer

Approved: *J. Paul Edes Posiers (note conditionality on next page)*
Disapproved: _____
Date: 4/8/99

INITIAL ENVIRONMENTAL EXAMINATION

1. Operating Unit: Global Bureau
2. Location: USAID/W
3. Special Objective (SPO): Enhance communities' capabilities to conduct low-cost, grass roots, sustainable development activities
4. Activity: Peace Corps: Small Project Assistance (SPA) Program
5. Funding Period: FY1999-2004
6. Amount: \$20 million (estimated)
7. Examination Prepared by: Michael Bengge, G/ENV/ENR
8. Action Recommended: 'Negative Determination' Under USAID Regulation 22 CFR 216.3 (a) (2) (iii).
9. Summary of environmental relationships of the project relevant to the attached environmental impact identification and evaluation form:

A. Description

The Small Project Assistance (SPA) program combines the financial resources of USAID with the human resources of the Peace Corps in order to advance mutual goals. It enables Peace Corps Volunteers (PCVs) to engage community members in a participatory process that contributes to sustainable development at the local level. The SPA program continues to employ both grants and technical assistance to provide communities with the seed money as well as the skills necessary to address locally identified needs. The Technical assistance complements the grant component of the SPA program by strengthening technical skills and enhancing the design and management of community-based projects.

A critical aspect of the SPA program is that the development activities it supports cut across many sectorial areas including environment, child survival, food production, education, water and sanitation, and small enterprise development. The following are examples of such activities.

- a. Community Health Training
- ✓ b. Construction of Wells, Storage Tanks, Reservoirs, and Water Flow Systems
- c. Health Clinic Construction
- d. Establishment or enhancement of Libraries and Community Resource Centers
- e. Classroom Construction, Rehabilitation and Maintenance
- f. Vocational Training

N.B. - tube well construction in W. Bengal, India, and Bangladesh should consider 2 testing for arsenic. Drinky water should not be employed at levels > 0.01 mg/l (ppm) AS (WHO)

- g. Provision of Instructional Materials and Equipment
- h. Non-Formal Education and Youth Development
- i. Income Generation/Employment
- j. Environmental Education
- k. Conservation and Sustainable Use of Biodiversity
- l. Sustainable Natural Resources Management

B. Recommended Environmental Action

Based on the Initial Environmental Examination, a 'Negative Determination', is recommended for the Small Project Assistance (SPA) Program. This proposal is submitted in accordance and agreement with USAID's *Environmental Procedures* [Under USAID Regulation 22 CFR 216.3 (a) (2) (iii)] which calls for a Negative Determination when overall actions undertaken by the Agency will not have a significant effect upon the environment.

If, during the course of activities supported by the SPA, any significant adverse effect on the environment is anticipated and/or realized, proper and effective mitigative steps will be undertaken to minimize or eliminate adverse environmental impacts. Also, a monitoring and evaluation plan will be prepared and results sent annually to the responsible USAID environmental officer for review and concurrence.

To: Ben Stoner@G.ENV.DAA, Internet [brooke_hearer@ios.doi.gov], Carl M. Gallego@AFR.SD, Carl Mitchell@ENI_UD, Eric Fajer@LAC.RSD, Irene Koek@G.PHN.HN, J. Paul DesRosiers@G.ENV.ENG, James Hester@PPC.ENV, Jeff Goodson@ANE.ORA.O, Jeffrey Brokaw@LAC.RSD, Louis Kuhn@ANE.ESA, Morris S. Israel@LAC.RSD, Osgood Masee Bateman@G.PHN.HN, Internet [billigp@cdm.com], Walter Knausenberger@AFR.SD.ROS

From: John H. Austin@G.PHN.HN

Cc:

Bcc:

Subject: New data

Attachment:

Date: 04/07/1999 4:12 PM

BANGLADESH: EXTENT OF ARSENIC POISONING

In 41 of the 64 districts in Bangladesh, representing a population of 76.9 million, arsenic concentrations over more than 0.05 mg/l have been detected. The study was carried out by the School of Environmental Studies (SOES), Jadavpur University and Dhaka Community Hospital. Over 45% of the groundwater samples (n=10,405) had arsenic levels > 0.05 mg/l. Out of 23 districts surveyed, 22 districts (population 35 million) had patients suffering from arsenic poisoning. A third of the people examined (n=7588) had arsenical skin-lesions. In one village where the arsenic level in groundwater was 1.65 mg/l, over half of the adults (n=145) and 17% of the children (n=48) had arsenical skin lesions. So far from Bangladesh the highest recorded concentration of arsenic in tubewells has been 4.7 mg/l.

Contact: Dipankar Chakraborti, SOES, Jadavpur University, India, fax: +91-33-4734266, <mailto:dcsoesju@vsnl.com>;

(E-mail from Sylvia Mortoza, 17 March 1999, <mailto:zainah@bdonline.com>)