

## Supplemental Initial Environmental Examination

Activity Location : Dominican Republic

Activity Title : Sustained Improvement in the Health of  
Vulnerable Populations in the DR

Activity Number : 517-010

Funding : \$68,880,000

Life of Project: : Six Years

IEE Prepared by : Sarah Majerowicz, CTO

Recommended Threshold Decision : Categorical Exclusion/Negative  
Determination with Conditions

**Background:** The USAID/DR Health Strategic Objective for the period FY 2002 through FY 2007 is “Sustained Improvement in the Health of Vulnerable Populations in the Dominican Republic.” (517-010). This Health Strategic Objective was approved in the Mission Strategic Plan (2002 through 2007) through an Action Memorandum signed by AA/LAC Adolfo Franco on April 5, 2002. An environmental threshold decision by the BEO (LAC-IEE-02-22) dated 6/27/02 issued a categorical exclusion to the proposed activities involving education, training and technical assistance, and a Negative Determination to health activities, e.g.: vaccination and health activities. On April 30, 2004 an HIV/AIDS expanded response strategy was approved by USAID/W. The expanded strategy will continue to focus on prevention by building upon successful experiences and proven effective preventive measures and will support the country’s efforts to improve access to care and treatment for people living with HIV and AIDS (PLWHA). On October 1<sup>st</sup> 2004 USAID/W approved an increase in the Strategic Objective LOP funding from \$41,250,000 to \$68,880,000. The revised activity description reflects both the HIV Expanded Response Strategy and the new funding levels. None of the changes in activities should change the exclusion decision or negative determination.

**Revised Activity Description:**

The purpose of the SO remains as “Sustained improvements in the health of vulnerable populations in the Dominican Republic”. Four intermediate results will contribute to the attainment of the SO:

- IR 10.1        Increased Use of Services and the Adoption of Practices to Prevent and Mitigate HIV/AIDS in At-Risk Populations.
- IR 10.2        Sustainable, Effective Reproductive Health/Family Planning Services Provided by Public and Private Sectors
- IR 10.3:        Increased Use of Selected, Effective Child Survival Services
- IR 10.4:        Increased Efficiency and Equity of Basic Health Care Services at the Local Level

These results are inter-linked, mutually reinforcing and will be pursued in an integrated manner to attain the Objective. The partners, including concerned GODR agencies, USAID, NGOs, and institutional contractors, will establish an appropriate coordinating mechanism to assure synergy among activities.

Illustrative activities include:

1. Grants and technical assistance to MOH and NGOs to expand HIV/AIDS prevention strategies to target groups. This includes communication for behavior change, the Prevention of Mother-to-Child Transmission program (PMTCT), and the Voluntary Counseling and Testing program for HIV.
2. Technical assistance, training and grants to NGOs for research, dissemination and advocacy activities to promote compliance with HIV/AIDS related laws and improve the protection of the rights of those affected by HIV/AIDS.
3. Technical assistance, training and limited equipment to MOH and NGOs for the provision of HIV/AIDS integrated care services through the organization and functioning of basic care units for PLWHA in the provinces and municipalities most affected by AIDS.
4. Assistance to the National Tuberculosis Program for the expansion of the Directed Observed Treatment Short-course (DOTS) strategy to all provinces. Assistance includes technical assistance, training, laboratory equipment and commodities.

5. Technical assistance to increase early detection of TB patients and contacts by establishing public-private networks. It is expected that service providers deliver an array of services such as early detection of TB patients, transporting TB sputum, and DOTS treatment to those patients living too far from the service units.
6. Training and technical assistance in the application of national norms for reproductive health clinical service delivery, and design, implement, and monitor an appropriate supervision system (we will explore the possibility of developing a system of incentives/disincentives for compliance/non-compliance with the norms).
7. Technical assistance and funding for the design and implementation of community awareness campaigns to ensure users are cognizant of their reproductive health care rights; and for the conduction of periodic user satisfaction surveys at the facilities to assess the perception of quality of care improvements.
8. Technical assistance to health facilities and community networks in selected regions to institute a referral and counter-referral system, with procedures and monitoring/supervision instruments and to identify and train a cadre of voluntary community outreach promoters, to educate members of their community to identify risk in maternal and childhood illnesses and the timely referral of complications.
9. Technical assistance and funding to strengthen the Expanded Immunization Program, (EPI). This includes strengthening of the regular vaccination posts to improve vaccination coverage and quality.
10. Technical assistance to the national Water Authority (INAPA) to strengthen its role as a normative body, to monitor and evaluate its current inventory of water systems, and to support communities currently in the Total Community Participation program for the construction, management and maintenance of rural water systems.
11. Technical assistance to the MOH for the gradual institutional restructuring required to assume the roles and competencies assigned under the new legal framework and to support decentralization of service delivery and the start-up of the new Family Health Insurance.
12. Technical assistance and grants for design and implementation of innovative models that: a) address the relevant health issues and service needs; b) strengthen and better utilize public sector capacity at the local level; c) develop public/private partnerships and other mechanisms to increase coverage and quality of care through NGO and/or other private providers; and d) involve the community as an active participant.

13. Technical assistance and funding for the development and implementation of short and long-term training programs to improve the management capacity of public high and mid-level managers in selected health regions. This will involve a partnership between international and local universities.
14. Fund policy studies and analysis, operations research, debates and consensus building seminars and forums, and observational tours to interchange ideas with other Latin American countries undergoing similar health reforms

This SO will not fund any construction activities such as the construction of health clinics, water facilities, etc. However, the SO will assist improvements of the HIV/STI/TB service capabilities and related commodities logistics systems, improvements in the reproductive health systems and logistics, and promotion of the vaccination program. These activities involve drugs and medications, syringes and needles, and other medical supplies and equipment which must be used with care and disposed of in an environmentally responsible manner. While USAID funding for the actual commodities is expected to be very small if any at all, still the systems we will be assisting definitely will be utilizing these commodities.

**Determination:**

The revised USAID/Dominican Republic activity description expands on the original actions both in terms of geographical focus and population coverage, as well as on programmatic focus, e.g. treatment and care of people living with HIV/AIDS. Therefore, pursuant to 22 CFR 216.2(c)(2)(i), (iii) and (viii), the Mission Environmental Officer requests the Bureau Environmental Officer, to maintain the Environmental Threshold Decision IEE-02-22 dated 6/27/02 for a Categorical Exclusion for those activities involving education, training and others that will not have an impact on the environment, and a Negative Determination with Conditions for activities that involve handling and disposal of medical waste (i.e. vaccination programs, testing for HIV and Tb, and provision of health services).

The Health and Population (HPT) Team is in the process of developing appropriate environmental guidelines handling and disposal of medical waste (i.e. vaccination programs, testing for HIV and Tb, and provision of health services) in collaboration with the team's Institutional Contractors. The Team anticipates to have a draft of the environmental guidelines by January 21<sup>st</sup>, 2005. The Guidelines will be submitted for BEO approval by January 31<sup>st</sup>, 2005. In addition, the Institutional Contractors, in collaboration with PAHO, will assist the Ministry of Health (SESPAS) and local NGOs to adopt and implement the environmental guidelines as well as appropriate biosafety procedures and practices, including training in handling and disposal of hazardous supplies and medical waste, e.g. syringes, sputum vases, laboratory plates, and blood products. The institutional contractor shall develop a monitoring plan detailing how the implementing partners will handle medical waste issues (if medical wastes are being generated as part of the activity) and shall submit the plan to USAID for Mission

Environment Officer approval prior to commencing activities. The monitoring plan shall clearly indicate provisions for the disposal of syringes. The institutional contractor will be responsible of monitoring implementation of the guidelines and reporting compliance to USAID. Reporting shall be part of regular reporting to the Health and Population Team.

With this activity expansion we do not anticipate any new construction, which would require an environmental impact assessment.

**Environmental action recommended:** Based on the above, the Mission recommends that activities under SO No. 517-010 be given (1) A *Categorical Exclusion* for those activities involving education, training and others, as identified above, that will not have an impact on the environment; and (2) A *Negative Determination with conditions* for activities that will involve the handling and disposal of medical waste.

**IEE Prepared by:** Sarah Majerowicz, CTO Date: October 19, 2004

Concurrence: \_\_\_\_\_  
Elena Brineman  
Mission Director  
USAID/Dominican Republic

Date: \_\_\_\_\_

Approval: \_\_\_\_\_  
Jerry Bisson  
Bureau Environment Officer

Date: \_\_\_\_\_

**Clearances:**

HPT:DLosk: \_\_\_\_\_

Date: \_\_\_\_\_

PDO:MTaveras: \_\_\_\_\_

Date: \_\_\_\_\_

PDO:DGowen: \_\_\_\_\_

Date: \_\_\_\_\_

MEO: OPérez \_\_\_\_\_

Date \_\_\_\_\_

AD:DDelgado: \_\_\_\_\_

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A/REA/C: MDonald \_\_\_\_\_

Date \_\_\_\_\_

LAC/RSD:JBisson: Cleared by e-mail

Date: October 22, 2004