



LAC-IEE-04-08

ENVIRONMENTAL THRESHOLD DECISION

Activity Location : Guatemala

Activity Title : SO3, “ Investing in People: Healthier, Better Educated People”

Activity Number : 520-023

Funding : \$69,500,000 (\$15 million DA; \$54.5 million CSH)

Life of Project : FY 2004 – FY 2009

IEE Prepared by : Gloria Cordon, PDM, USAID/G-CAP

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 education, training, and others, as identified in the IEE under IR1, that will not have an impact on the environment.

A **Negative Determination with Conditions** is issued for any activities involving school repairs. The Mission shall ensure that appropriate environmental guidelines and/or mitigation measures are developed for these building repair-type activities, that will bring the facilities up to a minimum environmental standards, and that adequate monitoring and evaluation protocols are in place to ensure their proper implementation. The “Environmental Guidelines for Development Activities in Latin America” shall be used, at a minimum, in identifying adequate standards and mitigation measures. The guidelines and monitoring procedures shall be submitted to the Regional Environmental Advisor (REA) for review and approval before commencing these activities.

A Negative Determination with Conditions is also issued for activities that will involve the handling and disposal of medical waste under IR3. For such activities implementing partners shall follow USAID guidelines (as per WHO Handbook for Safe Handling, Treatment and Disposal of Wastes) for the handling and disposal of any medical waste. A monitoring plan detailing how the implementing partner will handle medical waste issues shall be submitted to the Regional Environmental Advisor for approval prior to commencing activities. Special mention should be made of provisions taken for the disposal of Depo-Provera syringes. In the case of ongoing Mission partners (like APROFAM and the MOH) who have already presented procedures regarding the proper handling of medical waste under IR3, existing certification of compliance with established procedures already approved by the MEO should suffice.

CTOs are responsible for making sure environmental requirements are met. It is the responsibility of the SO Team to ensure that the SOAG and MAARDs contain specific instructions to this effect.

If, during the life of this SO, any additional activities are planned which are not listed in the IEE, a separate environmental evaluation will be conducted prior to implementation.

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

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Attachment: IEE

INITIAL ENVIRONMENTAL EXAMINATION

Activity Location	: Guatemala
Activity Title	: SO3, “ Investing in People: Healthier, Better Educated People”
Activity Number	: 520-023
Funding Source	: CSH and DA (Basic Education Earmark)
Funding	: \$69,500,000 (\$15 million DA; \$54.5 million CSH)
Life of Project	: FY 2004 – FY 2009
IEE Prepared by	: Gloria Córdón, PDM/G-CAP
Date Prepared	: January 22, 2004

I. Summary of Recommended Threshold Decision

Pursuant to Section 216.2(a) of A.I.D. 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 the activities planned for the “Investing in People: Healthier, Better Educated People” Strategic Objective (SO3) under the recently approved Country Plan for Guatemala, proposed actions and the environmental impacts of those actions.

Pursuant to 22 CFR 216.2(c)(2)(i), (iii), and (viii), a **Categorical Exclusion** is recommended to the activities involving education, training, and others, as identified in the IEE under IR1, that will not have an impact on the environment. A **Conditional Negative Determination** is recommended for any activities involving school repairs. The Mission shall ensure that appropriate environmental guidelines and/or mitigation measures are developed for these building repair-type activities and that adequate monitoring and evaluation protocols are in place to ensure their proper implementation. The “Environmental Guidelines for Development Activities in Latin America” shall be used, at a minimum, in identifying mitigation measures. The guidelines and monitoring procedures shall be submitted to the Regional Environmental Advisor (REA) for review and approval before commencing these activities.

A Conditional Negative Determination is also recommended for activities that will involve the handling and disposal of medical waste under IR3. For such activities implementing partners shall follow USAID guidelines (as per WHO Handbook for Safe Handling, Treatment and Disposal of Wastes) for the handling and disposal of any medical waste. A monitoring plan detailing how the implementing partner will handle medical waste issues shall be submitted to the Regional Environmental Advisor for approval prior to commencing activities. Special mention should be made of provisions taken for the disposal of Depo-Provera syringes. In the case of ongoing Mission partners (like APROFAM and the MOH) who have already presented procedures regarding the proper handling of medical waste under IR3, existing certification of compliance with established procedures already approved by the MEO should suffice.

CTOs should be aware that they are legally responsible for making sure environmental requirements are met. It is the responsibility of the SO Team to ensure that the SOAG and MAARDs contain specific instructions to this effect.

II Program Description

The long term goal of the strategic objective is to ensure healthier, better educated people and improve social sector investments and transparency in Guatemala. Working through the Ministry of Health (MOH) and NGOs that provide health services, the program will support quality maternal child health and nutrition services, prevent HIV/AIDS, and improve health and nutrition practices. Policy dialogue in health and education will focus on increasing public investments in these sectors, improved accountability and transparency, effective decentralization of services, and increased quality, efficiency and equity of government programs. USAID's education assistance will focus on improving primary school completion rates through promoting policies and actions that increase the quality of education, reduce inefficiency (drop-out and repetition, especially in the early grades), and increase children's readiness for school. USAID will encourage private sector partnerships to advance these objectives, capitalizing on a sharp increase in corporate social responsibility programs. Assistance from USAID will contribute to bridge the enormous health and education gaps between rural indigenous highland populations and the rest of the country.

We plan to concentrate assistance on increased and improved social sector investments and transparency (IR1) and improved integrated management of child and reproductive health (IR3). Our policy dialogue is being directed at increasing public and private investments; improving the cost-effective use of public and private financial resources and increasing expenditure efficiency; and, expanding and making more effective the decentralization of services (IR1). The SIAS Primary Health Care Program provides an excellent example of how public-private sector alliances can contribute to these goals, as does the community-managed schools program (PRONADE), and we will seek to strengthen these partnerships and build new alliances.

Since the percent of children completing primary school will not increase unless student flow rates (efficiency) in the early grades are improved, we must concentrate at the

national level to help the government to deliver effective educational services, with an emphasis on improving quality and efficiency of basic education, assisting the Ministry of Education (MOE) in the formulation and implementation of cost-effective policies to improve teacher performance and student learning outcomes. USAID assistance will improve health care to respond to the principal causes of maternal and child morbidity, malnutrition and mortality, as well as high fertility. Working through the Ministry of Health (MOH) and its NGO partners, the program will support quality reproductive and child health and nutrition services and improved health and nutrition practices.

Given the current concentrated HIV/AIDS epidemic and low prevalence rate in Guatemala, USAID investments will be targeted to high-prevalence groups and interventions to improve STI treatment and promote voluntary counseling and testing and behavioral changes that will reduce transmission working both with the MOH and NGOs. These activities can be supported most efficiently through the ongoing Regional Program, so we will not pursue a stand-alone program around IR 4 to control the spread of HIV/AIDS. The regional program will manage all bilateral AIDS funds.

Analysis of Anticipated Results and Links to Specific Activities

Intermediate Result 1: Increased and improved social sector investments and transparency

We will pursue increased public investment in education and health, more equitable resource allocation, and prioritized and more cost-effective and efficient use of public and private sector funds to achieve broadly shared national health and education goals. These increased and improved social sector investments, gained through effective advocacy, policy dialogue/reform, and alliance-building among key stakeholders will be directed to increase equitable access to and quality of basic education and health care, especially in rural indigenous areas with high poverty rates. To complement our policy dialogue with government authorities to increase public sector investment, USAID's health and education assistance will be used to leverage funds from the private sector for improving and expanding rural health care and basic education services. Transparency and accountability will also be increased by promoting system reforms, effective decentralization of public sector health and education services and expenditures, and realistic and timely cost analyses, as well as by assessing and strengthening program management in the MOE and MOH. Decentralization of social services' management to sub-national levels, as well as the development of mechanisms to measure and track service performance, will also contribute to greater accountability and transparency.

We will also promote increases in local financing for education and health care, active civil society participation in decision-making and management, and strong central government regulatory and oversight roles. USAID assistance will be critical to identify, based on solid evidence, what health and education services make sense to decentralize to guide policy-making and implementation. Efforts to advance sound education policy reforms, improve education management efficiencies and address constraints to effective

decentralization will require close coordination with the LAC regional PREAL and CERCA activities. By leveraging additional funds through private sector alliances, USAID will help establish conditions essential to achieving expanded and more equitable access to quality basic education and health services.

Educational inefficiencies, particularly in the early grades, will be addressed systematically by working with the MOE on improved legislation, policies and strategies. Restoring confidence in public education through reducing repetition and dropout rates in the early grades, and especially in first grade, is critical for securing increases in public and private investments for education and for achieving “Education for All” and Millennium Development Goals. School failure is directly linked to ineffective approaches for teaching children how to read and learn and to curricula that is not relevant to children’s lives. USAID will work closely with the LAC CETT activity to adapt innovative reading methodologies for non-Spanish speakers, and to improve and bring to scale best practices and lessons learned. Success in increasing children’s knowledge and skills and increasing student flow rates in the early grades will lead to greater primary school completion. The resulting improved efficiency in the early grades will free resources for expanding equal access to quality educational opportunities for Guatemala’s youth.

Illustrative Activities:

- Technical assistance to: improve the capacity of the Ministries of Health, Education and Finance, Congress and other stakeholders to engage in policy dialogue on social investments; strengthen advocacy efforts for increased investments in health and education; improve analyses for sound and cost-effective policy implementation and investments in education and health; and achieve increased and more equitable and efficient resource allocation and prioritization;
- Technical assistance to assess and strengthen MOH and MOE technical, administrative and financial management, and performance monitoring systems towards better informed decision making and increased accountability and transparency in the use of sector funds;
- Analyses and promotion of best practices that support decentralization of health and education services, including greater community involvement and accountability, and a shift in the function of central ministries toward a more regulatory and normative role;
- Technical assistance to the MOE for developing and implementing policies and strategies that will ensure that practices advanced in the education reform are implemented, especially those directed at increasing the number of children who complete early grades on time and with improved knowledge and skills;
- Forging public-private partnerships and alliances to help finance increased and improved basic education and health care which might include school repairs.

Recommendations for Environmental Action

Pursuant to 22 CFR 216.2 (c) (2) (i), (iii), (iv), and (xiv) a **Categorical Exclusion** is issued for activities involving technical assistance, training, preparation of analyses, and others that will not have an impact on the environment. All the abovementioned activities contemplated under IR1 meet the above criteria except possibly for public-private partnerships that might include school repairs. A **Conditional Negative Determination** is recommended for any activities involving school repairs. The Mission shall ensure that appropriate environmental guidelines and/or mitigation measures are developed for these building repair-type activities and that adequate monitoring and evaluation protocols are in place to ensure their proper implementation. The “Environmental Guidelines for Development Activities in Latin America” shall be used, at a minimum, in identifying mitigation measures. The guidelines and monitoring procedures shall be submitted to the Regional Environmental Advisor (REA) for review and approval before commencing these activities.

Intermediate Result 3: Improved integrated management of child and reproductive health

Building on success, the program will continue expanding and improving the quality of reproductive and child health services and information, education and communications (IEC), especially at the community level via the integrated program known as AIEPI AINM-C, which focuses on prevention and promotion as well as integrated case management of childhood illness, and includes maternal and child health and nutrition care, growth monitoring/promotion, IEC to improve dietary and hygiene practices, and family planning. This program was launched in 2003 in all municipalities in the seven highland departments with the greatest need (25% of the total population of Guatemala and high concentration of indigenous populations). The four PL-480 Title II NGOs are actively involved in the rollout of the program and make it possible to achieve improved food security for at-risk Guatemalans by integrating food aid for targeted supplementary feeding for 6-24 month-old children and pregnant/lactating women in target municipalities with the highest chronic childhood malnutrition. A significant proportion of total PL-480 Title II resources will be dedicated to this result. Family planning assistance will continue to be national via the MOH and private, not-for-profit family planning associations. Expanding access to basic essential obstetric care will be an integral part of USAID’s assistance. We will build on current investments in operations research, development of IEC materials, training, logistics systems, management information systems, and provision of necessary commodities and supplies. Community health services and IEC will be carried out through the traditional MOH infrastructure and with NGOs under contract to the MOH. USAID will continue to strengthen national social service NGO networks. National policy dialogue will be carried out to increase access to, and efficiency and quality of MOH services. The SO will encourage greater male participation in family planning and in programs for the prevention and referral of sexually transmitted diseases/HIV/AIDS.

Support from USAID will continue, but on a declining scale, for private sector, non-profit reproductive and child health programs, to assist them to achieve self-sufficiency. Such

private sector providers play a key role in easing the public sector health care burden by getting clients who can pay for services to do so.

In the seven highland departments, USAID will support health services for the uncovered population through the MOH's contracts with NGOs, conditioned on increased coverage by the MOH with its own funds of an equal number of people, or through private sector partnerships. Through this leveraging it should be possible to cover one million people and, combined with similar efforts by the IDB and World Bank, finally achieve universal access to health care in Guatemala. USAID's first priority will be to get the MOH to assume financial responsibility for the health care coverage of the 317,000 people currently served by local NGOs that are directly supported in USAID's current strategy by John Snow Research and Training Institute (JSI) and Americares.

Illustrative Activities:

- Technical assistance to expand and improve the quality of reproductive and child health services, especially family planning, basic essential obstetric care, and AIEPI AINM-C;
- Contraceptive security initiatives, including USAID provision of family planning methods which produce medical waste such as syringes, and strengthening public sector drug logistics systems;
- Expansion of coverage of basic health services through MOH-contracted NGOs and leveraging USAID funds for matching funds by MOH;
- Technical assistance to strengthen a large health NGO network;
- Integration of targeted supplementary feeding (PL 480) and AIEPI AINM-C.

Recommendations for Environmental Action

Activities under IR3 qualify for a Negative Determination with the condition that clear guidelines for the disposal of medical waste (consistent with the WHO Handbook for Safe Handling, Treatment and Disposal of Wastes, 1997) are provided and adhered to by health clinics. This is particularly important to monitor given the fact that support will be provided to clinics to administer injections (such as Depo Provera). In the case of ongoing Mission partners (like APROFAM and the MOH) who have already presented procedures regarding the proper handling of medical waste under IR3, existing certification of compliance with established procedures already approved by the MEO should suffice.

Concurrence:

Glenn E. Anders
Mission Director, USAID/G-CAP

Date:

Clearances:

MAnderson, OHE _____ Date _____

GCordón, PDM _____ Date _____

LTazewell, RLA _____ Date _____

Anne Dix, MEO _____ Date _____