PROGRAM/ACTIVITY DATA:

Country Code: 278
Country or Region: Jordan
Development Objective: Social Sector Quality Improved
Program Objective: Health Status Improved
Program Name: Integrated Health Services & Resiliency (IHSR)

Funding Begin: 2015
Funding End: 2021
LOP Amount: $182,000,000

IEE Prepared by: Rawan Qurashi
Date: August 10, 2015
IEE Amendment (Y/N): N

ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)
Categorical Exclusion: X
Positive Determination: 
Negative Determination: 
With Conditions: X
Exemption: 

SUMMARY OF FINDINGS:

USAID/Jordan’s Population and Family Health portfolio is primarily composed of technical assistance focusing on improving workforce capacity, the quality of service delivery, government and private sector capacity, social/behavior change communication, and institutional/policy reform, and is not expected to have a negative impact on the environment.

The overall environmental determination for most of USAID/Jordan’s PFH programming is Categorical Exclusion for activities that were found to present no risk according to 22 CFR 216 guidelines, and Negative Determination with Conditions for several additional activities.

a.) Recommended Action: Categorical Exclusion
Pursuant to 22 CFR Reg. 216.2(c)(2)(i), the originator of the activities has determined that all of the activities consist of types of interventions entirely within the categories listed in paragraph (c)(2), “Categorical Exclusions,” of Section 216.2, “Applicability of Procedures,” of 22 CFR Part 216, “AID Environmental Procedures,” and therefore
are categorically excluded from further environmental review requirements. The originator of the proposed action has further determined that the proposed activities are fully within the following classes of actions:

a. Education, technical assistance, or training programs except to the extent such program includes activities directly affecting the environment (such as construction of facilities, etc.) [22 CFR 216.2(c)(2)(i)];

b. Analyses, studies, academic or research workshops and meetings [22 CFR 216.2(c)(2)(iii)];

c. Document and information transfers [22 CFR 216.2(c)(2)(v)];

d. 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) [22 CFR 216.2(c)(2)(viii)]; and

e. Studies, projects, or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.) [22 CFR 216.2(c)(2)(xiv)]

b.) **Recommended Action:** Pursuant to 22 CFR 216.3(a)(2)(iii), a Negative Determination with Conditions is recommended for any Population and Family Health activities that have potential for adverse impact on the environment in the following categories, as presented in Table 2 of this document:

a) Small-scale construction and/or renovation activities of public and/or CBOs health facilities;

b) Rehabilitation of Public Sector Health facilities

c) Other small-scale activities beyond those listed above are also possible over the duration of the program.

For each type of activity, an implementer will conduct Environmental Due Diligence (EDD) as part of the Environmental Review and Assessment Checklist (Annex 1) to document existing environmental concerns and foreseeable environmental effects resulting from the activity and develop an Environmental Manual (EM) and Environmental Mitigation and Monitoring Plan (EMMP) when applicable. This EM and EMMP will then be approved by the Mission Environmental Officer (MEO), in consultation with the Regional Environmental Advisor for the Middle East (REA/Middle East), adapted to a specific site before the activity or sub-activity implementation (site specific EMMP), and incorporated into the activity design. The Standard Conditions List in Annex 3 and Table 2 of this IEE may be used as a guide in developing the EM, and EMMP along with other references listed in the Implementing Procedures section.
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR MIDDLE EAST
WASHINGTON, D.C. 20523

Initial Environmental Examination (IEE)
for Integrated Health Services and Resiliency

PROGRAM/ACTIVITY DATA:

Country Code: 278
Country or Region: Jordan
Development Objective: Social Sector Quality Improved
Program Objective: Health Status Improved
Program Name: Integrated Health Services & Resiliency (IHSR)

<table>
<thead>
<tr>
<th>Funding Begin:</th>
<th>Funding End:</th>
<th>LOP Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2021</td>
<td>$182,000,000</td>
</tr>
</tbody>
</table>

IEE Prepared by: Rawan Qurashi
Date: August 10, 2015
IEE Amendment (Y/N): N
If “Yes,” Number and Date of Original IEE:

ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)

- Categorical Exclusion: ✗
- Deferral:
- Positive Determination: 
- Negative Determination: ✗
- Exemption:

SECTION 1: BACKGROUND AND PORTFOLIO DESCRIPTION

Jordan has one of the fastest growing populations in the Middle East. Between 1979 and 2012, the population grew from 2.1 to over 6.3¹ million people. At the 2012 growth rate of 2.2 percent, the population of Jordan is expected to double from an estimated 6.3 million in 2012 to 13.4 million in 2044. For a country with limited resources, especially water and energy resources, this rapid population growth presents a significant challenge and threatens the Government of Jordan (GOJ)’s development plans and the long-term stability of the Kingdom.

The GOJ’s health programming, in collaboration with USAID/Jordan support, resulted in an increase in the total contraceptive prevalence rate (CPR) from 17.3 percent in 1976² to 61

¹ Jordan Population and Family Health Survey 2012
² Jordan Fertility Survey 1976
percent in 2012\(^3\). Jordan’s maternal, newborn and child health (MNCH) outcomes have improved steadily over time and are currently among the best in the region. The Jordanian health care system provides quality maternal, neonatal, and child health services, which contributed to significant reductions in maternal and child mortality rates. Infant mortality is 17 per 1,000 births and under-five mortality is 21 per 1,000. However, increasing pressure on the health care system and the continuing shift in GOJ priorities place these achievements at risk and there is a real potential of backsliding. Indeed, Jordan did not achieve Millennium Development Goals (MDGs) Four (reduced child mortality) or Five (improved maternal health) as previously anticipated.

Despite the extremely high rates of institutional delivery (99 percent), inequalities and challenges in maternal health continue to persist. Preventable deaths due to post-partum hemorrhage caused by a lack of active management of the third stage of labor or pregnancy induced hypertension or sepsis can be remedied with better access to health services and improved clinic/hospital conditions. Current maternal mortality information is based on unreliable and dated surveys that have noticeable discrepancies between maternal mortality ratios (MMR). The GOJ and the World Health Organization reported MMR at 19 per 100,000 in 2008 versus 63 per 100,000 in 2013, respectively.

Although Jordan has seen decreasing mortality rates in previous years, morbidity rates have increased and continue to be a growing concern. Non-communicable diseases (NCDs) are the leading cause of death in Jordan, and the high prevalence rates of NCDs are also driving up health care costs. Seventy-six percent of Jordanians have some type of NCD, half of adult men smoke, more than half of all Jordanians do not exercise, 36 percent of Jordanian adults are obese, 26 percent have hypertension, and 16 percent have diabetes.

Good nutritional status – particularly of children and women – is a prerequisite for the well-being of individuals and for national development. Although the nutritional status of women and children in Jordan is relatively good, there are some important remaining challenges. Eight percent of children under five years of age are stunted or chronically malnourished. In addition, only 23 percent of children 0-5 months are exclusively breastfed and only 38 percent of children under age two months are exclusively breastfed; only 19 percent of infants are breastfed within one hour of birth. Anemia is common among Jordanian women and children. Among both women and children, about one third are anemic (34% and 32% percent respectively); 61 percent of infants 6-8 months are anemic.\(^4\)

In addition, the health situation is further complicated by the rapidly growing Syrian refugee population. According to the United Nations High Commission of Refugees (UNHCR), by August 2015 almost 630,000 Syrian refugees were living in Jordan. Approximately 20 percent of these refugees live in refugee camps while the remainder lives in Jordanian communities. As the conflict in Syria continues, it is expected that additional refugees will come to Jordan for refuge. The influx of refugees has placed increasing pressure on Jordan’s health system and is straining the GOJ’s ability to deliver public health services. Outbreaks of serious diseases in Syria are a threat to neighboring countries; even countries with strong health systems like Jordan. For example, Jordan recently experienced its first measles outbreak in two decades, which prompted the GOJ to conduct nationwide vaccination campaigns; resulting in resources being diverted from other health priorities. A recent outbreak of polio in Syria resulted in Jordanian mass vaccinations against polio- a disease that had been effectively eradicated from Jordan many years ago. According to the World Bank, health costs associated with the Syrian refugee crisis reached additional $93 million by the

\(^3\) Jordan Population and Family Health Survey 2012  
\(^4\) Jordan Population and Family Health Survey 2012.
end of 2013.\(^5\) A survey of intake records from 92,698 clients in 15 hospitals and 298 health centers in the Northern governorates showed on average that 9 percent of the people accessing health facilities were Syrian refugees.\(^6\) The resources needed to provide direct health care services to tens of thousands of additional clients—many of whom need costly treatment for chronic illnesses—is a further drain on the national health system, which may result in diminished funding and quality of MNCH and FP services. Furthermore, tensions between host communities and refugees are reported in different parts of the country. The GOJ and its international partners have serious concerns about the potential political and humanitarian ramifications of these tensions.

The dynamic nature of the Syrian crisis and its effect on Jordan's health sector requires USAID/Jordan to build a certain level of flexibility into its future efforts in the sector. Such flexibility will enable the Mission to increase the resilience of the health care system and ensure that it continues to provide high-quality health care services. Consequently, activities will include infrastructure improvements; expanded capacity building; and provision of life-saving medical equipment to pediatric, neonatal, emergency, and MCH facilities with a focus on the northern part of Jordan.

The IHSR program will scale-up and institutionalize the gains made to-date in FP and MNCH with a greater emphasis on strengthening health sector capacity and sustainability through the use, in part, of innovative new approaches. The aim will be to improve the overall health status of Jordanians by strengthening the health care delivery system as well as the use of quality health services. Efforts will focus—although not exclusively—on increasing the use of FP/RH services in particular, in an effort to slow rapid population growth, and ease the strain on limited resources, the GOJ's development plans, and long-term stability. Under IHSR, USAID will work with the public and private sectors, including the GOJ, the commercial private sector, NGOs, and local civil society and community organizations. Crosscutting themes will include sustainability and resilience through health systems strengthening, gender and youth engagement.

Underpinning many of the remaining health challenges mentioned above are structural and systems-related issues that also need attention. A number of important weaknesses remain in service delivery, particularly in terms of quality; human resource capacity; logistics systems; health care financing; and governance. Strengthened and expanded efforts are needed to build the capacity of the MOH to deconcentrate management and planning functions to subnational levels, and renewed focus must be placed on improving the financial and institutional sustainability of key stakeholders. It will focus on supporting interventions related to key aspects of service delivery, health workforce, health information systems, leadership and governance, essential medicines/contraceptives, and health financing.

To achieve its long-term development goals, Jordan needs to reap the benefits of demographic transition by balancing its population growth with its natural resources and economic outputs. Effective programming will need to focus on FP/RH as an issue of national development with emphasis on national and community-level support for FP/RH and improvements in the quality of health care services, including MNCH and FP/RH among other key services. This will be achieved through policy and programming efforts to address key barriers to modern family planning use, including mitigating gender inequity and changing social norms related to family size.

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\(^6\) The Joint Rapid Health Facility Capacity and Utilization Assessment (JRHFCA) conducted on northern governorates, by WHO, MOH and partners; in order to assess the impact of non-camp-based Syrian refugees on the health service delivery system in Mafraq, Irbid, Zarqa, Ajloun, and Jerash in Jordan
IHRS will improve the quality of social sector services by improving the health status of Jordanian through two results and four sub results:

3.1.1 Increased use of Quality Health Services
   3.1.1.1 Improved access to quality health systems
   3.1.1.2 Improved Health Seeking Behavior and Practices

3.1.2 Improved Health Sector Sustainability and Resilience
   3.1.2.1 Strengthened Health Systems
   3.1.2.2 Improved Enabling Environment

SECTION 2: SOCIO-ENVIRONMENTAL AND REGULATORY REVIEW

National Environmental Policies and Procedures

Environmental and nature conservation in Jordan are shared between a number of key governmental and non-governmental organizations. The institutions most directly related to the project along with its main applicable environmental legislations are summarized below.

Key environmental legislations applicable to project activities include:
- Environmental Protection Law No 52 for the year 2006
- Environmental Impact Assessment Regulation No 37 for the year 2005
- Environmental Protection in Emergency Situation No 26 for the year 2005
- Solid Waste Management Regulation No 27 for the year 2005
- Medical Waste Management Regulation No 1 for the year 2001
- Air Protection Regulation No 28 for the year 2005
- Hazardous and Noxious Management Substances Regulation No 24 for the year 2005
- Regime and Environmental Inspection Control No 52 for the year 2006
- Hazardous Waste Management Instruction for the year 2003
- Noise Reduction and Prevention Instruction for the year 2003
- Ozone Depleting Substances Usage Control Instruction for the year 2003

SECTION 3: EVALUATION OF PROGRAM ISSUES WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL

All of the specific activities in the PFH portfolio which involve technical assistance, training, analysis, policy advice, communication and information sharing, studies, academic workshops and meetings, document and information transfers are not expected to pose any environmental risks and qualify for a Categorical Exclusion (CE).

Some projects will purchase office equipment, electric and electronic equipment, and commodities for which no significant adverse effect is anticipated, and therefore a Mitigation and Monitoring Plan is not required provided that normal good practices, engineering methods, and standard instructions are followed in their procurement, storage, transportation, installation, and use. However, the procurement process qualifies for Negative Determination with Conditions (NDC), because: 1) the implementer is required to ensure that equipment, commodities, and materials are procured from certified retailers; 2) environmental safety and quality certificates conforming with national and/or international standards are available; and 3) equipment and materials are used in an environmentally sound and safe manner, and properly disposed of when applicable at the end of their useful life in a manner consistent with best management practices according to USG, European Union or equivalent standards.
Small-scale training activities for service providers, such as training on the insertion of Intrauterine Devices (IUDs) or implants, will generate a very limited amount of medical waste. However, improper handling, storage and disposal of this waste can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth or by being inhaled, swallowed, or transmitted by a vector. People who come in direct contact with the waste are at greatest risk. Examples include trainers and trained service providers, cleaning staff, patients, visitors, waste collectors, disposal site staff and waste pickers.

According to the Jordanian Regulations for Managing Medical Waste No 1/2001, medical waste generally falls into six categories in terms of public health risk and recommended methods of disposal:

- **Highly Infectious Waste:** should be disposed in a red plastic bag or container
- **Pathological Waste, Sharps and other Infectious Waste:** yellow bags and containers should be used. Only hard plastic yellow containers should be used to dispose sharps.
- **Chemicals:** brown plastic bag or container should be used to dispose chemicals.
- **Radioactive Waste:** will be disposed only according to the Ministry of Energy and Mineral Resources Regulation No. 1/1997 for managing and safely disposal of radioactive waste.
- **Chemotherapy Waste:** should be disposed in a blue plastic bag or container
- **Unhazardous Medical Waste:** managed in a similar or identical way to domestic waste without any additional treatment. Black plastic bag or container could be used.

In training rooms, all waste bins will have a cover and will use the color coded bags; sharps boxes will be used to dispose sharp needles and blades. Medical waste will be collected and disposed according to Ministry of Health guidelines.

Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Waste handlers, waste-pickers, drug addicts and others who handle sharps have become infected with HIV/AIDS and hepatitis B and C viruses through pricks or reuse of syringes/needles. Thus these activities qualify for NDC and a Mitigation and Monitoring Plan will be requested.

Activities listed in Table I that include small-scale renovation activities of public and/or Community Based Organization health facilities, may cause multiple negative environmental and environmental health effects and therefore qualify for a NDC, and require screening, monitoring, evaluation, and reporting to USAID. Subcontracts and grants may qualify for a NDC if they contain NDC activities. These effects are discussed in Table 2 below, and in Annexes 1-4.

Table 1 below provides a description of current and planned activities that are to be implemented during FY 2015-2021, under the USAID/Jordan Health Status Improved Intermediate Result (3.1).
<table>
<thead>
<tr>
<th>Ongoing Projects</th>
<th>Types of Activities</th>
<th>Status</th>
<th>Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthening Health Outcomes Through the Private Sector (SHOPS)</strong> Abt Associates 07/20/2010-09/23/2015 LOP: $33,362,336</td>
<td>SHOPS aims to expand the availability, quality and use of Family Planning (FP) services through partnership with the private, non-governmental sector in Jordan. The program contributes to increased availability and use of modern contraceptives, reduction in high discontinuation rates, and reduction in unmet need. The various interventions were designed to overcome the challenge of Jordan’s plateauing contraceptive prevalence rate and total fertility rate.</td>
<td>Ongoing</td>
<td>CE, NDC</td>
</tr>
<tr>
<td><strong>Health Systems Strengthening II (HSS II) Bridge</strong> Abt Associates 10/31/2014-10/30/2015 LOP: $4,500,000</td>
<td>The HSS II Bridge activity is intended to bridge the gap between the end of the Health Systems Strengthening II project, which ended in October 2014, and the beginning of a new project which is currently under design. It provides the opportunity to initiate select, key innovations, incorporate lessons learned over the previous five years of HSS II, and assist the MOH and other key counterparts to improve their performance and strengthen sustainability of high quality services in the health system. The project supports improvements in access to and quality of family planning, maternal and newborn care in the public sector. It supports increased access to FP information and services as well as key maternal and neonatal services throughout the health system and improved management of these services at all levels of the system.</td>
<td>Ongoing</td>
<td>CE</td>
</tr>
<tr>
<td><strong>Rehabilitation of Princess Rahma Pediatric Hospital</strong> 08/2015-12/2016 Al-Yaqoub Construction and Rehabilitation LOP: $5,703,509 Al-Bitar Architectural and Engineering Services LOP: $249,917</td>
<td>The purpose of this activity is to expand Princess Rahma Pediatric Hospital in Irbid to respond to the critical needs resulting from the influx of Syrian refugees and increased demand for health services in Jordan’s Northern Governorates. The new expansion will increase the hospital capacity by approximately 35% and will upgrade some of the existing hospital critical functions. The host country contract was awarded in August 2015 and the Management and Supervision contract was awarded in March 2015.</td>
<td>Ongoing</td>
<td>CE, NDC</td>
</tr>
<tr>
<td><strong>Jordan Census Project (JCen Project)</strong> US Census Bureau 04/2011 - 09/2016 LOP: $2,450,000</td>
<td>The objective of the Census Bureau project is to provide training and technical assistance to the Jordan Department of Statistics to develop its capacity to prepare for, execute and disseminate data from the 2015 Census of Population and Housing. Data collection will begin November 2015, with results expected by the end of 2016.</td>
<td>Ongoing</td>
<td>CE, NDC</td>
</tr>
<tr>
<td>Ongoing Projects</td>
<td>Types of Activities</td>
<td>Status</td>
<td>Determination</td>
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<tr>
<td>The Demographic &amp; Health Surveys (DHS &amp; SPA)</td>
<td>Under the DHS Program, USAID will support a Service Provision Assessment (SPA) survey. The objective of the SPA is to assess health facilities’ service provision environment and the functions of the various components of the health system that may affect the quality of the provided services.</td>
<td>The activity has an IEE that will expire in 30 September 2018</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### 1.B Planned Activities

<table>
<thead>
<tr>
<th>Planned Projects</th>
<th>Types of Activities</th>
<th>Determination</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Health Service Delivery (IHSD)</td>
<td>The purpose of this activity will be to effect sustainable, positive health outcomes in Jordan in both the public and private sectors through increased use of high quality, integrated health services. IHSD will work closely with the GOJ (at national, as well as local levels), private sector, civil society, and other donors and partners. It will collaborate closely with J-CAP and with the new Health Sector Sustainability &amp; Resiliency (HSSR) activity currently also under design. This mechanism will provide technical assistance to the MOH and other service delivery partners to identify, pilot, scale-up, and institutionalize/sustain best practices and innovative approaches in the areas of FP/RH/MNCH. IHSD will critically analyze data in these technical areas, identify barriers to accessing services, and test innovative approaches to increasing delivery of quality services and strengthening technical capacity of the MOH to monitor delivery of services.</td>
<td>CE</td>
<td>No actions required.</td>
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<tr>
<td>2016-2021</td>
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<tr>
<td>LOP: $45,000,000</td>
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<tr>
<td>Activities:</td>
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<tr>
<td>Education, Technical Assistance or Training, Analysis, Studies, Academic or Research Workshops and Meetings, Document and Information Transfers, Projects or activities intended to develop the capability of recipient countries and organizations.</td>
<td>CE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training service providers on using Family Planning methods</td>
<td>NDC</td>
<td></td>
<td>The implementer is required to ensure that equipment, commodities (see also ADS 312) and materials are procured from certified retailers; environmental safety and quality certificates conforming with national and/or international standards are available; equipment and materials are used in an environmentally sound and safe manner, properly disposed of when applicable at the end of their useful life in a manner consistent with best management practices according to USG, European Union or equivalent standards acceptable to USAID.</td>
</tr>
<tr>
<td>Activities: Procurement of medical equipment, supplies, furniture and/or office equipment.</td>
<td>NDC</td>
<td></td>
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<tr>
<td>Planned Projects</td>
<td>Types of Activities</td>
<td>Determination</td>
<td>Action Required</td>
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<tr>
<td><strong>Activities:</strong> Small-scale rehabilitation activities.</td>
<td>NDC</td>
<td>Environmental Due Diligence (EDD) in the form of Environmental Review and Assessment Checklist (Annex 1) is required to identify environmental effects, develop Environmental Manual and Mitigation and Monitoring Plans when applicable, confirm/neglect and mitigate a potentially significant adverse effect.</td>
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</table>

This activity will continue and intensify support to the MOH to strengthen its underlying planning and management systems at the central, governorate and district levels in order to ensure its capacity to provide effective stewardship and program oversight throughout the health sector; to build resilience and prevent and respond to health emergencies; to better support the provision of quality health care; and to sustain gains achieved in health to-date. In particular, this mechanism will focus on providing technical assistance to continue strengthening the core areas of health systems strengthening including human resources, health care financing, commodities logistics management, and governance/leadership. As needed, it will provide assistance to address any weaknesses identified in a future PFMRAF in areas such as procurement, financial management, or other internal control areas.

| Health Sector Sustainability & Resiliency (HSSR) 2016-2021 LOP: $40,000,000 | Activities: Education, Technical Assistance or Training, Analy sis, Studies, Academic or Research Workshops and Meetings, Document and Information Transfers, Projects or activities intended to develop the capability of recipient countries and organizations | CE            | No actions required.                                                                 |

| Activities: Procurement equipment, supplies and furniture and/or office equipment. | NDC                                                                                 | The implementer is required to ensure that equipment, commodities (see also ADS 312) and materials are procured from certified retailers; environmental safety and quality certificates conforming with national and/or international standards are available; equipment and materials are used in an environmentally sound and safe manner, properly disposed of when applicable at the end of their useful life in a manner consistent with best management practices according to USG, European Union or equivalent standards acceptable to USAID. |

<p>| Rehabilitation of Targeted Public Sector Health Facilities 2016-2021 | MOH health facility capacity is critically inadequate in meeting the needs of the fast growing Jordanian population and significant influx of Syrian refugees. As a result, USAID is providing support to rehabilitate and equip select health facilities in order to provide high-quality health care to Jordanians and Syrian refugee families. |</p>
<table>
<thead>
<tr>
<th>Planned Projects</th>
<th>Types of Activities</th>
<th>Determination</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities: Architectural/Engineering Services</td>
<td>CE</td>
<td>No action required.</td>
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<tr>
<td>Planning activities such as collection and review of information, meetings, and analysis</td>
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<tr>
<td>Preparation of architect/engineering (A/E) designs and services related to construction supervision</td>
<td>NDC</td>
<td>The conditions are for the A/E services contractor to ensure following environmentally sound designs, use of an Environmental Monitoring and Mitigation Plan (EMMP), ensure use of best management practice (BMPs) to minimize dust, noise, debris, waste production, flooding, traffic disturbance, risks to workers and community safety, and to properly dispose of debris and waste.</td>
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<tr>
<td>Activities: Health facilities renovation</td>
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<tr>
<td>The awardee should ensure implementation of environmentally sound designs, ensure use of an EMMP, ensure use of BMPs to minimize dust, noise, debris, waste production, flooding, traffic disturbance, risks to workers and community safety, and to property dispose of debris and waste. The EMMP shall be approved by the Contracting Officer's Representative (COR) and Mission Environmental Officer (MEO) and shall be included in any procurement instruments</td>
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<tr>
<td>Activities: Procurement of medical equipment, supplies, furniture and/or office equipment.</td>
<td>CE, NDC</td>
<td>The implementer is required to ensure that equipment, commodities (see also ADS 312) and materials are procured from certified retailers; environmental safety and quality certificates conforming with national and/or international standards are available; equipment and materials are used in an environmentally sound and safe manner, properly disposed of when applicable at the end of their useful life in a manner consistent with best management practices according to USG, European Union or equivalent standards acceptable to USAID.</td>
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<tr>
<td>Buy-in to Youth Broad Agency Announcement (Mission or</td>
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<td>This activity may be used to further cross-cutting objectives linking youth with health. Youth have an important role to play in being catalysts, advocates and role models for healthier behaviors; PFH may use this mechanism to take advantage of that fact.</td>
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<tr>
<td>Planned Projects</td>
<td>Types of Activities</td>
<td>Determination</td>
<td>Action Required</td>
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<tr>
<td>USAID/W) TBD</td>
<td>Activities: Education, Technical Assistance or Training, Analysis, Studies, Academic or Research Workshops and Meetings, Document and Information Transfers, Projects or activities intended to develop the capability of recipient countries and organizations.</td>
<td>CE</td>
<td>No actions required.</td>
</tr>
<tr>
<td>LOPE: $8,600,000</td>
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<tr>
<td>Nutrition TBD</td>
<td>Activities: Education, Technical Assistance or Training, Analysis, Academic or Research Workshops and Meetings, Document and Information Transfers, Projects or activities intended to develop the capability of recipient countries and organizations.</td>
<td>CE</td>
<td>No actions required.</td>
</tr>
<tr>
<td>LOPE: Up to $5,000,000</td>
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**SECTION 4: RECOMMENDED MITIGATION MEASURES (INCLUDING MONITORING AND EVALUATION)**

It is anticipated that in various projects, the following activities may take place: procurement of electric and electronic equipment including computers and other electronic devices; small-scale construction and/or renovation activities in health facilities. Other small-scale activities beyond those listed above are also possible over the duration of the program.

Table 2: Recommended Threshold Decisions and required Reg. 216 actions

<table>
<thead>
<tr>
<th>No.</th>
<th>Activities</th>
<th>Effect on Natural or Physical Environment</th>
<th>Threshold Decisions and required Reg. 216 actions</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>No.</td>
<td>Activities</td>
<td>Effect on Natural or Physical Environment</td>
<td>Threshold Decisions and required Reg. 216 actions</td>
</tr>
<tr>
<td>-----</td>
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<td>------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>I</td>
<td>All Program activities expected to have no effect on the natural or physical environment</td>
<td>No Effect</td>
<td>Categorical Exclusion No actions required.</td>
</tr>
<tr>
<td></td>
<td>Includes education, technical assistance, training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities), communication activities, consultations, participant training, document transfers and information dissemination, analysis, studies, conferences, workshops, study tours, curriculum development, working with training programs, developing information networks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>All activities regarding which no significant adverse effects are expected</td>
<td>Insignificant Effect</td>
<td>Negative Determination with Conditions</td>
</tr>
<tr>
<td></td>
<td>No special mitigation measures are needed; activities are implemented with conditions that model best practices, engineering methods, and standard instructions are followed.</td>
<td></td>
<td>The implementer is required to ensure that equipment, commodities (see also ADS 312) and materials are procured from certified retailers; environmental safety and quality certificates conforming with national and/or international standards are available; equipment and materials are used in an environmentally sound and safe manner, properly disposed of when applicable at the end of their useful life in a manner consistent with best management practices according to USG, European Union or equivalent standards acceptable to USAID.</td>
</tr>
<tr>
<td></td>
<td>Includes procurement of office furniture, electric and electronic equipment and materials (no bio-hazardous or low-radiological materials will be used under any activity covered by this IEE).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Activities that normally do not have a significant effect on the environment if special mitigation measures are specified to prevent unintended impact</td>
<td>Potential for a significant adverse effect of one or more activities</td>
<td>Negative Determination with Conditions</td>
</tr>
<tr>
<td></td>
<td>Includes small-scale construction and/or renovation activities relative to public and/or CBO health facilities. Other small-scale activities beyond those listed above are also possible over the duration of the program.</td>
<td></td>
<td>EDD in the form of Environmental Review and Assessment Checklist (Annex 1) is required to identify environmental effects, develop Environmental Manual and Mitigation and Monitoring Plans when applicable, confirm/neglect and mitigate a potentially significant adverse effect. If significant adverse effects are expected, a Scoping Statement and Environmental Assessment will be conducted by the implementer prior to the start of activities. Terms of Reference for Scoping Statements and EA Reports must be reviewed by MEO.</td>
</tr>
</tbody>
</table>
If a provision for sub-grants is included under the award, an Environmental Review and Assessment Checklist using impact assessment tools will be used to screen grant proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the checklist is approved by USAID.

Activities that have the potential to directly or indirectly affect the environment

Small-scale training activities, such as training on the insertion of Intrauterine Devices (IUDs) or implants, for service providers will be included to build their practical experience to use these family planning methods.

Negative Determination with Conditions

Disposal of medical waste will follow the Jordanian Ministry of Health regulations for managing Medical waste.

Limitations of the IEE:

This IEE is not applicable to activities that:

- Procure or use genetically modified organisms.
- Procure or use asbestos containing materials (e.g. piping, roofing, etc.).
- Use polychlorinated biphenyl’s or other toxic/hazardous material prohibited by US EPA as provided at http://www.epa.gov/asbestos and/or under international environment agreements and conventions, e.g. Stockholm Convention on Persistent Organic Pollutants as provided at: http://chm.pops.int

Any of these actions would require an amendment to the IEE duly approved by the Bureau Environmental Officer.

Any of these actions would require an amendment to the IEE duly approved by BEO/Middle East.

Revisions:
Pursuant to 22 CFR 216.3(a)(9), if new information becomes available which indicates that activities to be funded by the project might be “major” and the project’s effect “significant,” this negative determination will be reviewed and revised by the originator of the project and submitted to the Bureau Environmental Officer (BEO/Middle East) for approval and, if appropriate, an environmental assessment will be prepared. It is the responsibility of A/COR to timely inform the MEO and BEO of any changes in the scope and nature of the approved activities, which may require revision of the approved Threshold Decisions.
APPROVAL OF RECOMMENDED ENVIRONMENTAL ACTIONS- IEE
Integrated Health Services and Resiliency (IHSR)

CLEARANCE:

Population and Family Health Office
Approval: Lisa Childs 9.1.15

Mission Environment Officer
Approval: Amer S. Al-Hmoud 9.1.15

Legal Advisor
Approval: Warren Leishman 9.1.15

Deputy Mission Director
Approval: Lewis Tate 9.1.15

REA/Middle East
Approval: Alexandra Hadzi-Vidanovic 9.1.15

Mission Director
Approval: Jim N. Barnhart 9.1.15

CONCURRENCE:
Bureau Environmental Officer
Approved: John Wilson 9.1.15

Approved: 9/1/15
Disapproved: 