US Agency for International Development (USAID)
Regional Mission to Ukraine and Belarus
Initial Environmental Examination (IEE)

Activity Data

Activity Name:	**Support TB Control Efforts**	
Assistance Objective:	**Investing in People/Health**	
Program Area:	**HL.2 Tuberculosis/HL.2.4 Programmatic Management of Multi-Resistant TB (MDR-TB)**	
Country(ies) and/or Operating Unit:	**USAID/Ukraine**	
Originating Office:	**Office of Health**	Date: February 2019
PAD Level IEE: Yes☐ No☐ Supplemental IEE: Yes☒ No☐ RCE/IEE Amendment: Yes☐ No☐	DCN of Original RCE/IEE:	
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If Yes, Purpose of Amendment (AMD):		
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Implementation Start/End:		LOP: FY2019-FY 2023
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Contract/Award Number (if known):		
Recommended Environmental Determination: Categorical Exclusion: ☒ Negative Determination: ☒	Positive Determination: ☐ Deferral: ☐	
Additional Elements: Conditions: ☒ Government to Government: ☐ Sustainability Analysis (included): ☐	Local Procurement: ☐ Donor Co-Funded: ☐ Climate Change Vulnerability Analysis (included): ☐	

1. Background and Activity Description

1.1. Purpose and Scope of IEE.

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

This IEE is a critical element of USAID's mandatory environmental review and compliance process meant to achieve environmentally sound design and implementation.

1.2. Activity Overview.

USAID has supported tuberculosis (TB) control efforts in Ukraine since 2000 and is the largest bilateral donor working on TB in the country. The overall goal of the five-year Support TB Control Efforts activity is to reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, DR-TB and HIV/TB. The Activity will be implemented at primary health care level and TB facilities in eleven selected oblasts of Ukraine with the highest TB, DR-TB and HIV/TB co-infection rates (Dnipropetrovska, Mykolayivska, Odeska, Khersonska, Zaporizhia, Kirovogradska, Kyiv, Cherkaska, Chernigivska, Poltavska, and Donetska (in the Government of Ukraine controlled portion) and in training centers nationwide (in Lvivska, Dnepropetrovska Oblasts and Kyiv city at the National TB institute).

The Activity will achieve the following four objectives:

1. Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide
2. Improve detection and diagnostics of TB cases
3. Strengthen all components of DR-TB treatment and management system
4. Support civil society, TB advocacy, and stigma reduction

This Activity will make an important contribution to achieving USG foreign policy objectives and USAID priorities in Ukraine in the Foreign Assistance Framework Program Area: Investing in People/Health. It will also advance the USAID/Ukraine Development Objective (DO) 4: Inclusive, sustainable market-driven economic growth and it will help to achieve Intermediate Results (IR) 4.2 under DO4 Infectious disease burden reduced, and Sub Intermediate Results (Sub-IR) 4.2.1 Increased enrollment and retention in HIV and TB services. Additionally, this Activity will assist the mission in achieving targets and milestones set in the National Action Plan for Combating Multidrug-resistant Tuberculosis.

1.3. Activity Description

The overall goal of the five-year Support TB Control Efforts in Ukraine Activity is to reduce TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, DR-TB and HIV/TB. The Activity will increase case detection and improve diagnostics, treatment and care for patients living with TB, DR-TB and HIV/TB co-infection. The Activity will be implemented in close cooperation with and in support of the National Center for Public Health (NCPH) of the Ministry of Health (MOH) of Ukraine. The activity will improve the system for TB, DR-TB case diagnosis, including contact tracing, treatment initiation, treatment completion, and improved data reporting, collection and analysis.

Through supporting improvement of the TB management system and human capacity for TB clinical and public health services, the project activities will contribute to the following indicators:

1. Increase TB detection rate nationwide to 90%
2. Detect 135,500 TB and DR-TB cases by 2022
3. Detect and enroll on treatment 56,000 DR-TB cases by 2022
4. Screen for TB and provide TB preventive treatment (TPT) for 109,700 people at risk by 2022
5. Increase the Treatment Success Rate to 85% for drug-susceptible cases and to at least 70% for MDR-TB cases;
6. Detect and enroll on appropriate treatment 7,500 pediatric TB cases by 2022
7. Successfully initiate all confirmed DR-TB cases on appropriate treatment;
8. Increase ART coverage to 90% for all registered TB cases who are co-infected with HIV.

It is envisioned that this Activity will build on the experience and lessons learned from the former USAID Strengthening TB Control in Ukraine and current Challenge TB projects that have implemented activities to support of TB services during the period of 2012-2019. USAID-supported projects have focused on expanding availability and improving quality of DS- and DR-TB services for TB patients, while concurrently working at the policy level to create a service environment with fewer barriers to accessing high quality case detection and treatment.

Implementation of this activity will fall under four Objectives, described below.

Objective 1: Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide.

Despite the Health reforms in the country and implementation of the ambulatory model of treatment, hospital-based practices continue to predominate in TB service provision, limiting opportunities for implementation of effective TB care. It is important to properly involve patient-centered approaches and strengthen TB systems to implement integrated care models, including those reaching vulnerable populations. Using the foundation of the Challenge TB project, the new Activity is expected to work on consistent improvement of quality TB services in all outpatient primary care facilities and TB specialized clinics in the selected oblasts in Ukraine. This will be through the following planned interventions:

Sub-Activity	**Description**
1.1: Support and enhance Regional training centers	Under this sub-activity USAID aims to enhance training and training materials on key topics of TB, DR-TB, and TB/HIV case management at three training centers established and supported by Challenge TB project: in Lvivska, Dnepropetrovska Oblasts and Kyiv city at National TB institute. USAID seeks to ensure quality implementation of best TB practices by training and mentoring health care providers delivering services at the primary health care level, as well as to TB and infectious diseases specialists, and epidemiologists. In addition, the activity will ensure that the existing web-based resource center, which serves as a database of the latest TB materials, is supported and regularly updated and track up take of information by medical professionals.
1.2: TB management module used in all pre- and in-service training curricula for general practitioners	Under this sub-activity USAID will expand on past efforts in training on TB concepts and best practices into pre-service medical and nursing training institutions, focusing on the cohort of new students entering medical education programs annually in the activities pilot areas. Development and implementation of a core TB curriculum for medical and nursing students and general practitioners (both pre and in-service training) is necessary to attain the goal of achieving early detection of TB in the primary care system.
1.3: Quality of TB services across all levels of care enhanced.	Under this sub-activity, USAID will ensure that standards and guidelines for early TB detection and early treatment initiation are adopted in the selected oblasts, including guidelines and measurement of infection control. Efforts will also assist the NTP in establishment of a nationwide system of supportive monitoring of TB activities. Efforts will also seek improved collaboration with oblast AIDS centers to ensure coordinated care of TB-HIV patients.
1.4: TB capacity and coordination at the selected Regional Centers of Public Health established and sustained	Under this sub activity USAID will support defining roles and responsibilities of regional CPH regarding TB, including coordination with oblast and national health administrations as well as capacity building of data collection and analysis to guide TB disease control programming.

1.5: TB monitoring and evaluation (M&E) systems at the oblast level strengthened	Under this sub-activity, USAID will seek to improve data quality at the regional level by developing systems to improve data reporting and analysis.

Objective 2: Early detection and diagnosis of TB cases.

To date, Ukraine has been implementing mostly passive case finding activities for TB and DR-TB cases, with the exception of donor-funded pilots in selected oblasts. As a result, at least 20% of patients are missed by the healthcare system with many cases diagnosed as false-positive. While Ukraine has been added to the list of countries receiving additional support from the Global Fund to find missing DR-TB cases, progress towards set targets is unacceptably low up to date. Also, as the *National Action Plan (NAP)* priority country, Ukraine is committed to find and place on treatment at least 50% of total estimated incident DR-TB cases by 2020. Lastly, in response to the recent UN General Assembly call for countries to intensify TB detection and treatment, Ukraine has committed to detect and put on treatment 135,000 TB cases by 2022, including 56,000 DR-TB cases. TB diagnosis is still insufficient as point-of-care and rapid diagnostic methods are not used to the extent needed.

Sub-Activity	**Description**
2.1: Comprehensive system of active case finding developed and implemented	Under this sub-activity USAID aims to improved early detection of active TB initiation of treatment and increase treatment success rate by implementation of the close contact investigation (CI) algorithm (developed on the Challenge TB project) in the selected oblasts as well as development of new methods aimed at active case finding and early TB detection.
2.2. Support to diagnostic network to improve TB detection and treatment provided	Under this sub-activity USAID aims expand the use of GeneXpert technology and introduce other novel approaches to rapid molecular testing methods, assist NTP and TB laboratories to scale up GX and LPA technologies and assist with expansion of rapid drug resistance tests and conduct other activities to improve access to rapid drug resistance testing including rationalization of testing equipment location, improvement of staff capacity, and specimen movement algorithms. No procurement of equipment (i.e. GenXpert) or related goods and materials are planned under this program, only technical assistance for their use.
2.3: Innovative approaches to improve detection, diagnosis of TB cases by primary care providers developed	Under this sub-activity USAID seeks to actively identify system factors that will help institutionalize TB detection into the daily practice of family doctors and other primary health level practitioners.
2:4: TB screening of health care providers improved.	Under this sub-activity USAID seeks to develop and implement innovative models to improve screening for TB disease and initiate screening for latent TB infection (LTBI) to protect primary health care as well as TB service providers.
2.5 Preventive treatment of latent TB introduced.	Under this sub-activity USAID seeks to further assistance in development and dissemination of LTBI treatment protocol based on WHO recommendations. Activities for LTBI detection and treatment should be augmented especially for high risk populations, including contacts, PLHIV, and health care providers.
2:6: TB data collection, patient tracking, and reporting at the primary care level strengthened.	Under this sub-activity USAID seeks to implement user-friendly data systems that allow primary care providers the ability to track the outcome of their patients who are TB suspects or become confirmed TB cases and comply with mandatory reporting requirements. The implementer will work with the existing e-systems (eTB manager and HIVMIS) and expand their use down to the primary health care level.

Objective 3: DR-TB management system strengthened.

According to WHO, Ukraine is a high MDR-TB burden country. Twenty eight percent of new TB cases and forty-eight percent of retreatment cases diagnosed in Ukraine have MDR-TB. At least 10,000 Ukrainians develop drug-resistant forms of TB every year (among TB notified cases), while only 6,564 have been detected and 8,525 have been enrolled on appropriate treatment in 2017.

While the country has scaled up uptake of GeneXpert technology and installed 74 instruments nationwide, only 19,937 of TB patients receive drug-susceptibility testing for first line medications and 8,651 for second-line anti-TB drugs.

Treatment success rate for DR-TB patients is 51% for the cohort of 2015 and way below WHO-recommended levels. While activities aimed at improved adherence to treatment have been piloted through international programs, coverage and results are still unacceptable. The DR-TB Care Package activity have been piloted in Ukraine via USAID-supported project demonstrated improvement of treatment success rate up to 72% and must be replicate nationwide. Modern digital tools, such as video-observed treatment (VOT), application of apps and SMS reminders could help healthcare workers to improve quality of care for TB patients and reduce catastrophic costs, associated with TB and DR-TB treatment.

Sub-Activity	**Description**
3.1: Laboratory capacity to perform quality TB diagnostics especially assays for the rapid diagnosis of drug resistance (including Line Probe Assay (LPA), Drug Sensitivity Testing (DST) and others) strengthened	Under this sub-activity USAID will build laboratory capacity to assist with installation, training of staff, monitoring of utilization and quality of tests performed with GeneXpert instruments to be procured in 2018-2019 via Global Fund resources. Additionally, support will expand capabilities to increase quick and rapid detection of second-line drug resistance using WHO approved molecular genetic assay (MTBDRsl) No construction/infrastructure works will be undertaken under this activity. Activities are limited to TA to ensure installation of equipment, such as GeneXpert, is installed according to WHO recommendations.
3.2: Quality of DR-TB treatment at all levels of care improved	Treatment success rate for patients with MDR-TB and XDR-TB is unacceptably low in Ukraine and is the lowest among countries in Europe. Under this sub-activity the USAID-funded Care Package previously piloted in Ukraine will be scaled to support patients to finish DR-TB care and reduce catastrophic costs associated with TB. The Care Package focuses on education of patients, families and healthcare providers to promote better treatment compliance and improved attention to the management of adverse drug reactions.
3.3: Digital technologies to manage DR-TB cases introduced	Under this sub-activity USAID will roll out Nationwide proven technologies to improve care for DR-TB patients such as video-observed DOT, phone apps, artificial intelligence technologies, etc. No equipment will be purchased.
3.4: Quality of managing DR-TB/HIV co-infected patients improved	Development of new DR-TB drug regimens, in combination of new ART medications opens the opportunity to improve both the access and treatment results for patients co-infected with DR-TB and HIV. Under this sub-activity USAID will increase efforts to improve treatment of patients with DR-TB/HIV co-infection.
3.5: DR-TB data collection and analysis capacity improved	Ukraine is a priority country for USAID under the National Action Plan (NAP) to combating MDR-TB as well as implementer of TB accelerator of USAID. New USAID business model for TB programming requires countries to strengthen recording and reporting systems, improve data collection and analysis and be able to demonstrate results and progress. It is expected that under this sub-activity the recipient will support National Public Health Center and regions to better collect,

	analyze and manage DR-TB data, as well as create tools for better data demonstration and visualization. No equipment will be purchased.

Objective 4: Civil society supported for TB advocacy and stigma reduction.

Ukraine has a strong network of local and international NGOs working in public health sector, as well as patient groups and advocates, however has limited number of organizations, with strong experience in TB. STOP TB Partnership/Ukraine is one example of strong coalition of 46 partners joining efforts together to bring TB issues to light and advocate for change and needed improvements.

Addressing stigma and discrimination is a key principles of USAID assistance, ensuring inclusion of partners, affected families, underserved population and groups is a focus USAID's intervention. Building capacity of local NGOs, patient groups and coalitions will help in addressing the TB epidemic, supporting TB patients and families and result in better advocacy for increased domestic resources and stigma reduction.

Sub-Activity	**Description**
4.1: Support to local NGOs in assisting patients to adhere and complete TB and DR-TB treatment provided	There are a limited number of active players in Ukraine involved in TB care. This sub-activity will provide continue to support local NGOs, civil society organization and patients group in order for them to be directly engaged with patients and their families and provide support during their treatment journey. Recipient will also create activities related to the capacity building of new partners and organizations.
4.2: TB – related stigma and discrimination reduced	This sub-activity will ensure a multi-pronged approach to reduce stigma and discrimination associated with TB. Focusing the use of public service announcements and information materials (brochures and posters) as well as use of the media and spokespeople to provide a face to the disease.
4.3: Public information campaign and outreach activities supported.	This sub-activity will support NGOs and civil society efforts to raise TB awareness, bringing international and innovative ways for TB information dissemination via social platforms, modern messaging tools, website and phone apps, live chat and virtual communication rooms for patients, affected families and care provider.
4.4: Activities aimed at increasing domestic resources and sustainability actions at the oblast level supported.	This sub-activity will work towards self-reliance and sustainability of TB efforts domestically, working with national and oblast level governments, civil societies, patient groups and other partners to advocate for increase in domestic funding, inclusion of other development sectors in TB response, development of universal health coverage for TB-affected people and increased social protection.

No construction or renovation activities are planned under the Support TB Control Efforts Activity. If a need for construction or renovation activities is identified during implementation this IEE will be amended.

2. Baseline Environmental Information

2.1. Locations Affected and Environmental Context

The Support TB Control Efforts Activity will be implemented at primary health care level and TB facilities in eleven selected oblasts of Ukraine with the highest TB, DR-TB and HIV/TB co-infection rates (Dnipropetrovska, Mykolayivska, Odeska, Khersonska, Zaporizhia, Kirovogradska, Kyiv, Cherkaska, Chernigivska, Poltavska, and Donetska (in the Government of Ukraine controlled portion) and in training centers nationwide.

Ukraine is one of the USAID priority countries globally for tuberculosis (TB) control as well as among 10 priority countries under the National Action Plan for Combatting MDR-TB, due to its high drug-resistant TB (DR-TB) burden, which is among the highest in the world. The prevalence of all forms of TB in Ukraine is unknown, as a TB prevalence survey was never conducted in Ukraine. In 2017, WHO estimated Ukraine's TB incidence as 84 cases per 100,000 population, while the national routine surveillance system detected 63.9 new TB cases per 100,000 population. This discrepancy suggests that 20% of TB cases are not being identified. The highest incidence of TB is registered in Odessa (127.9 cases per 100,000 population), Kherson (92.9), and Kiev (79.0) regions.

The TB epidemic in Ukraine is characterized by widespread drug-resistant form of tuberculosis (DR-TB), low treatment success rates, and increasing TB/HIV co-infection rates. Significant challenges in TB control are related to poor treatment outcomes for all categories of patients (particularly DR-TB and TB/HIV), weak TB/HIV service integration, and inefficiencies in the health system structure that decrease the impact of the TB response.

In Ukraine there are vulnerable groups with risk factors and/or poor access to care; the Activity will focus on TB contacts, people living with HIV (PLHIV), health care workers in TB facilities, and children. Recent USAID supported project has succeeded in identifying additional active TB cases among contacts through use of a structured contact investigation algorithm. PLHIV have an elevated risk of developing TB disease and increased risk for poor outcomes. In 2017, 21% of new and relapse TB cases were among PLHIV; higher-risk subgroups include socially marginalized populations including people who inject drugs (PWID), sex workers, and prison populations. Approximately 40% of AIDS deaths in Ukraine are associated with TB. Despite some improvement in recent years, health care workers in TB facilities continue to have an elevated risk of developing TB with 38 cases (169 cases per 100,000 HCW in TB facilities) registered in 2017, a rate two and a half times higher than the general population. Although increasing, children remain underrepresented among TB cases, comprising only 2.4% of new notifications in 2016 suggesting underdiagnosis; TB guidelines for children have not yet incorporated international best practices.

2.2. Description of Applicable Environmental and Natural Resource Legal Requirements Policies, Laws, and Regulations:

In August, 2014 Ministry of Health of Ukraine initiated the development of National Strategy on Health Reform to revitalize and speed up the process of reforms in health sector through elaborating strategic approaches to improve the quality and access to health care and ensuring the mitigation of financial risks for population. In 2016, the Cabinet of Ministries of Ukraine approved the Concept of Reforming of the Health Care Financing. In 2017, legislative documents adopted by the Verkhona Rada (Parliament) of Ukraine, as well the orders adopted by the Cabinet of Ministries of Ukraine opened the process of re-shaping the Ukrainian health care system providing a new approach to the financing of healthcare institutions and individual healthcare practitioners. The new system on the primary level was to be enacted by 2018 with complete reform envisioned by 2020.

Applicable laws and regulations relevant to the Health Sector include:

- *Health Protection Fundamentals Law* (1993),
- *Public Sanitary and Epidemic Safety Law* (1994),
- *Medicines Law (1996),*
- *Law "On Wastes" (No 187/98-BP from 05/03/1998 with amendments of 2002, 2005, 2010, 2012, 2014 and 2015),*
- *Public Infection Protection Law (2000),*
- *Unsafe Product Disposal Law (2000),*
- *Environmental Audit Law* (2004),
- *SanPiN 2.1.7.728-99,*

- *SanPin 2.1.7.2790-10, and*
- *HIV/AIDS Prevention Law (1992).*
- *Ukrainian National Waste Management Strategy Until 2030*

2.3. Country/Ministry/Municipality Environmental Capacity Analysis

The Ministry of Ecology and Natural Resources (MENR) has 234 full-time positions at the national level. There are also central offices of the State Ecological Inspectorate (SEI, 54 employees), State Agency for Ecological Investments (SAEI, 71 employee), State Water Agency (SWA, 78 employees), and State Geological & Bowels Service (136 employees). These agencies are subordinated to the MENR. The MENR also manages the State (Chernobyl) Exclusion Zone Management Agency, State Ecological Academy for Postgraduate Studies & Management, as well as three research institutions and 10 government-controlled companies, which are often involved in mandatory Government of Ukraine (GOU) environmental impact reviews (EIRs).

At the regional (oblast) level, the MENR is represented by Ecology & Natural Resources Departments of Oblast State Administrations. There are also regional (oblast) offices of each MENR-subordinated agency; for instance, the SEI has 2,746 full-time positions at the regional level, i.e. over 100 full-time positions in every oblast of Ukraine. The Ecology & Natural Resources Department of Lviv Oblast State Administration includes, for instance, two divisions: Natural Resource Use Division and Natural Resource Protection & Monitoring Division. Many municipalities also have Ecology Divisions.

The GOU has some capacity to conduct EIAs/EIRs; however, its capacity is likely limited to basic concepts and, most importantly, any significant progress in GOU capacity building in this area is thwarted by the lack of GOU political will to promote the sustainable development in Ukraine.

Ukrainian NGOs and private sector companies also have some capacity to conduct EIAs/EIRs; however, in most cases, their capacity is limited and any significant improvements can only occur when either the GOU or private sector start demanding application of modern approaches to an EIA/EIR. The Ministry of Health maintains waste management policies which health facilities are supposed to abide by.

2.4. Sustainability Analysis

It is anticipated that most activities will not have any effect on the environment and human health with proper safety measures implemented for medical professionals. In case of a physical intervention (not presently planned for or covered in this IEE) additional analysis will be required.

2.5. Climate Change Vulnerability Analysis

In accordance with ADS 201mal, Climate Risk Management (CRM) screening is a mandatory requirement for USAID activities. The screening conducted for all potential activities under the Support TB Control Efforts Activity are justified as “low risk” for climate change impact (see Annex 1). There is no evidence to confirm that the climate change has changed the TB disease behavior and its vector nature, or could significantly affect the course of the activity implementation. Low risk indicates climate change is unlikely to affect the achievement or sustainability of activity outcomes. That said, during implementation USAID should ensure locations such as health care facilities and laboratories receiving support should be assessed for flooding potential. For facilities where USAID is supporting the use of GeneXpert, they should be assessed for capabilities to ensure proper electrical supply to maintain temperatures according to the manufacture information including: Adequate storage space provided for the cartridges, which must be stored at the recommended temperature range (2-28°C) and ambient temperatures are maintained between 30°C and 15°C in the room where the equipment is used.

3. Analysis of Potential Environmental Impact

3.1.

Component One - Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide.				
Defined or illustrative activities	**Potential Impacts**	**Potential Climate Risk**	**Climate Risk Rating***	**Recommended Threshold Determination**
1.1. Support and enhance Regional training centers	N/A	Damage to Health Infrastructure, increased energy demands due to hot summers. Inefficient buildings and operations of hospital infrastructure/ systems require more energy and financial resources to operate.	Low	Categorical Exclusion
1.2. TB management module used in all pre- and in-service training curricula for general practitioners				Categorical Exclusion
1.3: Quality of TB services across all levels of care enhanced.				Categorical Exclusion
1.4: TB capacity and coordination at the selected Regional Centers of Public Health established and sustained				Categorical Exclusion
1.5: TB monitoring and evaluation (M&E) systems at the oblast level strengthened				Categorical Exclusion

Component Two - Early detection and diagnosis of TB cases.				
Defined or illustrative activities	**Potential Impacts**	**Potential Climate Risk**	**Climate Risk Rating***	**Recommended Threshold Determinations**
2.1. Comprehensive system of active case finding developed and implemented	N/A	Damage to Health Infrastructure, increased energy demands due to hot summers. Inefficient buildings and operations of hospital infrastructure/ systems require more energy and financial resources to operate.	Low	Categorical Exclusion
2.2. Support to diagnostic network to improve TB detection and treatment provided	Improper management of medical waste poses environmental and human		Low	Negative Determination

Component Two - Early detection and diagnosis of TB cases.				
Defined or illustrative activities	**Potential Impacts**	**Potential Climate Risk**	**Climate Risk Rating***	**Recommended Threshold Determinations**
	health risk			
2.3. Innovative approaches to improve detection, diagnosis of TB cases by primary care providers developed	N/A		Low	Categorical Exclusion
2.4. TB screening of health care providers improved.	Improper management of medical waste poses environmental and human health risk		Low	Negative Determination
2.5. Preventive treatment of latent TB introduced.	N/A		Low	Categorical Exclusion
2.6. TB data collection, patient tracking, and reporting at the primary care level strengthened.	N/A		Low	Categorical Exclusion

Component Three - DR-TB management system strengthened.				
Defined or illustrative activities	**Potential Impacts**	**Potential Climate Risk**	**Climate Risk Rating***	**Recommended Threshold Determination**
3.1 Laboratory capacity to perform quality TB diagnostics especially assays for the rapid diagnosis of drug resistance (including Line Probe Assay (LPA), Drug Sensitivity Testing (DST) and others) strengthened	Improper management of medical waste poses environmental and human health risk	Damage to Health Infrastructure, increased energy demands due to hot summers. Inefficient buildings and operations of hospital infrastructure/ systems require more energy and financial	Low	Negative Determination
3.2. Quality of DR-TB treatment at all levels of care	N/A		Low	Categorical

Component Three - DR-TB management system strengthened.				
Defined or illustrative activities	**Potential Impacts**	**Potential Climate Risk**	**Climate Risk Rating***	**Recommended Threshold Determination**
improved		resources to operate.		Exclusion
3.3. Innovative tools and approaches to manage DR-TB cases introduced	N/A		Low	Categorical Exclusion
3.4. Quality of managing DR-TB/HIV co-infected patients improved	N/A		Low	Categorical Exclusion
3.5. DR-TB data collection and analysis capacity improved	N/A		Low	Categorical Exclusion

Component Four - Civil society supported for TB advocacy and stigma reduction.				
Defined or illustrative activities	**Potential Impacts**	**Potential Climate Risk**	**Climate Risk Rating***	**Recommended Threshold Determination**
4.1. Support to local NGOs in assisting patients to adhere and complete TB and DR-TB treatment provided	N/A	N/A	Low	Categorical Exclusion
4.2. TB – related stigma and discrimination reduced	N/A		Low	Categorical Exclusion
4.3. Public information campaign and outreach activities supported.	N/A		Low	Categorical Exclusion
4.4. Activities aimed at increasing domestic resources and sustainability actions at the oblast level supported.	N/A		Low	Categorical Exclusion

4. Recommended Environmental Actions

4.1. Recommended Mitigation Measures

Defined/Illustrative Activities	Potential Impacts	Mitigation Measures	Recommended Threshold Determination
2.1 Support to diagnostic network to improve TB detection and treatment provided	Improper management of medical waste poses environmental and human health risk	• Ensure supported Medical Facilities and Laboratories have Medical Waste Management Plans in place and that they are implemented. • Ensure supported Medical Facilities and Laboratories have procedures for cartridge disposal (for example, incineration) as part of each laboratory's waste disposal plan. • Note: this activity does not include assistance for medical waste disposal, beyond ensuring appropriate measures are in place.	Negative Determination with Conditions
2.4 TB screening of health care providers improved.	Improper management of medical waste poses environmental and human health risk	• Ensure supported Medical Facilities and Laboratories have Medical Waste Management Plans in place and that they are implemented. • Ensure supported Medical Facilities and Laboratories have procedures for cartridge disposal (for example, incineration) as part of each laboratory's waste disposal plan. Note: this activity does not include assistance for medical waste disposal, beyond ensuring appropriate measures are in place.	Negative Determination with Conditions

3.1 Laboratory capacity to perform quality TB diagnostics especially assays for the rapid diagnosis of drug resistance (including Line Probe Assay (LPA), Drug Sensitivity Testing (DST) and others) strengthened	Improper management of medical waste poses environmental and human health risk	• Ensure supported Medical Facilities and Laboratories have Medical Waste Management Plans in place and that they are implemented. • Ensure supported Medical Facilities and Laboratories have procedures for cartridge disposal (for example, incineration) as part of each laboratory's waste disposal plan. • Ensure adequate storage space is provided for the GeneXpert cartridges, which must be stored at the recommended temperature range (2-28°C). • Ensure rooms within facilities operating GeneExpert equipment maintain ambient temperatures between 15°C - 30°C •	Negative Determination with Conditions

4.2. Recommended Environmental Determination:

Categorical Exclusions:
A categorical exclusion is recommended for the following identified activities under 22 CFR 216.2(c)(2):

- Activity 1.1-1.5, 2.2, 2.3, 2.5, 3.2-3.5, & 4.1-4.4 under §216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.).

Negative Determination with Conditions:
Under §216.3(a)(2)(iii), a negative determination with conditions is recommended for activity 2.1, 2.4, and 3.1 Specific terms and conditions are presented in Section 4.1 and below in Section 4.3.

4.3. Terms and Conditions:

4.3.1. USAID will ensure the Implementing Partner's award requires the following mitigation and monitoring measures as specified:

4.3.1.1. Ensure supported Medical Facilities and Laboratories have Medical Waste Management Plans in place and that they are implemented. The IP will assess the quality of the facility's waste management practices and make recommendations for improvements, which will be checked annually with results being documented in Annual reports;

4.3.1.2. Ensure supported Medical Facilities and Laboratories have procedures for cartridge disposal (for example, incineration) as part of each facility's waste disposal plan;

4.3.1.3. Ensure adequate storage space is provided for the GeneXpert cartridges, which must be stored at the recommended temperature range (2-28°C);

4.3.1.4. Ensure rooms within facilities operating GeneExpert equipment maintain ambient temperatures between 15°C - 30°C; and

4.3.1.5. The IP will assess appropriateness rooms and storage facilities used for GeneXpert equipment and make recommendations for improvements as needed. Findings will be documented in Annual reports.

4.4. USAID Monitoring and Reporting

4.4.1. The COR, with the support of the MEO, is responsible for monitoring compliance of activities by means of desktop reviews and site visits.;

4.4.2. If at any time the project is found to be out of compliance with the IEE, the COR or MEO shall immediately notify the BEO;

4.4.3. A summary report of Mission's compliance relative to this IEE shall be sent to the BEO on an annual basis, normally in connection with preparation of the Mission's annual environmental compliance report required under ADS 203.3.8.5 and 204.3.3; and

4.4.4. The BEO or his/her designated representative may conduct site visits or request additional information for compliance monitoring purposes to ensure compliance with this IEE, as necessary.

4.5. Implementing Partner (IP) Monitoring and reporting

4.5.1. If an individual activity is found to pose significant adverse environmental effects that have not been identified and addressed an EMMP shall be developed to include environmental safeguards for such effects; and

4.5.2. IPs shall report on environmental compliance requirements as part of their routine project reporting to USAID.

5. Mandatory Inclusion of Requirements in Solicitations, Awards, Budgets and Workplans

5.1. Appropriate environmental compliance language, including limitations defined in Section 6, shall be incorporated into solicitations and awards for this activity and projects budgets shall provide for adequate funding and human resources to comply with requirements of this IEE;

5.2. The solicitation should include the proper qualifications for the IP to hire the subcontractors and what type of work the subcontractors may be required to perform such as the abatement of lead paint, safe work operations, proper clean-up of lead dust and proper packaging and disposal of the waste;

5.3. Solicitations shall include Statements of Work with task(s) for meeting environmental compliance requirements and appropriate evaluation criteria;

5.4. Environmental mitigation and monitoring requirements, when available, shall also be included in solicitations and awards;

5.5. The IP shall incorporate conditions set forth in this IEE into their annual work plans;

5.6. The IP shall ensure annual work plans do not prescribe activities that are defined as limitations, as defined in Section 6; and

5.7. The USAID Mission will include an indicator for environmental compliance as part of the project's performance monitoring plan. [If an IEE has a threshold determination of negative determination with conditions, then a possible indictor is if the IP produced records of compliance with the EMMP.]

6. Limitations of the IEE: This IEE does not cover activities (and therefore should changes in scope implicate any of the issues/activities listed below, a BEO-approved amendment shall be required), that:

6.1. Normally have a significant effect on the environment under §216.2(d)(1) [See http://www.usaid.gov/our_work/environment/compliance/regulations.html]

6.2. Support project preparation, project feasibility studies, engineering design for activities listed in §216.2(d)(1);

6.3. Affect endangered species;

6.4. Result in wetland or biodiversity degradation or loss;

6.5. Support extractive industries (e.g. mining and quarrying);

6.6. Promote timber harvesting;

6.7. Provide support for regulatory permitting;

6.8. Result in privatization of industrial or infrastructure facilities;

6.9. Lead to new construction of buildings or other structures;

6.10. Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, cleanup of spray equipment, and disposal) of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials and /or pesticides (cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act); and

6.11. Procure or use genetically modified organisms.

7. Revisions

7.1. Under §216.3(a)(9), if new information becomes available that indicates that activities covered by the IEE might be considered major and their effect significant, or if additional activities are proposed that might be considered major and their adverse effect significant, this environmental threshold decision will be reviewed and, if necessary, revised by the Mission with concurrence by

the BEO. It is the responsibility of the USAID COR/AOR to keep the MEO and BEO informed of any new information or changes in the activity that might require revision of this IEE.

8. Recommended Environmental Threshold Decision Clearances:

Approval : _____

Approval : _____, Mission Director — Date: 3/7/19
John A. Kenrall

Clearance:

Clearance: _____, Deputy Mission Director — Date: 3/7/19

Clearance:

Clearance: _____, Resident Legal Officer — Date: 03/07/19

Clearance:

Clearance: _____
David Hatch, Program Office Director — Date: 3/7/2019

Clearance:

Clearance: _____
Jeri Dible, Health Office Director — Date: 3/4/2019

Clearance:

Clearance: _____
Tatiana Kistanova, Mission Environmental Officer — Date: 03/06/2019

Clearance:

Clearance: _____
Tatiana Barnard, Activity Manager — Date: 03/06/2019

Concurrence:

Concurrence: _____
Mark Kamiya
E&E Bureau Environmental Officer — Date: 03/14/2019

Distribution:
IEE File
MEO (to also provide a copy to AOR/COR)

Attachments:
Annex 1: CRM Screening

Climate Risk Screening and Management Tool for Project Design

PROJECT CRM TOOL OUTPUT MATRIX: CLIMATE RISKS, OPPORTUNITIES, AND ACTIONS

1.1: Defined or Anticipated Tasks or Interventions*	1.2: Time-frame	1.3: Geo-graphy	2: Climate Risks*	3: Adaptive Capacity	4: Climate Risk Rating*	5: Opportunities*	6.1: Climate Risk Management Options	6.2: How Climate Risks Are Addressed in the Activity*	7: Next Steps for Activity Implementation	8: Accepted Climate Risks*
1. Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide	2019-2023	National and regional	Damage to Health Infrastructure, increased energy demands due to hot summers. Inefficient buildings and operations of hospital infrastructure/ systems require more energy and financial resources to operate.	Lack of awareness of the best practices, standards, and regulatory documents, and weak access to financing to address the issues	**Low**	Improve coordination with MOH and donors to identify/prioritize infrastructure improvements to improve efficiency and save financial resources	N/A	N/A		*None.*
2. Improve detection and diagnostics of TB cases	2019-2023	National and regional	Damage to Health Infrastructure, increased energy demands due to hot summers. Inefficient buildings and operations of hospital infrastructure/ systems require more energy and financial resources to operate.	Lack of awareness of the best practices, standards, and regulatory documents, and weak access to financing to address the issues	**Low**		N/A	N/A		None.
3. Strengthen all components of DR-TB treatment and management system	2019-2023	National and regional	Damage to Health Infrastructure, increased energy demands due to hot summers. Inefficient buildings and operations of hospital infrastructure/ systems require more energy and financial resources to operate.	Lack of awareness of the best practices, standards, and regulatory documents, and weak access to	**Low**	N/A	-Ensure facilities have adequate storage space for the GeneXpert cartridges, which must be stored at the recommended temperature range (2-28°C).	N/A		None.

				financing to address the issues			-Ensure rooms within facilities operating GeneExpert equipment maintain ambient temperatures between 15°C - 30°C			
4. Support civil society, TB advocacy, and stigma reduction	2019-2023	National	N/A	N/A	**Low**	N/A	N/A	N/A		None.