

Reduction of unintentionally-produced persistent organic pollutants and mercury through an environmentally-sound approach on health care wastes management in the Philippines with a special focus on the pandemic

Basic Information

GEF ID

10798

Countries

Philippines

Project Title

Reduction of unintentionally-produced persistent organic pollutants and mercury through an environmentally-sound approach on health care wastes management in the Philippines with a special focus on the pandemic

GEF Agency(ies)

UNIDO

Agency ID

UNIDO: 200232

GEF Focal Area(s)

Chemicals and Waste

Program Manager

Satoshi Yoshida

PIF

Part I – Project Informatic

Focal area elements

1. Is the project/program aligned with the relevant GEF focal area elements in Table A, as defined by the GEF 7 Programming Directions?

Secretariat Comment at PIF/Work Program Inclusion

Yes, it is aligned with the GEF-7 strategy on CW.

Agency Response

Indicative project/program description summary

2. Are the components in Table B and as described in the PIF sound, appropriate, and sufficiently clear to achieve the project/program objectives and the core indicators?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for the revision on the output. Comment cleared.

April, 7, 2021: The design is generally clear. Output 2.1.3 will assist MSMEs in healthcare sector to access green financing schemes beyond the main scope of Component 2 - mercury reduction. As such, this output may fit better under Component 3 given its cross-sectoral nature. Besides MSMEs, public and private financing to healthcare sector stakeholders including waste management is critical to achieve the objective and ensure the sustainability of the project.

objective and ensure the sustainability of the project.

Agency Response Output 2.1.3 was moved to Component 3 as new Output 3.1.2. Accordingly, 100,000 USD was moved from Component 2 to 3 to support this output.

Co-financing

3. Are the indicative expected amounts, sources and types of co-financing adequately documented and consistent with the requirements of the Co-Financing Policy and Guidelines, with a description on how the breakdown of co-financing was identified and meets the definition of investment mobilized?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Comments cleared. Please provide further details at the CEOER stage.

April, 7, 2021: Yes, they are line with the policy and guidelines. Please elaborate "how the investment mobilized was identified" on top of loans (i.e. equity and grants by the government agencies and the private sector).

Agency Response

The section on "how the investment mobilized was identified" was further detailed. As initially mentioned, investment mobilized will be mainly sourced out from the loan program instituted by the Development Bank of the Philippines. A minor fraction of the investment will be coming from the private sector (TSD facilities) which will be participating in the project. TSD facilities have their own investment plans to update their equipment and infrastructures. The project also plans to partner with local government units and hospital facilities in the project sites (Quezon City and Tacloban City) and equity investment will provide baseline funding in the form of facilities and infrastructures. Budgets from related activities on healthcare wastes management of DENR and DOH will be reflected as mobilized co-financing.

All related investments from various project partners will be quantified and elaborated in detail during the project preparatory phase. The technical and financial assistance provided by the project will catalyze the incremental financing and will render the planned investment more effective and sustainable.

GEF Resource Availability

4. Is the proposed GEF financing in Table D (including the Agency fee) in line with GEF policies and guidelines? Are they within the resources available from (mark all that apply):

Secretariat Comment at PIF/Work Program Inclusion Yes, in line with the policies and guidelines and within the available resources.

Agency Response

The STAR allocation?

Secretariat Comment at PIF/Work Program Inclusion

Agency Response

The focal area allocation?

Secretariat Comment at PIF/Work Program Inclusion Yes.

Agency Response

Agency response

The LDCF under the principle of equitable access?

Secretariat Comment at PIF/Work Program Inclusion

Agency Response

The SCCF (Adaptation or Technology Transfer)?

Secretariat Comment at PIF/Work Program Inclusion

Agency Response

Focal area set-aside?

Secretariat Comment at PIF/Work Program Inclusion

Agency Response

Impact Program Incentive?

Secretariat Comment at PIF/Work Program Inclusion

Agency Response

Project Preparation Grant

5. Is PPG requested in Table E within the allowable cap? Has an exception (e.g. for regional projects) been sufficiently substantiated? (not applicable to PFD)

Secretariat Comment at PIF/Work Program Inclusion Yes, it is within the allowance cap.

Agency Response

Core indicators

6. Are the identified core indicators in Table F calculated using the methodology included in the corresponding Guidelines? (GEF/C.54/11/Rev.01)

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for the clarification and adding indicator 9.6. Comments cleared. Please further improve the accuracy of the estimation of all indicators during the preparation phase.

April, 7, 2021: Yes, and the calculation is provided under "Part 2 F) Global environmental benefits (GEFTF) and/or adaptation benefits (I DCF/SCCF)". For indicator of beneficiaries, the PIF says 70 percent of healthcare sector workers are women while the ratio of beneficiaries

(2007/2008). For indicator of beneficiaries, the PIF says 70 percent of health care sector workers are women while the ratio of beneficiaries are 60 women:40 men. Please clarify the difference. Also, please add an estimated amount on indicator 9.6 as a co-benefit. These numbers will be further examined during the preparation period.

Agency Response

It is true that 70% of the health care sector workers are women. Thus, the project hopes to provide better opportunities for participation in the project activities for the lesser represented gender (men, in this case) to ensure gender parity. Similarly, the project aims to reach out to stakeholders other than those in the health care wastes sector providing equal access to opportunities, as applicable.

An estimate of Indicator 9.6 of UPOPs generating wastes of 14,400 tons/year and around 434 tons of mercury-containing devices will be avoided and maybe considered as co-benefit of the project.

Detailed narrative is provided in section F Global Environmental Benefits of the PIF (para 85-86)

Project/Program taxonomy

7. Is the project/program properly tagged with the appropriate keywords as requested in Table G?

Secretariat Comment at PIF/Work Program Inclusion Yes.

Agency Response

Part II – Project Justification

1. Has the project/program described the global environmental/adaptation problems, including the root causes and barriers that need to be addressed?

Secretariat Comment at PIF/Work Program Inclusion

Yes.

Agency Response

2. Is the baseline scenario or any associated baseline projects appropriately described?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for adding these projects. Comments cleared.

April, 7, 2021: Yes. Please add GEF 10349 “Demonstration of production phase-out of mercury-containing medical thermometers and sphygmomanometers and promoting the application of mercury-free alternatives in medical facilities in China” and GEF 10716 “Phasing out mercury measuring devices in healthcare” in this section as well as the Coordination section while explaining relevance with this project. Please also add GEF 1802 “Demonstrating and Promoting Best Techniques and Practices for Reducing Health-care Waste to Avoid Environmental Releases of Dioxins and Mercury” in the both sections while clarifying how the project will build on the results and lessons learned and avoid overlaps.

Agency Response The suggestion to include related projects as baseline is appreciated. The projects have been added to the suggested sections and a discussion on the relevance of these projects to the current proposal is fully elaborated in the appropriate sections of the PIF (para 40-41 and 111-112)

3. Does the proposed alternative scenario describe the expected outcomes and components of the project/program?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for clarification and updates. Comments cleared. Please see the additional comments for the CEOER stage.

April, 7, 2021: Please address the below points.

- ToC: Please add barriers (e.g. financial and technical) that are listed in the PIF and will be addressed by the project. Please adjust ToC

as the PIF is revised in the next submission.

- Component 1

Please further clarify how uPOPs will be reduced by this component including manufacturing reusable face masks, changing disinfection processes, and improved waste management including final disposal as the estimation of uPOPs reduction (indicator 10) seems to be based on the total estimated amount of the increased waste. Please also explain how the project will ensure such changes/improvements. Under Output 1.2.2, pre-treatment to disinfect generated waste is mentioned but measures to ensure segregation, transportation, recycling and final disposal of waste are not clear, in particular where TSD facilities are not in place.

- Component 2

While mercury-containing products are imported from outside the country, there seems almost no description in the PIF to prevent it (Customs Police is mentioned on output 3.1.1 only). Please clarify if this is already addressed from both policy reforms and enforcement perspectives and if the project does not need to address. On Output 2.2.2, please clarify how the project will place a tracking system of mercury products and wastes collected from many sources until the final disposal to minimize environmental and health risks. Please also elaborate how the project will ensure proper waste management where TSD facilities do not exist.

- Component 3

Output 3.1.1 seems too broad in terms of scope of training given the size of stakeholders in the healthcare sectors. Please explain how the project will prioritize targets. On Output 3.2.1, please elaborate a linkage between raising awareness and incentive mechanisms of regulatory compliance, and please provide a rationale to target the K to 12 education system including the relevance to the use of PPEs or MAPs.

- Project locations: Although maps of Quezon and Tacloban are provided in the PIF, it is not clear what activities will be conducted in these two locations with what improvements are envisaged respectively, in particular on healthcare waste management as there would be differences in capacity including TSD facilities.
- Procurement: Please elaborate how the project will reform the procurement of PPEs and medical equipment and devices both by public and private healthcare sectors.
- Financial schemes: while technical assistance to healthcare sector stakeholders (public and private) is included on output 2.1.3, it is not clear what kind of financial schemes will be placed to promote environmentally sound management of healthcare wastes as well as manufactures of PPEs and mercury-free medical products. Please elaborate it with the detailed explanation on how the co-financing would contribute to it.
- Please unify the number of TSD (32 and 34) in the PIF.

Agency Response

1. The TOC has been revised to include possible technical and financial barriers.

2. The following components have been further strengthened (reflected also in the PIF) to address the comments above:

- Component 1

Para 52:

- On the reduction of U-POPs releases, the project envisages the adoption of three different approaches to reduce uPOPs emissions: (i) a substantial reduction of unnecessary disinfection with chlorine-based disinfectant, either by replacing them with non-chlorine disinfectant, by providing clear guideline on the amount of chemicals to be used, or even by avoiding unnecessary disinfection. Guidelines on the use of chlorinated disinfectant will have an impact going beyond the pandemic emergency. The abuse of chlorinated disinfectant results in a significant amount of chlorine in wastes generated and when burned, increasing the generation of U-POPs in the atmosphere and residues. This practice also pollutes wastewater with toxic chlorinated organics (AOX). The evaluation of the amount of U-POPs that can be reduced through this mechanism will be undertaken at PPG stage.; (ii) A similar approach will be adopted on the use of face mask. The use of face mask will go beyond the evolution of the current COVID-19 pandemic, and suitable guideline as well as an LCA analysis will be prepared to understand the safe reusability (how many times) of reusable face masks, and how safe ""reusable community face masks"" are in comparison with the single-use masks (N95 or medical); and (iii) Improved collection and disposal of medical waste will prevent the improper disposal of PPE, out of which a significant percentage may be burnt accidentally or deliberately in dumpsites.

Component 2

Para 64:

Policies in relation to the importation, manufacture, processing, sale, handling, storage, distribution, use, and disposal of mercury, mercury compounds, and mercury-added products (MAP) are included in the Philippines' Revised Chemical Control Order (CCO) for Mercury and Mercury Compounds (DAO 2019-20). MAPs phase out, according to this DENR Department Order is scheduled in 2022. For the importation of mercury, mercury compounds, and MAPs allowed by the Philippines, guided by the provisions of the Minamata Convention on Mercury, appropriate requirements and procedures for handling, labeling, storage, treatment, disposal, data recording, and reporting, are provided, including the necessary permits that need to be secured. Gaps will mostly be on the harmonization of policies across government offices, and also on implementation which will involve other partner government agencies such as the Department of Trade, the Food and Drugs Administration, the Fertilizer and Pesticide Authority, and other members of the Inter-agency Technical Working Group on Mercury (Hg-IATWG) under the the Inter-Agency Committee on Environmental Health (IACEH), that also provide standards, licenses and certification for products under their jurisdiction; but most especially the Bureau of Customs responsible to guard the country's borders from transboundary movement of mercury. Additional knowledge, training, and planning will be needed to address fragmentation, miscoordination, and lack of technical knowhow and awareness. For DENR, in particular, additional support will be needed to update the country's Online Permitting and Monitoring System, incorporating mercury into the system and devising new innovative approaches to aid in better and more efficient data collection, monitoring, tracking, and reporting that will also benefit other chemicals of concern. All these and more are well-placed in the country's National Action Plan for the Phase-out of MAPs, prepared with support from UNIDO and the Government of Switzerland.

In project areas where TSD facilities do not exist, the project will support the identification of private sector service providers or local government units interested to invest on the establishment of a TSD facility capable of handling mercury waste . Output 2.2.1 will focus on demonstrating technologies for BAT/BEP compliance while Output 3.1.2 will facilitate access green financing schemes.

Component 3

Para 73:

Efforts toward Output 3.1.1 on capacity building activities related to the environmentally-sound management of infectious and hazardous

Efforts toward Output 3.1.1 on capacity building activities related to the environmentally sound management of infectious and hazardous wastes in the healthcare sector will be directed at government authorities, staff of healthcare facilities and TSDs, and civil society organizations. Priority will be given to healthcare and waste management frontliners, both formal and informal, especially those from hospitals and health facilities with lower capacities and access to knowledge. Since women in the Philippine healthcare sector make up about 70%, men will be encouraged to participate in the project in order to ensure gender parity, with representation from the LGBTQ+ community.

Para 77:

The project will assist the government in initiatives intended to establish an incentive mechanism for the promotion of Hg-free Setting and compliance to regulatory policies. With these incentives, a greater portion of the population will be better engaged and made more aware of the impact of mercury to health and the environment. Compliance to regulatory policies is also expected to increase.

The project will also assist in the preparation of training modules on mercury to be incorporated in the K to 12 education system (Elementary and High School level). There are around 22M elementary and high school students in the Philippines. Currently, learning topics on the negative impact of chemicals and wastes, such as those from mercury, to health and the environment as well as the importance of personal protective equipment and other preventive approaches to health and safety are hardly found in the national curriculum. Ensuring that these modules are institutionalized in the education system will greatly contribute in shaping the new generation of leaders who will inherit the challenges of sustainable development.

Project locations:

Para 62

Quezon City will be the main target site for the project. The city hosts the most number of hospitals (61 public and private hospitals, 61 health centers) with the largest bed capacity, complemented by health clinics, spas, physical fitness centers, child care and development companies, care giving schools, laboratories, medical transcription firms, and other wellness facilities. It has the most number of registered TSD facilities, as well, that would benefit on the interventions to be provided by the project. The project aims to partner with government hospitals in the city to ensure that BAT/BEPs on healthcare wastes management are in place in the facilities.

Tacloban City is the regional healthcare hub – with its six major hospitals (four privately run and two government-run). Tacloban is the busiest and most progressive city in Region 8 (Eastern Visayas). During business hours, the City's population of about 240,000 triples due to the influx of residents from nearby Leyte and Samar municipalities who avail of utilities and services in the city. There is currently no registered TSD facility for medical wastes in Tacloban and the project aims to support the identification of private sector service provider interested to invest on the establishment of a TSD facility capable of handling healthcare wastes, including mercury. Healthcare facilities, including small clusters of clinics, will benefit from relevant trainings and institutionalization of BAT and BEP in health care wastes management.

Procurement:

reflected in para 54

The project aims to provide guidance on the selection and procurement of PPE and medical equipment by providing standard specifications for PPEs and medical equipment and devices.

Financial Schemes:

Para 74-75

A number of financing opportunities to support "environmental jobs" and to improve the compliance with environmental regulations are available in the Philippines. These are, for instance, the "Tax incentives for green jobs", established in 2019 and based on the certification issued by the Climate Change Commission, or the "PEPP - Philippine Environmental Partnership Programme. (Track1 and Track 2) (<http://pepp.emb.gov.ph/philippine-environment-partnership-program/>). The suitability of these tools to support in the medium-long term project activities will be further explored at PPG, with the perspective to reform the underpinning eligibility criteria, if needed, to include the healthcare sector and the manufacturing of PPEs.

For the short term perspective of co-financing project activities, loans based on privileged interest rate to support self-sustainable initiatives fulfilling the specific eligibility criteria will be one of the tools which is planned to be implemented. This will require cooperation with financial institutions. Other tools are the use of GEF grant to partially support the startup of initiatives which are at the same time promising from the point of view of market perspectives and environmentally sustainable. Some of these initiatives require initial investments which are out of reach of small investors which could therefore benefit from project support.

Number of TSD facilities

Para 8

The number of TSD facilities has been updated based on the data extracted from the Environmental Statistics of the DENR-EMB website (<https://emb.gov.ph/hazardous-waste-management-data/>) as of 15 April 2021. There are a total of 111 registered TSD facilities in the country handling various types of hazardous wastes. Of these, 28 TSDs are capable of handling health care wastes and 46 facilities handle mercury wastes.

This information was harmonized in relevant sections of the PIF.

4. Is the project/program aligned with focal area and/or Impact Program strategies?

Secretariat Comment at PIF/Work Program Inclusion

Yes.

Agency Response

5. Is the incremental/additional cost reasoning properly described as per the Guidelines provided in GEF/C.31/12?

Secretariat Comment at PIF/Work Program Inclusion

Yes.

Agency Response

6. Are the project's/program's indicative targeted contributions to global environmental benefits (measured through core indicators) reasonable and achievable? Or for adaptation benefits?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for updating numbers. Now the mercury would be 10.43 MT and uPOPs reduction, which now includes reduction of baseline wastes, would be 422.6 gTEQ, with indicator 9.6 of 14,834 MT. Comments cleared. Please further shape these numbers during the preparation phase.

April, 7, 2021: Yes. The estimated mercury reduction seems to be based on the stockpiles of mercury wastes. The project will further reduce mercury wastes with environmentally sound waste management and avoid new mercury-containing products used in the healthcare sector. Please clarify if the estimation took into consideration these opportunities as well. Table 5 indicates an estimated 10.4 t of mercury waste while PIF says 10.5 t as stockpiles. Please explain the difference. As for uPOPs, please see the comment in the alternative scenario.

Agency Response

Discrepancy in the tonnage of mercury wastes reduced has been corrected. It has been set to 10.43 tons. The estimated amount of mercury reduced is based on the inventory on the current usage (activity rate) of mercury-containing medical devices which later on become wastes/stockpiles. The project aims to refine this inventory and make an assessment of the impact of the reduction of mercury wastes due to avoidance of new mercury-containing products.

UPOPs comment is addressed in the alternative scenario section.

7. Is there potential for innovation, sustainability and scaling up in this project?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for clarification. Comment cleared. Please further elaborate what financial schemes the project utilizes for mid- and longer timelines, during the preparation phase.

April, 7, 2021: While the sustainability describes “the institutionalization of healthcare wastes management in the loan structure of the DBP ensures access to financing opportunity,” it is not entirely clear and it should be elaborated in the alternative scenario. Please include as appropriate financial and institutional mechanisms as well as knowledge management to promote scaling up.

Agency Response

For financial sustainability, this has been fully elaborated in the description of the new Output 3.1.2 (previously Output 2.1.3) in the Alternative Scenario section (para 74-76) and now, also elaborated in the Sustainability section (para 91-95).

Project/Program Map and Coordinates

Is there a preliminary geo-reference to the project’s/program’s intended location?

Secretariat Comment at PIF/Work Program Inclusion

Yes, maps of Quezon and Tacloban cities are included.

Agency Response

Stakeholders

Does the PIF/PFD include indicative information on Stakeholders engagement to date? If not, is the justification provided appropriate? Does the PIF/PFD include information about the proposed means of future engagement?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for updating the list. Comment cleared.

April, 7, 2021: The indicative information of stakeholders and some means of future engagement are provided while a detailed stakeholders engagement plan will be formulated during the preparation phase. Please consider including WHO even though the project uses the WHO guidelines in implementing the proposed activities to mitigate potential human health risks and disseminating generated knowledge.

Agency Response The suggestion to include WHO is noted and has been included in the list of stakeholders (para 99).

Gender Equality and Women's Empowerment

Is the articulation of gender context and indicative information on the importance and need to promote gender equality and the empowerment of women, adequate?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for updating this section. Comment cleared.

April, 7, 2021: We note that country-specific gender information as well as women's occupations and impacts related to the Covid-19 pandemic are included, and the project design incorporated gender-sensitive activities. Please add gender aspects on risks related to the use of mercury-containing medical devices and after their usage. Please also add how the project will develop, during its preparation phase, a gender analysis and a gender action plan with gender-responsive measures and gender-sensitive indicators given the identified gender context.

Agency Response

The gender section has been further strengthened. In the course of the project design, a detailed gender analysis and a specific gender mainstreaming work plan, with gender-sensitive targets and indicators, will be developed and integrated in the project results framework. This will include, as a minimum, the following.

- 1) Availability of gender specific training and awareness raising initiatives;
- 2) Initiatives and rules to ensure equal access to the job opportunities generated by the project;
- 3) Equal access to the information generated by the project;
- 4) Assessment of gender-specific health risk associated with chlorinated disinfectants, healthcare waste and mercury waste .
- 5) Specific health and safety rules for female employees in the waste collection and recycling industries.
- 5) Specific health and safety rules for nurses and medical staff.

Gender specific risks on the use of mercury-containing medical devices is added to the risks section.

Private Sector Engagement

Is the case made for private sector engagement consistent with the proposed approach?

Secretariat Comment at PIF/Work Program Inclusion

April, 22, 2021: Thank you for the revision. Comment cleared.

April, 7, 2021: Yes, envisaged private sector engagements are provided. Please include private hospitals and other healthcare facilities the project will collaborate with to manage healthcare wastes in an environmentally sound manner, on top of manufactures and the waste

management sector.

Agency Response Private hospitals and healthcare facilities have been included in Section 4: Private Sector Engagement.

Risks to Achieving Project Objectives

Does the project/program consider potential major risks, including the consequences of climate change, that might prevent the project objectives from being achieved or may be resulting from project/program implementation, and propose measures that address these risks to be further developed during the project design?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for adding the below risks. Comments cleared.

April, 7, 2021: Please consider the below risks with potential measures, while such measures can be further strengthened during the project preparation stage.

- COVID-19 risks and opportunities: There are risks including that lockdown and relevant restrictions will hinder the planned activities, that changes in orders/regulations relating to Covid-19 may alter how to treat medical wastes, and that increased patients may change the priority of healthcare wastes of the government or the healthcare sector. Also, please elaborate on any opportunities from the COVID-19 pandemic, if any.
- Commitments: Political will and government's priorities may change overtime and the project may not be able to mobilize necessary resources and commitments including co-financing.
Human health risks: The project activities will alter the treatment of healthcare wastes, which may change the risks of getting infected and mercury-related exposure.
- Climate risks: "Increased GHG or climate change effect" and "Project activity impacted by GHG or climate change" should be changed to "Increased GHG emissions" and "Project activity impacted by climate change" respectively to clarify these risks. While the PIF describes that there is no increase in risks of climate change impacts from the baseline scenario, such risks may still prevent the project from achieving the objectives. As such, please include risks related to climate change impacts and potential measures. In terms of GHG emissions, non-combustion technologies are only a part of the whole value chain of medical equipment and its waste. Further assessment will be needed during the preparation phase.
- Environmental risks: Leakage or similar accidents may occur when managing mercury and mercury containing products including transportation and disposal.

- Low participation risks: In terms of promotion of reusable face masks and mercury-free devices, there are risks that these will not be used as expected due to lower participation. Also, there are risks that the healthcare sector stakeholders and MSMEs will not participate as expected.

Agency Response The risks table has been revised to include the suggested risks and appropriate mitigation measures. Please see Section 5: Risks to achieving project objectives.

Coordination

**Is the institutional arrangement for project/program coordination including management, monitoring and evaluation outlined?
Is there a description of possible coordination with relevant GEF-financed projects/programs and other bilateral/multilateral initiatives in the project/program area?**

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Executing entities are updated in line with those in the LoE. We note the possible review of the executing partner within the government. Comments cleared.

April, 7, 2021: The PIF says it does not specify the executing entity yet while the LoE mentions that "If approved, the proposal will be prepared and implemented by the Department of Environment and Natural Resources (DENR) and the Department of Health (DOH)." We also note this section describes that DENR "will be the main government focal point and national coordinating entity of the project" while "Executing Partner Type" on the portal is currently marked as "other" as opposed to "government." However, the executing entity(ies) must be included in the portal, consistent with what are included in the LoE (i.e. DENR and DOH). Please address the discrepancies.

Please note that the Implementing Agency is not allowed to execute this project.

Agency Response Upon further consultation, the PIF entry has been amended to reflect the Department of Environment and Natural Resources (DENR) as the main executing partner and Department of Health as co-executing partner. Technical executing partners will be identified both by the DENR and UNIDO during the PPG. The project implementation/execution framework will be finalized and fully elaborated in the PPG.

Consistency with National Priorities

Has the project/program cited alignment with any of the recipient country's national strategies and plans or reports and assessments under relevant conventions?

Secretariat Comment at PIF/Work Program Inclusion

April, 7, 2021: Largely yes. Please add MIA and its relevance with the project which is partly included in the Coordination section above. Please elaborate how the National Action Plan of MAPs is related to medical wastes and mercury-containing medical devices.

Agency Response

The Minamata Initial Assessment has been added to Section 7: Consistency with National Priorities (para 118)

Knowledge Management

Is the proposed "knowledge management (KM) approach" in line with GEF requirements to foster learning and sharing from relevant projects/programs, initiatives and evaluations; and contribute to the project's/program's overall impact and sustainability?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Thank you for the revisions. Comments cleared.

April, 7, 2021: Please describe how existing lessons and best practices informed the project concept and a plan to learn from ongoing relevant projects and initiatives to capture and assess best practices and knowledge. Also please clarify what tools/platforms other than the website will be used to collect and disseminate domestically and internationally

... will provide clarity, methodologies, programme other than the response will be used to collect and disseminate domestically and internationally knowledge generated during the project, taking into consideration urgent needs of appropriate knowledge within and outside the country.

Please elaborate how knowledge and learning will contribute to overall project's objective, the sustainability and scaling up with potential knowledge products.

Agency Response

UNIDO has implemented two of the largest medical waste project worldwide (the China healthcare waste and the India healthcare waste projects). The lessons learnt from these projects will be one of the key starting points during the full project design, with specific attention to issues like acceptance of non-mercury thermometers in healthcare facilities, procurement aspects, acceptance of non-combustion facilities for pre-treatment of waste, etc.

The knowledge generated in the course of project implementation will be shared globally through participation in regional coordination meetings related to healthcare waste management and COVID-19 and international conferences. The project also aims to use available global and regional knowledge channels including the BRS Secretariat, BRS regional centers, the GEF and UNIDO websites, to disseminate project outputs. With the prominence of virtual platforms for information sharing, this would also facilitate reaching out to a wider global audience.

At national level, with specific reference to the awareness raising initiatives, communication will be ensured through the establishing of a proper Training of Trainers initiative, and through communications ensured through mobile apps (social), newspaper and TV broadcasting

Knowledge and learning products will be generated through the project and maybe adopted to similar situations in other countries. These products will also capture the main achievements and lessons of the project and would ensure the sustainability, as well as provide modality for scaling up of the project objectives.

Please see revised Section 8: Knowledge Management.

Environmental and Social Safeguard (ESS)

Are environmental and social risks, impacts and management measures adequately documented at this stage and consistent with requirements set out in SD/PL/03?

Secretariat Comment on D15/Work Program Inclusion

Secretariat Comment at PIF/Work Program Inclusion

Yes. The overall impact is categorized as medium, which will be elaborated during the project preparation phase with “Environmental and Social Management Plan.” Further information has been provided in the ESS screening document.

Agency Response

art III – Country Endorsements

Has the project/program been endorsed by the country’s GEF Operational Focal Point and has the name and position been checked against the GEF data base?

Secretariat Comment at PIF/Work Program Inclusion

Yes. The letter of endorsement was signed by the current OFP of Philippines.

Agency Response

Termsheet, reflow table and agency capacity in NGI Projects

Does the project provide sufficient detail in Annex A (indicative termsheet) to take a decision on the following selection criteria: co-financing ratios, financial terms and conditions, and financial additionality? If not, please provide comments. Does the project provide a detailed reflow table in Annex B to assess the project capacity of generating reflows? If not, please provide comments. After reading the questionnaire in Annex C, is the Partner Agency eligible to administer concessional finance? If not, please provide comments.

Secretariat Comment at PIF/Work Program Inclusion

Agency Response

EFSEC DECISION

RECOMMENDATION

Is the PIF/PFD recommended for technical clearance? Is the PPG (if requested) being recommended for clearance?

Secretariat Comment at PIF/Work Program Inclusion

April 22, 2021: Previous comments are addressed. PM recommends the project for technical clearance.

April, 7, 2021: Not at this stage. Please address the comments above.

ADDITIONAL COMMENTS

Additional recommendations to be considered by Agency at the time of CEO endorsement/approval.

Secretariat Comment at PIF/Work Program Inclusion

Please take into consideration the comments for the preparation for CEOER in above boxes and the below.

1. GEBs: Please further improve the estimation of all indicators under 9 and 10, including avoided mercury emissions (flow) by this project and u-POPs emissions reduction in terms of percentage of waste reduction during the period of each intervention.
2. Component 1: Please elaborate what measures to be placed to prevent unnecessary disinfection with chlorine-based disinfectant and improper management of waste in the two locations and beyond with more accurate estimated reduction of u-POPs.
3. Component 2: Please further elaborate tracking mercury containing waste from collection to final disposal with different facility capacities in the two locations and beyond.
4. Component 3: Please further elaborate procurement guidance and financial schemes for mid- and long term period besides short-term loans (co-financing).

Review Dates

	PIF Review	Agency Response
First Review	4/1/2021	
Additional Review (as necessary)	4/22/2021	
Additional Review (as necessary)		
Additional Review (as necessary)		
Additional Review (as necessary)		

PIF Recommendation to CEO

Brief reasoning for recommendations to CEO for PIF Approval