



REQUEST FOR CEO ENDORSEMENT

PROJECT TYPE: Full-sized Project

TYPE OF TRUST FUND: GEF Trust Fund

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PART I: PROJECT INFORMATION

Project Title: Sound Chemicals Management Mainstreaming and UPOPs reduction in Kenya			
Country(ies):	Kenya	GEF Project ID: ¹	5689
GEF Agency(ies):	UNDP (select) (select)	GEF Agency Project ID:	5361
Other Executing Partner(s):	MENR	Submission Date:	2015-09-21
GEF Focal Area (s):	Persistent Organic Pollutants	Project Duration(Months)	60
Name of Parent Program (if applicable):		Project Agency Fee (\$):	428,925
<ul style="list-style-type: none"> ➤ For SFM/REDD+ <input type="checkbox"/> ➤ For SGP <input type="checkbox"/> ➤ For PPP <input type="checkbox"/> 			

A. FOCAL AREA STRATEGY FRAMEWORK²

Focal Area Objectives	Expected FA Outcomes	Expected FA Outputs	Trust Fund	Grant Amount (\$)	Cofinancing (\$)
(select) CHEM-1	Outcome 1.3 POPs releases to the environment reduced	Output 1.3.1 Action plans addressing un-intentionally produced POPs under development and implementation	GEF TF	3,035,000	16,983,876
(select) CHEM-1	Outcome 1.5 Country capacity built to effectively phase out and reduce releases of POPs.	Output 1.5.1 Countries receiving GEF support to build capacity for the implementation of the Stockholm Convention.	GEF TF	950,000	1,508,433
(select) CHEM-3	Outcome 3.1 Country capacity built to effectively manage mercury in priority sectors.	Output 3.1.1 Countries receiving GEF support for mercury management and reduction, on a pilot basis.	GEF TF	265,000	1,000,000
(select) CHEM-3	Outcome 3.2 Contribute to the overall objective of the SAICM of achieving the sound management of chemicals throughout their life-cycle in ways that lead to the minimization of significant adverse effects on human health and the environment.	Output 3.2.1 Countries receiving GEF support to implement SAICM relevant activities, including addressing persistent toxic substances and other chemicals of global concern (other than mercury), on a pilot basis	GEF TF	265,000	1,516,494
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
Total project costs				4,515,000	21,008,803

¹ Project ID number will be assigned by GEFSEC.

² Refer to the [Focal Area Results Framework and LDCF/SCCF Framework](#) when completing Table A.

B. PROJECT FRAMEWORK

Project Objective: Reducing the releases of U-POPs and other substances of concern and of the related health risk through the implementation of ESM of municipal and healthcare waste and of an integrated institutional and regulatory framework covering management and reporting of POPs.

Project Component	Grant Type	Expected Outcomes	Expected Outputs	Trust Fund	Grant Amount (\$)	Confirmed Cofinancing (\$)
Component 1. Streamlining sound management of chemicals and waste into national and county development activities through capacity building of MENR, MOH, county governments of Nairobi, Kisumu, Nakuru and Mombasa and the NGOs - CBOs	TA	<p>Outcome 1.1 Policies, strategies, regulatory and policy framework integrating the provisions of streamlining chemicals management into development activities and specifically those of the Stockholm convention and the SAICM recommendations, adopted and institutional capacity on U-POPs and waste management enhanced</p> <p>Outcome 1.2 Monitoring activities intensified and strengthened and PRTR database in place.</p>	<p>Output 1.1.1: Overall policy framework and specific regulatory measures covering environmentally sound management of chemicals in general and POPs in particular through chemicals life cycle management developed and implemented.</p> <p>Output 1.1.2: Key institutions have knowledge and skills to formulate and implement necessary chemicals and waste environmental policies, consistent with sound chemicals management principles and obligations under international agreements</p> <p>Output 1.1.3 Key institutions have incorporated sound management of chemicals and wastes, including POPs, in their activities..</p> <p>Output 1.1.4 National coordinating meetings on POPs held regularly (4 times per year) without GEF financial support</p> <p>Output 1.2.1 At least 70% of laboratory analyses in research and monitoring institutions required to monitor the implementation of national policy on hazardous chemicals and wastes being carried out on a cost recovery basis</p> <p>Output 1.2.2 70% of universities nationwide include issues of hazardous chemicals and wastes, risks and legislation, in their</p>	GEF TF	500,000	2,516,494

			curriculum Output 1.2.3. PRTR Database and reporting system in place.			
Component 2. Introduce environmentally sound management of health care waste in selected healthcare facilities; policy and strategic plans to prepare them to adopt BAT and BEP disposal	TA	Outcome 2.1 Personnel of hospital facilities and control authorities at central and county levels have enough capacity guidance and equipment to manage healthcare waste in an Environmental Sound Manner Outcome 2.2 Implementation of BAT/BEP at selected hospital facilities successfully demonstrated and measured against the baseline	Output 2.1.1 Procedures and guidelines for the assessment and implementation of hazardous waste management at healthcare facilities built on lessons and examples from the application of the I-RAT tool under the GEF4 /UNDP global project and on the WHO bluebook “Safe Management of Wastes from Health-care Activities” developed and adopted Output 2.1.2 A national healthcare waste handbook containing guidelines for HCWM drafted and adopted by the MOH, including introduction of non-mercury devices in the HCFs Output 2.2.1 Hospital personnel at all levels trained on the implementation of the above procedures Output 2.2.2 Baseline assessment of each healthcare facility based on the assessment procedures developed in 2.1.1 carried out, and waste management plans based on the baseline assessment level drafted and implemented Output 2.2.3 ESM management of healthcare waste (based on WHO bluebook) implemented in 4 facilities in each county (12 facilities in total) including replacement of mercury	GEF TF	900,000	1,508,433

			<p>devices with non mercury</p> <p>Output 2.2.4 Final assessment of the healthcare facility to measure results achieved with the implementation of the ESM against baseline is carried out and estimates amount of U-POP and mercury releases avoided.</p>			
<p>Component 3. Demonstration of sound healthcare waste disposal technologies in a selected number of healthcare facilities in each county</p>	TA	<p>Outcome 3.1. Feasibility analysis and procurement of ESM technologies for healthcare waste disposal completed</p> <p>Outcome 3.2 BAT/BEP technologies for the disposal of healthcare waste successfully established and demonstrated, with a potential reduction of U-POPs emissions in the order of 19gTeq/year</p>	<p>Output 3.1.1 Feasibility study and terms of reference for non-combustion or low-U-POPs emission technologies for healthcare waste disposal in selected hospitals or waste management facilities drafted.</p> <p>Output 3.2.1 Demonstration and performance assessment of the technologies in the selected facilities completed (at least 4 facilities or an overall amount of waste in the order of 630t/yr)</p> <p>Output 3.2.2 Waste disposal activities of hospital facilities/programs are documented and their performance is evaluated to exemplify best practices in health-care waste management</p> <p>Output 3.2.3 Useful replication toolkits on how to implement best practices and techniques are developed</p>	GEF TF	1,750,000	11,780,000
<p>Component 4. Minimizing releases of unintentionally produced POPs from open burning of waste.</p>	TA	<p>Outcome 4.1. Awareness raising and capacity strengthening on ESM of solid waste ensured.</p>	<p>Output 4.1.1 Awareness raising activities for the communities and the municipalities aimed at enhancing 3Rs of waste</p> <p>Output 4.1.2 Regulatory framework for the recovery of waste materials (glass, organic, plastic) and for licensing</p>	GEF TF	1,000,000	5,203,876

		<p>Outcome 4.2 Sound Management of solid waste in targeted municipalities implemented with the support of NGOs, with a reduction of unintentionally produced POPs from the burning of solid waste. Emergency plan to reduce exposure of population to harmful substances implemented.</p> <p>Outcome 4.3 Municipal waste disposal sites with adequate management practices (non-burn).</p>	<p>of the recovery activity at county and central levels improved to integrate SC requirements</p> <p>Output 4.1.3. Counties provided with training, manuals, and technical assistance for the management of solid wastes.</p> <p>Output 4.2.1 Communities selected for demonstrating plans of actions for the reduction of solid waste open burning by increasing 3Rs of waste.</p> <p>Output 4.2.2. Initiatives for reducing, reusing and recycling of waste and for composting, collection of compostable municipal waste for communities in three counties of Nairobi, Mombasa and Nakuru implemented with a PPP approach and supervised with the support of NGOs.</p> <p>4.2.3. Local initiative for the re-use / recycling of other non-hazardous waste streams (i.e. plastics).</p> <p>4.3.1 Prioritization of open-burning landfills to be closed and cleaned up, emergency plans including social and resettlement issues and cleanup plans for at least 3 landfills drafted.</p> <p>4.3.2. Emergency measures for reducing release of contaminants in the environment and the exposure of the population implemented in one high priority site.</p>			
Component 5. Project Monitoring and evaluation	TA	Outcome 5.1. Project monitoring, including PIR, Annual and quarterly workplans,	Output 5.1.1 Project steering committee established.	GEF TF	150,000	0

		Annual and Quarterly Progress Reports.	Output 5.1.2 Progress reports drafted and approved			
		Outcome 5.2. Project evaluation and audit	Output 5.1.3 Workplans drafted and approved			
			5.2.1. Mid term evaluation completed.			
			5.2.2 Terminal evaluation completed			
			5.2.3 Financial audit completed.			
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
Subtotal					4,300,000	21,008,803
Project management Cost (PMC) ³ (Including Direct Project Costs: \$ 21,500)				GEF TF	215,000	0
Total project costs					4,515,000	21,008,803

C. SOURCES OF CONFIRMED COFINANCING FOR THE PROJECT BY SOURCE AND BY NAME (\$)

Please include letters confirming cofinancing for the project with this form

Sources of Co-financing	Name of Co-financier (source)	Type of Cofinancing	Cofinancing Amount (\$)
National Government	Ministry of Environment and Natural Resources (MENR)	In-kind	4,775,433
Others	University of Nairobi	In-kind	518,594
National Government	Ministry of Health	In-kind	3,280,000
National Government	National Environment Management Authority of Kenya (NEMA)	In-kind	274,720
CSO	Kenya Disaster Concern (KDC)	In-kind	122,500
National Government	JICA cooperation under Ministry of Environment and Natural Resources (MENR)	Investment	8,900,000
CSO	Green Belt Movement	In-kind	1,387,556
National Government	Water Resource Management Authority (WARMA)	In-kind	250,000
Private Sector	Kenya Association of Manufacturing	Investment	1,500,000
Total Co-financing			21,008,803

D. TRUST FUND RESOURCES REQUESTED BY AGENCY, FOCAL AREA AND COUNTRY¹

³ PMC should be charged proportionately to focal areas based on focal area project grant amount in Table D below.

GEF Agency	Type of Trust Fund	Focal Area	Country Name/ Global	(in \$)		
				Grant Amount (a)	Agency Fee (b) ²	Total c=a+b
UNDP	GEF TF	Persistent Organic Pollutants	Kenya	4,515,000	428,925	4,943,925
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
(select)	(select)	(select)				0
Total Grant Resources				4,515,000	428,925	4,943,925

¹ In case of a single focal area, single country, single GEF Agency project, and single trust fund project, no need to provide information for this table. PMC amount from Table B should be included proportionately to the focal area amount in this table.

² Indicate fees related to this project.

F. CONSULTANTS WORKING FOR TECHNICAL ASSISTANCE COMPONENTS:

Component	Grant Amount (\$)	Cofinancing (\$)	Project Total (\$)
International Consultants	353,000		353,000
National/Local Consultants	798,000		798,000

G. DOES THE PROJECT INCLUDE A “NON-GRANT” INSTRUMENT? No

(If non-grant instruments are used, provide in Annex D an indicative calendar of expected reflows to your Agency and to the GEF/LDCF/SCCF/NPIF Trust Fund).

PART II: PROJECT JUSTIFICATION

A. DESCRIBE ANY CHANGES IN ALIGNMENT WITH THE PROJECT DESIGN OF THE ORIGINAL PIF⁴

There are no major changes in alignment with the project design of the original PIF.

The only minor change is the project duration, which is extended from 4 years to 5 years. This is due to the need to coordinate among several local and national project stakeholders, including 2 line ministries (Ministry of Environment and Natural Resources, Ministry of Health) as well as the administration of four counties. In addition, recent experiences proved that the implementation BAT/BEP for the disposal of healthcare waste needs no less than 5 years for the successful completion of all permits required for the establishment of waste treatment and disposal facilities⁵.

A.1 National strategies and plans or reports and assessments under relevant conventions, if applicable, i.e. NAPAS, NBSAPs, national communications, TNAs, NCSA, NIPs, PRSPs, NPFE, Biennial Update Reports, etc.

⁴ For questions A.1 –A.7 in Part II, if there are no changes since PIF and if not specifically requested in the review sheet at PIF stage, then no need to respond, please enter “NA” after the respective question.

⁵ The current GEF-UNDP project is seeking for a decision-making shift both in the sector of healthcare management in hospitals, and in the sector of municipal solid waste management, where proper improvement of current informal procedures and establishment of proper waste recycling procedures have to be secured and consolidated.

Kenya is a party to the Stockholm Convention on Persistent Organic Pollutants (POPs), having ratified the Convention in September 2004. The country subsequently developed its National Implementation Plan (NIP) in 2007. In accordance with the provisions of Article 7 of the Convention, Kenya updated and reviewed its NIP and submitted it on 10/07/2014.

The project is in line with the National Strategies and Plans as follows.

The updated Kenyan NIP establishes the following priorities related to the sound management of chemicals:

- Promoting Technology Transfer, Cleaner Production, industry and civil society participation in POPs management
- Enhancing Laboratory services, research for monitoring of POPs pollutants and assessment of alternatives to toxic POPs
- Promote safer POPs alternatives as suggested by the National Implementation Plan

The SAICM Implementation Plan for Kenya (2011-2014) - hereinafter the SIP - has the goal of reducing the identified risks to human health and the environment due to exposure to chemicals. Risks occur in agriculture, manufacturing and common life. The plan lists specific priority risks and hazardous activities. It provides a framework with themes and actions that Kenya needs to implement to address risks posed by chemicals. The plan proposes to strengthen national mechanisms such as policies, legislations, commissions, education programmes, information network, etc. to facilitate the implementation of specific chemicals management activities at the national, county and enterprise levels.

The SIP established critical links to priorities for Kenya for management of chemicals. It will offer cross-sectorial overarching objectives such as “pro-poor growth”, economic stimulus programmes or “fiscal sustainability” that involves a series of sectorial targets and measures with direct link to environment and health issues. This is an aspect that can benefit from the technical assistance of UNDP. The plan envisages the following:

- Technical by-laws, state and municipal guidance covering waste management.
- At least 50% of laboratory analyses in research and monitoring institutions required to monitor the implementation of national policy on hazardous chemicals and wastes being carried on a cost recovery basis
- 70% of universities nationwide include issues of hazardous chemicals and wastes, risks and legislation.

The project will also strive to improve and enforce the draft guidelines and regulations developed under the Environmental Management and Coordination Act.

A.2. GEF focal area and/or fund(s) strategies, eligibility criteria and priorities. The project is fully compliant with the Global Environment Facility (GEF5) Chemicals strategy objective 1 and 3 as it will support GEF intervention addressing POPs and U-POPs. In supporting sound chemicals management it will in effect extend support to other chemicals of global concern beyond POPs (including Mercury) in order to capture additional global environmental benefits.

The ultimate intention of the project is to improve Kenya’s compliance with the Stockholm Convention on Persistent Organic Pollutants, particularly dioxins and furans. The project will also support GEF commitment to addressing air quality by avoiding emissions of POPs among other air pollutants such as greenhouse gases, as well as reducing Mercury releases. Indeed, in Kenya, open burning of waste is the most used method of waste disposal though it is known to be a major source of UPOPs. The project is in line with the GEF global priorities related to the financing mechanism for the Stockholm Convention because Kenya, being a developing country, is eligible for this

assistance. Further, the project is eligible in the context of the guidelines provided by the Convention's Conference of Parties (COP) such as it will:

1. Support implementation of the chemicals and waste multilateral environmental agreements
2. Implement the commitments made at the 1st Session of the International Conference on Chemicals Management (ICM1)
3. Enable Kenya to fulfil their obligations under the Convention
4. Develop and implement activities identified in the Kenya National Implementation Plan (NIP).

The project will support or promote capacity-building, including human resource development and institutional development for both governmental and non-governmental institutions at both central and local levels.

A.3 The GEF Agency's comparative advantage: As from the GEF Council Document on "Comparative Advantages of the GEF Agencies", "UNDP's comparative advantage for the GEF lies in its global network of country offices, its experience in integrated policy development, human resources development, institutional strengthening, and nongovernmental and community participation. UNDP assists countries in promoting, designing and implementing activities consistent with both the GEF mandate and national sustainable development plans. UNDP also has extensive inter-country programming experience."

Within the framework of SAICM, UNDP advocates for the integration of sound chemicals management priorities into national environmental and poverty reduction planning frameworks. UNDP supports international chemicals conventions' objectives and assists Parties to comply with agreed measures. In addition, UNDP helps countries to identify and access technical and financial resources to improve their chemicals and waste regimes.

As one of the implementing agencies of the Global Environment Facility (GEF) and its Chemicals Focal Area that funds national priority initiatives related to the Stockholm Convention on Persistent Organic Pollutants (POPs), Mercury, SAICM as well as ODS is CEIT countries, UNDP has supported 36 countries in developing their national implementation plans under the Stockholm Convention and is implementing three global programmes and supporting 22 countries in implementing national implementation plans with a combined portfolio of projects amounting to US \$84 million of grants through the GEF and co-financing of US \$152 million.

UNDP also helps countries to meet their commitments under the Montreal Protocol on Substances that Deplete the Ozone Layer, phase-out HCFCs and introduce Ozone and Climate friendly alternatives with the financial support of the Multilateral Fund for the Implementation of the Montreal Protocol (MLF), the Global Environment Facility (GEF) and bi-lateral donors. UNDP activities on chemicals, such as Persistent Organic Pollutants, Ozone Depleting Substances and heavy metals, help reducing risks to environment and health. UNDP supports the reduction and elimination of all types of POPs contaminants included under the Stockholm Convention through:

- Sound management and disposal of POPs pesticides, including the promotion and introduction of POPs-free alternatives;
- Reducing releases of unintentional POPs (UPOPs) and brominated flame-retardants resulting from unsound waste management processes/practices as well as recycling operations (e.g. e-waste, health-care and municipal waste etc.);
- Gradual implementation of best available techniques (BAT) and best environmental practices (BEP) for existing as well as new POPs sources; and
- Minimization of exposure levels of communities living close to contaminated areas.

In 2011 UNDP prepared a publication entitled Chemicals and Gender which describes the important linkages between socio-economic development, gender, and chemicals management. A number of factors justify the importance of adopting a gender-differentiated approach to the management of chemicals. The major factors include: differences in physiological susceptibility and the resulting health effects as well as the source of exposure to toxic chemicals (workplace vs. household).

The UNDP Guide for Integrating the Sound Management of Chemicals into MDG-Based Development Planning (2012) provides a systematic approach to countries to help assess their capacity for sound management of chemicals, identify needs, and ultimately integrate identified priorities into national MDG-based development policies and plans. The UNDP Guide is based on applied, practical experience accumulated in a number of pilot countries under the UNDP-UNEP Partnership Initiative for the Integration of Sound Management of Chemicals into development Planning Processes.

- A.4. The baseline project and the problem that it seeks to address: The overall baseline project and the problem it seeks to address are as described in the PIF (Part A, Project Overview, Section A.2. The Baseline Scenario and any associated Baseline Project) and in Section I, Baseline Analysis of the accompanying UNDP project document.
- A. 5. Incremental /Additional cost reasoning: describe the incremental (GEF Trust Fund/NPIF) or additional (LDCF/SCCF) activities requested for GEF/LDCF/SCCF/NPIF financing and the associated global environmental benefits (GEF Trust Fund) or associated adaptation benefits (LDCF/SCCF) to be delivered by the project: Without the catalytic support brought by the project, the implementation of environmentally sound management of chemicals will be further delayed. The unsafe practices in waste management observed in the project healthcare facilities will continue and alternatives to small incinerators will not be demonstrated. The project, in synergy with the bilateral initiative promoted by the Japanese government (Clean Tech East Africa), will instead demonstrate how with a reasonable investment the disposal of HCW may be made sustainable and compatible with BAT/BEP, in compliance with the Stockholm Convention and in fulfilment of the basic needs for a more healthy environment in hospital facilities. As the demonstration and implementation of BAT / BEP at project healthcare facilities will also imply a significant reduction of the release of PCDD/F in the environment, without the project the expected global environmental benefits would not materialize.

Similarly, for the municipal waste sector, in the absence of the project, sound practices for the recycling of key waste streams (plastic and organic waste) will be not properly demonstrated. In Kenya, these waste streams are often burnt at dumpsites or simply not collected: in the absence of the project there will be no release reduction of the PCDD/F. The project intends also to demonstrate safety countermeasures to prevent open burning at dumpsites, therefore in its absence this activity will be missed, with the continuation of release of significant amounts of U-POPs from this sector.

In the absence of the project, the following global environmental benefits will be missed:

Health-Care Waste Management: UPOPs emissions will be reduced by at least 19gTEq/yr.

Assuming that in the course of the project at least 6,000 tons per year of compostable waste, plus 360 tons per year of PET and LPDE plastics will be collected and recycled, at least further 3g/TEq year of PCDD/F release reduction can be achieved. As this is expected to lead to a profitable business, the doubling of the capacity is the minimum amount expected as replication target.

The implementation of emergency plan and fire prevention at one large landfill will allow for the reduction of at least 20gTEq of PCDD/F release.

Through the project, around 2000 mercury containing devices will be replaced by non mercury thermometers and sphygmomanometers and disposed safely, allowing a reduction in mercury release in the environment of around 4kg.

In addition to the above, through replication and adoption of BEP and BAT for Health-Care Waste Management across the country it is expected that an additional 100 g-TEQ/yr UPOPs (PCDD/PCDF) reduction may be achieved.

For more details, please refer to the Section - Project Indicators, Risks and Assumptions, Table 10, pages 50-51 of the UNDP Project Document.

A.6 Risks, including climate change, potential social and environmental risks that might prevent the project objectives from being achieved, and measures that address these risks:

Risk analysis has been presented in Annex I of the UNDP Project Document.

A.7. Coordination with other relevant GEF financed initiatives Section I, Situation Analysis, Sub-section - Context and Global Significance/Kenya and the Stockholm Convention, at page 9 of the UNDP Project Document, describes in details and in a tabulated format the coordination of the current project with other GEF financed initiatives.

B. ADDITIONAL INFORMATION NOT ADDRESSED AT PIF STAGE:

B.1 Describe how the stakeholders will be engaged in project implementation.

The main beneficiaries of the project activities are the general public, consumers and communities which may be exposed to U-POPs released by the disposal of healthcare waste, and to toxic substances (including POPs) contained or released into the environment as a result of improper disposal of municipal waste.

Health risks for people will decrease once a proper legislation regulating hazardous waste management is in place and enforced and environmentally sound technologies for the management of waste are in place. The enforcement of environmental legislation will present not only a benefit for the environment, but also a key development factor.

At the decentralized level, project stakeholders are the county health and environmental authorities, where the HCFs have been selected for the project activities, as well as the administration of the selected facilities.

On the municipal waste side, industries which are currently using materials which may be derived from a sound waste recycling operation, or which intend to invest or operate in the 3R economy are relevant stakeholders and will participate as project partners of the project.

Community-based organizations are key stakeholders in the municipal waste sector: however, the involvement of informal recyclers/collectors depends also on their willingness to adhere to a formal waste management system, regulated by a licensing system and compliant with norms and procedures for the environmentally sound management of waste.

County and District Level Institutions

The national institutions, established under the new constitution are required to decentralise their functions by establishing County and District Officers. Existing institutions already have a presence in the Counties and have or are in the process of establishing offices in the new Districts. The Constitution of Kenya 2010 creates an ambitious County Government structure based on principles of democracy, revenue reliability, gender equity, accountability and citizen participation. The roles allocated to the county governments include the implementation of national policies on environment and natural resources (including soil and water conservation and forestry) and local tourism, among others. The county governments established in each county have to include environment management committees to ensure sustainable use and management of natural resource.

Nairobi County, which is also the capital of Nairobi, with a population of 3,5 million, is the most industrialised county contributing around 50% of Kenya's Gross Domestic Product.

Mombasa county is the entry and exit point for Kenya's imports and exports. In terms of chemicals, most of the chemicals enter Kenya through this port, whether destined for Kenya or for the East African land locked countries of Uganda, Burundi, Rwanda, the Eastern part of the Democratic Republic of Congo and Southern Sudan.

The city has about 150 manufacturing units employing 41,000 people in 2010.

Nakuru County is home to 600,000 people with agriculture, tourism and manufacturing being the backbone of the county's economy. Nakuru is also home to the Naivasha sub county that hosts the largest conglomeration of

flower farms that use chemicals.

Kisumu is the outlet through Lake Victoria and for goods destined through Busia and Malaba border points. It hosts several regional institutions that deal with water quality of Lake Victoria and the water of the Nile River.

Civil society and development partners

NGOs in Kenya are involved in a number of social, economic, environmental and political issues. Their work covers gender, human rights, environment, advocacy and participatory development. The majority have been assisting in strengthening civil society through informing and educating the public on various issues, such as their legal rights, entitlement to services or by helping them attune to government policies.

See Table 8 in the UNDP Project document for a list of Stakeholders and their roles in project implementation.

B.2 Describe the socioeconomic benefits to be delivered by the Project at the national and local levels, including consideration of gender dimensions, and how these will support the achievement of global environment benefits (GEF Trust Fund/NPIF) or adaptation benefits (LDCF/SCCF):

The whole project is designed in a way that the implementation of environmentally sound practice for waste management, in both the sectors of health care waste and municipal waste, brings economic advantages to the community at large and to the operators.

On the side of Health-Care Waste Management:

The main socioeconomic benefits will be achieved through a better segregation of waste streams in the hospital facilities, through a better disposal of waste, and through the improvement of the health conditions within the hospital facilities. The main driver will be awareness raising of the HCF administration and operators, together with the enforcement of the existing and amended regulations on HCW, so that the facilities will be motivated on the implementation of a sound healthcare waste management. Additionally, the environmental costs, which are now massively externalized, will become internalized. Simultaneously, the project will deliver technical assistance for a better segregation of waste, so that the hazardous and infectious waste will be effectively segregated from the non-hazardous waste which can be disposed at a lower cost. In addition, the recycling of non-hazardous waste will be demonstrated so that a minimal part of these waste will be reduced. The project intends to demonstrate sound disposal of specific infectious waste in 2 ways:

- By coordination with the JICA project (CTEA), which is creating a centralized service for the disposal of hazardous waste in Nairobi through the establishment of waste management business based on a modern transportation system and a state of the art incinerator which will be compliant with the Basel/Stockholm Convention BAT/BEP.
- By demonstrating the use of non-combustion technologies in selected HCFs or in centralized HCW disposal centers.

Within the hospital facilities, the improvement of health condition associated with a better management of waste will in the end translate in safer conditions for the patients and in reduced costs for the hospitals. It has to be recalled that currently in most of the visited hospitals, the noxious fumes generated through the open burning of medical waste heavily and directly impact the patients and personnel. A reduced illness rate may be obtained at hospital facilities by improving a sound HCWM (including reduction of wounds with infected sharps).

On the side of municipal waste:

The project will establish a self-sustainable waste recycling business in 2 sectors: recycling of plastic, and recycling of organic waste. Starting from pilot areas, the project will strive to enhance the awareness on the management of municipal waste, both for the general population, the communities operating on waste recycling, and the local environmental authorities. Increasing awareness of the environmental, social and economical benefits of a better management of municipal waste, based on the 3R (Reduce, Reuse, Recycle) is a key aspect to ensure project success. Particularly on the side of communities operating on waste recycling, the project could lead not only to

the reduction of risks for the health, but also in the creation of more profitable businesses and new jobs. More specifically, through the involvement of both communities and the industry, the project will ensure that the full cycle of waste recycling is closed; the involvement of industry as the final client for the recycled waste will ensure that the recycled waste fulfills the quality criteria required by the industry itself.

As far as gender issues are considered: as medical staff, nurses and patients are at a high risk for infectious diseases in hospitals, therefore they will be the direct beneficiaries of project activities. In addition, nurses, as in other similar projects, have usually a key role in ensuring that the proper management of healthcare waste is adopted in the day-to-day practices, and are therefore among the key resources for the day-to-day project implementation.

This GEF project emphasizes building awareness of the links between waste management and public health (including occupational exposures), with a special focus on the health implications of exposure to dioxins and Mercury for vulnerable populations, such as female workers, pregnant women, and children. In addition to relevant national ministries, hospitals, and health clinics, key partners in the program include healthcare professionals, waste workers, and providers of waste management services (among the most vulnerable sub-populations), as well as NGOs and civil society organizations operating in the area of health, gender and the environment.

On the side of municipal waste, women and children are often among the most exposed to the dangerous substances and pathogens organisms contained in waste, emitted during waste fermentation and degradation, and released during the open burning of waste. Although the project does not differentiate activities based on sex or age of the involved communities, it is well known that, due to their physiological characteristics (lower weight and similar respiratory volume) women and children may have a comparatively higher benefit from activities aimed at reducing the exposure to toxic substances and pathogens.

B.3. Explain how cost-effectiveness is reflected in the project design:

In general, cost effectiveness will be implemented at each stage of the project by adoption of tender-based (quality for affordable costs) UNDP procurement procedures for all the activities, including selection of services and equipment based on the best quality/cost ratio.

For most expensive project component (i.e. disposal services) testing of the disposal technology to verify compliance with the Stockholm Convention requirements, quality vs. cost, reliability in operation and operational expenses will be a mandatory requirement for completing the procurement of the relevant technologies.

C. DESCRIBE THE BUDGETED M & E PLAN:

A detailed and budgeted M&E plan has been elaborated in the UNDP Project Document and presented as such for guidance during the project implementation. The M&E Section can be found in Section – Monitoring and Evaluation Framework.


PART III: APPROVAL/ENDORSEMENT BY GEF OPERATIONAL FOCAL POINT(S) AND GEF AGENCY(IES)

- A. RECORD OF ENDORSEMENT OF GEF OPERATIONAL FOCAL POINT(S) ON BEHALF OF THE GOVERNMENT(S):**
 (Please attach the [Operational Focal Point endorsement letter\(s\)](#) with this form. For SGP, use this [OFP endorsement letter](#)).

NAME	POSITION	MINISTRY	DATE (MM/dd/yyyy)
Dr. Richard Lesiyampe	Principal Secretary	MINISTRY OF ENVIRONMENT, WATER AND NATURAL RESOURCES	01/23/2014

B. GEF AGENCY(IES) CERTIFICATION

This request has been prepared in accordance with GEF/LDCF/SCCF/NPIF policies and procedures and meets the GEF/LDCF/SCCF/NPIF criteria for CEO endorsement/approval of project.

Agency Coordinator, Agency Name	Signature	Date (Month, day, year)	Project Contact Person	Telephone	Email Address
Adriana Dinu, GEF Executive Coordinator, UNDP		01/23/2014	Jacques Van Engel, Director, MPU/Chemicals	+1 (212) 906-5782	jacques.van.engel@undp.org

ANNEX A: PROJECT RESULTS FRAMEWORK (either copy and paste here the framework from the Agency document, or provide reference to the page in the project document where the framework could be found).
Please refer to the UNDP project document Section – Project Result Framework.

ANNEX B: RESPONSES TO PROJECT REVIEWS (from GEF Secretariat and GEF Agencies, and Responses to Comments from Council at work program inclusion and the Convention Secretariat and STAP at PIF).

Responses to the STAP Scientific and Technical screening of the Project Identification Form (PIF) - Date of screening: February 17, 2014.

Screener: Christine Wellington-Moore Panel member validation by: Hindrik Bouwman, Consultant(s):

<p>Although indicated in the activity descriptions, there could be a better articulation of awareness work with the general public to help support waste minimisation as well as sound management. To the reader, it appears implied, but not clearly articulated in the activities.</p>	<p>Awareness work will be carried out adopting different methodologies within the components related to health care waste and municipal waste. On the side of health care waste, awareness work will be mainly performed through dedicated training of all the staff of the project healthcare facilities (output 2.2.1). The training, integrated with the establishment of properly working Health Care Waste Committees in each facility, will be the main pillar to ensure that the sound management of HCW is ensured and sustained even after project completion. At the hospital facility level the general public has little involvement, as the waste are entirely managed by hospital staff and the patients have basically to fulfill the rules established by the facilities, which will be communicated to them by the hospital staff.</p> <p>The situation is obviously different when municipal wastes are concerned. The roles of the general public and of the communities are a key for the success of the sound management of municipal waste. On this side, the project will raise the awareness of the communities involved in the collection and recycling of municipal waste, with specific reference to plastic and organic wastes. NGOs with specific competence on community work and awareness raising initiatives will be involved in the project. A specific awareness raising component is envisaged by the project (component 4.1, Awareness raising and capacity strengthening on ESM of solid waste ensured) which will envisage the achievement of three specific outputs: Output 4.1.1 - Awareness raising activities for the communities and the municipalities aimed at enhancing 3Rs of waste; Output 4.1.2 Regulatory framework for the recovery of waste material (glass, organic, plastic) and for licensing of the recovery activity at county and central levels improved to integrate SC requirements; Output 4.1.3. Counties provided with training manuals and on-site technical assistance for the management of solid wastes.</p>
<p>The use of autoclaves and any other new equipment must be supported by a maintenance plan for such equipment. Attention should be paid to the ease of repair, access to parts, and affordability of maintenance, as well as capacity to operate such equipment, thus avoiding scenarios where the first sign of mechanical difficulty does not mean the end of life of the equipment investment.</p>	<p>This is acknowledged in output 3.2.1 (Demonstration and performance assessment of the technologies in the selected facilities completed). Maintenance plans and access to spare parts for repair will be ensured in 2 ways: firstly, by establishing the proper requirements in the bidding documents for the procurement of non-combustion technologies and related equipment; and secondly, by proper training of the staff on the operation and maintenance of the technologies installed.</p>
<p>Where appropriate, and possible, the</p>	<p>Proper exchange will be sought with UNIDO initiatives on prevention</p>

<p>project should seek exchange with the UNIDO regional project "Promotion of BAT and BEP to reduce uPOPs releases from waste open burning in the participating African countries of the SADC subregion) (GEF ID 5322), which is also a part of this February 2014 intersessional work programme.</p>	<p>of the release of PCDD/F from open burning in the Africa region and other countries. Although the mentioned project 5322 does not envisage the involvement of Kenya, and for this reason is not mentioned in the project document among GEF national or regional projects participated by Kenya, proper communication with UNIDO staff in charge of the project implementation will be carried out to ensure consistency of methodologies and objectives.</p>
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Responses to United States Technical Comments on the March 2014 Global Environment Facility Intercessional Work Program

<p>This particular GEF project proposal is intended to address uPOPS reduction through improving chemicals and waste management, by targeting municipal waste. The management of municipal waste will produce significant national benefits; however, the United States does not consider municipal waste management to have particularly significant global environmental benefits. We understand this project is intended to enhance national municipal waste management practice through, for example, enhancing the regulatory framework and application of BAT and BEP to ultimately reduce uPOPs release. While we are supportive of the objective, we would like the final project proposal to convey a better understanding how the proponents will calculate the incremental cost of the global environmental benefit, versus the cost contributing to national benefit. We note several components have activities that we understand will produce primarily national benefits; for example, component 2 includes implementation of environmentally sound waste management pilots in three counties, and component 4 local initiatives for the recycling and reuse of waste materials, and development of clean-up plans for at least three landfills.</p>	<p>Indeed the project is intended for improving the management of both health care waste (component 2 and 3) and municipal waste (component 4). The estimated amount of U-POPs release which will be prevented is comparable (19 gTEq for the HCW sector and 23 g/TEq for the municipal waste sector). Based on NIP information, U-POPs from the incineration of healthcare waste is a priority in Kenya as it generated 837gTEq in 2012; however also the open burning of waste at dumpsites has a significant global impact as it released in the same year an estimated amount of 241 gTEq. Incremental cost estimation, as well as co-financing for each component, have been documented in details in the project document. The strategy which has been adopted for the reduction of U-POPs from the municipal waste sector is twofold, being based on one side on the BAT/BEP recycling of specific waste stream, and on another side on the prevention of open burning. This approach is the most cost effective in term of U-POPs reduction and is the one which has the highest probability to be sustained and replicated.</p>
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ANNEX C: STATUS OF IMPLEMENTATION OF PROJECT PREPARATION ACTIVITIES AND THE USE OF FUNDS⁶

A. PROVIDE DETAILED FUNDING AMOUNT OF THE PPG ACTIVITIES FINANCING STATUS IN THE TABLE BELOW:

PPG Grant Approved at PIF: USD 150,000			
<i>Project Preparation Activities Implemented</i>	<i>GEF/LDCF/SCCF/NPIF Amount (\$)</i>		
	<i>Budgeted Amount</i>	<i>Amount Spent To date</i>	<i>Amount Committed</i>
Stakeholders Consultations	30,000	28,268	1,732
Assessments and other ground work	65,000	30,965	34,035
Preparation of the Full-sized project document	55,000	36,856	18,144
Total	150,000	96,089	53,911

⁶ If at CEO Endorsement, the PPG activities have not been completed and there is a balance of unspent fund, Agencies can continue undertake the activities up to one year of project start. No later than one year from start of project implementation, Agencies should report this table to the GEF Secretariat on the completion of PPG activities and the amount spent for the activities.

ANNEX D: CALENDAR OF EXPECTED REFLOWS (if non-grant instrument is used)

Provide a calendar of expected reflows to the GEF/LDCF/SCCF/NPIF Trust Fund or to your Agency (and/or revolving fund that will be set up)

Not applicable.