



REQUEST FOR CEO APPROVAL

PROJECT TYPE: Medium-sized Project

TYPE OF TRUST FUND: GEF Trust Fund

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PART I: PROJECT INFORMATION

Project Title: Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan			
Country(ies):	Kyrgyzstan	GEF Project ID: ¹	5068
GEF Agency(ies):	(select) (select) (select)	GEF Agency Project ID:	5155
Other Executing Partner(s):		Submission Date:	
GEF Focal Area (s):	Persistent Organic Pollutants	Project Duration(Months)	48
Name of Parent Program (if applicable):		Project Agency Fee (\$):	135,375
<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	Indicator 1.3: UPOPs releases avoided or reduced from the health-care sector	GEF TF	1,162,240	6,072,109
(select) CHEM-1	Outcome 1.5: Country capacity built to effectively phase out and reduce releases of POPs	Indicator 1.5.2. Legal and regulatory frameworks enhanced; national plans developed and implemented	GEF TF	142,760	600,000
(select) CHEM-3	Outcome 3.1: Country capacity built to effectively manage mercury in priority sectors	Indicator 3.1.1: Countries implement pilot mercury management and reduction activities	GEF TF	120,000	360,000
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
Total project costs				1,425,000	7,032,109

B. PROJECT FRAMEWORK

Project Objective: Implement Best Environmental Practices (BEP) and Best Available Technologies (BAT) in the health-care sector to assist Kyrgyzstan in meeting its obligations under the Stockholm Convention to reduce UPOPs as well as Mercury releases under the future Minamata Convention, while reducing the occurrence of the spread of infectious diseases due to inadequate HCWM

Project Component	Grant Type	Expected Outcomes	Expected Outputs	Trust Fund	Grant Amount (\$)	Confirmed Cofinancing (\$)
1. Strengthening of	TA	1.1 The policy	1.1.1 National Strategy	GEF TF	142,760	600,000

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.

<p>the national regulatory and policy framework for healthcare waste management</p>		<p>framework for Health Care Waste Management enhanced</p> <p>1.2 The regulatory framework for Health Care Waste Management enhanced.</p>	<p>on Healthcare waste management in the Kyrgyz Republic finalized</p> <p>1.1.2 National Strategy for Anatomical Waste drafted</p> <p>1.2.1: Development of standards on technologies for the processing and final disposal of HCW</p> <p>1.2.2: Development of standards on treatment of chemical and pharmaceutical waste</p> <p>1.2.3: Development of standards on monitoring HCWM practices</p> <p>1.2.4: Development of job descriptions for those responsible for HCWM at HCFs</p> <p>1.2.5: Drafting of an import ban on PVC containing syringes and other medical products for which cost effective alternative are available</p> <p>1.2.6: Training of environment and health inspectors on the new regulations and guidelines.</p>			
<p>2. Implementation of Best Available Technologies (BAT) and Best Environmental Practices (BEP) for HCWM systems</p>	<p>TA</p>	<p>2.1 Accurate insight in the HCWM situation at each of the HCFs supported by the project.</p> <p>2.2 Allocation of HCWM technologies, devices, supplies and Technical Assistance (TA) needs determined for each HCF</p>	<p>2.1.1 I-RATs completed for each of the HCFs supported by the project.</p> <p>2.1.2 An accurate UPOPs and Hg baseline has been established for each HCF.</p> <p>2.2.1 Detailed procurement and TA plan for the implementation of Phase I.</p> <p>2.2.2 Updated Zoning Plan</p>	<p>GEF TF</p>	<p>977,740</p>	<p>5,300,000</p>

		<p>2.3 UPOPs releases reduced as a result of improved HCWM systems in supported HCFs</p>	<p>2.3.1 MoUs signed between project and each HCF. 2.3.2 Staff trained in best HCWM practices. 2.3.3 Waste storage and technology locations refurbished/prepared for 8 Bishkek hospitals and 3 polyclinics. 2.3.4 Non-incineration technologies and HCWM supplies procured and installed for all project HCFs (11 HCFs, 1 zone, 100 FAPs and 10 GF recipients). 2.3.5 Standard Operating Procedures (SOPs) for procured technologies prepared/revised. 2.3.6 Operators/staff trained on SOPs, safety precautions, and quality control of new technology. 2.3.7 Cost-sharing agreements between service and recipient HCFs drafted. 2.3.8 Optimum transportation routes determined. 2.3.9 Infectious waste transportation staff trained on the safe handling of HCW and Mercury Waste. 2.3.10 Project HCF staff trained in in composting and plastics recycling. 2.3.11 Agreement reached with the Bishkek Mayor’s office and the EBRD on the handling of disinfected HCW and Hg containing wastes.</p>			
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		2.4 National training modules on HCWM available and being used by the MoH (preventive Medicine), national training centers and Medical Faculties.	2.4.1 National HCWM training modules revised/improved based on the WHO Healthcare Waste Project Global Training Materials. 2.4.2 MoUs signed between the project and medical university faculties and nursing schools. 2.4.3 Training modules embedded in the curricula of medical faculties/nursing schools.			
3. Implement Mercury Waste Management and Reduction Activities for the City of Bishkek	TA	3.1 Strengthened policy and regulatory framework to enable the phase-out/down of mercury containing products and encourage Hg-free or lower level Hg products 3.2 Improved Mercury management practices at HCFs and phase-out of Mercury containing thermometer.	3.1.1 National action plan on the LCM of Hg containing products developed. 3.1.2 National standards/guidelines on the management, storage and disposal of mercury containing products developed. 3.1.3 MSP degree drafted for a phased approach/phase-out of Hg-containing thermometers. 3.1.4 EU RoHS directives for lighting products transposed into national regulations. 3.1.5 Assessment of potential Cost-Recovery Mechanisms for the future disposal/treatment of Mercury containing products completed. 3.2.1 Hg baseline assessments completed for each project HCF. 3.2.2 Hg management and phase-out plans developed and implemented for each project HCF.	GEF TF	120,000	360,000

			<p>3.2.3 500 medical personnel trained in the clean-up, storage and safe transport of Hg wastes.</p> <p>3.2.4 Training video produced.</p> <p>3.2.5 Study on staff preferences for cost-effective Hg-free alternatives conducted.</p> <p>3.2.6 Hg-free thermometers introduced at the project's HCFs and personnel trained in their use.</p> <p>3.2.7 Emergency response teams trained on how to respond to large Mercury spills.</p>			
		3.3 Intermediate and long-term storage options for Mercury containing wastes identified	<p>3.3.1 Assessment for storage and disposal options for Mercury containing spent products and Hg containing wastes completed.</p> <p>3.3.2 Treatment/ Disposal solution identified for Hg-containing equipment phased-out as part of the project.</p>			
4. Monitoring, learning, adaptive feedback & evaluation.	TA	4.1 Project's results sustained and replicated	4.1.1 M&E and adaptive management applied in response to needs, MTE findings and LL extracted.	GEF TF	55,000 ³	270,000
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
Subtotal					1,295,500	6,530,000
Project management Cost (PMC) ⁴				GEF TF	129,500	502,109
Total project costs					1,425,000	7,032,109

³ Audit costs are US\$ 5,000 and are covered in TBWP's PMC budget due to UNDP-Kyrgyzstan's financial requirements, and are featured in the M&E table due to GEF requirements on M&E eligible costs.

⁴ PMC should be charged proportionately to focal areas based on focal area project grant amount in Table D below.

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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 (\$)
Other Multilateral Agency (ies)	Swiss Red Cross	Cash	3,425,011
National Government	Ministry of Health	In-kind	837,852
National Government	Ministry of Health	Cash	862,148
CSO	Ekois (NGO)	In-kind	56,698
National Government	State Agency for Environmental Protection and Forestry (SAEPF)	In-kind	900,000
Other Multilateral Agency (ies)	UNICEF	In-kind	500,000
Other Multilateral Agency (ies)	UNDP/Global Fund	Cash	416,400
CSO	NGO "Ecological Expertise"	In-kind	34,000
(select)		(select)	
Total Co-financing			7,032,109

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

GEF Agency	Type of Trust Fund	Focal Area	Country Name/ Global	(in \$)		
				Grant Amount (a)	Agency Fee (b) ²	Total c=a+b
(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
(select)	(select)	(select)				0
Total Grant Resources				0	0	0

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	190,000	570,000	760,000
National/Local Consultants	173,400	975,000	1,148,400

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 PIF⁵

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. N/A: no PIF submission.

A.2. GEF focal area and/or fund(s) strategies, eligibility criteria and priorities. Since PIF approval, the Minamata Convention was agreed to on 19 January 2013. The Minamata Convention was adopted and opened for signature on 10 October 2013, at a Conference of Plenipotentiaries in Kumamoto, Japan. The European Union and 86 countries signed the Convention on the first day it was open. A further 5 countries signed the Convention on the final day of the Diplomatic Conference, 11 October 2013. The U.S. became the first to accept the Convention on 6 November 2013.

The Convention will enter into force 90 days after it has been ratified by 50 nations. It is expected that the treaty will come into force with the next three to five years.

In light of the Minamata Convention coming into force in the next few years and the expectation that the Republic of Kyrgyzstan will become a party to it and will be required to meet the obligations under the Convention, proposed activities as part of this project that aim to effectively manage mercury in one of the country's priority sectors, have become even more significant. As such the proposed project continues to fit very well with GEF priorities related to Mercury management.

A.3 The GEF Agency's comparative advantage: Addressed in PIF (see section C of the PIF)

A.4. The baseline project and the problem that it seeks to address: As compared to the situation and baseline described in the PIF, three changes occurred since the PIF stage.

Firstly, the Global Fund to Fight AIDS, TB and Malaria (GFATM), approved a HCWM related project in Bishkek and Osh city, with the objective to improve infection control through the procurement of non-incineration technologies and HCWM supplies for a number of HCFs as well as provide some capacity building activities. Not only does the GFATM funding provide for an excellent co-financing opportunity, it also allows the two initiatives to function entirely complementary, assuring that activities not covered by one project are picked-up by the other and vice-versa. Without the support from the GFATM the proposed GEF project could not assume the capital's coverage as it is expected to have now.

Secondly, since the formulation of the PIF, the MoH and HCWM stakeholders agreed on a zoning plan for the hub treatment of infectious health-care waste in Bishkek city. This is particularly helpful for the implementation of the proposed GEF project, as it will be able to work with the MoH in further implementing and operationalizing this zoning approach.

Thirdly, initially the project exclusively anticipated to support HCFs in Bishkek city, but because rural Health Clinics (< 30 beds) continue to face challenges to dispose of their waste properly (most health clinics dispose of such waste by open burning), and an opportunity presented itself to test a low-cost non-incineration approach within a rural setting where energy supply and running water are the exception rather than the rule, it was decided through national consultations to extend support to approximately 100 rural health clinics, using a limited amount of project funding.

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: N/A

⁵ 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.

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: Please refer to the attached draft project document, in particular Section III. Project Results Framework (last column "Risks and Assumptions") - page 42 - and Annex I: Risk Analysis and Risk Mitigation Measures (page 63).

A.7. Coordination with other relevant GEF financed initiatives Already addressed in PIF (see section B.6).

B. ADDITIONAL INFORMATION NOT ADDRESSED AT PIF STAGE:

B.1 Describe how the stakeholders will be engaged in project implementation. Please refer to the attached project document, in particular Annex II: "Responsibilities of National Project Partners" (page 65), where in detail the roles and responsibilities of various project partners has been described.

Section V "Management Arrangements" (page 55) of the attached project document also describes the management partners will assume during project implementation, while in Section II (Strategy) and its subsection on "Stakeholders" (page 36) the various project stakeholders have been described.

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): Please refer to Section B.3. of the project proposal's PIF.

B.3. Explain how cost-effectiveness is reflected in the project design: The proposed project will be cost effective in achieving its objectives because of several aspects.

Firstly it will build upon previous efforts aiming to improve the sound management of healthcare waste, please refer to the project document's Table 8: Overview of HCWM related programme and projects (past, on-going and planned) on page 39, as well as section B.5. of the PIF.

Secondly, under the Swiss Red Cross project, the most cost-effective approach to HCWM in Kyrgyzstan has been tested and evaluated. The proposed GEF project is based on the HCWM approach as promoted by the SRC project and thus deemed the most cost-effective.

The evaluation report of the Swiss Red Cross project reported that the cost per capita of the HCWM approach amounts to 0.61 USD per covered population, about a third to a half of the cost per capita of similar projects in other countries.

During the independent evaluation conducted of the SRC project, it was reported that most participating hospitals found that the new HCWM system reduces their costs and in some cases was able to generate income (from the resale to recyclers of disinfected plastics and metals). A survey of 30 hospitals showed an average annual cost savings of 50,858 KGS (~ US\$ 1,000) due to the HCWM system or 33% savings compared to their costs before the project. Moreover, hospitals generated revenues from the sale of the recycled plastics and metals, amounting to 29,140 KGS (~ US\$ 575) in the case of one hospital.

On average, the HCWM costs account for 0.68% of the operating budgets of the hospitals, making HCWM affordable for the hospitals. Many hospitals entered into cost-sharing arrangements with other facilities thereby maximizing the use of the treatment system, expanding its coverage, and enhancing sustainability and cost-effectiveness. The same cluster approach for treating HCW will also be promoted under the proposed GEF project.

Technology and HCWM supply specifications will be drawn up in a manner consistent with technologies and supplies procured as part of the previous Swiss Red Cross and Global Fund funded programmes. By relying on non-incineration technologies (VK-75 Russian made autoclaves) that have a proven track record, and for which national maintenance teams are in place and spare parts are available, maintenance costs can be kept low and continued operation of these technologies can be ensured beyond the duration of the project. Regular maintenance and capacity for repair, in combination with budget allocation for HCWM, are the single most important aspects for the sustainability of these type of projects.

Finally, the proposed interventions, collaborating with SRC and Global Fund activities, could result in the

entire country migrating to the use of non-incineration technologies and phasing-out the use of Mercury containing thermometers altogether. The proposed project therefore, goes far beyond the mere conventional project approach of "HCF-by-HCF" interventions and demonstration project, but instead will result in the majority of the country converting its practices in a very sustainability and cost-effective manner.

C. DESCRIBE THE BUDGETED M & E PLAN:

The budgeted M&E plan is described in detail in the attached draft project document (Section VI. Monitoring Framework and Evaluation - page 58, and in table 9: Project Monitoring & Evaluation Plan and Budget). The elements of the section "M&E work plan and budget" are as follows:

- Inception Workshop and Report. Responsible parties: Project Manager, UNDP CO and UNDP GEF. Indicative costs: 3,000 US\$. Timeframe: Within first two months of project start up.

- Measurement of Means of Verification of project results. Responsible parties: UNDP GEF RTA/Project Manager will oversee the hiring of specific studies and institutions, and delegate responsibilities to relevant team members. Indicative costs: To be finalized in Inception Phase and Workshop. Timeframe: Start, mid and end of project (during evaluation cycle) and annually when required.

- Measurement of Means of Verification for Project Progress on output and implementation. Responsible parties: Oversight by Project Manager, Project team. Indicative costs: To be determined as part of the Annual Work Plan's preparation. Timeframe: Annually prior to ARR/PIR and to the definition of annual work plans.

- ARR/PIR. Responsible parties: Project manager and team, UNDP CO, UNDP RTA and UNDP EEG. Indicative costs: None. Timeframe: Annually

- Periodic status/ progress reports. Responsible parties: Project manager and team and UNDP CO. Indicative costs: None. Timeframe: Quarterly

- Mid-Term Evaluation. Responsible parties: Project manager and team, UNDP CO, UNDP RCU, External Consultants (i.e. evaluation team). Indicative costs: US\$ 16,000 + US\$ 5,000. Timeframe: At the mid-point of project implementation.

- Final Evaluation. Responsible parties: Project manager and team, UNDP CO, UNDP RCU and external Consultants (i.e. evaluation team). Indicative costs: US\$ 26,000 + US\$ 5,000. Timeframe: At least three months before the end of project implementation.

- Project Terminal Report. Responsible parties: Project manager and team, UNDP CO and local consultant. Indicative costs: none. Timeframe: At least three months before the end of the project.

- Audit. Responsible parties: UNDP CO, Project manager and team. Indicative costs: 5,000 US\$. Timeframe: Once in four years.

- Visits to field sites. Responsible parties: UNDP CO, UNDP RCU (as appropriate) and Government representatives. Indicative costs: For GEF supported projects, paid from IA fees and operational budget. Timeframe: Yearly.

TOTAL indicative COST (Excluding project team staff time and UNDP staff and travel expenses): 60,000 US\$

Note: In the TBWP table, the audit fees (US\$ 5,000) are covered under the PMC component of the budget.

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)
Mr. Sabir Atadjanov	GEF Operational Focal Point	DIRECTOR, STATE AGENCY ON ENVIRONMENT PROTECTION AND FORESTRY (SAEPF)	02/07/2012

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, UNDP – GEF Executive Coordinator and Director a.i			Mr. Jacques Van Engel Officer-in-Charge UNDP MPU/Chemicals	212-906-6687	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 also refer to the UNDP project document in Section III – page 42

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
Project Objective: Implement best environmental Practices (BEP) and Best Available Technologies (BAT) in the health-care sector to assist Kyrgyzstan in meeting its obligations under the Stockholm Convention to reduce UPOPs as well as Mercury releases.	UPOPs emissions reduced as a result of improved HCWM treatment systems used by HCFs benefitting from the project.	Kyrgyzstan's NIP, calculated that the total releases of dioxins in 2003 were 30.5 g-TEQ. The majority of releases were indicated to be the result of combustion practices, with the greatest contribution made by incineration of medical wastes (7 g-TEQ) ⁶ .	In total the project expects to reduce UPOPs emissions by 3-TEQ/yr.	The I-RATs that will be conducted for each of the project's HCFs before project interventions will take place will provide insight in the amount of UPOPs produced and Mercury released on a yearly basis.	
	Country capacity built to effectively phase out and reduce releases of POPs	The current regulatory framework does not cover all medical waste management challenges, which the country is facing, while existing guidelines do not have any legal status and as such are not enforceable.	Legal and regulatory framework enhanced through the revision of the national HCWM strategy, the development of a national strategy for anatomical waste, and the development of standards and degrees pertaining to HCWM.	Draft of the two National Strategies as well as drafts for the standards and degrees available.	
	Mercury emissions reduced as a result of the phase-out of Mercury containing medical thermometers and improved management of Mercury containing wastes.	No national Mercury Assessment has been undertaken yet, but based on 2011 and 2012 import figures, between 58 and 305 kg of Mercury, contained in medical thermometers, is imported yearly (see table 3).	The phase-out of Mercury containing thermometers will result in sustained Mercury reductions of approximately 160 kg Hg/year.	Guidance on " <i>Measurements and Documentation</i> " ⁷ as developed under the Global Medical Waste Project will be used to provide for a before and after snap-shot.	
COMPONENT 1: STRENGTHENING OF THE NATIONAL REGULATORY AND POLICY FRAMEWORK FOR HEALTH CARE WASTE MANAGEMENT (142,760 US\$)					
Outcome 1.1 The policy framework for Health Care Waste Management enhanced	National Health Care Waste Management Strategy revised and updated.	Although a National Strategy (2008-2012) on HCWM was elaborated, it has never been approved/adopted due to lack of funding for its implementation.	National Strategy on Healthcare waste management in the Kyrgyz Republic finalized.	National Strategy on HCWM available.	Assumption: The project will be able to support the development of a strategy and accompanying Plan of Action that is based on actual HCWM funding available to ensure that the strategy can be adopted.

⁶ There was a great deal of uncertainty in the calculations due to the lack of accurate data on burning practices.

⁷ Not yet available on-line.

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
<p>Outcome 1.2</p> <p>The regulatory and policy framework for Health Care Waste Management enhanced.</p>	<p>Number of approved and adopted standards and degrees developed as part of the project.</p>	<p>HCWM related legislation is merely functioning as a framework and reflects the general requirements to prevent adverse effects on health and the environment. However most of these are guidelines that do not have any legal status and as such are not enforceable.</p> <p>The current regulatory framework does not cover all medical waste management challenges, which the country is facing.</p> <p>A major challenge remains the implementation and enforcement of regulations and guidelines, which are often issued without providing HCFs or stakeholders with any support or capacity building to enable them meet the requirements set-out in these regulations /guidelines.</p>	<p>Standards on technologies for the processing and final disposal of HCW developed.</p> <p>Standards on treatment of chemical and pharmaceutical waste developed.</p> <p>Standards on monitoring HCWM practices developed.</p> <p>Job descriptions for those responsible for HCWM at HCFs developed.</p> <p>Import ban drafted on PVC containing syringes and other medical products for which cost-effective alternative are available.</p> <p>Environment and health inspectors trained on the new regulations and guidelines.</p>	<p>Standards on technologies for the processing and final disposal of HCW available.</p> <p>Standards on treatment of chemical and pharmaceutical waste available.</p> <p>Standards on monitoring HCWM practices available.</p> <p>Job descriptions for those responsible for HCWM at HCFs available.</p> <p>Import ban on PVC containing syringes and other medical products for which cost-effective alternative are available.</p>	
<p>COMPONENT 2: IMPLEMENTATION OF BEST AVAILABLE TECHNOLOGIES (BAT), BEST ENVIRONMENTAL PRACTICES (BEP) FOR HCWM SYSTEMS (977,740 US\$)</p>					
<p>Outcome 2.1</p> <p>Accurate insight in the HCWM situation at each of the HCFs supported by the project.</p>	<p>I-RATs completed for each of the HCFs supported by the project</p>	<p>Some baseline information is available mainly from prior HCWM assessments as well as from the project's PPG phase.</p>	<p>All HCFs have participated in a HCWM assessment.</p> <p>An accurate UPOPs and Hg baseline has been established for each HCF⁸.</p>	<p>I-RAT reports (incl. Hg assessments) available for all assessed HCFs.</p>	<p>Assumption: All HCFs are willing to participate in baseline assessments and are open to sharing information related to their current HCWM practices.</p>
<p>Outcome 2.2:</p> <p>Allocation of HCWM technologies, devices, supplies and Technical Assistance (TA) needs determined for each HCF</p>	<p>Detailed procurement and TA plan for the implementation of Phase I.</p> <p>Updated Zoning Plant</p>	<p>Some information is available on the type of TA and equipment/supplies that would be required for HCFs (see also Annex V), however detailed information for each HCFs will be required to draw up a sound procurement and TA plan.</p> <p>A Zoning Plan was developed in 2012</p>	<p>For each HCF, HCWM equipment, Technical Assistance (TA) and funding needs have been determined/calculated for the first phase of the project.</p> <p>The HCF "Treatment Zoning" plan (using GIS/Remote Sensing) has been revised/updated.</p>	<p>Detailed budget for each of the project's HCFs has been prepared.</p> <p>An updated "Zoning Plan" is available.</p> <p>Procurement/TA plan is</p>	<p>Assumption: Ministry of Health would be willing to update/revise its zoning plan based on information, lessons-learned and experiences as they become available.</p>

⁸ Guidance on "Measurements and Documentation" as developed under the Global Medical Waste Project will be used to provide for a before and after snap-shot.

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
		(see Annex VI) but is currently outdated. The Zoning Plan will also require revision to reflect the outcomes of the I-RATs.	A detailed procurement and TA plan has been drawn up for the first phase of the project's implementation.	available.	
Outcome 2.3: UPOPs releases reduced as a result of improved HCWM systems in supported HCFs	<p><i>% as compared to I-RAT baseline established at the start of the project (outcome 2.1)</i></p> <p>Waste segregation improved by 40 %</p> <p>Number of HCFs that send their disinfected syringes to recyclers increased by 60 %</p> <p>Average HCF infectious waste volumes reduced by 40 %</p> <p>No of project HCFs practices composting increased by 60 %</p> <p>Percentage of project HCFs that have introduced non-incineration technologies 80 %</p> <p>Waste monitoring installed.</p> <p>No. of incidences/accidents involving infectious waste reduced by 50 %</p> <p>Transportation of infectious and anatomical waste exclusively assumed by authorized vehicles.</p> <p>Average costs for HCWM reduced by 10%</p>	<p>At the primary healthcare level, immunization waste is either burned in the open (in rural areas) or in the case of Bishkek mixed with regular household waste ending up on the Bishkek dumpsite or transported to a boiler house for low temperature incineration.</p> <p>At Bishkek hospital level in Bishkek, the primary method of treating infectious medical waste is by chemical disinfection after which the waste ends up on the Bishkek dumpsite, which is continuously on fire, leading to the formation of dioxins and furans.</p> <p>Common HCWM challenges faced by HCFs are:</p> <ul style="list-style-type: none"> • Lack of awareness on the dangers of HCW and the risks to human health and the environment in combination with absence of training opportunities. • Absence of sufficient and adequate technologies, devices and supplies to manage HCW soundly. • Sub-optimal operation of the HCWM model in HCFs where treatment technologies have been installed. • Inadequacies in waste flows and transportation of waste on the premises of HCFs • Cluster-hub system and HCW transportation system not yet operational. 	<p>MoUs signed between project and each HCF.</p> <p>HCF staff trained in best practices for HCWM, including:</p> <ul style="list-style-type: none"> • Responsibilities for HCWM assigned and waste management committees operationalized in each project HCF. • HCWM plans drawn up for each project HCF. • 120 HCFs and 500 staff trained in best HCWM practices related to waste identification, classification, segregation, labelling, packaging, storage, treatment, transportation, etc. at HCF level⁹. • 120 managers and professionals trained on HCWM related procurement, accounting and budgeting; monitoring and reporting; and HCWM related record keeping (incidents, accidents, waste recording, etc.) <p>8 Bishkek hospitals and 3 polyclinics supported in refurbishing/preparing waste storage locations and locations for technology installation.</p> <p>Non-incineration technologies and HCWM supplies procured and installed for all project HCFs (11 HCFs in Bishkek, 1 zone and 100 FAPs):</p> <ul style="list-style-type: none"> • Project HCFs¹⁰ equipped with HCWM supplies and non-incineration technologies¹¹. • 10 Global Fund recipient HCFs 	<p>Signed MoUs.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <ul style="list-style-type: none"> • List of committee members and copy of regular meeting minutes available. • HCWM plans available. • Certificates of training completion and attendance sheets of training sessions. • Monitoring and reporting systems in place in each HCF and daily updated. • Logbook available on number of incidents and waste generation rates for each of the HCFs. <p>Photo materials (before and after)</p> <p>Photos of HCWM supplies and installed treatment technologies.</p> <p>SOP for procured technologies available in each project HCF.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Signed cost-sharing agreements.</p>	<p>Assumption: Project HCFs are willing to sign MoUs.</p> <p>Assumption: Treatment hubs and satellites located in the zone supported by the project are willing to sign cost-sharing agreements for the treatment of their infectious waste.</p>

⁹ Although private sector HCFs will not figure among the project's beneficiaries, they will be invited to participate in trainings, workshops, visits, etc.

¹⁰ This includes project HCFs, FHC/FGPs and Polyclinics participating in the pilot cluster treatment, and potentially some of the HCFs supported by the Global Fund Project (although Phase II is expected to entirely cover expenses in this regard).

¹¹ Only HCFs that have signed a MoU, implemented BEP, instituted a Waste Management Committee, prepared their storage facilities and autoclave locations and of which staff have participated in all necessary training, will receive autoclave technologies.

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
		<p>Certain HCFs have a contract with a local recycler, which collects chemically disinfected syringes.</p> <p>Although the SRC/MoH has successfully demonstrated composting at the rural level, none of the HCFs in Bishkek undertake composting.</p> <p>Transportation of infectious HCW in the city of Bishkek is extremely inadequate, more often than not, using passenger cars or ambulances, which are also used to transport patients, healthcare staff, etc.</p> <p>The City Health Department has received 1 transport vehicle through the phase I Global Fund project, which will soon be used to transport infectious HCW, between HCFs and treatment hubs. However the delivery/pick-up schedule has not yet been worked out in detail.</p>	<p>equipped with additional non-incineration technologies/HCWM supplies¹²</p> <ul style="list-style-type: none"> • (1) zone equipped with sufficient treatment capacity/HCWM supplies (including the zone's hub treatment facility, its satellites as well as decentralized facilities). • (Pilot) 100 FAPs in rural areas equipped with pressure cookers and necessary capacity building and HCWM supplies. <p>Standard Operating Procedures (SOPs) for the procured technologies prepared/ revised.</p> <p>Autoclave operators and other staff trained on SOPs, safety precautions, and quality control of the new technology.</p> <p>Draft cost-sharing agreements for infectious waste treatment between service HCF and recipient HCF developed.</p> <p>Optimum transportation routes determined</p> <p>Staff involved in infectious waste transportation trained on the safe handling of HCW and Mercury Waste</p> <p>Project HCF staff trained in composting and plastics recycling.</p> <p>Feasibility study on the processing of flexible PVC completed.</p> <p>Feasibility study on the installation of two centralized shredders completed.</p> <p>Two centralized shredders installed (based on outcomes of feasibility study).</p>	<p>Optimized route schedule available.</p> <p>GIS/Remote Sensing maps available of the Bishkek transportation routes, clusters and treatment technologies.</p> <p>Waste logs kept at recipient hub indicating the amount, origin and state of waste received from the cluster HCFs.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Hospital records indicating the amount of disinfected waste sold to recyclers.</p> <p>Photos of composting stations.</p> <p>PVC and shredder assessment reports available.</p> <p>Photos of installed shredders.</p> <p>Recommendations on whether or not it would be feasible to undertake flexible PVC recycling in Kyrgyzstan and cost estimates for its implementation available.</p>	

¹² For some HCFs which received autoclaves through the Global Fund Phase I, autoclave capacity was too low to treat all the waste, therefore some need additional autoclaves to reach a sufficiently high capacity.

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
			Environmentally sound agreement reached with the Bishkek Mayor's office and the EBRD on the handling of disinfected HCW and Hg containing wastes at the new engineered Bishkek landfill.		
Outcome 2.4: National training modules on HCWM available and being used by the MoH (preventive Medicine), national training centers and Medical Faculties.	Training possibilities/opportunities on HCWM offered by national teaching institutions and schools.	<p>Lack of a systematic approach to training medical and nursing staff on HCWM resulting in low awareness on the dangers of HCW and the risks to human health and the environment.</p> <p>As part of the Global Fund Phase II project, the MoH institute "Preventive Medicine" has developed training modules, with support of UNICEF and will be providing this training to various target groups.</p> <p>The "National Training Center" provides post-graduate training (continuous professional development) as well as educational training for healthcare staff, which contains modules on HCWM.</p>	<p>National training modules developed by Preventive Medicine as well as those used by the National Training Centre have been revised/improved based on the WHO Healthcare Waste Project Global Training Materials</p> <p>MoUs signed between the project and medical university faculties and nursing schools.</p> <p>Training modules on HCWM designed and subsequently embedded in the curricula of the Medical Academy as well as the Medical Facility of the Kyrgyz-Russian-Slavik University and potentially a number of nursing schools.</p>	<p>National training modules finalized and approved for use at national level.</p> <p>National training modules being used by Preventive Medicine and the National Training Centre.</p> <p>Signed MoUs</p> <p>HCWM modules/training embedded in curricula at the <u>Medical Academy</u> as well as the <u>Medical Facility of the Kyrgyz-Russian-Slavik University – the main principal education institution for medical sciences in the country</u></p> <p>Medical and nursing students are being tested on HCWM knowledge as part of their education.</p>	<p>Assumption: The Ministry of Health - Department on nosocomial infections and medical wastes, Preventive Medicine and UNICEF are open and willing to revise the national training modules based on the 2013 WHO "guidelines "Safe management of wastes from health-care activities" using the UNDP GEF Healthcare Waste Project Global Training Materials.</p> <p>Risk: Low</p> <p>Assumption: The <u>Medical Academy</u>, the <u>Medical Facility of the Kyrgyz-Russian-Slavik University</u> and the <u>National Training Center</u> are open to embedding/revising HCWM related modules in their programmes.</p> <p>Risk: Low</p>
COMPONENT 3: IMPLEMENT MERCURY WASTE MANAGEMENT AND REDUCTION ACTIVITIES FOR THE CITY OF BISHKEK (120,000 US\$)					
Outcome 3.1: Strengthened policy and regulatory framework to enable the phase-out/down of mercury containing products and encourage Hg-free or lower level	A regulatory framework pertaining to the management of Mercury containing products is developed and available.	<p>In Kyrgyzstan, the management of Mercury containing products is not being addressed, whether in the healthcare sector or any other sector.</p> <p>When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with</p>	<p>National action plan on the LCM of Hg containing products developed.</p> <p>National standards/guidelines on the management, storage and disposal of mercury containing products developed for large public and private entities, as well as HCFs.</p>	<p>Draft National Action Plan on LCM of Hg containing products available.</p> <p>Draft national standards/guidelines on the management, storage and disposal of mercury containing</p>	<p>Assumption: The Ministry of Health would be willing to start the phase-out of Mercury-containing thermometers.</p> <p>Assumption: The Ministry of Trade would be willing to introduce import restriction on high-level Mercury containing energy saving lamps.</p>

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
Hg products		<p>regular municipal waste.</p> <p>No special measures are taken to protect healthcare facility staff, the environment or people/communities coming in close contact with such wastes.</p> <p>There are no restrictions on the importation of high Hg-content lamps (CFLs, tubes) or Hg-containing medical devices.</p> <p>Guidelines on the management, storage and disposal of Hg containing lamps are not available.</p> <p>Maximum permissible concentration (MAC) for metallic mercury (Hg) are set for air, water and soil.</p>	<p>MSP degree drafted prescribing a phased approach/total phase-out for the use of Hg-containing thermometers.</p> <p>National standards/guidelines on requirements and specifications on non-mercury thermometers and sphygmomanometers developed.</p> <p>EU RoHS directives for lighting products transposed into national regulations through a degree.</p> <p>Assessment of potential Cost-Recovery Mechanisms for the future disposal/treatment of Mercury containing products conducted.</p>	<p>products available.</p> <p>Draft MSP degree prescribing a phased approach/total phase-out for the use of Hg-containing thermometers available.</p> <p>Draft degree to transpose EU RoHS directives for lighting products into national regulations available.</p> <p>Assessment report of potential Cost-Recovery Mechanisms for the disposal/treatment of Mercury containing products available.</p>	
Outcome 3.2: Improved Mercury management practices at HCFs and phase-out of Mercury containing thermometer	80% of project HCFs have introduced Mercury-free devices.	<p>Mercury containing sphygmomanometers have been phased-out approximately 10 years ago, however Mercury containing thermometers are still in wide use. In 2011 and 2012, respectively 203,121 and 116,034 were imported.</p> <p>When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with regular municipal waste.</p> <p>Currently there are no safeguarding procedures in place at HCF level to ensure the safe clean-up, management and storage of broken thermometers or other mercury containing wastes, as such exposing healthcare facility staff, patients or visitors to Hg exposure.</p> <p>.</p>	<p>Hg baseline assessments completed for each project HCF (as part of the I-RATs, see Activity 2.1.1).</p> <p>Mercury management and phase-out plans developed and implemented for each project HCF (included in the development of HCWM plans as part of Activity 2.3.2).</p> <p>500 medical personnel trained in the clean-up, storage and safe transport of Hg wastes.</p> <p>Training video produced on "Cleanup and Temporary Storage of Mercury Waste for Health Care Facilities" in Kyrgyz and Russian and used in training activities.</p> <p>Study on staff preferences for cost-effective Hg-free alternatives conducted at a number of project</p>	<p>I-RAT reports (incl. Hg assessments) available for all assessed HCFs.</p> <p>HCWM plans available for each project HCF (including Hg management and phase-out plans)</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Videos posted on YouTube in both Russian and Kyrgyz.</p> <p>Report on Staff preference study available.</p> <p>Collected amount (no. and weight) of Hg-containing thermometers replaced with</p>	<p>Assumption: Healthcare facilities participating in the project are open to participating in the staff preference studies and subsequently phasing out Hg-containing thermometers and replacing them with Mercury-free alternatives.</p> <p>Risk: Low</p> <p>Cost-effective Hg-free alternatives for medical devices and low Hg content CFLs and tubes are available in the country.</p> <p>Risk: Low</p> <p>As co-financing, facilities allocate adequate storage space for interim Hg-waste storage, appoint waste management committee members, and allocate staff time to participate in training on Hg LCM, staff preferences study as well as</p>

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
			<p>HCFs.</p> <p>Mercury-free thermometers introduced at the project's HCFs and personnel trained in their use.</p> <p>Emergency response teams (Ministry of Emergencies) trained on how to respond to large Mercury spills.</p> <p>General public aware of the dangers of Mercury; availability of Mercury-free alternatives and what to do in case of a breakage</p>	<p>Mercury-free devices.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Video on how to clean up a Mercury spill aired on public TV.</p> <p>Booklets on the harmful effect of Mercury, Mercury-free alternatives and what to do in case of a spill, disseminated.</p>	<p>the use of Hg-free alternatives.</p> <p>Risk: Low</p>
Outcome 3.3: Intermediate and long-term storage options for Mercury containing wastes identified	Phased-out Mercury containing thermometers have been safely disposed of as possible within the limitations of the infrastructure present in Kyrgyzstan.	<p>Currently such wastes end up at the Bishkek landfill site, which is not engineered and doesn't have any leachate control, allowing Mercury to seep into the leachate and end up polluting nearby soil and water resources.</p> <p>The dumpsite is also not fenced and waste pickers living on adjacent plots, have free access to pick through the waste, and as such expose themselves and their families to Mercury containing wastes.</p>	<p>Assessment for short-term, interim and long-term storage and disposal options for Mercury containing spent products and Hg containing wastes completed and recommendations shared (e.g. <i>Khaidarkan Mercury Mine and Plant, EBRD hazardous cell, EBRD demercurization plant, interim storage, disposal abroad, etc.</i>).</p> <p>Treatment/Disposal solution identified for the Mercury-containing equipment phased-out as part of the project.</p>	<p>Assessment published and recommendations for best practices shared.</p> <p>Written agreement signed for the storage or disposal of the Mercury-containing equipment phased-out as part of the project.</p>	<p>Assumption: Khaidarkan Mercury Mine and Plant would be willing to and has the capacity to recycle the Hg from the thermometers.</p> <p>Assumption: The Bishkek Mayor's office and the EBRD are willing to accommodate the thought for a specially allocated cell for hazardous waste or a demercurization facility.</p> <p>Assumption: by the time the project comes to an end, the construction of a hazardous waste disposal site has been completed in Kazakhstan.</p> <p>Assumption: by the time the project comes to an end, a interim storage facility for hazardous wastes (PCBs) has been established in Kyrgyzstan.</p>
COMPONENT 4: MONITORING, ADAPTIVE FEEDBACK, OUTREACH AND EVALUATION (55,000 US\$¹³)					

¹³ Audit costs are US\$ 5,000 and are covered in TBWP's PMC budget due to UNDP-Kyrgyzstan's financial requirements, and are featured in the M&E table due to GEF requirements on M&E eligible costs.

	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
Outcome 4.1: Project's results sustained and replicated	Number of high quality monitoring and evaluation documents prepared during project implementation.	No documents in baseline situation.	<p>4 Quarterly Operational Reports submitted to UNDP each year</p> <p>1 annual APR/PIR submitted to UNDP each year.</p> <p>1 Mid-term project review. M&E results and insights are applied to provide feedback to the project coordination process, and have informed/redirected the design and implementation of the second phase of the project.</p> <p>The MTE will inform on how many additional technologies would have to be purchased and how much additional capacity building would have to be carried out in the second half of the project.</p> <p>1 Final evaluation.</p> <p>MTE and FE must include a lessons learned section and a strategy for dissemination of project results.</p> <p>Lessons learned and best practices are accumulated, summarized and replicated at the country level.</p>	<p>4 QORs available for each project year.</p> <p>APR/PIR available for each project year.</p> <p>Mid-Term Evaluation Report available.</p> <p>Mid-Term Evaluation Report available.</p> <p>Lessons-learned from the project easily accessible and searchable on-line.</p> <p>Project related documentation, photos and videos posted on the project's website and Facebook page.</p> <p>Reports submitted to UNDP</p>	<p>Assumptions: It is assumed that the project manager will prepare all the reports that are required by the GEF and UNDP.</p> <p>Risk: Low</p>

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).

N/A

ANNEX C: STATUS OF IMPLEMENTATION OF PROJECT PREPARATION ACTIVITIES AND THE USE OF FUNDS¹⁴

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

PPG Grant Approved at PIF: US \$75,000			
<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>
Travel	7,000	874	6,126
International Consultants	35,000	12,172	22,828
Local Consultants	25,000	21,843	3,157
Workshops and stakeholder consultations	8,000	3,066	4,934
Total	75,000	37,955	37,045

¹⁴ 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)

N/A