



**United Nations Development Programme  
Country: Kyrgyz Republic  
Annual Work Plan 2017**

**Project Title:** "Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan"

**UNDAF/CP Outcome(s):** Outcome 1: Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for the poor and excluded.

**UNDP Strategic Plan** Output 1.3. Solutions developed at national and sub-national levels for sustainable management of natural resources, ecosystem services, chemicals and waste

**Implementing agency:** UNDP

**Responsible Parties:** Ministry of Health (MoH)  
State Agency for Environment Protection and Forestry (SAEPF)

**Brief Description**

The objective of the project is to implement and adopt Best Environmental Practices (BEP) and Best Available Technologies (BAT) in healthcare facilities in Bishkek to improve the management, treatment, and disposal of healthcare waste, as well as support a number of rural health posts (~ 100) in Chui and Issykul Oblast. The project will assist Kyrgyzstan in meeting its obligations under the Stockholm Convention on Persistent Organic Pollutants (POPs) by adopting environmentally friendly treatment options for healthcare waste, which will lead to a reducing in UPOPs emissions controlled under the Convention (currently unintentionally POPs (UPOPs) are produced when healthcare waste are incinerated or burned in the open).

Another project objective is to reduce mercury releases from the health sector (generally caused by the breakage of Mercury containing thermometers), by supporting the phase out of Mercury containing medical equipment and the introduction of Mercury-free alternatives. This activity will assist Kyrgyzstan in meeting its obligations to the Minamata Convention on Mercury once it enters into force.

Besides reducing releases of UPOP and Mercury, the project has many socio-economic benefits. Improved management of healthcare wastes in and outside of hospitals, generally leads to a reduction in occupational exposure of healthcare staff to pathogens, reduces the occurrence of nosocomial infections (hospital acquired infections) which jeopardizes the health of patients and their visitors, and reduces exposure of waste handlers, recyclers, waste-pickets, etc. who face hazardous working conditions when in contact with infectious and toxic healthcare waste. Communities living close to waste disposal sites (municipal waste dumps and landfills) or incinerators will also benefit. Finally, most hospitals which have participated in similar projects have experiences that the HCWM model promoted under this project reduces operating costs and proves more sustainable.

New programme period:	2013-2018
Atlas Award ID:	<b>00078201</b>
Start date:	July 2014
End Date :	July 2018
PAC Meeting Date:	18 April 2014
Management Arrangements:	DIM

<b>2017 AWP budget:</b>	<b>\$ \$471,880.36</b>
Regular (TRAC):	\$0.00
Other (GEF):	<b>\$ \$471,880.36</b>
Government :	_____
Unfunded budget:	_____
In-kind Contributions:	_____

**Approved by UNDP:**

Ms. Aliona Niculita,

Deputy Resident Representative

Signature:

Date: 05.07.2017

# I. ANNUAL WORK PLAN

Year: 2017

EXPECTED OUTPUTS and baseline, associated indicators and annual targets	PLANNED ACTIVITIES List activity results and associated actions	2017 QQ				Responsible Parties	Planned budget		
		1	2	3	4		Fund/Source	Budget note	USD
<p><b>Outcome level (IRRF) indicator IRRF:</b></p> <p>1.3.1 Number of new partnership mechanisms with funding for sustainable management solutions of natural resources, ecosystem services, chemicals and waste at national and/or sub-national level, disaggregated by partnership type</p> <p>1.3.2 Number of jobs and livelihoods created through management of natural resources, ecosystem services, chemicals and waste, disaggregated by sex, and rural and urban</p> <p><b>GENDER MARKER - 2</b></p> <p><b>Component 1. Strengthening of the national regulatory and policy framework for health care waste management</b></p> <p><b>Outcome 1.1</b> The policy framework for HCWM enhanced</p> <p><b>Baseline information:</b></p> <p>1.1.1 Although a National Strategy (2008-2012) on HCWM was elaborated, it has never been approved/adopted due to lack of funding for its implementation. The collection, safeguarding and transport of anatomical wastes is highly inadequate.</p> <p><b>Indicators:</b></p> <p>1.1.1 National Health Care Waste Management Strategy revised and updated. National Strategy for Anatomical Waste developed.</p> <p><b>Target by the 2017:</b></p> <p>1.1.1 United comprehensive National Strategy on Healthcare waste management in the Kyrgyz Republic including the part for anatomical, infection, chemicals, and pharmaceutical wastes refined according to the received comments from state bodies, UNDP gender team and endorsed to Government for consideration.</p> <p><b>Outcome 1.2</b> The regulatory framework for HCWM enhanced</p> <p><b>Baseline information:</b></p> <p>1.2.1 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 do not have any legal status and as such are not enforceable.</p> <p><b>Indicators:</b></p> <p>1.2.1 Number of approved and adopted standards and degrees developed as part of the project.</p> <p><b>Target by the 2017:</b></p> <p>1.2.1 Four (4) standards: on technologies for the processing and final disposal of HCW, on HCW management in immunization offices, job descriptions for those</p>	<b>Activity Result 1.1. The policy framework for Health Care Waste Management enhanced</b>								
	Action 1.1.1 Finalize of HCWM strategy with the Government (ministries and agencies)	x	x			MOH	GEF	Loc. Con.	0
	<b>Activity Result 1.2. Allocation of HCWM technologies, devices, supplies and technical assistance determined for each HCF</b>								
	Action 1.2.2 Refine standards and regulations inclusively with development of law expertizes including the gender expertise to cover following aspects: on technologies for the processing and final disposal of HCW; on HCW management in immunization offices; job descriptions for those responsible for HCWM practices; standards on monitoring of HCWM practices.	x	x	x	x	MOH/SAEPF	GEF	Loc. Con.	25000
	Action 1.2.3 Preparation and transfer of bunch developed documents (RLD) to Ministry of Health for further approval on national and ministerial level.	x	x			MOH/SAEPF	GEF	CS-Ind.	17729
								Tr., conf.	1500
	<b>SUBTOTAL: 44229</b>								
	<b>Activity result 2.2. Allocation of HCWM technologies, devices, supplies and technical assistance determined for each HCF</b>								
	Action 2.2.1 Assist in procurement, installation and training of the equipment following agreed procurement plan	x				MOH/SAEPF	GEF	CS-Ind.	17729
	Action 2.2.2 Identify pilot zones per category (hub, satellite, single source) in Bishkek, with possibility for inclusion of the private HCFs for HCW treatment in 11 pilot HCFs. Negotiate with Antimonopoly Committee regarding the prices for treatment of HCW and transportation of waste for HCW treatment from hub to satellite. Based on that renewed the order of MoH issued in 2013.	x	x	x	x	MOH/SAEPF/ICD (ASU)	GEF	SC - Comp.	5000
Action 2.2.3 Conduct interventions (trainings, infrastructure etc). and procurement of vehicle and buckets for appropriate transportation of medical waste in Bishkek	x	x			MOH/SAEPF	GEF	Loc. Con s.	7500	
							Equip.	33066	

responsible for HCWM practices, standards on monitoring of HCWM practices refined according to stakeholders comments, develop the obligatory law expertizes including the gender and approved on ministerial /national levels.

**Component 2. Implementation of best available technologies and best environmental practices for HCWM systems**

**Outcome 2.2:** Allocation of HCWM technologies, devices, supplies and Technical Assistance (TA) needs determined for each HCF

**Baseline information:**

2.2.1 A revised zoning plan is required to reflect I-RAT outcomes.

**Indicators:**

2.2.1 Revised and updated zoning plan.

**Target by the 2017:**

2.2.1 Updated zoning plan with optimized transportation system for Bishkek approved by MoH KR.

**Outcome 2.3:** UPOPs releases reduced as a result of improved HCWM systems in supported HCFs

**Baseline information:**

2.3.1 At the primary healthcare level, immunization waste is either burned in the open areas, or transported to a boiler house for low temperature incineration.

2.3.2 HCF staff have a lack of capacity on plastics recycling.

2.3.3 HCF staff have a lack of capacity on the best practices for HCWM.

2.3.4 Immunization waste in Bishkek city and primary level is mixed with regular household waste ending up on the dumpsite or burned nearby.

**Indicators:**

2.3.1 Waste segregation improved by xx %. Transportation of infectious and anatomical waste exclusively assumed by authorized vehicle;

2.3.2 Number of HCFs that send their disinfected syringes to recyclers increased by xx%.

2.3.3 Percentage of project HCFs that have introduced non-incineration technologies and composting practices xx%;

2.3.4 Number of project HCFs that have introduced non-incineration technologies;

**Targets by the 2017:**

2.3.1 # of pilot FAPs staff trained in best practices for HCWM as well as staff of pilot HCFs in Bishkek. Transportation of infectious and anatomical waste exclusively assumed by authorized vehicle.

2.3.2 agreement with recycling companies for sending disinfection syringes reached for project HCFs in Bishkek;

2.3.3 Five (5) Bishkek hospitals supported in preparing waste storage locations in containers for non-incineration technology installation. Composting practices integrated in six (6) HCFs;

2.3.4 Non-incineration technologies and HCWM supplies procured and installed for 11 HCFs in Bishkek and 100 FAPs;

Action 2.2.4 Conduct round table with relevant stakeholders and HCFs on zoning plan in Bishkek	x				MOH	GEF		
Action 2.2.5 Equip with necessary facilities of vehicles for transportation of medical wastes in Bishkek			x	x				
<b>Activity result 2.3. UPOPs and Greenhouse gas emissions (GHG) reduced as a result of improved HCWM systems in support HCFs</b>								
Action 2.3.1 Support of 5 HCFs in Bishkek for preparing of autoclaving points (Nasstroy design company authority supervision over constructional works and retender of constructional works for maternity house #1)	x	x	x		MOH	GEF	Travel	50101
Action 2.3.2 Support of 6 HCFs in Bishkek for construction of composting practices	x	x	x	x	MOH	GEF	SC-Comp.	116683.32
Action 2.3.3 Installation of 14 autoclaves in 11 HCFs of Bishkek	x	x			MOH	GEF	Equip.	32000
Action 2.3.4 Procurement of 22 plastic containers on rolls for saving syringes to recycling companies in 11 HCFs	x	x			MOH	GEF	Tr., conf.	33048
Action 2.3.5 Procurement of 200 plastic containers on rolls for waste collection in 100 FAPs	x				MOH	GEF	Loc. Con.	16153.15
Action 2.3.6 Installation of 100 steam sterilizers for 100 FAPs in Chui and Issyk-Kul oblast	x	x			MOH	GEF	Audio/Video, print production cost	35367
Action 2.3.7 Capacity building of 100 FAPs staff where 80% are women (FAPs nurses)	x	x			MOH	GEF		
Action 2.3.8 Monitoring and evaluation of 100 FAPs of HCWM system sustainability		x		x				
Action 2.3.9 Information campaign for decreasing the U-POPs and mercury			x	x	MOH	GEF	Suppl.	55309.14
Action 2.3.10 Study tour for government officials on best practices for integration best available practices and best available technologies for medical waste management	x	x			MOH	GEF		
Action 2.3.11 Reach an agreement with 11 HCFs that sent their disinfected syringes to recyclers			x		MOH	GEF		
Action 2.3.12 Integration of separate collection for paper and plastic domestic wastes in 11 HCFs in Bishkek			x	x	MOH	GEF		
Action 2.3.13 Attraction of private HCFs for sending their medical waste for disinfection to 11 HCFs in Bishkek			x	x	MOH	GEF		
Action 2.3.14 Development recommendations for integrated HCWM system on primary level and project exist strategy		x		x	MOH	GEF		

**Outcome 2.4:** National training modules on HCWM available and being used by the MoH (preventive Medicine), national training centers and Medical Faculties.

**Baseline information:**

2.4.1 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.

**Indicator:**

2.4.1 Training possibilities/opportunities on HCWM offered by national teaching institutions and schools

**Target by the 2017:**

2.4.1 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.

**Component 3. Implement mercury waste management and reduction activities for Bishkek**

**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 Hg products

**Baseline information:**

3.1.1 The management of mercury containing products is not being addressed. Hg containing products are being discarded along with regular municipal wastes. NO special measures are taken to protect HCF staff, environment and people.

**Indicator:**

3.1.1 A regulatory framework pertaining to the management of Mercury containing products is developing and available.

**Targets by the 2017:**

3.1.1 National standards/guidelines on the management, storage and disposal of mercury containing products as well as action plan for phasing out mercury containing product in healthcare sector refined according to state bodies comments in parallel with the obligatory law expertizes including the gender and sent for approval to the Government. Draft degree to transpose the EU ROHs directives for lighting products and mercury health-care products into national regulations developed and sent for the Government to approval.

**Outcome 3.2:** Improved Mercury management practices at HCFs and phase-out of Mercury containing thermometer

**Baseline information:**

3.2.1 At present all HCFs using the mercury containing devices.

3.2.2 Lack of capacity to clean-up exposing healthcare facility staff, patients or visitors to Hg exposure.

3.2.3 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.

**Indicator:**

3.2.1 80% of project HCFs have introduced Mercury-free devices.

Action 2.3.15 Support of Kyzyl-Asker HCFs for canalization access on newly established autoclaving point					MOH	GEF		
Action 2.3.16 Procurement of autoclaves for strengthening cluster system for MWM in Bishkek (GPU)				x	MOH	GEF		
<b>Activity result 2.4. National training modules on HCWM available and being used by the MoH (Preventive medicine), national training centers and medical facilities</b>								
Action 2.4.1 Integration of learning materials on MWM in learning courses of higher educational institutes and medical schools	x				MOH	GEF	Loc. Con.	0
<b>SUBTOTAL: 401956.61</b>								
<b>Activity Result 3.1. Strengthened policy and regulatory framework to enable the phase-out/down mercury containing products and encourage Hg free or lower level Hg products</b>								
Action 3.1.1 National standards/guidelines on the management, storage and disposal of mercury containing products as well as action plan for phasing out mercury containing product in healthcare sector refined according to state bodies comments and send for approval to the Government	x	x	x	x	MOH, SAEPF, MES and other	GEF	Loc. Con	0
Action 3.1.2 Draft degree to transpose the EU ROHs directives for lighting products and mercury health-care products into national regulations developed and sent for the Government to approval	x	x	x	x	MOH	GEF	Travel	200
Action 3.1.3 Study tour for governmental officials and experts on learning of demercurization activities in Russia and afterwards inclusion for development of legislation documents in KR				x	MOH, MES	GEF		
<b>Activity Result 3.2. Improved mercury management practices at HCFs and phase-out of mercury containing thermometer</b>								
Action 3.2.1 Procurement of Hg free thermometers and distribution among pilot 11 HCFs	x	x			MOH	GEF	HACT (MES) - Tr., conf.	20782
Action 3.2.2 Mercury thermometers phasing out activities from 11 HCFs of Bishkek		x	x		MoH	GEF		
Action 3.3.3 Increase capacity of 400 HCFs medical personnel where 80% are women in the clean-up, storage and safe transport of Hg wastes.		x	x	x			HACT (MoH) - Tr., conf.	
Action 3.3.4 Integration of training module for emergency response team into the Training Center of Ministry of Emergency of KR and 100 persons train how to respond for large Mercury spills	x				MoH	GEF	M&Goods	97827

3.2.2 Emergency response team (MES) trained on how to respond to large Mercury spills.  
 3.2.3 # of staff improved their capacity on clean-up, storage and safe transport of Hg wastes.

**Targets by the 2017:**

3.2.1 Mercury-free thermometers introduced at the project's HCFs and personnel trained in their use. Mercury thermometers are collected in interim storage  
 3.2.2 Training for emergency response team integrated into the Training Center of Ministry of Emergency of KR and its 100 persons trained how to respond for large Mercury spills  
 3.2.3 500 medical personnel trained in the clean-up, storage and safe transport of Hg wastes.

**Outcome 3.3** Intermediate and long-term storage options for Mercury containing wastes identified

**Baseline information:**

3.3.1 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.

**Indicator:**

3.3.1 Phased-out Mercury containing thermometers have been safely disposed of as possible within the limitations of the infrastructure present in Kyrgyzstan.

**Target by the 2017:**

3.3.1 The mercury phased out thermometers are disposed in Khaidarkan mercury mining company

**Component 4. Monitoring, adaptive feedback, outreach and evaluation**

**Outcome 4.1:** Project's results sustained and replicated

**Baseline information:**

4.1.1 No documents in baseline situation.

**Indicators:**

4.1.1. Number of high quality monitoring and evaluation documents prepared during project implementation.

**Target by the 2017:**

4.1.1. Annual APR/PIR submitted to UNDP and GEF. BTORs are downloaded in Atlas. Terminal evaluation submitted to UNDP and GEF

								Loc. Con.	14342.17
Action 3.3.5 Procurement equipment for determination the Hg in environment, PPE and demercurization kits for MoH and MES of KR	x	x	x	x	MOH, MES	GEF			
<b>Activity Result 3.3. Intermediate and long term storage options for mercury containing wastes identified</b>									
Action 3.3.1 Hg mercury phased thermometers safely dispose based on Agreement between the Khaidarkan mercury plant and MoH		x			MOH/SAEPP/MES	GEF	SC-Comp.		1000
									<b>SUBTOTAL: 134151.17</b>
<b>Activity Result 4.1. Project's results sustained and replicated.</b>									
Action 4.1.1 APR/PIR, BTORs, TE submitted to UNDP, GEF and national partners	x	x			UNDP, MOH, SAEPP	GEF	Int. Cons		0
									<b>SUBTOTAL: 0</b>
<b>Project management</b>									
<b>Project Personnel:</b>									
Staff	x	x			UNDP	GEF	SC-Ind.		14078
Pay roll charge 10.5%	x	x			UNDP	GEF	Charge		
<b>Administrative costs:</b>									
Audit Fees	x	x			UNDP	GEF	Fees		5000
Fixed costs	x	x			UNDP	GEF	Fees		6800
Miscellaneous	x	x			UNDP	GEF	Fees		3000
Direct costs	x	x			UNDP	GEF	Fees		8070
									<b>SUBTOTAL: 36948</b>
									<b>TOTAL (w/o ISS &amp; bank charges): \$617284.78</b>

**Approved by UNDP:**  
 Ms. Aliona Niculita,  
 Deputy Resident Representative

Signature:  05.07.2017