

2017

Project Implementation Review (PIR)

**Kyrgyzstan: uPOPs/mercury reduction in HCWM**

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# Basic Data

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| **Project Information** | |
| UNDP PIMS ID | 5155 |
| GEF ID | 5068 |
| Title | Protect Human Health and the Environment from Unintentional Releases of POPs and Mercury from the Unsound Disposal of Healthcare Wast |
| Country(ies) | Kyrgyzstan, Kyrgyzstan |
| UNDP-GEF Technical Team | Chemicals |
| Project Implementing Partner | KGZ10 |
| Joint Agencies |  |
| Project Type | Full Size |

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| **Project Description** | |
| The objective of the project is to implement and adopt Best Environmental Practices (BEP) and Best Available Technologies (BAT) in healthcare facilities throughout the City of 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. |

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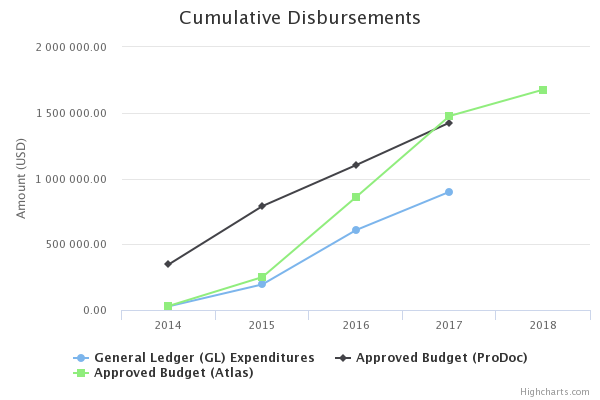
# Overall Ratings

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| --- | --- |
| Overall DO Rating | Satisfactory |
| Overall IP Rating | Satisfactory |
| Overall Risk Rating | Low |

# Development Progress

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| **Objective or Outcome** | **Description** | | | | |
| **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.** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | 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)[1]. | In total the project expects to reduce UPOPs emissions by 3-TEQ/yr. | HCWM treatment systems used by pilot HCFs will be improved by integrating BAT and BEP.    Some supplies (492 waste buckets, 12 scales, 133 needle-destructors) have been procured and distributed among eleven (11) project HCFs in Bishkek.    In the second half of 2016 and beginning of 2017, fourteen (14) autoclaves for the annual treatment of 89,987.04 kg (based on I-RAT findings) of infectious healthcare waste will be installed in 11 HCFs. This amount of waste when burning in open in the municipal landfill result in UPOPs release amounting to: 0.59 g-TEQ/yr (Air) and 0.05 g-TEQ/yr (Residue).    Moreover, these 11 HCFs will treat another infectious waste generated from satellite HCFs based on agreement to be concluded in second half of 2016, where total amount of UPOPs releases will be further decreased.    Based on findings of assessment made in 2015, the project planned to cover 100 FMSs that daily generated an average 12.42 kg of infectious wastes of class "B2" and "B3". Assuming that during the calendar year, FMSs work 318 days (6 days a week), they will generate 3,949.6 kg of infectious waste, which is burned in open near the facilities. Thus, UPOPs release on 100 FMSs level will amount to: 0.026 g-TEQ/yr (Air) and 0.002 g-TEQ/yr (Residue).    However, during assessment made for 8 eight FMSs on 2015 this amount was calculated used of extrapolation method, therefore presumably this amount will change when the project will integrate the registration (weighting on scales and recording) of waste generated on FMSs level.    It was recommended upon discussion with stakeholders to procure 100 small table autoclaves, which fit to treat the small amount of infectious waste generated by the rural FMS and prepare SOPs for these technologies. Beside this, supporting equipments in 100 kits, that consisted from follows items are specified: metal buckets to collect medical waste, black bin bags, yellow polypropylene bags, needle-destructors, integrators of level 5 for sterilization control, container for storage and encapsulation of needles, industrial gloves, bags for collecting and storing of plastic parts of syringes, table for autoclaves, protective apron and googles.    At present, 100 autoclaves under procurement via UNDP Global Procurement Unit, whereas 100 kits suppliers for HCWM under the bidding process.    Training materials on BEP and usage of BAT have been drafted/developed and the trainings will be conducted in the end of 2016/beginning of 2017.    Recycling of plastic containing syringes after decontamination will practiced based on agreement with recycling companies and capacity building of responsible staff. | Based on findings of assessment made in 2015, the project planned to cover 100 of rural Feldsher-Midwife Stations (FMSs) that daily generated an average 12.42 kg of infectious wastes of class "B2" and "B3". Assuming that during the calendar year, FMSs work 318 days (6 days a week), they will generate 3,949.6 kg of infectious waste, which is burned in open near the facilities. Thus, UPOPs (unintentional POPs emission into the air) release on 100 FMSs level will amount to: 0.026 g-TEQ/yr (Air) and 0.002 g-TEQ/yr (Residue) (TEQ standing for toxicity equivalent). The project procured 100 mini-autoclaves (tested positively as compared to table-mounted pressure cookers proposed originally) and necessary supplies have been distributed among 100 FMSs and Standard Operation Procedures (SOPs) for these technologies approved on 10 May of 2017 by #377 Order of Ministry of Health of the Kyrgyz Republic (MoH).    The project has also set up ten (10) modern autoclaving points (normal size equipment) in Bishkek, seven (7) of which had pre-existing aging autoclaves and already started operation.    The project also procured and distributed all necessary supplies as well as fourteen (14) high capacity autoclaves which have been delivered, and will now be installed in eleven (11) Health Care Facilities (HCFs) from 7 August 2017 onward for annual treatment of 89,987.04 kg (based on I-RAT findings) of infectious healthcare waste. This amount of waste when burning in open in the municipal landfill results in UPOPs release amounting to: 0.59 g-TEQ/yr (Air) and 0.05 g-TEQ/yr (Residue).    A structured network of service and recipient HFCs was elaborated on and established with the governmental support (cluster system with decentralized service points). Cost-sharing agreements for infectious waste treatment between service and recipient HCFs have been developed. Seven (7) HCFs started to use such agreements, in situations where autoclaves existed prior to the project’s start. For newly established autoclaving points agreement have not entered in force yet.    When all fourteen (14) high capacity autoclaves will have been installed in eleven (11) HCFs in August 2017, agreements for infectious waste treatment as well as agreements with waste recyclers will be updated. At present, the prices for infection waste treatment and transportation are not fixed by the Government. Therefore, an expert has been hired to provide support on the development of documents for inclusion into unified register of state services KR for health caring waste (HCW) disinfection and transportation services as well as entrench those prices with authorized bodies. Afterwards, these entrenched services will allow for private HCFs to delivery infectious waste for treatment and transportation to state autoclaving points within the country.    Optimum transportation routes within the updated zoning plan have been determined, digitized and placed on ministerial web-site (http://map.dgsen.kg/) and an updated draft of Order for the transportation of HCWM in Bishkek will be approved by MoH in September 2017. The first vehicle procured by UNDP Global Fund in 2012 serves for transportation of infection HCW among HCFs (cluster zones) in Bishkek. However, after updating of zoning plan and inclusion of additional HCFs for treatment and transportation of HCW, the need for the second vehicle has revealed. That vehicle for the transportation of HCW has been procured and will be delivered in November 2017. These vehicles will serve for transportation and treatment of infection waste among cluster HCWM system in Bishkek generated in amount 380,000 kg/year, with total UPOPs releases amount to open burning on landfill 2.5 g-TEQ/yr (Air) & 0.23 g-TEQ/yr (Residue).    Trainings on the use of non-incineration technologies for the treatment of HCW and plastic segregation for further recycling as well as other necessary training modules were held for 33 participants (2 men and 31 women) from 11 HCFs in Bishkek during October 2016 and for 100 participants (1 male and 99 female attendees) from 100 FMSs in Chui and Issyk-Oblasts during May 2017 (for more information please see sections below). Based on training module the brochure on HCWM in color infographics developed and distributed among 68 HCFs in Bishkek (2016). In the reporting period a special brochure was designed which will be printed and distributed nationwide in September of 2017.    Training of 20 lecturers (3 men and 17 women) from medical universities and colleges were conducted during July 2016 in Bishkek. Training materials on HCWM developed with project support were integrated into the curriculum of four (4) universities and one (1) colleges (for more information please see sections below).    For six (6) HCFs in Bishkek, the project will construct composting pits within the next reporting period. At present a company hired by the project is finalizing the designs and cost estimates for the construction of these six composting pits. These pits will serve for composting leaves and brushes falls from trees in HCFs to avoid their burning.    Following a decision by the Project Steering Committee (PSC), it was decided to hire a company to raise awareness of project target groups and the general public on environmental issues and the projects’ priorities, the bidding process is underway.    In order to complete all project's activities, it is being extended until July 2018. |
|  | 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. | Legal and regulatory framework enhanced through the revision of the national HCWM strategy including anatomical waste. Several meetings were conducted in the first half of 2015, as a result of which the key stakeholders of the project agreed to develop a comprehensive national strategy on Healthcare Waste Management (HCWM).    The Ministry of Health of the Kyrgyz Republic, through its Directive on July 3, 2015, established an interdepartmental working group, which is responsible for the development of the National 2016-2020 HCWM Strategy. The working group has developed a draft National HCWM strategy, which includes all the categories of waste generated in the health sector (i.e. general waste, infectious waste, anatomical waste, pharmaceutical waste, chemical waste and radioactive waste) and which includes a National Action Plan and budget on HCWM for 2016-2020 according to the standards and degrees pertaining to HCWM.    Three meetings were organized by the Ministry of Health to discuss the draft of strategy, action plan and budget with stakeholders, private sector representatives and donors.    On May 12, 2016, the last working group meeting was held, where the National HCWM Strategy, National Action Plan and National HCWM Strategy Budget have been presented. Currently, the final draft has been sent to the Government for further review and approval. At present, documents place on Government web site http://www.gov.kg/?p=78416&amp;lang=ru for three weeks public hearing.    The Implementing Partner has developed of first drafts of the following documents:    1) Standards on HCWM in immunization offices;  2) Standards on monitoring and evaluation of HCWM practices;  3) Job descriptions for those responsible for HCWM at health care facilities;  4) Import ban on PVC containing syringes and other medical products for which cost-effective alternatives;  5) Terms of reference for international consultant on development of standards on technologies for the processing and final disposal of HCW. | The MoH, through its Directive on July 3, 2015, established an interdepartmental working group (IWG), which is responsible for the development of the National 2017-2020 HCWM Strategy. The working group has developed a draft National HCWM strategy, which includes all the categories of waste generated in the health sector (i.e. general waste, infectious waste, anatomical waste, pharmaceutical waste, chemical waste and radioactive waste) and which includes a National Action Plan and budget on HCWM for 2017-2020 according to the standards and degrees pertaining to HCWM. During the circulation of the National HCWM Strategy, National Action Plan and National HCWM Strategy Budget in order to obtain Government approval, the Ministry of Finance recommended a redrafting of all documents as per the Ministry of Health’s budget allocation. Therefore, documents were redrafted and discussed twice with members of an IWG. At present, the three documents approved by the Ministry of Health on 20 July, 2017 by its #649 Order.    From 31 May 2017 until 4 June 2017, a study tour was organized for twelve (12) Kyrgyz Government officials (3 men and 9 women) on best available technologies and best available practices (BAT/BEP) for medical waste management that will help the implementation of the HCWM strategy.    The drafts of the following documents are being approved in September of 2017 by the Ministry of Health:  1) Standards on monitoring and evaluation of HCWM management practices;  2) Job descriptions for personnel responsible for HCWM at healthcare facilities.    Furthermore, the Scientific Production Association Preventive Medicine under the Ministry of Health (SPA Preventive Medicine) developed the first draft of the instruction on HCWM which includes all categories of waste generated in the health sector (i.e. general waste, infectious waste, anatomical waste, pharmaceutical waste, chemical waste and radioactive waste). Ultimately, this document will be approved at Governmental level. |
|  | 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. | Phasing out mercury containing thermometers is under implementation. In the 11 pilot facilities, all mercury containing thermometers will be exchanged with digital ones in the second half of 2016. In summary, 1300 thermometers will be phased out and an average value of 1.3 kg of mercury, which is to be phased out by the project. Whereas, 3000 mercury free thermometers are being procured.    The Implementing Partner has developed first drafts of the following documents:    1) National action plan on phasing out mercury and prohibiting mercury containing equipment usage in the healthcare sector;  2) National standards/guidelines on the management, storage and disposal of mercury containing products in healthcare sector;  3) Cost-Recovery Mechanisms for the disposal/treatment of mercury containing products.    Training materials for of medical personnel have been developed and the trainings are planned for eleven (11) HCFs in the second half of 2016.    An animated video on Kyrgyz and Russian languages for general use on mercury devices, their safe handling and preventive measures “Do you know what to do if your mercury thermometer is broken?” was produced and widely distributed. It was included into the training modules.    Training on safe handling of mercury waste (emergency preparedness) was conducted on 4 December of 2015 for 23 participants from the chemical departments of the Ministry of Emergency Situations, SPA Preventive Medicine under the Ministry of Health, the State Ecological and Technical Inspection, the State Agency on Environment Protection and Forestry, and the Department on Disease Prevention and State Sanitary Epidemiological Control under the Ministry of Health. | Phasing out mercury containing thermometers is under implementation and enforced by approved Order # 715 of MoH from 20 September 2016 with developed instructions in case of accidental breakages. In the eleven (11) pilot facilities, all mercury containing thermometers will be replaced with digital ones in the August of 2017. In total, 1,300 thermometers will be phased out from these facilities resulting in the phase-out of 1.3 kg of mercury.    In state health care system functioning 142 organizations that provide inpatient services (25,789 beds) with estimated 0.68 thermometer used per hospital bed. In addition, medical assistance provided by 37 independent dental clinics, 900 FAP and about 40 healing facilities. Overall, about 19,262 mercury containing thermometers can be expected nation wide, which results in about 19.3 kg of mercury from this category of devices.    However, project is not able to assess all mercury products and waste found in blood pressure devices, lab thermometers, lab chemicals, dental amalgams, fluorescent lights, ultraviolet lamps and other products in all HCFs of the country. Therefore, the National 2017-2020 HCWM Strategy (for more information see above) included: a) analysis of the project pilot activities on mercury thermometers phase out from eleven (11) HCFs in Bishkek; b) development of data base on all mercury sources in the health-care sector; c) review of developed National Action Plan on phasing out mercury and gradual restrictions mercury containing equipment use in the healthcare sector. In this regard, the project is expected to result in sustained further mercury use reductions in the years to come after the project's closure. Accurate estimates of this achievement can be assessed only when the data base and monitoring systems are in effect.    The project procured 3,000 mercury-free thermometers in line with the project plans for the eleven (11) HCFs and their needs. It also procured materials for the collection, transportation and temporary storage of 1,300 Hg-containing thermometers as well as de-mercurization kits in case of accidental leakages. Interim storage for collected Hg thermometers has been selected, refurbished, and the floor covered with ethoxyline resin to avoid mercury's penetration into the floor area. A special company has been hired to manage the collection and transportation of phased-out Hg-thermometers to the temporary storage.    A Memorandum of Understanding (MoU) with the Khaidarkan Mercury Mining Plant and the Ministry of Health for the treatment and disposal of phased out thermometers (1,300 items) was signed on 7 October 2016 for one year with a possibility of extension.    With the MoH and the State Agency for Environment Protection and Forestry, the project produced a popular video and poster last year, entitled “Do you know what to do if your mercury thermometer is broken?”, and it was used during specialized trainings. Posters were widely distributed among schools and HCFs in Bishkek during reporting period and will be distributed among HCFs nationwide in second half of 2017.    The Preventive Medicine Center developed the first draft of the national standards/guidelines on the management, storage and disposal of mercury containing products in the healthcare sector. This document is to be approved at the governmentalal level. To facilitate this process, a legal company has been hired by the project to provide legal assistance on the strengthening and promotion of this document. At present, this guidance has been re-drafted per comments of IWG and placed on the governmental web-site for public hearing (http://www.gov.kg/?p=100348&lang=ru). Its approval is expected in second half of 2017.    A consultant has been hired by the project for the preparation and promotion of amendments of the legislation for the restriction of the import of mercury containing medical devices. Documents were prepared (cover letter, the draft resolution on the approval of the draft of amendments, draft of amendments, comparative table, reconciliation sheet in official languages) and submitted to the Parliament for further discussion and approval. It should be noted that the previous minimal level of national attention to the mercury issues, such as Haidarkan Mine (the only remaining one in the world that exports mercury) or mercury in products, has been slowly increasing due to the project's activities in relation to the medical sector's mercury-containing devices.    From 10 to 19 October 2016 three-day long three (3) trainings with comprehensive modules were conducted for 33 participants (2 men and 31 women) from eleven (11) HCFs in Bishkek (capital), which included aspects related to mercury-containing waste management.    From 15 to 27 May 2017 three-day long four (4) trainings completed for 100 participants (1 men and 99 women) from 100 FMSs, which included aspects related to mercury-containing waste management (for more information see section below on trainings).    With the aims to institutionalize the safety related trainings for further use, the Centre for Training and Retraining (CRT) of Civil Defense specialists under the Ministry of Emergency Situation conducted day-long three (3) trainings (6, 17, 24 March 2017) on the “Safe Handling of Mercury-containing waste (Emergency case)” for 100 employees (89 men and 11 women) from all regions of the country. The module has been integrated into the СTR's curriculum for further use.    A letter of agreement between the United Nations Development Programme (UNDP Kyrgyzstan) and the Kyrgyz State Medical Institute of Retraining and Proficiency Enhancement (KSMIR&PE) was signed with the aim to train 400 medical personnel on techniques in the clean-up, storage and safe transport of mercury wastes in Bishkek (capital). Within this agreement, the first day-long set of five (5) trainings for 100 participants (14 men and 86 women) was carried out from 24 till 28 July 2017. Further trainings have been planned too for the remaining 300 medical personnel followed by integration of the training module within the curriculum of the KSMIR&PE Institute which is to take place in the second half of 2017 (distant learning options are being considered).    The project procured a special gas-chromatograph for the Ministry of Health to analyze mercury presence in air, water, soil, blood and hair to enable better monitoring. Initial results will be available in the later stages.    In 2016, during the elaboration of legislative documents for de-mercurization activities, it was revealed that authorized bodies (Ministry of Emergency Situation KR) lack equipment for determination of mercury emissions into the environment, chemical reagents and tools for de-mercurization of mercury releases, personal protective equipment (PPE) for working with mercury accidents (which constitute 1st class of hazard according to the national classification). Therefore, the project procured de-mercurization toolkits for the Bishkek Department of Ministry of Emergency Situation.    Based on a decision by the project steering committee (PSC), the project has the procurement procedures for a company to raise awareness of project stakeholders and the general public on environmental issues and the projects’ priorities. |
| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 1:** | **The policy framework for Health Care Waste Management enhanced** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | 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. | Several meetings were conducted in the first half of 2015, as a result of which the key stakeholders of the project agreed to develop a comprehensive national strategy on Healthcare Waste Management (HCWM). The Ministry of Health of the Kyrgyz Republic, through its Directive on July 3, 2015, established an interdepartmental working group, which is responsible for the development of the National 2016-2020 HCWM Strategy.      The working group has developed a draft National HCWM strategy, which includes all the categories of waste generated in the health sector (i.e. general waste, infectious waste, anatomical waste, pharmaceutical waste, chemical waste and radioactive waste) and which includes a National Action Plan and budget on HCWM for 2016-2020 according to the standards and degrees pertaining to HCWM.      Three meetings were organized by the Ministry of Health to discuss the draft of strategy, action plan and budget with stakeholders, private sector representatives and donors.      On May 12, 2016, the last working group meeting was held, where the National HCWM Strategy, National Action Plan and National HCWM Strategy Budget have been presented. The final draft has been sent to the Government for further review and approval. Currently, at present it placed on Government web-site http://www.gov.kg/?p=78416&amp;lang=ru for three weeks public hearing. | As a result of the project's activities, several consultation meetings conducted earlier resulted in the agreement to develop a comprehensive national strategy on Healthcare Waste Management. The Ministry of Health of the Kyrgyz Republic, through its Directive on July 3, 2015, established an interdepartmental working group, which is responsible for the development of such 2017-2020 strategy.    The working group has developed the draft of the country's HCWM strategy, which includes all the categories of waste generated in the health sector and their management aspects, specifically including National Action Plan and budget associated with its implementation.    During the circulation of the National HCWM Strategy, National Action Plan and National HCWM Strategy Budget in order to obtain Government approval, the Ministry of Finance recommended re-drafting of all documents as per the MoH’s national budget allocation. Therefore, documents were re-drafted and discussed twice with members of the IWG. At present, all three documents have been approved by the MoH on 20 July, 2017 by its #649 Order.    From 31 May 2017 until 4 June 2017, a study tour was organized for twelve(12) Kyrgyz Government officials (3 men and 9 women) on BAT/BEP for medical waste management that will help the implementation of the HCWM strategy in the country giving it a sustainability perspective in terms of national capacity. |
|  | National Strategy for Anatomical Waste developed. | The collection, safeguarding and transport of anatomical wastes is highly inadequate. | National Strategy for Anatomical Waste drafted. | The National Strategy for Anatomical Waste has been included/incorporated into the comprehensive National 2016-2020 HCWM Strategy by the decision of the intergovernmental working group with approval of the Ministry of Health. | The National Strategy for Anatomical Waste has been included/incorporated into the comprehensive National 2017-2020 HCWM Strategy by the decision of the intergovernmental working group with approval of the MoH (2015).    No more activities planned under this Output in the future. |
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| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 2:** | **The regulatory and policy framework for Health Care Waste Management enhanced.** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | Number of approved and adopted standards and degrees developed as part of the project. | 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.  The current regulatory framework does not cover all medical waste management challenges, which the country is facing.  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. | Standards on technologies for the processing and final disposal of HCW developed.  Standards on HCW in immunization offices developed.  Standards on DoD developed.  Standards on treatment of chemical and pharmaceutical waste developed.  Standards on monitoring HCWM practices developed.  Job descriptions for those responsible for HCWM at HCFs developed.  Import ban drafted on PVC containing syringes and other medical products for which cost-effective alternative are available. | Regulatory and Institutional Analysis (RIA) document was developed, including a matrix indicating possible regulatory gaps and needs in the field of HCWM with a focus on UPOPs and mercury releases.    RIA was posted on the web site of one of the project’s implementing partner (State Agency on Environment Protection and Forestry under the Government of Kyrgyz Republic), to allow for a public debate and broad discussion of the documents. Upon the set deadline, no comments have been received.    In the reporting period, the study on PVC phasing out in health sector has been done and discussed with target group.    These documents have served as baseline for further work under Harmonized Approach to Cash Transfer (HACT) between UNDP in Kyrgyzstan and Scientific Production Association Preventive Medicine under the Ministry of Health in Kyrgyz Republic. Within the HACT the Ministry of Health in Kyrgyz Republic has created an intergovernmental working group (IWG) to strengthen the legislative and regulatory framework on healthcare waste management with the objective to reduce unintentional releases of persistent organic pollutants (U-POPs) and mercury.    De-facto IWG first working meeting held on 28 January of 2016 but de-iury its establishment was according to the Order #494 of Ministry of Health on 23 June 2016. The HACT implementing partner has been developed of first drafts of the following documents:    1) Standards on HCWM in immunization offices;  2) Standards on monitoring and evaluation of HCWM practices;  3) Job descriptions for those responsible for HCWM at healthcare facilities;  4) Import ban on PVC containing syringes and other medical products for which cost-effective alternatives;  5) Terms of reference for international consultant on development of standards on technologies for the processing and final disposal of HCW. | Regulatory and Institutional Analysis (RIA) document was developed, including a matrix indicating possible regulatory gaps and needs in the field of HCWM with a focus on UPOPs and mercury releases.    RIA was posted on the web-site of one of the project’s implementing partners (State Agency on Environment Protection and Forestry under the Government of Kyrgyz Republic), to allow for a public debate and broad discussion of the documents. Upon the set deadline, no comments have been received.    In the last reporting period, the study on PVC (polyvinyl chloride plastic used in syringes, medicine flexi-bags etc) phase out in the health sector has been completed, and then discussed with the target groups.    These documents have served as baseline for further work under Harmonized Approach to Cash Transfer (HACT) between UNDP in Kyrgyzstan and Preventive Medicine Center. Within the HACT, the MoH has created an intergovernmental working group (IWG) to strengthen the legislative and regulatory framework on healthcare waste management with the objective to reduce unintentional releases of persistent organic pollutants (U-POPs) and mercury.    The drafts of the following documents are planned for approval in September 2017 by the MoH:    1) Standards on monitoring and evaluation of HCWM practices;  2) Job descriptions for those responsible for HCWM at healthcare facilities.    The draft of the standards on HCWM management in immunization offices was discussed in May 2017 with representatives of WHO and the Republican Center of Immunologic Prophylaxis, including the ban for burning sharps (needles etc) boxes. In this regard, WHO and the Republican Center of Immunologic Prophylaxis proposed to the SPA Preventive Medicine, to first test this standard in five (5) Feldsher Medical Stations and 5 Family Practice Centers (i.e. places where immunization takes place), and if the results of investigation will be positive, the standard will be sent for further ministerial approval. The assessment of the standard in immunization offices is planned from August until October 2017.    Furthermore, Preventive Medicine Center developed the first draft of the instructions on HCWM which includes all categories of waste generated in the health sector (i.e. general waste, infectious waste, anatomical waste, pharmaceutical waste, chemical waste and radioactive waste). Ultimately, this document will be approved at the governmental level. A legal company hired by project, provides legal assistance on strengthening and promotion of this HCWM instruction and assists in redrafting following feedback from project partners. At present this instruction was redrafted per comments of IWG and placed on Governmental web-site for public hearing (http://www.gov.kg/?p=100348&lang=ru). Approval of HCWM instruction by Government is expected in second half of 2017.    Standard Operation Procedures (SOPs) for technologies on 100 FMSs implementation approved on 10 May of 2017 by #377 Order of MoH. |
| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 3:** | **Accurate insight in the HCWM situation at each of the HCFs supported by the project.** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | I-RATs completed for each of the HCFs supported by the project | Some baseline information is available mainly from prior HCWM assessments as well as from the project’s PPG phase. | All HCFs have participated in a HCWM assessment.  An accurate UPOPs and Hg baseline has been established for each HCF[1]. | During this reporting period, all governmental 68 HCFs in Bishkek have participated in a HCWM baseline assessment using the GEF UNDP/WHO/HCWH Global I-RAT (Individual Rapid Assessment Tool). I-RAT results of baseline assessment in health caring facilities of Bishkek showed the averaged rate in 55.8% . Accordingly, in order to bring of the HCWM system in proper condition necessary to carry out several interventions and implement a number of activities.    The I-RAT tool assisted the Ministry of Health to choose the project pilot healthcare facilities and develop the necessary activities to facilitate implementation of the Order #243 on May 14, 2015 "On improvement of medical waste management in health care facilities in Bishkek".    In 2014, eleven (11) HCFs generated 89,987,04 kg (class B) of infectious and 1,264,918 kg (class A) of general waste. | During the last reporting period, all governmental (or 68 facilities) HCFs in Bishkek (capital) have participated in a HCWM baseline assessment using the GEF UNDP/WHO/HCWH Global I-RAT (Individual Rapid Assessment Tool). I-RAT results of baseline assessment showed the averaged rate of 55.8% which is low (out of 100% compliance with best practices).    The I-RAT tool assisted the MoH to choose the project pilot health-care facilities and develop the necessary activities to facilitate implementation of the Order #243 on May 14, 2015 "On improvement of medical waste management in health care facilities in Bishkek".    Based on findings of assessment made in 2015, the project covered 100 FMSs that daily generated an average 12.42 kg of infectious wastes of class "B2" and "B3". Assuming that during the calendar year, FMSs work 318 days (6 days a week), they will generate 3,949.6 kg of infectious waste, which is burned in open near the facilities. In order to select participating FMSs, MoH carried out a situational analysis monitoring trip and developed necessary activities for further implementation in approved Order #285 “On integration the HCWM system on FMSs level in Chui and Issyk-Kul oblasts” from 24 April 2016 (central capital and north-eastern regions of the country accordingly). |
| **The progress of the objective can be described as:** | | **Achieved** | | | |
| **Outcome 4:** | **Allocation of HCWM technologies, devices, supplies and Technical Assistance (TA) needs determined for each HCF** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | Detailed procurement and TA plan for the implementation of Phase I. | 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. | For each HCF, HCWM equipment, Technical Assistance (TA) and funding needs have been determined/calculated for the first phase of the project. | During the reporting period, International Consultant prepared Technical Assistance (TA) plans for needed HCWM equipment and funding needs for each HCFs in Bishkek.    National Consultant from Scientific Production Association "Preventive Medicine", under the Ministry of Health, made a baseline assessment for 8 FMS facilities (feldsher and medical stations of different types, which are mostly in operation in rural areas) with the aim to investigate current situation for medical waste management, test different pressure – cookers on infection control and adoption of BAT with indication of HCWM equipment and funding needs.    The assessment results were presented and discussed with key partners upon the invitation of Ministry of Health on 2 October, 2015. | Technical Assistance (TA) and funding needs have been determined/calculated for each HCFs for first period of project implementation (2015). Equipment, TA, and the required activities have been included in Order #243 on May 14, 2015 "On improvement of medical waste management in health care facilities in Bishkek" and Order #285 “On integration the HCWM system on FMSs level in Chui and Issyk-Kul oblasts” from 24 April 2016.    No further reporting is expected under this Output. |
|  | Updated Zoning Plant | A Zoning Plan was developed in 2012 (see Annex VI) but is currently out-dated. The Zoning Plan will also require revision to reflect the outcomes of the I-RATs. | The HCF “Treatment Zoning” plan (using GIS/Remote Sensing) has been revised/updated.  A detailed procurement and TA plan has been drawn up for the first phase of the project’s implementation | An original outdated zoning plan for HCW waste treatment clusters was used as a baseline for improvement of information base for decision-making on the installation of non-combustion technology to reduce waste treatment capacity gaps.    Within the reporting period, the zoning plan depicting pilot zones organized per category (hub, satellite, single source) has been revised and updated, and posted on the web-site of the Department for Diseases Prevention and State Sanitary Epidemiological Control under the Ministry of Health of KR at http://map.dgsen.kg/, in both Kyrgyz and Russian.    This department under the Ministry of Health has taken full ownership of the maintenance and updating of the developed zoning plan. | An original outdated zoning plan for HCW waste treatment clusters was used as a baseline for improvement of information base for decision-making on the installation of non-combustion technology to reduce waste treatment capacity gaps.    Within the last reporting period, the zoning plan depicting pilot zones, organized per category of hub treatment centers, satellite centers, or single source waste generators, has been revised and updated, and posted on the web-site of the Department for Diseases Prevention and State Sanitary Epidemiological Control under the MoH of KR at http://map.dgsen.kg/, in both Kyrgyz and Russian.  This department under the Ministry of Health has taken full ownership of the maintenance and updating of the developed zoning plan (2015) after the project had submitted the developed and tested software.    Detailed procurement and TA plan has been drawn up for the first phase of the project’s implementation.    No further reporting expected under this Output. |
| **The progress of the objective can be described as:** | | **Achieved** | | | |
| **Outcome 5:** | **UPOPs releases reduced as a result of improved HCWM systems in supported HCFs** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | Waste segregation improved by xx % | 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. | MoUs signed between project and each HCF. | Based on the I-RAT findings, the Ministry of Health, by its Order #243 of May 14, 2015 "On improvement of medical waste management in health care facilities in Bishkek" and an accompanying official letter, selected and approved eleven (11) pilot hospitals in Bishkek (capital) to participate in the project activities.    Within the Order and the official letter all staff responsibilities, necessary future actions and equipment specifications have been determined.    Additionally, by its other Order #285 as of April 26, 2015 "On integration of safe medical waste management system in rural FMS (feldsher and medical stations) of Chui and Issyk-Kul oblasts, The Ministry of Health selected and approved 100 pilot FMS stations, based on a baseline assessment conducted by the project (see Outcome 2.2.). | Within the last reporting period MoH included the list of all pilot HCFs and all staff responsibilities and necessary future actions into the Order #243 dated May 14, 2015 "On improvement of medical waste management in health care facilities in Bishkek" and Order #285 “On integration the HCWM system on FMSs level in Chui and Issyk-Kul oblasts” from 24 April 2016.    Waste segregation (e.g. sharps, infection waste, plastic part of syringes and etc.) considerably improved, with pilot hospitals reporting full compliance (by 100%) with new rules. |
|  | Number of HCFs that send their disinfected syringes to recyclers increased by xx % | 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. | HCF staff trained in best practices for HCWM, including: | Further reporting to follow in the next reporting cycle.    Based on prepared training modules and supplied equipment and tools, this training is planned in future to become a hands-on practical new skill learning exercise for better sustainability. | Lessons learned exchange has been supported regarding recycling of disinfected plastic parts of medical products and participants from eleven (11) HCFs in Bishkek and 100 FMSs in Chui and Issyk-Kul regions participated in such events. Special goods for consolidating treated plastic parts of syringes for further recycling will be provided to 100 FMSs and 11 HCFs in second half of 2017.    Agreement with recyclers in 11 HCFs and 100 FMSs will be concluded in second half of 2017. |
|  | Average HCF infectious waste volumes reduced by xx % | Common HCWM challenges faced by HCFs are: | ·     Responsibilities for HCWM assigned and waste management committees operationalized in each project HCF. | Responsibilities for HCWM assigned and waste management committees operationalized in each project HCF in Bishkek. | Responsibilities for HCWM management have been assigned and waste management committees operationalized in each project HCFs in Bishkek in the previous reporting period contributing to the acceleration of project's outcomes outlined in other sections.    Hospitals started noticing reductions in the infectious waste entering municipal waste stream, and less generation rates due to segregation efforts instilled by the project previously (full compliance with segregation of infectious from municipal general category waste reported by pilot hospitals); however, before more accurate estimates can be made in terms of the waste reduction streams regular monitoring system will be needed to understand trends which will require a series of years in monitoring. |
|  | No of project HCFs practices composting increased by xx % | ·     Lack of awareness on the dangers of HCW and the risks to human health and the environment in combination with absence of training opportunities. | ·     HCWM plans drawn up for each project HCF. | Specific HCWM plans were drawn up by International Consultant with waste management outlooks for each of pilot project HCFs in Bishkek (capital) and were approved for implementation through the Directive #765 of the Ministry of Health (dated 4 November 2015).    The formulation of the HCWM plans was discussed with staff of each pilot HCFs in Bishkek during October 2015. | Specific HCWM plans were drawn up by International Consultant with waste management outlooks for each of pilot project HCFs in Bishkek (capital) and were approved for implementation through the Directive #765 of the MoH (dated 4 November 2015).    For six (6) HCFs in Bishkek, the project will construct composting pits within the next reporting period, the rest five (5) HCFs have existed composting pits/or nor have trees on their territory. At present a company hired by the project is finalizing the designs and cost estimates for the construction of these six composting pits. These pits will serve for composting leaves and brushes falls from trees in HCFs to avoid their burning. |
|  | Percentage of project HCFs that have introduced non-incineration technologies xx % | ·     Absence of sufficient and adequate technologies, devices and supplies to manage HCW soundly. | ·     Xx HCFs and xxx staff trained in best HCWM practices related to waste identification, classification, segregation, labelling, packaging, storage, treatment, transportation, etc. at HCF level[1]. | Trainings will be conducted during the second half of 2016 with following comprehensive modules:    Module 1. Identification, classification, labelling and packaging of medical wastes. Risks associated with HCW.  Module 2. Life cycle of HCW. Segregation, storage, transportation, treatment and disposal of HCW.  Module 3. Technology of medical wastes treatment. Steam sterilization of HCW.  Module 4. Activity management in steam sterilizations point. | 100 % of project pilot HCFs have introduced or on target to commission non-incineration technologies (autoclaves).    From 10 to 19 October 2016, three-day long sets of three (3) trainings were conducted for 33 participants (2 men and 31 women) from 11 HCFs with following comprehensive modules applied:  Module 1. Identification, classification, labelling and packaging of medical wastes. Risks associated with HCW (health-care waste).  Module 2. Life cycle of HCW. Segregation, temporary storage, transportation, treatment and disposal of HCW.  Module 3. Technology of medical wastes treatment. Steam sterilization of HCW. Practical lessons.  Module 4. Practical lessons on cycle of HCWM.  Module 5. Workflow of HCWM systems in HCFs in Kyrgyzstan.  Module 6. Safe handling of mercury containing medical products.  Module 7. Case study. How to handle emergency mercury releases.    From 15 to 27 May 2017, (three-day long) four (4) trainings for 100 participants (1 man and 99 women) from 100 FMSs were conducted with the objectives to:  1. Train medical staff of FMSs about the basic principles of classification of medical wastes and to inform them about the risks associated with medical waste, including mercury-containing waste.  2. Provide lectures on the basic principles of separation, identification, collection and packaging, marking, temporary storage, transportation, handling, disposal and utilization of MW including mercury-containing waste.  3. Familiarize medical staff of FMSs with the basic principles of treatment (disinfection) of medical waste.  4. Train medical staff of FMSs in the event of emergency situations related to the handling of medical wastes, including mercury-containing wastes.  5. Educate medical staff of FMSs on safety rules for working with high-pressure vessels (autoclaves).  6. Provide practical lessons for medical workers of FMSs in the separation, identification, collection and packaging, labeling, temporary storage, transportation, handling, disposal and utilization of medical wastes, including mercury-containing waste.  7. Develop practical skills of FMSs staff on the use of autoclaves.  8. Certify each FMSs staff on safety rules knowledge when working with high-pressure vessels and issue an authorization document for working with high-pressure vessel.    Based on the trainings modules, a special brochure with infographics on HCWM management principles was developed in Russian and Kyrgyz languages, and distributed among project pilot HCFs and HCFs in Bishkek (capital).    In the second half of 2017, this brochure will be distributed among HCFs located outside the capital in other regions of the country. |
|  | Waste monitoring installed. | ·     Sub-optimal operation of the HCWM model in HCFs where treatment technologies have been installed. | ·     Xx managers and professionals trained on HCWM related procurement, accounting and budgeting; monitoring and reporting; and HCWM related record keeping (incidents, accidents, waste recording, etc.) | Trainings will be conducted during the second half of 2016 according to Module 5. Workflow of HCWM system in HCFs KR.    Partially, knowledge on HCWM principles was in demand for the hospital level managers and professionals and that information was included in the HCWM plans for each pilot HCF. | Specific HCWM plans were drawn up by International Consultant with waste management outlooks for each of pilot project HCFs in Bishkek (capital) and were approved for implementation through the Directive #765 of the MoH (dated 4 November 2015).    The HCWM plans presented for managers and professionals  from 11 pilot HCFs by International Consultant on 10 October, 2015. These HCWM plans have parts on HCWM related procurement, accounting and budgeting; monitoring and reporting; and HCWM related record keeping (incidents, accidents, waste recording, etc.).    Responsibilities for HCWM assigned and waste management committees chaired by managers operationalized in each project HCF in Bishkek. These committees are responsible for HCWM monitoring in HCFs.    In 2016 and 2017 (three-day long) three (3) trainings for 33 participants (2 men and 31 women) from 11 HCFs and three (3) days four (4) trainings for 100 participants (1 man and 99 women) from 100 FMSs were carried out. The participants were trained on the monitoring and reporting for waste recording, incidents, accidents (see also section above).    A standard on monitoring and evaluation of HCWM practices, developed with project's support, is under approval by the MoH. |
|  | No. of incidences/accidents involving infectious waste reduced by xx % | ·     Inadequacies in waste flows and transportation of waste on the premises of HCFs | 8 Bishkek hospitals and 3 policlinics supported in refurbishing/preparing waste storage locations and locations for technology installation (110,000 US$) | In order to organize and set up autoclaving rooms, of the ten (10) hub HCF facilities, five (5) have allocated in-building premises, whereas the other five (5) HCFs have allocated detached facilities (they will construct autoclaving premises from containers).    In 2015, a design company was sub-contracted by the project to develop cost-estimates for i) Refurbishing works of the allocated in-building premises of 5 HCFs and ii) Construction works of container-built premises on allocated territories of the other 5 HCFs.    In the first batch of five (5) HCFs refurbishing works have started in the reporting period.    However, for the other five (5) HCFs, during the implementation of project activities, the Ministry of Health of KR faced land registration problems for four (4) of those which had intended to construct container-built premises (detached facilities).    The project responded to this issue by negotiating with counterparts and providing legal support to those four (4) HCFs.    Due to these challenges, the five (5) HCFs are still in the early stages of the bidding process to construct autoclaving premises. | Refurbishing has been completed for five (5) autoclaving rooms located on the premises of HCFs. One (1) HCF had a ready autoclaving room.    In addition, construction works for five (5) autoclaving rooms established in containers (in locations outside of premises where autoclaves were not approved for installation previously due to safety reasons) have been completed.    No. of incidences/accidents involving infectious waste reduced by 100 % as none were reported during the reporting period. More monitoring is needed to understand the capacity and compliance rate with new waste management rules. |
|  | Transportation of infectious and anatomical waste exclusively assumed by authorized vehicles. | ·     Cluster-hub system and HCW transportation system not yet operational. | Non-incineration technologies and HCWM supplies procured and installed for all project HCFs (11 HCFs in Bishkek, 1 zone and 100 FAPs): | See above. There is work in progress related to the initial preparedness for the installation of non-combustion equipment and then organization of work as into a sustainable network system.    Further reporting is expected in the future reporting cycle. | Optimum transportation routes within the newly zoning plan have been determined (http://map.dgsen.kg/) and an Order for the transportation of HCWM in Bishkek has been drafted and is under the discussion with the MoH. Approval of this Order is expected in September 2017.    The first vehicle procured by UNDP's Global Fund on HIV/AIDS, malaria and tuberculosis in 2012 serves for transportation of infection HCW among HCFs (cluster zones) in Bishkek (capital). However, after project's updating of zoning plan and inclusion of additional HCFs for treatment and transportation of HCW, the need for the second vehicle has brought up. The second vehicle for the transportation of HCW has been procured and will be delivered in November 2017.    An expert has been hired to assist in i) the procurement of services to upgrade specialized vehicles for the safe transport of HCW as well as ii) the procurement of containers for the transportation of medical waste generated by HCFs located in Bishkek and the transportation of disinfected waste generated by the 100 FMSs in Chui and Issyk-Kul oblasts.    At present the prices for infection waste treatment and transportation are not fixed by the Government. Therefore, an additional expert has been hired to provide support on the development of documents for inclusion into the Unified Register of state services for health-care waste (HCW) disinfection and transportation. In terms of the enforcement of the new service prices, these services will allow for private HCFs to delivery infection waste for treatment and transportation to state autoclaving points within the country to stimulate the market towards a more comprehensive and functioning HCW management system. |
|  | Average costs for HCWM reduced by xx% | Certain HCFs have a contract with a local recycler, which collects chemically disinfected syringes.  Although the SRC/MoH has successfully demonstrated composting at the rural level, none of the HCFs in Bishkek undertake composting.  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.  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 | ·     Project HCFs[2] equipped with HCWM supplies and non-incineration technologies[3].  ·     xx Global Fund recipient HCFs equipped with additional non-incineration technologies/HCWM supplies[4]  ·     (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.  Autoclave operators and other staff trained on SOPs, safety precautions, and quality control of the new technology.  Standard Operating Procedures (SOPs) for the procured technologies prepared/revised.  Draft cost-sharing agreements for infectious waste treatment between service HCF and recipient HCF developed  Staff involved in infectious waste transportation trained on the safe handling of HCW and Mercury Waste  Optimum transportation routes determined  Project HCF staff trained in in composting and plastics recycling.  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. | Some related supplies (492 buckets, 12 scales, 133 needle-destructors) have been procured for the eleven (11) project HCFs in Bishkek (capital).    It is planned that fourteen (14) autoclaves (via UNDP Global Procurement Unit) will be procured in two-stage approach, thus one batch will be delivered in 2016 for six (6) HCFs and the second batch will be delivered beginning 2017 for the remaining five (5) HCFs as soon as refurbishing/construction works have been completed and autoclave installation and commissioning would be possible.    In 2015, the National Consultant from Scientific Production Association Preventive Medicine, under the Ministry of Health, examined two types of pressure cookers, which unveiled that infectious waste was not completely disinfected during boiling time/regimes in pressure cookers. The study also revealed, that 100 FMSs on a daily average generated 12,42 kg of infection wastes. Therefore, it was recommended upon discussion with stakeholders to procure 100 small table autoclaves, which fit to treat the small amount of infectious waste generated by the rural FMS and prepare SOPs for these technologies.    Moreover, supporting equipments in 100 kits, that consisted from follows items: metal buckets to collect medical waste, black bin bags, yellow polypropylene bags, needle-destructors, integrators of level 5 for sterilization control, container for storage and encapsulation of needles, industrial gloves, bags for collecting and storing of plastic parts of syringes, table for autoclaves, protective apron and googles.    At present, these 100 table autoclaves are under procurement process via UNDP Global Procurement Unit, whereas supplementary 100 kits were supplied to facilitate HCWM processes under the local bidding process.    SOPs for procured suppliers will developed in second half of 2016.    Trainings for autoclaves operators and other staff in Bishkek HCFs are planned for the second half of 2016 (see rows per above under Outcome 2.3.), while trainings for autoclaves operators in 100 FMS are planned for 2017.    Optimum transportation routes within this network system will determined in second half of 2016.    Agreement for plastic waste recycling between pilot HCFs and recycling companies will develop in second half of 2016.  Cost-sharing agreements for infectious waste treatment between service HCF and recipient HCF will develop in second half of 2016.    With respect to Hg containing waste, an agreement was not reached with the EBRD because the government reported that waste disposed on Bishkek’s landfill is class A waste (general waste). Whereas, EBRD planned to build the waste sorting line at the new engineered Bishkek landfill, where plastic (including the disinfected part) will sent for recycling. | In previous reporting period, some related supplies (492 buckets, 12 scales, 133 needle-destructors) were procured for the eleven (11) project HCFs in Bishkek (capital).    In this reporting period the following equipment and supplies have been procured for and distributed to eleven pilot (11) project HCFs:    • Respirators – 154pc.  • Work coats – 88pc.  • Aprons – 184pc.  • Gauntlet – 264pc.  • Gloves – 264pc.  • Rubber galoshes – 110pc.  • Protective goggles – 154pc.  • Polypropylene bags – 2,200pc.  • Storage shelves – 22pc.  • Table for medical waste receipt/sorting – 11pc.  • Rubber (dielectric) mats – 22pc.    Last year, a contract was signed with a supplier for the delivery of autoclaves for the target HCFs in Bishkek. However, the supplier could not deliver the old versions of the autoclaves because their production had been discontinued. The project mitigated the risk by negotiating with the supplier and end-user to deliver instead the updated version of same autoclaves. Fourteen (14) autoclaves are delivered on 7 August 2017 and will be installed till the end of August in these eleven (11) HCFs in Bishkek.    Cost-sharing agreements for infectious waste treatment between service and recipient HCFs have been developed. Seven (7) HCFs started to use such agreements in situations where autoclaves were installed prior to the project’s start. For newly established autoclaving points, agreements have not entered into force yet.    While the autoclaves will be installed in 11 HCFs in August 2017, cost-sharing agreements for infectious waste treatment as well as agreements with plastic recyclers (PVC plastic waste after treatment) are expected to be in place in the second half of 2017. SOPs for these technologies were developed and approved before project starting.    Optimum transportation routes within the newly developed zoning plan have been determined (see sections above for more details).    Following a recent PSC decision, the project is considering the possibility to attract private HCFs for treatment and transportation of medical waste. In this regard, there is a need to first develop documents for inclusion of such services into the Unified Register of state services of Kyrgyzstan as well as entrench service tariffs with the authorized body to enable public-private partnerships to form and develop in future. The project has hired an expert to fulfill this task in close collaboration with the MoH, and more reporting is to follow.    In 2015, the National Consultant from Preventive Medicine center, under the Ministry of Health, examined two types of pressure cookers, which unveiled that infectious waste was not completely disinfected during boiling time/regimes applied in pressure cookers. Therefore, a new decision was taken to buy table autoclaves and 100 of those and related accessories/supplies have been procured and distributed among the selected 100 FMSs.    Equipment and technical assistance requirements, and associated activities have been included in the Order #243 on May 14, 2015 "On improvement of medical waste management in health care facilities in Bishkek" and Order #285 “On integration the HCWM system on FMSs level in Chui and Issyk-Kul oblasts” from 24 April 2016 (central capital and north-eastern regions).    The following SOPs, to enable the spread of best practices, were approved on 10 May 2017 for pilot 100 FMSs by the Order #377 of the MoH:  •Procedures for HCWM in FMSs  •Autoclaving of HCW in FMSs  •HCWM emergency response actions for FMSs.    Following recommendations made by the project’s Mid-Term Evaluation (MTE), three (3) post MTE missions to the selected 100 pilot FMSs were planned for July, October, 2017 and March, 2018 in order to ensure project's assistance is better instituted at the project sites.    The first post-MTE mission will take place on 17 July, 2017 to monitor outstanding FMSs needs and conclude agreements with local-governments with respect to landfilling.    The project has finalized the trainings on sound HCWM for staff of HCFs (see sections above for details). During the training for the staff of 100 FMSs, SOPs were distributed and explained (for more information regarding the trainings see sections above).    From November 2016 until June 2017, a competition on eco-journalism took place to encourage journalists to prepare quality materials on the minimization of mercury and unintentional releases of U-POPs (dioxins and furans) and their health effects. During the competition two meetings were conducted with journalists on the presentation of the issues.    In last reporting period, with respect to mercury containing waste, an agreement was not reached with the EBRD because the government reported that waste disposed on Bishkek’s landfill is class A waste (general waste only) while the target mercury waste was of hazardous class. At the same time, EBRD planned to build the waste sorting line at the new engineered Bishkek landfill, where plastic (including the disinfected part) will be sent for recycling and there is a linkage for integration in future on PVC plastic articles generated in the health-care sector.    Average costs for HCW management have been reported to be reduced by 30%. HCWM system for Bishkek was developed in such a way to keep annual operating/recurring costs (disposable HCWM supplies, electricity, maintenance, transport, etc.) as low as possible, by i) improving waste segregation practices (which allows for sale of disinfected recyclable materials, and reduces the costs for collection of residual waste), ii) by grouping of hospitals in “centralized treatment hubs”, maximizing the use of the waste treatment systems, expanding its coverage, in combination with the most efficient transportation schedules and routes; and iii) minimizing costs for HCWM related supplies, by using reusable items where feasible, and iv) relying on non-incineration technologies (VK-75 Russian made autoclaves) that have a proven track record (with national maintenance teams in place and spare parts available, maintenance costs can be kept low). |
|  | Training possibilities/opportunities on HCWM offered by national teaching institutions and schools. | 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.  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.  The “National Training Center” provides post-graduate training (continuous professional development) as well as educational training for healthcare staff, which contains modules on HCWM. | 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  MoUs signed between the project and medical university faculties and nursing schools.  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. | National training modules developed/used by SPA Preventive Medicine (Ministry of Health) as well as training modules developed/used by the National Training Centre have been revised/improved by the project’s International Consultant based on the UNDP/GEF/WHO Healthcare Waste Project Global Training Materials.    Training for teachers of medical university faculties and nursing schools is planned for the second half of 2016 under the Harmonized Approach to Cash Transfer (HACT) between UNDP in Kyrgyzstan and SPA Preventive Medicine under the Ministry of Health.    Further reporting to follow in the next implementation year cycle. | Training materials on HCWM were developed with the support of the project by Preventive Medicine Center.    A letter of agreement between the United Nations Development Programme (UNDP Kyrgyzstan) and the Kyrgyz State Medical Institute of Retraining and Proficiency Enhancement (KSMIR&PE) was signed with the aim to train 400 medical personnel on techniques in the clean-up, storage and safe transport of mercury wastes in Bishkek (capital). Within this agreement, the first day-long set of five (5) trainings for 100 participants (14 men and 86 women) was carried out from 24 till 28 July 2017. Further trainings have been planned too for the remaining 300 medical personnel followed by integration of the training module within the curriculum of the KSMIR&PE Institute which is to take place in the second half of 2017 (distant learning options are being considered).    A training of trainers took place in July 2016 in Bishkek for 20 lecturers from medical universities and colleges (3 men and 17 women) .    Training materials have been integrated into the curriculum of four (4) universities and one (1) college. |
| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 6:** | **Strengthened policy and regulatory framework to enable the phase-out/down of mercury containing products and encourage Hg-free or lower level Hg products** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | A regulatory framework pertaiing to the management of Mercury containing products is developing and available. | In Kyrgyzstan, the management of Mercury containing products is not being addressed, whether in the healthcare sector or any other sector. | National action plan on the LCM of Hg containing products developed. | Regulatory and Institutional Analysis (RIA) document was developed, including a matrix indicating possible regulatory gaps and needs in the field of HCWM with a focus on UPOPs and mercury releases.    RIA was posted on the web site of one of the project’s implementing partner (State Agency on Environment Protection and Forestry under the Government of Kyrgyz Republic), to allow for a public debate and broad discussion of the documents. Upon the set deadline, no comments have been received.    These documents have served as baseline for further work under Harmonized Approach to Cash Transfer (HACT) between UNDP in Kyrgyzstan and Scientific Production Association Preventive Medicine under the Ministry of Health in Kyrgyz Republic. Within the HACT the Ministry of Health in Kyrgyz Republic has created an intergovernmental working group (IWG) to strengthen the legislative and regulatory framework on healthcare waste management with the objective to reduce unintentional releases of persistent organic pollutants (U-POPs) and releases of mercury.    First draft of national action plan on phasing out mercury and prohibiting mercury containing equipment usage in the healthcare sector has been developed. | In last reporting period Regulatory and Institutional Analysis (RIA) document was developed, including a matrix indicating possible regulatory gaps and needs in the field of HCWM with a focus on UPOPs and mercury releases.    RIA was posted on the web site of one of the project’s implementing partners (State Agency on Environment Protection and Forestry under the Government of Kyrgyz Republic), to allow for a public debate and broad discussion of the documents. Upon the set deadline, no comments have been received.    These documents have served as baseline for further work under Harmonized Approach to Cash Transfer (HACT) between UNDP in Kyrgyzstan and Preventive Medicine Center. Within the HACT the Ministry of Health in Kyrgyz Republic has created an IWG to strengthen the legislative and regulatory framework on healthcare waste management with the objective to reduce unintentional releases of persistent organic pollutants (U-POPs) and releases of mercury.    A draft for the national action plan on phasing out mercury and prohibiting mercury containing equipment usage in the healthcare sector has been developed and included in the national HCWM strategy (see sections above). At present, the National HCWM Strategy for 2017-2020 is approved by the Ministry of Health on 20 July, 2017 by its #649 Order.    A consultant has been hired by the project to support the preparation of amendments to legislation (and promote their adoption) with the purpose to restrict the import of mercury containing medical devices. Related documents were prepared (cover letter, draft resolution on the approval of the draft of amendments, draft of amendments, comparative table, reconciliation sheet in official languages) and submitted to Parliament for further discussion and approval.    Following a decision by the Project Steering Committee (PSC), it was decided to hire a company to raise awareness of project target groups and the general public on environmental issues and the projects’ priorities, the bidding process is underway. |
|  |  | When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with regular municipal waste. | National standards/guidelines on the management, storage and disposal of mercury containing products developed for large public and private entities, as well as HCFs. | See above.    First drafts of national standards/guidelines on the management, storage and disposal of mercury containing products in healthcare sector have been developed by SPA Preventive Medicine, operating under the Ministry of Health. | The Preventive Medicine Center developed the first draft of the national standards/guidelines on the management, storage and disposal of mercury containing products in the healthcare sector. This document is to be approved at governmental level.    To facilitate this process, a legal company has been hired by the project to provide legal assistance on the strengthening and promotion of this document. At present. this standard/guidance was re-drafted per comments of IWG and placed on Governmental web-site for public hearing (http://www.gov.kg/?p=100348&lang=ru). Its approval is expected in second half of 2017. |
|  |  | No special measures are taken to protect healthcare facility staff, the environment or people/communities coming in close contact with such wastes. | MSP degree drafted prescribing a phased approach/total phase-out for the use of Hg-containing thermometers. | Mercury management and phasing-out plan was developed by the Project’s International consultant and discussed with staff of pilot HCFs in Bishkek during October 2015.    Mercury management activities were incorporated into the respective HCWM plan in line with the Directive #765 of the Ministry of Health (November 4, 2015) "On the implementation of plans for the management of medical waste”.    Finalization of the mercury management and phasing-out plan is under discussion and it is likely that the plan will be revised and adopted as a ministerial guidance/order for HCFs during the second half of 2016. | The project drafted a mercury-containing thermometers' Phase-out and Temporary Storage Plan for the participating HCFs during the previous reporting period, based on which the MoH issued the Order #715 as of 20/09/16, which included:  •HCFs list, digital thermometers' distribution plan and mercury-containing thermometers withdrawal;  •List of necessary containers (packaging) and supply materials for collection, transportation and temporary storage of Hg-thermometers;  •Digital thermometers specifications;  •Guidance on the procedures for the collection, transportation and temporary storage of clinical Hg-containing thermometers;  •SOP on the collection of mercury spills from Hg-containing thermometers for public procurement;  •Specifications for Hg clean-up spill kits;  •Action plan for HCFs |
|  |  | Guidelines on the management, storage and disposal of Hg containing lamps are not available. | Assessment of potential Cost-Recovery Mechanisms for the future disposal/treatment of Mercury containing products conducted. | First drafts of a report on Cost-Recovery Mechanisms for the disposal/treatment of mercury containing products is prepared by Scientific Production Association Preventive Medicine under the Ministry of Health has been developed.    Further reporting is to follow in the next implementation period. | Cost-Recovery Mechanisms for the disposal/treatment of mercury containing products have been developed by the Preventive Medicine Center.    A related Memorandum of Understanding (MoU) with the Khaidarkan Mercury Mining Plant and the Ministry of Health for the treatment and disposal of phased out thermometers (1,300 items) was signed on 7 October 2016 for one year with a possibility of extension. |
|  |  | Maximum permissible concentration (MAC) for metallic mercury (Hg) are set for air, water and soil. | MACs are discussed and drafted | National consultations on MACs will commence in future reporting periods.    Further reporting is to be expected on this indicator. | During discussion with Government, it was confirmed that the Government had set MACs for Hg in air, water and soil by Decree #201 dated 11 April of 2016.    No more reporting is expected under this Output. |
| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 7:** | **Improved Mercury management practices at HCFs and phase-out of Mercury containing thermometer** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | 80% of project HCFs have introduced Mercury-free devices. | 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. | Hg baseline assessments completed for each project HCF (as part of the I-RATs, see Activity 2.1.1). | Hg baseline assessments completed for 11 project HCF where 1,300 thermometers were estimated to be in use.    Based on UNEP global estimates in the content of mercury in thermometers of 0,5-1,5 g Hg/item, this currently reflects in having from 0.65 to 1.95 kg of mercury content in the target eleven (11) HCFs. An average annual value of 1.3 kg of mercury has been taken, which is to be directly phased out by the project.    Complementary GEBs are expected from other hospitals to follow these approaches, based on new draft legislation related to mercury phase-out strategy.    Further reporting will be prepared in the next implementation cycles. | Mercury baseline assessments have been completed for the participating HCFs where 1,300 mercury thermometers were estimated to be in use (as part of the I-RATs, see Activity 2.1.1).    90% of project HCFs will introduce 3,000 digital thermometers in second half of 2017.    Complementary Global Environmental Benefits (GEBs) are expected from other hospitals that are very likely to follow the approaches demonstrated the project, in particular following the adoption of the Mercury Phase-out Strategy. |
|  |  | 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. | 500 medical personnel trained in the clean-up, storage and safe transport of Hg wastes.  Training video produced on "Cleanup and Temporary Storage of Mercury Waste for Health Care Facilities" in Kyrgyz and Russian and used in training activities.  Study on staff preferences for cost-effective Hg-free alternatives conducted at a number of project HCFs.  Mercury-free thermometers introduced at the project’s HCFs and personnel trained in their use.  Emergency response teams (Ministry of Emergencies) trained on how to respond to large Mercury spills. | Training of medical personnel is planned for the second half of 2016 with following modules (Hg management included as part of Activity 2.3.3):    Module 1. Identification, classification, labelling and packaging of medical wastes. Risks associated with HCW.  Module 2. Life cycle of HCW. Segregation, storage, transportation, treatment and disposal of HCW.  Module 3. Technology of medical wastes treatment.  Module 4. Activity management in steam sterilizations point.    An animated video in Kyrgyz and Russian languages for general use on mercury devices, their safe handling and preventive measures “Do you know what to do if your mercury thermometer is broken?” was produced and disseminated through the UNDP KG Facebook page. It shows 452,324 people were reached and received 1209 likes and 4592 shares (https://www.facebook.com/undpkg/videos/vb.116487388447179/905012559594654/?type=2&amp;theater). This video is included in the training module for HCFs.    Procurement of mercury free thermometers has been launched. During the discussion of mercury thermometers phasing-out plan with heads and staff of pilot HCFs, the selection of mercury free thermometers has been made. Based on this discussion, International Consultant prepared specification of mercury free thermometer and project team communicated with Kazakhstan project for sharing specific documentation for this purpose. Totally, 2,500 items according to needs of pilot HCFs in Bishkek are being procured.    Training on safe handling of mercury waste (emergency preparedness) was conducted on 4 December of 2015 for 23 participants from the chemical departments of the Ministry of Emergency Situations, SPA Preventive Medicine under the Ministry of Health, the State Ecological and Technical Inspection, the State Agency on Environment Protection and Forestry, and the Department on Disease Prevention and State Sanitary Epidemiological Control under the Ministry of Health. | From 10 to 19 October 2016, (three-day long) three (3) trainings were conducted for 33 participants (2 men and 31 women) from 11 HCFs in Bishkek with comprehensive modules which included aspects related to mercury-containing waste management (see sections above).    An animated video in Kyrgyz and Russian languages for general use on mercury devices, their safe handling and preventive measures “Do you know what to do if your mercury thermometer is broken?” was produced and disseminated through the UNDP Facebook page with 452,324 people watched it, 1,209 likes and 4,592 shares (https://www.facebook.com/undpkg/videos/vb.116487388447179/905012559594654/?type=2&amp;theater). This video is included in the training module for HCFs.    From 15 to 27 May 2017, (three-day long) four (4) trainings completed for 100 participants (1 man and 99 women) from 100 FMSs, which included aspects related to mercury-containing waste management (for more information see section below on trainings).    Training on safe handling of mercury waste (emergency preparedness) was conducted on 4 December of 2015 for 23 participants of Ministry of Emergency personnel. In order to institutionalize the training module for further use the Ministry conducted (one-day long) three (3) trainings (on 6, 17, 24 March 20017) on the “Safe Handling of Mercury-containing waste (Emergency case)” for 100 employees (89 men and 11 women) from all regions of the country. The module has been integrated into the Ministry's curriculum for further use.    A letter of agreement between UNDP Kyrgyzstan and KSMIR&PE Medical Institute was signed with the aim to train 400 medical personnel on techniques in the clean-up, storage and safe transport of mercury wastes in Bishkek. Within this agreement, the first (one-day) set of five (5) trainings for 100 participants (14 men and 86 women) was implemented from 24 till 28 July 2017. Further training of the remaining 300 medical personnel and integration training module in the training curriculum of KSMIR&PE Institute is planned in the second half of 2017.    The procurement of mercury-free thermometers was re-done, due to the low quality of two models provided during initial tender. The project developed specifications with the MoH in order to receive high-quality digital-thermometers produced in Europe. In total, 3,000 digital items for the pilot HCFs in Bishkek have been procured, and delivery is expected in July 2017. Subsequently, personnel will be trained in their use.    Based on the popular video that was produced last year by the project, the MoH and the State Agency on Environment Protection and Forestry cooperated to prepare a poster which was entitled “Do you know what to do if your mercury thermometer is broken?”. The poster was distributed among schools and HCFs in Bishkek and will be distribute nation wide among other HCFs in September 2017.    The project has also purchased materials for the collection, transportation and temporary storage of Hg-containing thermometers as well as de-mercurization kits in case of accidental breakages.    Interim storage for collected Hg thermometers has been selected, refurbished, and the floor covered with ethoxyline resin to prevent mercury contamination of the floor area.    A company has been hired to manage the collection and transportation of phased-out Hg-thermometers.    The project also procured a special gas-chromatograph for the MoH to analyze Hg in air, water, soil, blood and hair to start such monitoring.    The project procured the following decontamination supplies for the Ministry of Emergency Situation in Bishkek:  • Portable universal mercury metric kit portable – 1pc.  •Complete laboratory for the decontamination a of mercury spillage – 2 pc.  • Chemical demercurizer – 5 pc.  • Chemical powder demercurizer – 5 pc.  • Sprayer (Acid-fast) – 2 pc.  • Protective non-gas-permeable suit for degassing, decontamination and disinfection works – 5 pcs.  • Full Face Mask – 5 pcs.  • Filters for protection against mercury - 10 pcs.  • Copper (II) sulfate (CuSO4) - 2 kg  • Potassium iodide KI -1 kg |
| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 8:** | **Intermediate and long-term storage options for Mercury containing wastes identified** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | Phased-out Mercury containing thermometers have been safely disposed of as possible within the limitations of the infrastructure present in Kyrgyzstan. | 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.  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. | Assessment for short-term, interim and long-term storage and disposal options for Mercury containing spent products and Hg containing wastes completed (e.g. Khaidarkan Mercury Mine and Plant, EBRD hazardous cell, EBRD demercurization plant, interim storage, disposal abroad, etc.).  Treatment/Disposal solution identified for the Mercury-containing equipment phased-out as part of the project. | After discussion with focal points from the State Agency for Environment Protection and Forestry and the Ministry of Health, an assessment for short-term, interim and long-term storage and disposal options for mercury containing spent products and Hg containing wastes was completed by International Consultant.    An MoU with the Khaidarkan Mercury Mine and Plant for treatment and disposal is under way. | After discussion with the project's focal points from the State Agency for Environment Protection and Forestry and the MoH, an assessment for short-term, interim and long-term storage and disposal options for mercury-containing used products and wastes was completed by International Consultant (2015).    An MoU between the Khaidarkan Mercury Mine Plant and the Ministry of Health of the Kyrgyz Republic for the treatment and disposal of phased-out Hg containing thermometers (1300 items) was signed on 7 October 2016 to assist with disposal of such waste. |
| **The progress of the objective can be described as:** | | **On track** | | | |
| **Outcome 9:** | **Project’s results sustained and replicated** | | | | |
|  | **Description of Indicator** | **Baseline Level** | **Target level at end of project** | **Level at 30 June 2016** | **Cumulative progress since project start** |
|  | Number of high quality monitoring and evaluation documents prepared during project implementation. | No documents in baseline situation. | 4 Quarterly Operational Reports submitted to UNDP each year  1 annual APR/PIR submitted to UNDP each year.  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.  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.  Lessons learned and best practices are accumulated, summarized and replicated at the country level.  MTE and FE must include a lessons learned section and a strategy for dissemination of project results.  1 Final evaluation. | A Project Inception Workshop was held on August 22, 2014 to build project and result ownership among the 38 project’s stakeholders and for finalizing the 2016 annual work plan for the first year.    Annual reports submitted to UNDP and the State Agency on Environment Protection and Forestry.    In the reporting period, Quarterly Operational Reports not requested by CO UNDP KG.    Mid-Term Evaluation of the Project is on schedule, with TOR being formulated.    2015/2016 PIR submitted.    Three (3) mission reports have been provided after site visits. | Annual and semi-annual reports have been submitted to UNDP and the State Agency on Environment Protection and Forestry.    In the reporting period, Quarterly Operational Reports not requested by CO UNDP KG.    2015-2016 and 2016/2017 PIRs submitted.    MTE finalized during reporting report.    Five (5) mission reports have been provided after site visits.    PSC meeting was held in November 2016. |
| **The progress of the objective can be described as:** | | **On track** | | | |

# Implementation Progress



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| Cumulative GL delivery against total approved amount (in prodoc): | 58.93% |
| Cumulative GL delivery against expected delivery as of this year: | 58.93% |
| Cumulative disbursement as of 30 June (note: amount to be updated in late August): | 839,784.45 |

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| **Key Financing Amounts** | |
| PPG Amount | 75,000 |
| GEF Grant Amount | 1425000 |
| Co-financing | 7,032,109 |

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| **Key Project Dates** | |
| PIF Approval Date | Feb 21, 2013 |
| CEO Endorsement Date | Mar 12, 2014 |
| Project Document Signature Date (project start date): | Jul 3, 2014 |
| Date of Inception Workshop | Aug 22, 2014 |
| Expected Date of Mid-term Review | Dec 1, 2015 |
| Actual Date of Mid-term Review | Feb 28, 2017 |
| Expected Date of Terminal Evaluation | Mar 31, 2017 |
| Original Planned Closing Date | Jun 3, 2017 |
| Revised Planned Closing Date | Jul 31, 2018 |

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| **Dates of Project Steering Committee/Board Meetings during reporting period (30 June 2016 to 1 July 2017)** |
| 2016-11-01 |

# Critical Risk Management

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| Current Types of Critical Risks | Critical risk management measures undertaken this reporting period |

# Adjustments

**Comments on delays in key project milestones**

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| **Project Manager: please provide comments on delays this reporting period in achieving any of the following key project milestones: inception workshop, mid-term review, terminal evaluation and/or project closure.** |
| Delays were in the delivery of 14 autoclaves and digital thermometers for healthcare facilities (HCFs) in Bishkek as well as adoption of legislative documents.    According to the MTR’s conclusions, the piloting of sound healthcare waste management in Bishkek is sustainable and its benefit is very high per dollar invested. Therefore, it is vital for the Project to secure sustainability and continuity of the project activities and results beyond the project’s closure and properly document all lessons learnt from the pilot activities so that other country projects but also hospitals that did not directly benefit from this project, can replicate its successes.    Therefore, the MTR recommended that the project would request a 12 months no-cost extension to ensure close monitoring and evaluation of the remaining project’s implementation to secure the project’s effectiveness and sustainability of results after the operationalization of non-incineration technologies at the primary level (FMSs) in partnership with national partners. In particular, the MTR recommended to pay more attention to waste residue after sterilization in portable autoclaves as well as the absence of water supply at FMS level.    The MTR also recommended a no-cost extension for activities related to the strengthening of the regulatory framework, where approval/adoption at the national level requires additional beyond July 2017, due to the lengthy process of government approval. Meanwhile, mercury phase-out activities should also be monitored and documented to enable the replication of the project results beyond the project facilities.    Finally, the time remaining before July 2017 would not be sufficient to achieve and implement all the MTR’s recommendations prior to the Terminal Evaluation (which is to take place three months before the Project completion, which was originally planned for July 2017). Hence, a twelve months no-cost extension would be justified, in order for the project to have sufficient time to address the MTR’s recommendations within the period from August 2017 to April 2018, conduct the Terminal Evaluation from April 2018 to July 2018, to document project lessons-learned and to develop and implement a Project exit strategy. |

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| **Country Office: please provide comments on delays this reporting period in achieving any of the following key project milestones: inception workshop, mid-term review, terminal evaluation and/or project closure.** |
| The project's implementation went beyond its project tenure due to:    1. delay in the hire of a project coordinator;  2. implementation of activities as related to the enactment of legal/normative acts and laws, as their inter-sectoral coordination and approval required more time that went the project tenure (July 2017);  3. Extension was also recommended to ensure close monitoring and evaluation of the implementation to secure the project’s effectiveness and sustainability of results after the integration of non-incineration technologies at the primary level (FMSs) in partnership with national partners.    The MTR therefore recommended the project 12 months of no-cost extension, in full coordination and with full consent of the key state and non state partners, to fulfill the above. As this is a technical support project to support government's efforts in medical waste management, we believe that the request for this extension is reasonable and well justified, to ensure that the project's tasks are accomplished in their entirety and sustainability of results is ensured, with full degree of national ownership. |

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| **UNDP-GEF Technical Adviser: please provide comments on delays this reporting period in achieving any of the following key project milestones: inception workshop, mid-term review, terminal evaluation and/or project closure.** |
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# Ratings and Overall Assessments

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| **Role** | **2017 Development Objective Progress Rating** | **2017 Implementation Progress Rating** |
| **Project Manager/Coordinator** | Satisfactory | *- IP Rating provided by UNDP-GEF Technical Advisor and UNDP Country Office only -* |
| Overall Assessment | The MTR concluded that this project is both well-managed and successful project: All activities are on schedule and the quality of work is good. The project has been financially prudent and effective.    Reducing the releases of POPs and mercury are both priorities the GEF Chemicals and Waste Focal Area. As such the project is well aligned with the GEF’s policy and objectives.    For the past eleven years, establishing good healthcare waste management practices has been a key priority for the Ministry of Health. With the results achieved by this project, building on MoH initiatives and those of key development and health partners, this project has ensured that all HCFs within the country having more than 25 beds now have a reliable HCWM system. This is a tremendous achievement for the MoH. Reliable HCWM systems do not only reduce POPs releases, but also offers tremendous benefits to the general public, healthcare staff and patients through the prevention of “hospital acquired infections.”    In principle, the project is on route to achieve all its objectives by the project’s planned completion date in July 2017. As such the rating for the project’s development objective progress and the implementation progress is deemed Satisfactory.    However, there is a certain risk (beyond the project’s control) that the national regulatory and policy framework on HCWM and mercury developed with the project’s support may not be approved by the Government of Kyrgyzstan before the project’s end. Another risk could be that the smooth operation in 100 (sometimes remote) FAPs could take longer than expected. The pilot project in the 100 FAPs is a key demonstration pilot as it will allow the MoH to evaluate whether such a system can be replicated throughout the country. In a similar manner, the phasing out of mercury thermometers in 11 HCFs will be a test to see if this is a way forward that can either be duplicated in healthcare facilities or expanded to cover other sources of mercury containing equipment or materials. Therefore, the successful implementation and full conclusion of these activities, as well as their close monitoring, is a key step in the future replication of project results. This is the reason why the MTR recommended to request a no-cost project extension.    PS (comments after MTR): project was no-cost extended by 12 months, and is on track to smoothly overcome all issues highlighted in the MTR. | |
| **Role** | **2017 Development Objective Progress Rating** | **2017 Implementation Progress Rating** |
| **UNDP Country Office Programme Officer** | Satisfactory | Satisfactory |
| Overall Assessment | The project is on good track; as evidenced by the project mid-team evaluation, and it is assisting the government of the Kyrgyz Republic to meet its national obligations under the Stockholm Convention and implement national programs related to reduction of mercury emissions with the goal to improve management of chemicals in the Kyrgyz Republic. Through an intertwined work both at the national and local levels, the project is making inputs to enhance capacities of both state and non-state actors for POPs and mercury management in the healthcare sector, and offers technical and expert based solutions for phasing out mercury containing devices meant for disposal. | |
| **Role** | **2017 Development Objective Progress Rating** | **2017 Implementation Progress Rating** |
| **GEF Operational Focal point** |  | *- IP Rating provided by UNDP-GEF Technical Advisor and UNDP Country Office only -* |
| Overall Assessment |  | |
| **Role** | **2017 Development Objective Progress Rating** | **2017 Implementation Progress Rating** |
| **Project Implementing Partner** |  | *- IP Rating provided by UNDP-GEF Technical Advisor and UNDP Country Office only -* |
| Overall Assessment |  | |
| **Role** | **2017 Development Objective Progress Rating** | **2017 Implementation Progress Rating** |
| **Other Partners** |  | *- IP Rating provided by UNDP-GEF Technical Advisor and UNDP Country Office only -* |
| Overall Assessment |  | |
| **Role** | **2017 Development Objective Progress Rating** | **2017 Implementation Progress Rating** |
| **UNDP-GEF Technical Adviser** | Satisfactory | *- IP Rating provided by UNDP-GEF Technical Advisor and UNDP Country Office only -* |
| Overall Assessment | The project has accumulated extensive experience in the previous implementation years, and has been implemented in line with the overall expectation to build on all previous bilateral and UNDP Global Fund's initiatives and fill in the remaining gaps. This is demonstrated by the extensive legislative amendments (HCWM strategy, action plan and budgetary allocations, SOPs on waste management and safety, mercury waste handling etc) as explained in the progress report, analysis and set-up of the cluster waste treatment systems that will, together with the strengthened transportation system (a special waste cargo vehicle was recommended), ensure the optimal functioning of the waste collection and treatment by avoiding excessive waste processing capacities and better quality services at dedicated decentralized centers. One more important achievement of the project is related to the coverage of rural clinics/small medical centers which was not achieved in any other non-GEF initiatives of the past. Testing of the pressure cookers was the good decision to be made in consultations with the MoH authorities which allowed to re-focus technical specifications on a more workable equipment - table autoclaves. The project also succeeded in the replacement mercury thermometers in the pilot hospitals, and with the regulatory improvements on the standards related to the procurement and use of newer e-thermometer models, the demonstration effect from the GEF project may exceed expectations beyond the project's lifetime. Specifically important is the cooperation established by the project with a parallel program in Kazakhstan which allowed exchanging valuable ideas between the teams and influencing draft policy making processes in both countries. Partnership with the MoH is crucial to the success of the program, including the extensive capacity building and awareness raising, and cooperation with the medical schools and universities on the appropriate curriculum's related amendments on POPs and mercury risks and safe waste management principles, and additional political support from the State Agency of Environment and Forestry has been an essential element allowing to work with the Ministry of Emergencies on mercury spill accidents with appropriate equipment supply. It is hoped that the private-public partnerships will take off and become a sustainability element in the HCW management system which has been straightened out with the help of the project, in specific relationship to the service provision tariffs which have the potential to stimulate more competition and quality of services in the longer run. It's interesting to note that the Haidarkan Mine has participated in the project activities too on the mercury product disposal thereby raising the level of political attention to the Minamata convention's objectives. Future outlook for such programs can include aspects related to the PVC plastic management and PVC substitution in medical instruments via green procurement initiatives, as well as appropriate certified recycling of PVC material which constitutes a risk of POPs emissions during mishandling. This may approach such project ideas (within their improved designs) towards circular economy principles on waste minimization and less harmful and recyclable materials use which are being considered in the GEF-7 draft strategies at this moment. At this moment, due to extension and ongoing procurement and installation of the two types of autoclaves, the rating as given is "Satisfactory" with the successful completion of the project in 2018, the rating could be approaching a "Highly Satisfactory" level. | |

# Gender

**Progress in Advancing Gender Equality and Women's Empowerment**

This information is used in the UNDP-GEF Annual Performance Report, UNDP-GEF Annual Gender Report, reporting to the UNDP Gender Steering and Implementation Committee and for other internal and external communications and learning.

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| **Has a gender analysis been carried out this reporting period? Please note that all projects approved in GEF-6 (1 July 2014 through 30 June 2018) are required to carry out a gender analysis.** |
| No |

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| **If a gender analysis was carried out what were the findings?** |
| No gender analysis was carried out. This is a GEF-5 project. |

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| **Does this project specifically target woman or girls as direct beneficiaries?** |
| No |

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| **Please specify results achieved this reporting period that focus on increasing gender equality and improving the empowerment of women.**    **Results reported can include site-level results working with local communities as well as work to integrate gender considerations into national policies, strategies and planning. Please explain how the results reported addressed the different needs of men or women, changed norms, values, and power structures, and/or contributed to transforming or challenging gender inequalities and discrimination.** |
| In principle 70% of healthcare staff are women – so improving HCWM practices and phasing out mercury highly benefits women (reduced exposure to POPs, Hg and infections). Furthermore, women are able to pass on POPs and Hg contamination in their bodies on to their unborn child and breastfed babies, which can lead to developmental issues. As such, safeguarding women at the childbearing age and in particular those that are pregnant, helps to protect future generations from the harmful impacts of POPs and Hg. |

# Communicating Impact

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| **Tell us the story of the project focusing on how the project has helped to improve people’s lives.**  **(This text will be used for UNDP corporate communications, the UNDP-GEF website, and/or other internal and external knowledge and learning efforts.)** |
| Health-care waste contains potentially harmful microorganisms which can infect hospital patients, health workers and the general public. Other potential infectious risks may include the spread of drug-resistant microorganisms from health facilities into the environment. Additional hazards may occur from the manual sorting of hazardous waste from health-care facilities. Treatment and disposal of healthcare waste may pose health risks indirectly through the release of toxic pollutants into the environment.    The project increased attention and diligence to avoid the substantial disease burden associated with poor practice, including exposure to infectious and toxic agents by conduction of several trainings. Project improved health-care waste management in the health-care facilities (HCFs) by building a comprehensive system, addressing responsibilities, resource allocation, handling and disposal. Project raising awareness of the risks related to health-care waste, and selected integrated environmentally-friendly management options by steam sterilization to protect people from hazards when collecting, handling, storing, transporting, treating or disposing of waste. |

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| **What is the most significant change that has resulted from the project this reporting period?**  **(This text will be used for internal knowledge management in the respective technical team and region.)** |
| 181,000 people watched the video “Do you know what to do if your mercury thermometer is broken?” which was posted on UNDP’s Facebook page https://www.facebook.com/undpkg/videos/vb.116487388447179/905012559594654/?type=2&amp;amp;theater. The comments posted by users indicated that viewers felt that the video was helpful. The video was prepared in Russian and English so that it could be used in the region, where the use of Hg-containing thermometers is common.    The Project focused during this reporting period on the phase-out of mercury-containing medical thermometers by replacing them with mercury-free alternatives in pilot healthcare facilities (HCFs) in Bishkek. Initially, the project team developed a mercury phasing-out plan for all the pilot HCFs that were discussed with the representatives of pilot HCFs, the MoH and the State Agency on Environment Protection and Forestry under the Government of Kyrgyzstan and agreed upon on October 1, 2015. Following agreement of the plans, the estimated 1,300 units of the mercury thermometers will be properly packaged, labeled and transported by a licensed vehicle to an interim storage facility, which was refurbished with project support and equipped with necessary personal protective equipment and a demercurization kit in case of accidental breakages or emergencies. In October 2016, the MoH and the Khaidarkan Mercury Joint Stock Company signed an agreement on the transportation and the decontamination of phased-out mercury thermometers. |

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| **Describe how the project supported South-South Cooperation and Triangular Cooperation efforts in the reporting year.**  **(This text will be used for internal knowledge management within the respective technical team and region.)** |
| The project frequently exchanges information with the parallel UNDP/GEF Kazakhstan Medical Waste project. The project staff and representatives from the Ministry of Health of KR also participated in a regional workshop on the Sound management of POPs, mercury and medical wastes, during which they presented the situation in the Kyrgyz Republic. As the medical waste situation in the country in general started to be addressed with new technologies for treatment earlier than in Kazakhstan, some valuable experience accumulated in this program was analyzed and proposed for application in Kazakhstan. |

**Project Links and Social Media**

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| **Please include: project's website, project page on the UNDP website, Adaptation Learning Mechanism (UNDP-ALM) platform, Facebook, Twitter, Flickr, YouTube, as well as hyperlinks to any media coverage of the project, for example, stories written by an outside source. Please upload any supporting files, including photos, videos, stories, and other documents using the 'file upload' button in the top right of the PIR.** |
| http://www.kg.undp.org/content/kyrgyzstan/en/home/presscenter/articles/2017/03/14/how-to-live-in-mercury-free-environment-.html    http://www.kg.undp.org/content/kyrgyzstan/ru/home/presscenter/articles/2016/10/hospital-wastes-threaten-public-health-.html    In Russian:  http://www.donors.kg/ru/3668-pravilnaya-utilizatsiya-meditsinskikh-otkhodov-osnova-ekologicheskoj-bezopasnosti#.WWR9mbpuJjo    http://www.donors.kg/ru/3669-chem-otlichaetsya-sistema-upravleniya-meditsinskimi-otkhodami-v-kyrgyzstane-ot-opyta-latvii#.WWR9b7puJjo    http://www.donors.kg/ru/3672-polzovateli-facebook-podnyali-problemu-utilizatsii-rtutnykh-termometrov-reshenie-najdeno#.WWR9ubpuJjo    In English:  http://www.donors.kg/en/3670-travel-blog-how-kyrgyzstan-s-medical-waste-management-system-differs-from-the-one-of-latvia#.WWR91bpuJjo    http://www.donors.kg/en/3671-facebook-raises-problem-on-mercury-containing-thermometers-disposal-solution-found#.WWR98LpuJjo |

# Partnerships

<p><strong>Give the name of the partner(s), and describe the partnership, recent notable activities and any innovative aspects of the work. Please do not use any acronyms. (limit = 2000 characters).</strong><br /><br />This information is used to get a better understanding of the work GEF-funded projects are doing with key partners, including the GEF Small Grants Programme, indigenous peoples, the private sector, and other partners. Please list the full names of the partners (no acronyms please) and summarize what they are doing to help the project achieve its objectives. The data may be used for reporting to GEF Secretariat, the UNDP-GEF Annual Performance Report, UNDP Corporate Communications, posted on the UNDP-GEF website, and for other internal and external knowledge and learning efforts. The RTA should view and edit/elaborate on the information entered here. All projects must complete this section. Please enter "N/A" in cells that are not applicable to your project.&nbsp;</p>

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| **Civil Society Organisations/NGOs** |
| The project works in close collaboration with the NGO &quot;Ecological expertise&quot; to ensure regular information exchange between the project and the NGO on subjects related to the management of POPs and mercury and general information access to the public.    Project sub-contracted a Public Union “Agenstvo Modernizia i Razvitia” for conduction training for representatives of 100 FMSs. |

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| **Indigenous Peoples** |
| N/A. There are no indigenous people in the Kyrgyz Republic. |

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| **Private Sector** |
| During the reporting period, the following companies were partnered with:    “Egidius” LTD company for plastic recycling generated in HCFs;  “Ecoaudit” LTD for thermometers phasing out from HCFs in Bishkek;  “QUADRA GROUP” LTD for promotion of legislation documents on national level;  'Azat” LTD, “ATT Concept” LTD, “Unversal Electro” LTD for construction of autoclaving rooms in containers for 5 HCFs;  “Nastroy” LTD for authority supervision over constructional works;  “Kirland” LTD for printing brochures and posters;  “Encon’ LTD for design of composting pits;  The Medical Group B.V via GPU for procurement of digital thermometers;  AMEX GmbH via GPU for procurement of 14 autoclaves;  VWR International GmbH via GPU for procurement of Hg gas-chromatograph;  THE MEDICAL EXPORT GROUP B.V via GPU for procurement of 100 table autoclaves for 100 FMSs;  “Titan” LLC and “Disilius” LLC for procurement and distribution of supplies for 11 HCFs  “Medtechtorg” LLC for procurement and distribution of supplies for 100 FMSs.    In the meantime, the developed legislation and related instructions on sound healthcare waste management will be an immediately applicable law for private HCFs as well. |

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| **GEF Small Grants Programme** |
| No partnership with the GEF small grants programme was established in the area of health-care waste management. |

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| **Other Partners** |
| Ministry of Emergency of the Kyrgyz Republic on trainings for safe handling of mercury waste (emergency preparedness) for 100 employees and training integration into Centre for Training and Retraining of civil defense specialists. Also project procured demercurization toolkits for minimization of mercury releases for the Bishkek Department of Ministry of Emergency Situation.    A Harmonized Approach to Cash Transfer (HACT) agreement with the Kyrgyz State Medical Institute of Retraining and Proficiency Enhancement was signed with the aim to train 400 medical personnel on techniques in the clean-up, storage and safe transport of mercury wastes in Bishkek. (HACT assesses national capacity level of partner entities for delegation of authority on specific project's tasks which is an important indicator of the quality of services delivered).    HACT agreement with Scientific Production Association Preventive Medicine under the Ministry of Health was signed for development of legislation documents and conduction of training for 11 HCFs.    Training materials have been integrated into the curriculum of the International University of Kyrgyzstan, Kyrgyz State Medical Institute of Retraining and Proficiency Enhancement, Kyrgyz-Russian Slavonic University, Kyrgyz State Medical Academy and Kyrgyz Medical College. |

# Grievances

**Environmental or Social Grievance**

This section must be completed by the UNDP Country Office if a grievance related to the environmental or social impacts of this project was addressed this reporting period.
It is very important that the questions are answered fully and in detail.
If no environmental or social grievance was addressed this reporting period then please do not answer the following questions.
If more than one grievance was addressed, please answer the following questions for the most significant grievance only and explain the other grievance(s) in the comment box below.
The RTA should review and edit/elaborate on the information entered here. RTAs are not expected to answer these questions separately.

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| **What environmental or social issue was the grievance related to?** |
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| **How would you rate the significance of the grievance?** |
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| **Please describe the on-going or resolved grievance noting who was involved, what action was taken to resolve the grievance, how much time it took, and what you learned from managing the grievance process (maximum 500 words). If more than one grievance was addressed this reporting period, please explain the other grievance (s) here.** |
| No grievances to report. |

# Annex - Ratings Definitions

**Development Objective Progress Ratings Definitions**

(HS) Highly Satisfactory: Project is on track to exceed its end-of-project targets, and is likely to achieve transformational change by project closure. The project can be presented as 'outstanding practice'.

(S) Satisfactory: Project is on track to fully achieve its end-of-project targets by project closure. The project can be presented as 'good practice'.

(MS) Moderately Satisfactory: Project is on track to achieve its end-of-project targets by project closure with minor shortcomings only.

(MU) Moderately Unsatisfactory: Project is off track and is expected to partially achieve its end-of-project targets by project closure with significant shortcomings. Project results might be fully achieved by project closure if adaptive management is undertaken immediately.

(U) Unsatisfactory: Project is off track and is not expected to achieve its end-of-project targets by project closure. Project results might be partially achieved by project closure if major adaptive management is undertaken immediately.

(HU) Highly Unsatisfactory: Project is off track and is not expected to achieve its end-of-project targets without major restructuring.

**Implementation Progress Ratings Definitions**

(HS) Highly Satisfactory: Implementation is exceeding expectations. Cumulative financial delivery, timing of key implementation milestones, and risk management are fully on track. The project is managed extremely efficiently and effectively. The implementation of the project can be presented as 'outstanding practice'.

(S) Satisfactory: Implementation is proceeding as planned. Cumulative financial delivery, timing of key implementation milestones, and risk management are on track. The project is managed efficiently and effectively. The implementation of the project can be presented as 'good practice'.

(MS) Moderately Satisfactory: Implementation is proceeding as planned with minor deviations. Cumulative financial delivery and management of risks are mostly on track, with minor delays. The project is managed well.

(MU) Moderately Unsatisfactory: Implementation is not proceeding as planned and faces significant implementation issues. Implementation progress could be improved if adaptive management is undertaken immediately. Cumulative financial delivery, timing of key implementation milestones, and/or management of critical risks are significantly off track. The project is not fully or well supported.

(U) Unsatisfactory: Implementation is not proceeding as planned and faces major implementation issues and restructuring may be necessary. Cumulative financial delivery, timing of key implementation milestones, and/or management of critical risks are off track with major issues and/or concerns. The project is not fully or well supported.

(HU) Highly Unsatisfactory: Implementation is seriously under performing and major restructuring is required. Cumulative financial delivery, timing of key implementation milestones (e.g. start of activities), and management of critical risks are severely off track with severe issues and/or concerns. The project is not effectively or efficiently supported.