

UNDP-GEF Midterm Review

Terms of Reference

International consultant to conduct Mid-Term Evaluation of MedWaste Project

BASIC CONTRACT INFORMATION

Location: Kyrgyzstan

Application Deadline: October 19, 2016

Category: Energy and Environment

Type of Contract: Individual Contract

Assignment Type: International Consultant

Languages Required: English

Starting Date: approx. November 07, 2016

Duration of Initial Contract: November 07, 2016 – December 23, 2016 (25 effective person-days)

Expected Duration of Assignment: Estimated 25 effective person-days (18 effective person-days home based and 7 effective person-days on field mission to Bishkek, Kyrgyzstan)

BACKGROUND

A. Project Title

UNDP-supported GEF-financed “Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan” Project

B. Project Description

This is the Terms of Reference for the UNDP-GEF Midterm Review (MTR) of the medium-sized project titled “Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan” (PIMS#5155) implemented by UNDP through the Ministry of Health of the Kyrgyz Republic and the State Agency on Environment Protection and Forestry under the Government of the Kyrgyz Republic, which is to be undertaken in 2016. The project started on July 3, 2014 and is in its second year of implementation. In line with the UNDP-GEF Guidance on MTRs, this MTR process was initiated before the submission of the second Project Implementation Report (PIR). The MTR process must follow the guidance outlined in the document [*Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects*](#).

With ratification of the Stockholm Convention on Persistent Organic Pollutants (Stockholm Convention) on 17 July 2005, the Project on unsound disposal of healthcare waste was designed mainly to provide well-elaborated mechanisms for protection of human health and environment from unintentional releases of POPs and mercury in Kyrgyzstan. In Kyrgyzstan, the main barriers that need to be addressed are both on the side of lacking knowledge and capacity for the proper management of waste at or before their origin, and on the side of lacking of financial resources and market-based mechanisms.

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 Issyk-Kul Oblast.

The project will assist Kyrgyzstan in meeting its obligations under the Stockholm Convention on Persistent Organic Pollutants (POPs) by adopting environmentally friendly treatment options for UNDP-GEF MTR ToR Standard Template 1 for UNDP Procurement Website

healthcare waste, which will lead to a reducing in UPOPs emissions controlled under the Convention (currently unintentionally POPs (UPOPs) are produced when healthcare waste are incinerated or burned in the open).

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

The project consists of four main components:

Component 1: Strengthening of the National Regulatory and Policy Framework for Health Care Waste Management

Component 2: Implementation of Best Available Technologies (BAT), Best Environmental Practices (BEP) for HCWM Systems.

Component 3: Implement Mercury Waste Management and Reduction Activities for the City of Bishkek.

Component 4: Monitoring, Adaptive Feedback, Outreach and Evaluation.

It can be safely assumed, that when the GEF project comes to an end, thanks to joint efforts of the Swiss Red Cross, the GEF and the Global Fund and 95% of HCW in Kyrgyzstan, will be treated by non-incineration. In combination with import restriction on certain PVC containing medical supplies and improved recycling of disinfected waste materials (plastics), the GEF project is expected to result in a reduction of UPOPs emissions of about 3 g-TEQ/yr. By putting import restrictions on Mercury containing thermometers and adopting the use of Mercury-free thermometers in healthcare facilities, the project could result in reducing Mercury emissions from the healthcare sector by 160 kg/yr.

DUTIES AND RESPONSIBILITIES

C. Scope of Work and Key Tasks

The MTR team will consist of one independent consultant who will conduct the MTR and be supported with an Interpreter (Russian-English-Russian).

The MTR consultant will first conduct a desk review of the project documents (i.e. PIF, Project Document, AWP, Project Inception Report, PIRs, Finalized GEF focal area Tracking Tools, Project Board meetings' minutes, Financial and Administration guidelines used by Project Team, project operational guidelines, manuals and systems, etc.) provided by the Project Team and Commissioning Unit. A list of documents that the project team will provide to the evaluator for review is included in Annex A of this Terms of Reference. Then they will participate in an MTR inception workshop to clarify their understanding of the objectives and methods of the MTR, producing the MTR inception report thereafter. The MTR mission will consist of several interviews with local stakeholders and site visits to local healthcare facilities in Bishkek.

The MTR consultant will assess the following four categories of project progress and produce a draft and final MTR report. See the [*Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects*](#) for requirements on ratings. No overall rating is required.

1. Project Strategy

Project Design:

- Review the problem addressed by the project and the underlying assumptions. Review the effect of any incorrect assumptions or changes to the context to achieving the project results as outlined in the Project Document.

- Review the relevance of the project strategy and assess whether it provides the most effective route towards expected/intended results.
- Review how the project addresses country priorities
- Review decision-making processes

Results Framework/Logframe:

- Undertake a critical analysis of the project's logframe indicators and targets, assess how "SMART" the midterm and end-of-project targets are (Specific, Measurable, Attainable, Relevant, Time-bound), and suggest specific amendments/revisions to the targets and indicators as necessary.
- Examine if progress so far has led to, or could in the future catalyse beneficial development effects (i.e. income generation, gender equality and women's empowerment, improved governance etc...) that should be included in the project results framework and monitored on an annual basis.

2. Progress Towards Results

- Review the logframe indicators against progress made towards the end-of-project targets; populate the Progress Towards Results Matrix, as described in the *Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects*; colour code progress in a "traffic light system" based on the level of progress achieved; assign a rating on progress for the project objective and each outcome; make recommendations from the areas marked as "not on target to be achieved" (red).
- Compare and analyse the GEF Tracking Tool at the Baseline with the one completed right before the Midterm Review.
- Identify remaining barriers to achieving the project objective.
- By reviewing the aspects of the project that have already been successful, identify ways in which the project can further expand these benefits.

3. Project Implementation and Adaptive Management

Using the *Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects*; assess the following categories of project progress:

- Management Arrangements
- Work Planning
- Finance and co-finance
- Project-level monitoring and evaluation systems
- Stakeholder Engagement
- Reporting
- Communications

4. Sustainability

Assess overall risks to sustainability factors of the project in terms of the following four categories:

- Financial risks to sustainability
- Socio-economic risks to sustainability
- Institutional framework and governance risks to sustainability
- Environmental risks to sustainability

The MTR consultant will include a section in the MTR report setting out the MTR's evidence-based **conclusions**, in light of the findings.

Additionally, the MTR consultant is expected to make **recommendations** to the Project Team. Recommendations should be succinct suggestions for critical intervention that are specific, measurable,

achievable, and relevant. A recommendation table should be put in the report's executive summary. The MTR consultant should make no more than 15 recommendations total.

D. Expected Outputs and Deliverables

The MTR consultant shall prepare and submit:

- MTR Inception Report: MTR consultant clarifies objectives and methods of the Midterm Review no later than 1 week before the MTR mission. To be sent to the Commissioning Unit and project management. Approximate due date: (November 11, 2016)
- Presentation: Initial Findings presented to project management and the Commissioning Unit at the end of the MTR field mission. Approximate due date: (November 25, 2016)
- Draft Final Report: Full report with annexes within 2 weeks of the MTR mission. Approximate due date: (December 9, 2016)
- Final Report*: Revised report with annexed audit trail detailing how all received comments have (and have not) been addressed in the final MTR report. To be sent to the Commissioning Unit within 1 week of receiving UNDP comments on draft. Approximate due date: (December 16, 2016)

*The final MTR report must be in English. If applicable, the Commissioning Unit may choose to arrange for a translation of the report into a language more widely shared by national stakeholders.

E. Institutional Arrangement

The principal responsibility for managing this MTR resides with the Commissioning Unit. The Commissioning Unit for this project's MTR is the UNDP Country Office in the Kyrgyz Republic.

The Commissioning Unit will contract the consultant, and ensure the timely provision of due payments and travel arrangements within the country for the MTR consultant. The Project Team will be responsible for liaising with the MTR consultant to provide all relevant documents, set up stakeholder interviews, and arrange field visits.

The Certifying Officer of this assignment is Sustainable Development Dimension Chief.

F. Duration of the Work

The total duration of the MTR will be approximately 25 effective person-days over a period of *7 weeks* starting November 7, 2016. The tentative MTR timeframe is as follows:

- *3 days*: Desk review and preparing MTR Inception Report;
- *2 days*: Finalization and Validation of MTR Inception Report- latest start of MTR mission;
- *7 days*: MTR mission: stakeholder meetings, interviews, field visits (including Mission wrap-up meeting & presentation of initial findings- earliest end of MTR mission);
- *8 days*: Preparing draft report;
- *2 days*: Incorporating audit trail on draft report;
- *3 days*: Finalization of MTR report/Expected full MTR completion.

G. Duty Station

Travel:

- International travel for 7 effective person-days of field mission to Bishkek, Kyrgyzstan will be required during the MTR mission;

- The Basic Security in the Field II and Advanced Security in the Field courses must be successfully completed prior to commencement of travel;
- Statement of Medical Fitness for Work:
Individual Consultants/Contractors whose assignments require travel and who are over 62 years of age are required, at their own cost, to undergo a full medical examination including x-rays and obtaining medical clearance from an UN - approved doctor prior to taking up their assignment. Where there is no UN office nor a UN Medical Doctor present in the location of the Individual Contractor prior to commencing the travel, either for repatriation or duty travel, the Individual Contractor may choose his/her own preferred physician to obtain the required medical clearance.
- Inoculations/Vaccinations
Individual Consultants/Contractors are required to have vaccinations/inoculations when travelling to certain countries, as designated by the UN Medical Director. The cost of required vaccinations/inoculations, when foreseeable, must be included in the financial proposal. Any unforeseeable vaccination/inoculation cost will be reimbursed by UNDP;
- Consultant is required to comply with the UN security directives set forth under <https://dss.un.org/dssweb/>.
- The Individual Consultant must obtain security clearance before travelling to the duty station;
- All envisaged travel costs must be included in the financial proposal. This includes all travel to duty station. UNDP should not accept travel costs exceeding those of an economy class ticket and daily allowance exceeding UNDP rates. Should the IC wish to travel on a higher class he/she should do so using their own resources.

REQUIRED SKILLS AND EXPERIENCE

H. Qualifications of the Successful Applicants

Qualifications	Evaluation weight for each qualification
Master's degree or higher in natural or chemical sciences or other closely related field	15 %
At least 3 years of work experience in environment protection/sound chemical management/healthcare waste management	18.5 %
Experience with results-based management evaluation methodologies and/or experience applying SMART targets and reconstructing or validating baseline scenarios, confirmed with at least two project evaluations	18 %
At least one project evaluation/review experiences within United Nations system is an asset	3.5 %
Experience working with the GEF or GEF-evaluations, confirmed with at least one project is an asset	3.5 %
Knowledge of priorities and basic principles of POPs management and relevant international best-practices, confirmed with at least one project is an asset	3.5 %
Demonstrated understanding of issues related to gender and the Chemicals Focal Area, and/or experience in gender sensitive evaluation and analysis, confirmed with at least one project is an asset	3 %
Excellent English communication skills (written and oral), knowledge of Russian is an asset	5 %

Consultant Independence:

The consultant cannot have participated in the project preparation, formulation, and/or implementation (including the writing of the Project Document) and should not have a conflict of interest with project's related activities.

APPLICATION PROCESS

I. Scope of Price Proposal and Schedule of Payments

Financial Proposal:

- Financial proposals must be “all inclusive” and expressed in a lump sum for the total duration of the contract. The term “all inclusive” implies all cost (professional fees, travel costs, living allowances etc.);
- Individual on this contract is not UN staff and are therefore not entitled to DSAs. All living allowances required to perform the demands of the ToR must be incorporated in the financial proposal, whether the fees are expressed as daily fees or lump sum amount.
- The lump sum is fixed regardless of changes in the cost components.

Schedule of Payments:

The service provider will be responsible for all personal administrative and travel expenses associated with undertaking this assignment including office accommodation, printing, stationary, telephone and electronic communications, and report copies incurred in this assignment. For this reason, the contract is prepared as a lump sum contract.

The remuneration of work performed will be conducted as follows: lump sum payable in 2 installments, upon satisfactory completion and approval by UNDP of all deliverables, including the Final MTR Report.

December 9, 2016 - 40% upon submission of the draft MTR Report;

December 23, 2016 - 60% upon finalization of the MTR Report.

J. Recommended Presentation of Offer

- a) Completed **Letter of Confirmation of Interest and Availability** using the [template](#) provided by UNDP;
- b) **Personal CV or a [P11 Personal History form](#)**, indicating all past experience from similar projects, as well as the contact details (email and telephone number) of the Candidate;
- c) Copy of **ID card**;
- d) Copy of **diploma**;
- e) **Brief description of approach to work/technical proposal** of why the individual considers him/herself as the most suitable for the assignment, and a proposed methodology on how they will approach and complete the assignment; (max 1 page)
- f) **Financial Proposal** that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs, as per template provided. If an applicant is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to UNDP under Reimbursable Loan Agreement (RLA), the applicant must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted to UNDP. See Letter of Confirmation of Interest template for financial proposal template.

Incomplete applications will be excluded from further consideration.

Documents with a subject “International Consultant for Mid-Term Evaluation” should be submitted no later than 15:00 (local time), October 19, 2016 to email: procurement@undp.kg or by post to the address below: United Nations Development Programme, 160, Chui Avenue, Bishkek, 720040, Kyrgyz Republic

Receipt of bids will be made only during working hours from 09.00 – 17.00PM

K. Criteria for Selection of the Best Offer

The award of the contract will be made to the Individual Consultant who has obtained the highest Combined Score and has accepted UNDP's General Terms and Conditions. Only those applications which are responsive and compliant will be evaluated. The offers will be evaluated using the "Combined Scoring method" where:

- a) The educational background and experience on similar assignments will be weighted a max. of 70%;
- b) The price proposal will weigh as 30% of the total scoring.

Annex A: List of documents for review by the International Consultant

1. PIF
2. UNDP Project Document
4. Project Inception Report
6. All Project Implementation Reports (PIR's)
7. Quarterly progress reports and work plans of the various implementation task teams
8. Audit reports
9. Finalized GEF focal area Tracking Tools at CEO endorsement and midterm (fill in specific TTs for this project's focal area)
10. Oversight mission reports
11. All monitoring reports prepared by the project
12. Financial and Administration guidelines used by Project Team

The following documents will also be available:

13. Project operational guidelines, manuals and systems
14. UNDP country/countries programme document(s)
15. Minutes of the (Project Title) Board Meetings and other meetings (i.e. Project Appraisal Committee meetings)
16. Project site location maps

ToR ANNEX B: Guidelines on Contents for the Midterm Review Report¹

- i. Basic Report Information (*for opening page or title page*)
 - Title of UNDP supported GEF financed project
 - UNDP PIMS# and GEF project ID#
 - MTR time frame and date of MTR report
 - Region and countries included in the project
 - GEF Operational Focal Area/Strategic Program
 - Executing Agency/Implementing Partner and other project partners
 - MTR team members
 - Acknowledgements
- ii. Table of Contents
- iii. Acronyms and Abbreviations
1. Executive Summary (*3-5 pages*)
 - Project Information Table
 - Project Description (brief)
 - Project Progress Summary (between 200-500 words)
 - MTR Ratings & Achievement Summary Table
 - Concise summary of conclusions
 - Recommendation Summary Table
2. Introduction (*2-3 pages*)
 - Purpose of the MTR and objectives
 - Scope & Methodology: principles of design and execution of the MTR, MTR approach and data collection methods, limitations to the MTR
 - Structure of the MTR report
3. Project Description and Background Context (*3-5 pages*)
 - Development context: environmental, socio-economic, institutional, and policy factors relevant to the project objective and scope
 - Problems that the project sought to address: threats and barriers targeted
 - Project Description and Strategy: objective, outcomes and expected results, description of field sites (if any)
 - Project Implementation Arrangements: short description of the Project Board, key implementing partner arrangements, etc.
 - Project timing and milestones
 - Main stakeholders: summary list
4. Findings (*12-14 pages*)
 - 4.1 Project Strategy
 - Project Design
 - Results Framework/Logframe
 - 4.2 Progress Towards Results
 - Progress towards outcomes analysis
 - Remaining barriers to achieving the project objective
 - 4.3 Project Implementation and Adaptive Management
 - Management Arrangements
 - Work planning
 - Finance and co-finance
 - Project-level monitoring and evaluation systems
 - Stakeholder engagement
 - Reporting
 - Communications
 - 4.4 Sustainability
 - Financial risks to sustainability

¹ The Report length should not exceed 40 pages in total (not including annexes).

- Socio-economic to sustainability
 - Institutional framework and governance risks to sustainability
 - Environmental risks to sustainability
5. Conclusions and Recommendations (4-6 pages)
- 5.1 Conclusions
- Comprehensive and balanced statements (that are evidence-based and connected to the MTR's findings) which highlight the strengths, weaknesses and results of the project
- 5.2 Recommendations
- Corrective actions for the design, implementation, monitoring and evaluation of the project
 - Actions to follow up or reinforce initial benefits from the project
 - Proposals for future directions underlining main objectives
6. Annexes
- MTR ToR (excluding ToR annexes)
 - MTR evaluative matrix (evaluation criteria with key questions, indicators, sources of data, and methodology)
 - Example Questionnaire or Interview Guide used for data collection
 - Ratings Scales
 - MTR mission itinerary
 - List of persons interviewed
 - List of documents reviewed
 - Co-financing table (if not previously included in the body of the report)
 - Signed UNEG Code of Conduct form
 - Signed MTR final report clearance form
 - *Annexed in a separate file:* Audit trail from received comments on draft MTR report
 - *Annexed in a separate file:* Relevant midterm tracking tools (*METT, FSC, Capacity scorecard, etc.*)

ToR ANNEX C: Midterm Review Evaluative Matrix Template

Evaluative Questions	Indicators	Sources	Methodology
Project Strategy: To what extent is the project strategy relevant to country priorities, country ownership, and the best route towards expected results?			
(include evaluative question(s))	(i.e. relationships established, level of coherence between project design and implementation approach, specific activities conducted, quality of risk mitigation strategies, etc.)	(i.e. project documents, national policies or strategies, websites, project staff, project partners, data collected throughout the MTR mission, etc.)	(i.e. document analysis, data analysis, interviews with project staff, interviews with stakeholders, etc.)
Progress Towards Results: To what extent have the expected outcomes and objectives of the project been achieved thus far?			
Project Implementation and Adaptive Management: Has the project been implemented efficiently, cost-effectively, and been able to adapt to any changing conditions thus far? To what extent are project-level monitoring and evaluation systems, reporting, and project communications supporting the project's implementation?			
Sustainability: To what extent are there financial, institutional, socio-economic, and/or environmental risks to sustaining long-term project results?			

Evaluators/Consultants:

1. Must present information that is complete and fair in its assessment of strengths and weaknesses so that decisions or actions taken are well founded.
2. Must disclose the full set of evaluation findings along with information on their limitations and have this accessible to all affected by the evaluation with expressed legal rights to receive results.
3. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
4. Sometimes uncover evidence of wrongdoing while conducting evaluations. Such cases must be reported discreetly to the appropriate investigative body. Evaluators should consult with other relevant oversight entities when there is any doubt about if and how issues should be reported.
5. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
6. Are responsible for their performance and their product(s). They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, findings and recommendations.
7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.

MTR Consultant Agreement Form

Agreement to abide by the Code of Conduct for Evaluation in the UN System:

Name of Consultant: _____

Name of Consultancy Organization (where relevant): _____

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at _____ (Place) on _____ (Date)

Signature: _____

² www.undp.org/unegcodeofconduct

ToR ANNEX E: MTR Ratings

Ratings for Progress Towards Results: (one rating for each outcome and for the objective)		
6	Highly Satisfactory (HS)	The objective/outcome is expected to achieve or exceed all its end-of-project targets, without major shortcomings. The progress towards the objective/outcome can be presented as “good practice”.
5	Satisfactory (S)	The objective/outcome is expected to achieve most of its end-of-project targets, with only minor shortcomings.
4	Moderately Satisfactory (MS)	The objective/outcome is expected to achieve most of its end-of-project targets but with significant shortcomings.
3	Moderately Unsatisfactory (HU)	The objective/outcome is expected to achieve its end-of-project targets with major shortcomings.
2	Unsatisfactory (U)	The objective/outcome is expected not to achieve most of its end-of-project targets.
1	Highly Unsatisfactory (HU)	The objective/outcome has failed to achieve its midterm targets, and is not expected to achieve any of its end-of-project targets.

Ratings for Project Implementation & Adaptive Management: (one overall rating)		
6	Highly Satisfactory (HS)	Implementation of all seven components – management arrangements, work planning, finance and co-finance, project-level monitoring and evaluation systems, stakeholder engagement, reporting, and communications – is leading to efficient and effective project implementation and adaptive management. The project can be presented as “good practice”.
5	Satisfactory (S)	Implementation of most of the seven components is leading to efficient and effective project implementation and adaptive management except for only few that are subject to remedial action.
4	Moderately Satisfactory (MS)	Implementation of some of the seven components is leading to efficient and effective project implementation and adaptive management, with some components requiring remedial action.
3	Moderately Unsatisfactory (MU)	Implementation of some of the seven components is not leading to efficient and effective project implementation and adaptive, with most components requiring remedial action.
2	Unsatisfactory (U)	Implementation of most of the seven components is not leading to efficient and effective project implementation and adaptive management.
1	Highly Unsatisfactory (HU)	Implementation of none of the seven components is leading to efficient and effective project implementation and adaptive management.

Ratings for Sustainability: (one overall rating)		
4	Likely (L)	Negligible risks to sustainability, with key outcomes on track to be achieved by the project’s closure and expected to continue into the foreseeable future
3	Moderately Likely (ML)	Moderate risks, but expectations that at least some outcomes will be sustained due to the progress towards results on outcomes at the Midterm Review
2	Moderately Unlikely (MU)	Significant risk that key outcomes will not carry on after project closure, although some outputs and activities should carry on
1	Unlikely (U)	Severe risks that project outcomes as well as key outputs will not be sustained

ToR ANNEX F: MTR Report Clearance Form

(to be completed by the Commissioning Unit and UNDP-GEF RTA and included in the final document)

Midterm Review Report Reviewed and Cleared By:

Commissioning Unit

Name: _____

Signature: _____

Date: _____

UNDP-GEF Regional Technical Advisor

Name: _____

Signature: _____

Date: _____

ToR ANNEX G: Project Results Framework

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
Objective: Project Objective: Implement best environmental Practices (BEP) and Best Available Technologies (BAT) in the health-care sector to assist Kyrgyzstan in meeting its obligations under the Stockholm Convention to reduce UPOPs as well as Mercury releases..	UPOPs emissions reduced as a result of improved HCWM treatment systems used by HCFs benefitting from the project.	Kyrgyzstan's NIP, calculated that the total releases of dioxins in 2003 were 30.5 g-TEQ. The majority of releases were indicated to be the result of combustion practices, with the greatest contribution made by incineration of medical wastes (7 g-TEQ).	In total the project expects to reduce UPOPs emissions by 3- TEQ/yr.	The I-RATs that will be conducted for each of the project's HCFs before project interventions will take place will provide insight in the amount of UPOPs produced and Mercury released on a yearly basis.	
	Mercury emissions reduced as a result of the phase-out of Mercury containing medical thermometers and improved management of Mercury containing wastes.	No national Mercury Assessment has been undertaken yet, but based on 2011 and 2012 import figures, between 58 and 305 kg of Mercury, contained in medical thermometers, is imported yearly (see table 3).	The phase-out of Mercury containing thermometers will result in sustained Mercury reductions of approximately 160 kg Hg/year.	Guidance on " <i>Measurements and Documentation</i> " as developed under the Global Medical Waste Project will be used to provide for a before and after snap-shot.	Mercury emissions reduced as a result of the phase-out of Mercury containing medical thermometers and improved management of Mercury containing wastes.
Component 1: Strengthening of the national regulatory and policy framework for health care waste management					
Outcome 1.1:	National Health Care	Although a National	National Strategy on	National Strategy on	Assumption: The

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
The policy framework for Health Care Waste Management enhanced	Waste Management Strategy revised and updated. National Strategy for Anatomical Waste developed.	Strategy (2008- 2012) on HCWM was elaborated, it has never been approved/adopted due to lack of funding for its implementation. The collection, safeguarding and transport of anatomical wastes is highly inadequate.	Healthcare waste management in the Kyrgyz Republic finalized. National Strategy for Anatomical Waste drafted.	HCWM available. National Strategy for Anatomical Waste available.	project will be able to support the development of a strategy and accompanying Plan of Action that is based on actual HCWM funding available to ensure that the strategy can be adopted.
Outcome 1.2: The regulatory and policy framework for Health Care Waste Management enhanced.	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	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	Standards on technologies for the processing and final disposal of HCW available. Standards on HCW in immunization offices available. Standards on DoD available. Standards on treatment of chemical and pharmaceutical waste available.	

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
		<p>facing.</p> <p>A major challenge remains the implementation and enforcement of regulations and guidelines, which are often issued without providing HCFs or stakeholders with any support or capacity building to enable them meet the requirements set-out in these regulations/guidelines.</p>	<p>practices developed.</p> <p>Job descriptions for those responsible for HCWM at HCFs developed.</p> <p>Import ban drafted on PVC containing syringes and other medical products for which cost- effective alternative are available.</p>	<p>Standards on monitoring HCWM practices available.</p> <p>Job descriptions for those responsible for HCWM at HCFs available.</p> <p>Import ban on PVC containing syringes and other medical products for which cost- effective alternative are available.</p>	
Component 2. Implementation of Best Available Technologies (BAT), Best Environmental Practices (BEP) for HCWMsystems					
<p>Outcome 2.1:</p> <p>Accurate insight in the HCWM situation at each of the HCFs supported by the project devices, supplies and Technical</p>	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.	<p>All HCFs have participated in a HCWM assessment.</p> <p>An accurate UPOPs and Hg baseline has been established for each HCF.</p>	I-RAT reports (incl. Hg assessments) available for all assessed HCFs.	Assumption: All HCFs are willing to participate in baseline assessments and are open to sharing information related to their current HCWM practices.

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
Assistance (TA) needs determined for each HCF					
Outcome 2.2: Allocation of HCWM technologies,	Detailed procurement and TA plan for the implementation of Phase I Updated Zoning Plan	<p>Some information is available on the type of TA and equipment/supplies that would be required for HCFs see also Annex V), however detailed information for each HCFs will be required to draw up a sound procurement and TA plan.</p> <p>A Zoning Plan was developed in 2012 (see Annex VI) but is currently out-dated. The Zoning Plan will also require revision to reflect the outcomes of the I-RATs</p>	<p>For each HCF, HCWM equipment, Technical Assistance (TA) and funding needs have been determined/calculated for the first phase of the project.</p> <p>The HCF “Treatment Zoning” plan (using GIS/Remote Sensing) has been revised/updated.</p> <p>A detailed procurement and TA plan has been drawn up for the first phase of the project’s implementation.</p>	<p>Detailed budget for each of the project’s HCFs has been prepared. An updated “Zoning Plan” is available.</p> <p>Procurement/TA plan is available</p>	Assumption: Ministry of Health would be willing to update/revise its zoning plan based on information, lessons-learned and experiences as they become available

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
Outcome 2.3: UPOPs releases reduced as a result of improved HCWM systems in supported HCFs (850,000 US\$)	<i>% as compared to I-RAT baseline established at the start of the project (outcome 2.1)</i>	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.	Signed MoUs.	Assumption: Project HCFs are willing to sign MoUs. Assumption: Treatment hubs and satellites located in the zone supported by the project are willing to sign cost-sharing agreements for the treatment of their infectious waste.
	Waste segregation improved by xx %		HCF staff trained in best practices for HCWM, including:	Certificates of training completion and attendance sheets of training sessions.	
	Number of HCFs that send their disinfected syringes to recyclers increased by xx %		Responsibilities for HCWM assigned and waste management committees operationalized in each project HCF.	List of committee members and copy of regular meeting minutes available.	
	Average HCF infectious waste volumes reduced 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.	HCWM plans drawn up for each project HCF.	HCWM plans available.	
	No of project HCFs practices composting increased by xx %		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.	Certificates of training completion and attendance sheets of training sessions.	
	Percentage of project HCFs that have introduced non-incineration technologies xx %	Common HCWM challenges faced by HCFs are: Lack of awareness on the	Xx managers and professionals trained	Monitoring and reporting systems in place in each HCF and daily updated. Logbook available	

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
	<p>Waste monitoring installed.</p> <p>No. of incidences/accidents involving infectious waste reduced by xx %</p> <p>Transportation of infectious and anatomical waste exclusively assumed by authorized vehicles.</p> <p>Average costs for HCWM reduced by xx%</p>	<p>dangers of HCW and the risks to human health and the environment in combination with absence of training opportunities.</p> <p>Absence of sufficient and adequate technologies, devices and supplies to manage HCW soundly.</p> <p>Sub-optimal operation of the HCWM model in HCFs where treatment technologies have been installed.</p> <p>Inadequacies in waste flows and transportation of waste on the premises of HCFs</p> <p>Cluster-hub system and HCW transportation system not yet operational.</p> <p>Certain HCFs have a contract with a local recycler, which collects chemically disinfected syringes.</p> <p>Although the SRC/MoH</p>	<p>on HCWM related procurement, accounting and budgeting; monitoring and reporting; and HCWM related record keeping (incidents, accidents, waste recording, etc.)</p> <p>8 Bishkek hospitals and 3 polyclinics supported in refurbishing/preparing waste storage locations and locations for technology installation (110,000 US\$)</p> <p>Non-incineration technologies and HCWM supplies procured and installed for all project HCFs (11 HCFs in Bishkek, 1 zone and 100 FAPs):</p> <p>Project HCFs equipped with HCWM supplies and</p>	<p>on number of incidents and waste generation rates for each of the HCFs.</p> <p>Photo materials (before and after)</p> <p>Photos of HCWM supplies and installed treatment technologies. SOP for procured technologies available in each project HCF.</p> <p>Certificates of training</p> <p>completion and attendance sheets of</p>	

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
		<p>has successfully demonstrated composting at the rural level, none of the HCFs in Bishkek undertake composting.</p> <p>Transportation of infectious HCW in the city of Bishkek is extremely inadequate, more often than not, using passenger cars or ambulances, which are also used to transport patients, healthcare staff, etc.</p> <p>The City Health Department has received 1 transport vehicle through the phase I Global Fund project, which will soon be used to transport infectious HCW, between HCFs and treatment hubs. However the delivery/pick-up schedule has not yet been worked out in detail.</p>	<p>nonincineration technologies.</p> <p>xx Global Fund recipient HCFs equipped with additional nonincineration technologies/HCWM</p> <p>supplies zone equipped with sufficient treatment capacity/HCWM supplies (including the zone's hub treatment facility, its satellites as well as decentralized facilities).</p> <p>(Pilot) 100 FAPs in rural areas equipped with pressure cookers and necessary capacity building and HCWM supplies.</p> <p>Standard Operating Procedures (SOPs) for the procured technologies prepared/revised.</p>	<p>training sessions.</p> <p>Signed cost-sharing agreements.</p> <p>Optimized route schedule available.</p> <p>GIS/Remote Sensing maps available of the Bishkek transportation routes, clusters and treatment technologies.</p> <p>Waste logs kept at recipient hub indicating the amount, origin and state of waste received from the cluster HCFs.</p>	

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
			<p>Autoclave operators and other staff trained on SOPs, safety precautions, and quality control of the new technology.</p> <p>Draft cost-sharing agreements for infectious waste treatment between service HCF and recipient HCF developed.</p> <p>Optimum transportation routes determined</p> <p>Staff involved in infectious waste transportation trained on the safe handling of HCW and Mercury</p>		
	National Implementation Plan (NIP) on Stockholm Convention obligations with inclusion of new POPs reviewed and updated, with elaboration of specific action plans on	The Government is carrying out several non-coordinated actions on POPs (update of inventories on pesticidal POPs in 5 regions, PCB management, inventory and partial disposal, planning	<p>Updated NIP structure and content agreed in consultations with relevant stakeholders.</p> <p>A first draft of updated NIP prepared which contains preliminary</p>	<p>Project reports</p> <p>Draft and final NIP update documents</p> <p>Comments from the relevant stakeholders;</p>	

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
	new POPs.	better control of uPOPs, improving of existing regulations).	<p>draft of the inventory, guidelines, legislation and action plan and circulated.</p> <p>Final draft of the NIP completed and circulated for review within the main stakeholders.</p> <p>Updated NIP submitted for approval to the Government, approved and submitted to the Secretariat.</p> <p>Waste Project HCF staff trained in composting and plastics recycling.</p> <p>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</p>	<p>Certificates of training</p> <p>completion and attendance</p> <p>sheets of training sessions.</p> <p>Hospital records indicating the amount of disinfected waste sold to recyclers.</p> <p>Photos of composting stations.</p>	

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
			Bishkek landfill.		
Outcome 2.4: National training modules on HCWM available and being used by the MoH (preventive Medicine), national training centers and Medical Faculties.	Training possibilities/opportunities on HCWM offered by national teaching institutions and schools.	<p>Lack of a systematic approach to training medical and nursing staff on HCWM resulting in low awareness on the dangers of HCW and the risks to human health and the environment.</p> <p>As part of the Global Fund Phase II project, the MoH institute “Preventive Medicine” has developed training modules, with support of UNICEF and will be providing this training to various target groups.</p> <p>The “National Training Center” provides post-graduate training (continuous professional development) as well as educational training for healthcare staff, which contains modules on</p>	<p>National training modules developed by Preventive Medicine as well as those used by the National Training Centre have been revised/improved based on the WHO Healthcare Waste Project Global Training Materials</p> <p>MoUs signed between the project and medical university faculties and nursing schools.</p> <p>Training modules on HCWM designed and subsequently embedded in the curricula of the Medical Academy as well as the Medical Facility of the Kyrgyz-Russian-Slavic University and</p>	<p>National training modules finalized and approved for use at national level.</p> <p>National training modules being used by Preventive Medicine and the National Training Centre.</p> <p>Signed MoUs</p> <p>HCWM modules/training embedded in curricula at the <u>Medical Academy</u> as well as the Medical Facility of the Kyrgyz-Russian-Slavic University</p> <p>Medical and nursing</p>	<p>Assumption: The Ministry of Health Department on nosocomial infections and medical wastes, Preventive Medicine and UNICEF are open and willing to revise the national training modules based on the 2013 WHO <i>“guidelines “Safe management of wastes from health-care activities”</i> using the UNDP GEF Healthcare Waste Project Global Training Materials.</p> <p>Risk: Low</p> <p>Assumption: The Medical Academy, the <u>Medical Facility of the Kyrgyz- Russian-Slavic University</u> and the <u>National Training Center</u> are open to</p>

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
		HCWM.	potentially a number of nursing schools.	students are being tested on HCWM knowledge as part of their education.	embedding/revising HCWM related modules in their programmes. Risk: Low
COMPONENT 3: IMPLEMENT MERCURY WASTE MANAGEMENT AND REDUCTION ACTIVITIES FOR THE CITY OF BISHKEK					
Outcome 3.1: Strengthened policy and regulatory framework to enable the phase-out/down of mercury containing products and encourage Hg-free or lower level Hg products	A regulatory framework pertaining to the management of Mercury containing products is developing and available.	<p>In Kyrgyzstan, the management of Mercury containing products is not being addressed, whether in the healthcare sector or any other sector.</p> <p>When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with regular municipal waste.</p> <p>No special measures are taken to protect healthcare facility staff, the environment or people/communities coming in close contact with such wastes.</p> <p>There are no restrictions on the importation of high</p>	<p>National action plan on the LCM of Hg containing products developed.</p> <p>National standards/guidelines on the management, storage and disposal of mercury containing products developed for large public and private entities, as well as HCFs.</p> <p>MSP degree drafted prescribing a phased approach/total phase-out for the use of Hg-containing thermometers.</p> <p>EU RoHS directives for lighting products</p>	<p>Draft National Action Plan on LCM of Hg containing products available.</p> <p>Draft national standards/guidelines on the management, storage and disposal of mercury containing products available.</p> <p>Draft MSP degree prescribing a phased approach/total phase-out for the use of Hg-containing thermometers available.</p> <p>Draft degree to transpose EU RoHS</p>	<p>Assumption: The Ministry of Health would be willing to start the phase-out of Mercury-containing thermometers.</p> <p>Assumption: The Ministry of Trade would be willing to introduce import restriction on high-level Mercury containing energy saving lamps.</p>

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
		<p>Hg-content lamps (CFLs, tubes) or Hg- containing medical devices.</p> <p>Guidelines on the management, storage and disposal of Hg containing lamps are not available.</p> <p>Maximum permissible concentration (MAC) for metallic mercury (Hg) are set for air, water and soil.</p>	<p>transposed into national regulations through a degree.</p> <p>Assessment of potential Cost-Recovery Mechanisms for the future disposal/treatment of Mercury containing products conducted.</p>	<p>directives for lighting products into national regulations available.</p> <p>Assessment report of potential Cost-Recovery Mechanisms for the disposal/treatment of Mercury containing products available.</p>	
Outcome 3.2: Improved Mercury management practices at HCFs and phase-out of Mercury containing thermometer	80% of project HCFs have introduced Mercury-free devices.	<p>Mercury containing sphygmomanometers have been phased-out approximately 10 years ago, however Mercury containing thermometers are still in wide use. In 2011 and 2012, respectively 203,121 and 116,034 were imported.</p> <p>When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with regular municipal waste.</p>	<p>Hg baseline assessments completed for each project HCF (as part of the I-RATs, see Activity 2.1.1).</p> <p>Mercury management and phase- out plans developed and implemented for each project HCF (included in the development of HCWM plans as part of Activity 2.3.2).</p> <p>500 medical personnel trained in the clean-up, storage and safe</p>	<p>I-RAT reports (incl. Hg assessments) available for all assessed HCFs.</p> <p>HCWM plans available for each project HCF (including Hg management and phase- out plans)</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Videos posted on</p>	<p>Assumption: Healthcare facilities participating in the project are open to participating in the staff preference studies and subsequently phasing out Hg-containing thermometers and replacing them with Mercury-free alternatives.</p> <p>Risk: Low</p> <p>Cost-effective Hg-free alternatives for medical devices and low Hg</p>

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
		Currently there are no safeguarding procedures in place at HCF level to ensure the safe clean-up, management and storage of broken thermometers or other mercury containing wastes, as such exposing healthcare facility staff, patients or visitors to Hg exposure.	<p>transport of Hg wastes.</p> <p>Training video produced on "Cleanup and Temporary Storage of Mercury Waste for Health Care Facilities" in Kyrgyz and Russian and used in training activities.</p> <p>Study on staff preferences for cost-effective Hg-free alternatives conducted at a number of project HCFs.</p> <p>Mercury-free thermometers introduced at the project's HCFs and personnel trained in their use.</p> <p>Emergency response teams (Ministry of Emergencies) trained on how to respond to large Mercury spills.</p>	<p>YouTube in both Russian and Kyrgyz.</p> <p>Report on Staff preference study available.</p> <p>Collected amount (no. and weight) of Hg-containing thermometers replaced with Mercury-free devices.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p>	<p>content CFLs and tubes are available in the country.</p> <p>Risk: Low</p> <p>As co-financing, facilities allocate adequate storage space for interim Hg-waste storage, appoint waste management committee members, and allocate staff time to participate in training on Hg LCM, staff preferences study as well as the use of Hg-free alternatives.</p> <p>Risk: Low</p>
Outcome 3.3:	Phased-out Mercury	Currently such wastes end	Assessment for short-	Assessment	Assumption:

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
Intermediate and long-term storage options for Mercury containing wastes identified	containing thermometers have been safely disposed of as possible within the limitations of the infrastructure present in Kyrgyzstan.	<p>up at the Bishkek landfill site, which is not engineered and doesn't have any leachate control, allowing Mercury to seep into the leachate and end up polluting nearby soil and water resources.</p> <p>The dumpsite is also not fenced and waste pickers living on adjacent plots, have free access to pick through the waste, and as such expose themselves and their families to Mercury containing wastes.</p>	<p>term, interim and long-term storage and disposal options for Mercury containing spent products and Hg containing wastes completed (<i>e.g. Khaidarkan Mercury Mine and Plant, EBRD hazardous cell, EBRD demercurization plant, interim storage, disposal abroad, etc.</i>).</p> <p>Treatment/Disposal solution identified for the Mercury-containing equipment phased-out as part of the project.</p>	<p>published.</p> <p>Written agreement signed for the storage or disposal of the Mercury-containing equipment phased-out as part of the project.</p>	<p>Khaidarkan Mercury Mine and Plant would be willing to and has the capacity to recycle the Hg from the thermometers.</p> <p>Assumption: The Bishkek Mayor's office and the EBRD are willing to accommodate the thought for a specially allocated cell for hazardous waste or a demercurization facility.</p> <p>Assumption: by the time the project comes to an end, the construction of a hazardous waste disposal site has been completed in Kazakhstan.</p> <p>Assumption: by the time the project comes to an end, a interim</p>

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
					storage facility for hazardous wastes (PCBs) has been established in Kyrgyzstan
COMPONENT 4: MONITORING, ADAPTIVE FEEDBACK, OUTREACH AND EVALUATION					
Outcome 4.1: Project's results sustained and replicated	Number of high quality monitoring and evaluation documents prepared during project implementation.	No documents in baseline situation.	<p>4 Quarterly Operational Reports submitted to UNDP each year</p> <p>1 annual APR/PIR submitted to UNDP each year.</p> <p>1 Mid-term project review. M&E results and insights are applied to provide feedback to the project coordination process, and have informed/redirected the design and implementation of the second phase of the project.</p> <p>The MTE will inform on how many additional technologies would</p>	<p>4 QORs available for each project year.</p> <p>APR/PIR available for each project year.</p> <p>Mid-Term Evaluation Report available.</p> <p>Mid-Term Evaluation Report available.</p> <p>Lessons-learned from the project easily accessible and</p>	<p>Assumptions: It is assumed that the project manager will prepare all the reports that are required by the GEF and UNDP.</p> <p>Risk: Low</p>

	Indicator	Baseline	Targets End of project	Sources of verification	Risks and assumptions
			<p>have to be purchased and how much additional capacity building would have to be carried out in the second half of the project.</p> <p>1 Final evaluation.</p> <p>MTE and FE must include a lessons learned section and a strategy for dissemination of project results.</p> <p>Lessons learned and best practices are accumulated, summarized and replicated at the country level.</p>	<p>searchable on-line.</p> <p>Project related documentation, photos and videos posted on the project's website and Facebook page.</p> <p>Reports submitted to UNDP</p>	