



PROJECT IDENTIFICATION FORM (PIF) ¹

PROJECT TYPE: Full-sized Project

TYPE OF TRUST FUND: GEF Trust Fund

PART I: PROJECT IDENTIFICATION

Project Title:	Hospital Waste Management Support Project		
Country(ies):	Vietnam	GEF Project ID: ²	
GEF Agency(ies):	WB (select) (select)	GEF Agency Project ID:	
Other Executing Partner(s):	Vietnam Health Environment Management Agency, Ministry of Health (VIHEMA) Sub-executing Agency: Vietnam Environmental Administration, Ministry of Natural Resources and Environment (VEA)	Submission Date:	2011-08-29
GEF Focal Area (s):	Persistent Organic Pollutants	Project Duration (Months)	60
Name of parent program (if applicable): ➤ For SFM/REDD+ <input type="checkbox"/>		Agency Fee (\$):	630,000

A. FOCAL AREA STRATEGY FRAMEWORK³:

Focal Area Objectives	Expected FA Outcomes	Expected FA Outputs	Trust Fund	Indicative Grant Amount (\$)	Indicative Co-financing (\$)
(select) CHEM-1	Outcome 1.3 POPs releases to the environment reduced	Output 1.3.1 Action plans addressing unintentionally produced POPs under development and implementation	GEFTF	5,650,000	135,000,000
(select) CHEM-3	Outcome 3.1 Country capacity built to effectively manage mercury in priority sectors	Output 3.3.1 Countries receiving GEF support for mercury management and reduction, on a pilot basis	GEFTF	500,000	3,000,000
(select) CHEM-3	Outcome 3.2 Contribute to the overall objective of the SAICM of achieving the sound management of chemicals throughout their life-cycle.	Output 3.2.1 Countries receiving GEF support to implement SAICM relevant activities, including addressing persistent toxic substances and other chemicals of global concern (other than mercury), on a pilot basis.	GEFTF	500,000	5,000,000
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)			(select)		
(select) (select)	Others		(select)		
Sub-Total				6,650,000	143,000,000
Project Management Cost ⁴			GEFTF	350,000	7,000,000

¹ It is very important to consult the PIF preparation guidelines when completing this template.

² Project ID number will be assigned by GEFSEC.

³ Refer to the reference attached on the [Focal Area Results Framework](#) when filling up the table in item A.

⁴ GEF will finance management cost that is solely linked to GEF financing of the project.

Total Project Cost	7,000,000	150,000,000
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B. PROJECT FRAMEWORK

Project Objective: 1. Project Objective: The project development objective is to reduce environmental degradation and potential risks for human health through the improved management of health care waste in Vietnam’s hospitals. This will be achieved through improved systems for health care waste management in Vietnam’s hospitals, and a strengthened Government stewardship role in regulating, providing implementation support, monitoring and enforcing effective health care waste management practices.

GEF grant will contribute to the IDA PDO with a focus on reduction of releases of Persistent Organic Pollutants, Mercury and toxic wastes from healthcare sector.

Specific Objectives:

- A Significant amount of unintentionally produced Persistent Organic Pollutant (UPOPs) reduction achieved through development and pilot application of BAT/BEP options for healthcare facilities.
- Environmental and human health risk related to POPs and PTS releases from healthcare sector assessed and reduced.
- Integrated policy, legal and institutional framework for management of POPs and PTS releases in healthcare sector established, strengthened and introduced to be applied nation-wide.
- Mercury inventory, risk management mechanism and reduction of mercury releases achieved in healthcare sector.

Project Component	Grant Type	Expected Outcomes	Expected Outputs	Trust Fund	Indicative Grant Amount (\$)	Indicative Cofinancing (\$)
Component 1. Mainstreaming BAT/BEP into management of healthcare waste for reduction of POPs and related PTS (management and supervision under VIHEMA/MOH	Inv	<p>1.1. Mainstreamed BAT/BEP application for POPs, related PTS and mercury reduction in Healthcare waste management facilities</p> <p>1.2. Good practices for HCWM in health facilities piloted and scaled up to reduce POPs, mercury and PTS releases from HCW;</p> <p>1.3. Healthcare staff have good knowledge and good practices of POPs and other PTS management, and follow all relevant regulatory documents;</p> <p>1.4. Equipment for monitoring key operating parameters of incinerators and other facilities in place.</p> <p>1.5. Substandard incinerators phased out and environmentally friendly technical alternatives introduced;</p>	<p>- Provincial Preventive Medicine Centers, and National Institute of Occupational and Environmental Health, Institute of Hygiene and Public Health in HCM city, Nha Trang Pasteur Institute, Institute of Hygiene and Epidemiology of Tay Nguyen will be equipped for monitoring key operating parameters of incinerators for early detection the risk of releases of un-intentionally produced POPs (UPOPs). –</p> <p>- Implementation of BAT/BEP for POP reduction in participating healthcare facilities (including technology upgrades to meet standards where feasible).</p> <p>- Monitoring and inspection of healthcare facilities and medical waste incinerators</p> <p>- Guidelines of healthcare waste management technological alternatives</p>	GEFTF	3,000,000	128,000,000

		1.6. Training program implemented in a sustainable manner for lasting post project impact;	<ul style="list-style-type: none"> - Number of HCW management plans approved (IDA); - Number of hospital grants approved and completed (IDA). 			
Component 2. Development and Strengthening of integrated Policy, Legal and Institutional framework for mainstreaming POPs, mercury, and other toxic substances management in healthcare sector	TA	<p>2.1. Integrated policy and legal framework developed for mainstreaming POPs, mercury, and other toxic substances management in healthcare sector (management and supervision under VIHEMA/MOH and collaboration with VEA/MONRE)</p> <p>2.2. Institutional and Capacity for management and reduction of UPOP, mercury and related PTS in healthcare sector improved (management and supervision under VIHEMA/MOH)</p> <p>2.3. Improved coordination between VEA/MONRE, VIHEMA, and the Environment Police and other relevant units for monitoring and enforcement of health care waste management including POPs, mercury and other PTS (management and supervision under VEA/MONRE and VIHEMA/MOH)</p> <p>2.4. Health Impact Assessment (HIA) for POPs and mercury used as tool to guide development of policy and practice (management and supervision under VIHEMA/MOH);</p>	<p>Environmental policies developed to support the improvement of healthcare waste management</p> <ul style="list-style-type: none"> - Environmental standards developed for monitoring and control of UPOP and PTS releases from healthcare waste treatment - Improved regulations on hazardous waste management to be applied for healthcare waste (revision, development of guidelines, etc.) - Regulation and guidelines for inspection of environmental management on healthcare sector, including POPs/PTS control. - Series evaluation and statement workshops will be held with stakeholder participation. - POPs reduction and mercury free strategies for healthcare sector developed. - New legal and regulatory documents developed to support implementation of POPs reduction and mercury free strategy in the healthcare sector; - Guidance/ guidelines for good practices of HCWM developed to maximize POPs and PTS reduction - Legal document, agreement and action plans developed for harmonization of activities 	GEFTF	1,650,000	9,000,000

		<p>2.5.Public-private partnership policies supported as main delivery mechanism for healthcare waste treatment (management and supervision under VIHEMA /MOH and collaboration with VEA/MONRE)</p> <p>2.6.Improved Public awareness, capacity and training activities for Policy makers, regulators, technician, waste management staff, general public. (management and supervision under VIHEMA/MOH and collaboration with VEA/MONRE)</p> <p>- New or revised policies and regulatory documents for HCWM adopted and applied (IDA);</p> <p>- Improved knowledge and skills of key health personal in HCWM practices (IDA).</p>	<p>and improvement of efficiency and efficacy of VEA/MONRE, VIHEMA, and the Environment Police for pollution control of healthcare activitites.</p> <p>- Guidelines on POPs, mercury and other PTS monitoring and supervision included into relevant HCWM guidelines;</p> <p>- HIA method on POPs, mercury and other PTS developed;</p> <p>- Pilot model of Public – Private Partnership (PPP) conducted; Models of PPP developed for supporting investment and development of healthcare waste treatment .</p> <p>- Training modules of POPs, PTS and Mercury developed, integrated to HCWM training frame work and implemented widely.</p> <p>- New or updated regulatory instruments for HCWM (IDA);</p> <p>- Strengthened Executive Committee for environmental protection in the health sector (IDA);</p> <p>- Cadre of trained professionals (IDA);-</p>			
Component 3. POPs and PTS risk assessment, management and reduction for the environment (management and supervision under VIHEMA/MOH and collaboration with VEA/MONRE)	TA	<p>3.1 Healthcare related POP and PTS risk assessed and understood by relevant stakeholders and communities.</p> <p>3.2. Information system, database for monitoring and management of POP and PTS releases from healthcare activities into environment established;</p>	<p>-Technical guideline for POPs/PTS releases monitoring for healthcare sector.</p> <p>- National survey on persistent toxic substances (PTS) in the health sector will be conducted.</p> <p>- Information System (including GIS) established for management and risk control of POP/PTS releases into environment</p>	GEFTF	1,500,000	3,000,000

		3.3. Risk management models /mechanism for POP and PTS releases from healthcare activities developed and introduced widely. 3.4. Strengthened capacity for monitoring of POPs, mercury and other PTS releases from HCWM	- Database of POPs sources in the health sector established and connected to national database system. - A study of PTS impact on human health conducted. - Improved infrastructure for monitoring HCWM (IDA).			
IV.Component 4: Demonstration of sound management of mercury in healthcare sector (management and supervision under VIHEMA/MOH)	TA	4.1 National inventory and database of mercury sources in healthcare sector established and integrated into other relevant information system. 4.2. Strategy for mercury free in healthcare facilities developed 4.3 Management model with BAT/BEP options for mercury risk control and reduction developed and introduced 4.4 Risk control model developed	Inventory of mercury sources and releases for healthcare sector. - Pilot application of BAT/BEP for mercury reduction in healthcare waste management facilities - Developed and demonstrated options for sound management of mercury in healthcare facilities (03 models of Mercury Free Hospital piloted at national, provincial and district level)	GEFTF	500,000	3,000,000
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
	(select)			(select)		
			Sub-Total		6,650,000	143,000,000
			Project Management Cost ⁵	GEFTF	350,000	7,000,000
			Total Project Costs		7,000,000	150,000,000

C. INDICATIVE CO-FINANCING FOR THE PROJECT BY SOURCE AND BY NAME IF AVAILABLE, (\$)

Sources of Cofinancing	Name of Cofinancier	Type of Cofinancing	Amount (\$)
GEF Agency	World Bank	Soft Loan	150,000,000
(select)		(select)	
(select)		(select)	
(select)		(select)	
(select)		(select)	

⁵ Same as footnote #3.

(select)		(select)	
(select)		(select)	
(select)		(select)	
(select)		(select)	
(select)		(select)	
Total Cofinancing			150,000,000

D. GEF/LDCF/SCCF RESOURCES REQUESTED BY AGENCY, FOCAL AREA AND COUNTRY¹

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

¹ In case of a single focal area, single country, single GEF Agency project, and single trust fund project, no need to provide information for this table

² Please indicate fees related to this project.

PART II: PROJECT JUSTIFICATION

A. DESCRIPTION OF THE CONSISTENCY OF THE PROJECT WITH:

A.1.1 the [GEF focal area/LDCF/SCCF](#) strategies:

The proposed project is fully in line with the GEF-5 strategy for Persistent Organic Pollutants. The project, which addresses a key NIP priority for Vietnam, directly responds to Outcome 3 of Objective 1 of the GEF-5 strategy, to reduce the releases of dioxins to the environment from non-industrial sources through the implementation of Best Available Techniques and Best Environment Practices.

The project also responds to Objective 3 of the Strategy to pilot Sound Chemicals Management and Mercury reduction.

A.1.2. For projects funded from LDCF/SCCF: the LDCF/SCCF eligibility criteria and priorities:

A.2. national strategies and plans or reports and assessments under relevant conventions, if applicable, i.e. NAPAS, NAPs, NBSAPs, national communications, TNAs, NIPs, PRSPs, NPFE, etc.:

Vietnam's national Implementation Plan for the Stockholm Convention, submitted in 2007 identifies the "management of healthcare wastes to reduce POPs and other toxic releases" as one of 15 national priorities for implementation in the short to middle term.

B. PROJECT OVERVIEW:

B.1. Describe the baseline project and the problem that it seeks to address:

The proposed GEF project is directly linked to the \$ 150 million IDA credit approved by the World Bank Board in March 2011.

Improvement of Health Care Waste Management (HCWM) is an important public health and environmental policy objective in Vietnam. Findings of several health facility surveys conducted indicate that only 65% of hospitals segregated waste, 20 to 25% of hospital waste was treated as hazardous, and only 7% of hospitals had the capacity to properly treat hazardous waste. There has been significant media coverage of improper health care waste management practices and complaints from communities. Concern about health care waste management have led to discussions in the National Assembly, the Ministry of Health issuing a new Regulation on health care waste management under Decision 43/2007/QD-BYT in late 2007, and the Prime Minister making a commitment that by 2010 all hazardous health care solid waste, and by 2015 all liquid waste, would be appropriately treated.

The development objective of the Hospital Waste Management Support Project is to reduce environmental degradation and potential risks for human health through the improved management of health care waste in Vietnam's hospital. There are three components to the project. The first component of the project is policy and institutional environment strengthening. The aim of this component is: (i) to create enabling policy environment for effective management of health care waste generated by the health sector, and (ii) to strengthen the institutional capacities of relevant ministries and agencies to implement, monitor and enforce health care waste pollution standards and associated management practices. The second component of the project is hospital

waste management improvement facility. The objective of this component is the strengthening of individual health care facilities in environmentally sound health care waste management and occupational safety practices. The component will provide grants to finance sub-projects in eligible central and provincial hospitals, with a priority on larger hospitals (which are typically larger waste generators) in more densely populated areas. The third component of the project is project implementation support and coordination. This component will support: (i) the establishment and operation of the Central Project Management Unit (CPMU) under the Ministry of Health (MOH) and concerned ministries and agencies in implementing the project.

- B. 2. [incremental /Additional cost reasoning](#): describe the incremental (GEF Trust Fund) or additional (LDCF/SCCF) activities requested for GEF/LDCF/SCCF financing and the associated [global environmental benefits](#) (GEF Trust Fund) or associated adaptation benefits (LDCF/SCCF) to be delivered by the project:

With 1,186 hospitals and patient bed capacity of over 187,000, Vietnam's health care sector is estimated to generate in the order of 350 tons of health care waste (HCW) per day. Incineration is the most widespread technology for the treatment of HCW. Besides infectious waste, health care sector also uses equipment and supplies containing mercury and generates Persistent Toxic Substances (also referred to as Persistent Bioaccumulative and Toxic Chemicals) comprising antibiotics, invalid drugs, genotoxic, and other chemical from laboratories. So far the volumes and impact of these waste have not been estimated in Vietnam. Many health professionals have only limited awareness about toxic contaminants that enter the environment. They often have less than full knowledge about the public health and environmental impacts associated with mercury pollution, and often consider burning or incineration of health-care waste, even in devices without air pollution control systems, to be a positive public health measure. The strategic five-year plan for Vietnam's health care sector (2011-2015) lays emphasis on strengthening the country's health systems, and calls for compliance of the country's health systems in managing dangerous health care waste. By to-date, several development partners have provided support in health care waste management area, including the governments of Australia, France, Germany and Japan, the Asian Development Bank, the World Health Organization and the GEF itself, through a global demonstration project promoting non-burn technology and good waste management practices in 2 hospitals. Approval of the recent World Bank IDA financed project offers a prime opportunity to build upon and scale-up the valuable support that has been extended in this sector to date by all development partners, in order to ensure the uptake and integration of POPs and mercury policy into Vietnam's national HCWM policy framework.

The Government of Vietnam has ratified the Stockholm Convention on Persistent Organic Pollutants, in which the issue of HCW figures prominently. The Ministry of Natural Resource and Environment (MONRE), the designated national focal point for GEF activities, in collaboration with the Bank, is in the process of developing a Program Framework to control and eliminate POPs and mercury release. Recognizing the environmental and human health implications from dioxin and mercury releases resulting from the improper HCWM, within this program Framework this project would focus on strengthening POPs and mercury emissions reductions from HCW, as well as associated management and enforcement requirements. The proposed project

will focus on evaluating alternative technologies to the burning of HCW, on stronger enforcement of the environmental safety of existing incineration of HCW at both health care facilities and centralized arrangements through the piloting of a cluster-approach to HCW treatment and disposal.

As discussed above, the requested GEF grant will provide incremental support to emphasize and deepen the engagement in the POPs, mercury and PTS global environmental issues that are the focus of the GEF. As proposed, POPs, mercury and PTS considerations will be streamlined in the regulatory and capacity building activities envisaged under component 1 of the IDA project, and will be cascading down to provinces and individual health care facilities through the IDA project Component 2. The GEF incremental support will also help to deepen collaboration between VIHEMA and the Ministry of Health and MONRE and the Environmental Police and so help to mainstream and amplify the impact of health sector oriented health care waste management project with the national overall environmental policy agenda and institutional strengthening. Under the second component linked to the Hospital Waste Management Improvement Facility of the IDA grant, the GEF increment will support the implementation of BAT/BEP for POPs reduction in HCWM at the hospital facility level, an emphasis on reduction of releases of toxics throughout the generation and treatment of medical waste, and piloting mercury-free hospitals at all levels.

- B.3. Describe the socioeconomic benefits to be delivered by the Project at the national and local levels, including consideration of gender dimensions, and how these will support the achievement of global environment benefits (GEF Trust Fund) or adaptation benefits (LDCF/SCCF). As a background information, read [Mainstreaming Gender at the GEF.](#)":

The most important benefit of the project is positive effects on the environment: POPs are harmful for environment as well as humans long after they are emitted. Sound management of POPs emitted from health care facilities could contribute to successful implementation of the national implementation plan for the Stockholm Convention, thus helping protect the environment effectively and sustainably.

Successful implementation of the project will contribute significant socioeconomic benefits by reducing environmental degradation and potential risks to human health through the adoption of improved HCW management and instituting a strengthened stewardship role for Government in regulating, monitoring and enforcing effective HCWM policies and practices.

Direct project beneficiaries of improved health care waste management will include: (i) an estimated 150 central and provincial hospitals, their patients, management and staff, and surrounding communities, from better environmental management, infection control and improved occupational safety practices; (ii) relevant MOH departments, scientific, research and training organizations, from institutional strengthening and unambiguous standards for pollution control; (iii) MONRE and Environment police, from improved coordination for monitoring and enforcement of health care waste management; and (iv) provincial and district level health and environmental administrations from institutional strengthening. Strengthening the health care waste management function in autonomous hospitals is also expected to have spill-over benefits by strengthening other management process.

Furthermore, successful models of sound management of health care waste that reduce POPs emission at local level will be extended to other health care facilities. Public–Private Partnership models will also be extended, thus reducing public expenditures on health care waste and improving effectiveness of public investment as well.

- B.4 Indicate risks, including climate change risks that might prevent the project objectives from being achieved, and if possible, propose measures that address these risks to be further developed during the project design:

The key risks fall into two main categories related to i) policy and key stakeholders, and ii) project technical design. Policy and key stakeholder related risk is associated with commitment to integrating POPs and mercury reduction concerns into HCW management improvement. This is deemed to be low as the Government has affirmed its commitment to address HCW management by including it in the National Socio-Economic Plan and in its strategic five-year plan for the health sector. Institutional management risk is considered to be moderate, stemming principally from the existing fragmentation of HCW management related responsibilities in the Government and low institutional capacity. Components 1 and 2 of the WB project will specifically support capacity building for key institutional stakeholders.

The main technical design risk comprise: (i) capacity constraint regarding selection of appropriate technology in a decentralized implementation arrangement, and (ii) managing change from historical reliance on incineration towards non-burning solid waste technologies that, while environmentally sound, may pose practical challenges for health care facilities regarding combining several alternative technologies to treat different types of health care waste and which may face initial resistance. To mitigate risks, generic health care waste management guidelines, incorporating POPs and mercury, will be developed along with guidelines for appropriate technology selection, and targeted information, education and capacity building activities will be organized. The Technical Advisory Group within the CPMU will be responsible for providing technical, financial management and procurement support via telephone, email, site visits and workshops; and, request for new incineration capacity at individual hospital-level or existing capacity upgrades will be subjected to expert feasibility review on a case-by-case basis.

- B.5. Identify key stakeholders involved in the project including the private sector, civil society organizations, local and indigenous communities, and their respective roles, as applicable:

The key stakeholders of the project are the Ministry of Health, Vietnam Health Environment Management Agency, Ministry of Environment and Natural Resources, Environmental Police at national and provincial levels, selected health care facilities, their staff and surrounding communities, four national public health institutes and provincial level preventive health centers. Project will measure changes in community perceptions and awareness of waste management issues impacted by the project. At provincial level, provincial health care waste management plans and hospital waste management plans and improvement projects will be disclosed. Vietnam also has established contacts with ISWA with expectation to establish professional networking

ties. Private companies in waste treatment will be important stakeholders, involving in pilot Public – Private Partnership models in health care waste management.

The Ministry of health will be the implementing agency. At the central level, a Steering Committee (SC) and a Central Project Management Unit (CPMU) will be established. Policy Unit under the CPMU staffed by VIHEMA staff members and consultants and led by Deputy Director of VIHEMA will coordinate the implementation of both the IDA and GEF funded project activities. There will be one project implementation plan, one progress report and one audit conducted for both IDA and GEF funded project.

A technical Advisory Group (TAG), in which VIHEMA staff is the key persons, will be set up to support the CPMU with expert advice. At the provincial level, Provincial Department of Health or hospitals will be the implementing agencies under the direct management of MOH.

B.6. Outline the coordination with other related initiatives:

The project will build upon and complement, but not duplicate, the work undertaken by other development partner, including the GEF, as noted in section B.2. The MOH has also established a Health Environment Management Technical Working Group that brings together different stakeholders and development partners to coordinate activities and support to the environmental health in Vietnam.

C. DESCRIBE THE GEF AGENCY’S COMPARATIVE ADVANTAGE TO IMPLEMENT THIS PROJECT:

Increasing support to improve health care waste management in Vietnam is driven by the strong policy and development priority accorded to health care waste management within the country’s development strategy. The Bank’s overall development support strategy for Vietnam emphasizes support to investments in global public goods, and a global health strategy which calls for strengthening health systems.

The Bank has, over the years, supported environmental management in Vietnam through a series of projects targeted at global environmental issue, including POPs and Ozone Depleting Substances. The Bank’s knowledge and experience in health care waste management derives from its experience in addressing important environmental safeguard issues associated with investments in health care infrastructure. The Bank has published a Health, Nutrition and Population (HNP) Discussion Paper “Health Care Waste Management Guidance Note” (2010), as well as a paper based on experience in the sector in India, “Health Care Waste Management in India: Lessons from Experience” (2003).

An important comparative advantage of the Bank is that it can influence policy and institutional change for better coordination and effective management systems along with the provision of investment in technology. The Bank also possesses the ability to work across sectors and mobilize their respective expertise. This would be particularly valuable in the case of this project which has strong cross- sectoral characteristics: an environmentally-driven project, with environment and public health benefits, that is to be implemented by and within the health sector.

C.1 Indicate the co-financing amount the GEF agency is bringing to the project:

The World Bank will bring a confirmed amount of US \$150 million in co-financing to the project through a Specific Investment Loan (SIL) lending instrument, which was approved by the Bank's Board in March 2011. The Government of Vietnam is also co-financing that IDA credit to the tune of US \$5 million (which is not reflected in the above project framework).

C.2 How does the project fit into the GEF agency's program (reflected in documents such as UNDAF, CAS, etc.) and staff capacity in the country to follow up project implementation:


The Government of Vietnam has established environmental sustainability as one of its Socio Economic Development Plan (SEDP) pillars and waste management, including hospital waste management, is among a limited number of indicators used to track progress of the SEDP that is reported to the National Assembly. In tandem, "More Sustainable Management of Natural Resources and Reduced Environmental Degradation" is one of the four pillars of the World Bank's Country Partnership Strategy (CPS) for Vietnam. Specifically, mitigation of environmental degradation is reflected in the CPS outcome "Improved management effectiveness of household and industrial pollution", and better health care waste management is linked to this context, given the changing burden of disease which requires more sophisticated care, and the consequent generation of larger amounts of hazardous and infectious health care waste.

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

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

NAME	POSITION	MINISTRY	DATE (MM/dd/yyyy)
Dr Nguyen Van Tai	Director General	ISPONRE/MONRE	09/20/2011

B. GEF AGENCY(IES) CERTIFICATION

This request has been prepared in accordance with GEF/LDCF/SCCF policies and procedures and meets the GEF/LDCF/SCCF criteria for project identification and preparation.					
Agency Coordinator, Agency name	Signature	DATE (MM/dd/yyyy)	Project Contact Person	Telephone	Email Address
Karin Shepardson Program Manager, ENVGC		September 2011	Jiang Ru	202 473-8677	jru@worldbank.org