

Progress Report 2

Sustainable Health Care Waste Management in Gauteng

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List of Abbreviations

AP	Action Plan
CBA	Capacity Building and Awareness
CONNEP	Consultative National Environmental Policy Process
CTA	Chief Technical Advisor
DACEL	Department of Agriculture Conservation Environment and Land Affairs
GDACEL	Gauteng Department of Agriculture Conservation Environment and Land Affairs
DANCED	Danish Co-operation for Environment and Development
DEAT	Department of Environmental Affairs and Tourism
DPTRW	Department of Public Transport, Roads and Works
DWAF	Department of Water Affairs and Forestry
DK	Denmark
DKK	Danish Kroner
ECBU	Environmental Capacity Building Unit
EIA	Environmental Impact Assessment
ETD	Electro-thermal deactivation
GALA	Gauteng Association of Local Authorities
GDoH	Gauteng Department of Health
GDPTRW	Gauteng Department of Public Transport Roads and Works
GIS	Geographical Information System
HASA	Hospital Association of South Africa
HCF	Health care facility
HCGW	Health care general waste
HCRW	Health care risk waste
HCW	Health care waste
HCWIS	Health care waste information system
HCWM	Health care waste management
I&AP	Interested and Affected Party
ICASA	Infection control association of Southern Africa
IPC&WM	Integrated Pollution Control and Waste Management
LFA	Logical framework approach
MEC	Member of Executive Council
MoU	Memorandum of Understanding
MSW	Municipal solid waste
NDoH	National Department of Health
NEHAWU	National Education and Health Allied Workers Union
SASOM	South African Society of Occupational Medicine
NEMA	National Environmental Management Act
NGO	Non-Governmental Organisation
NWMS	National Waste Management Strategy
PC	Personal computer
PMG	Project Management Group
PSC	Project Steering Committee
RSA	Republic of South Africa
SA	South Africa / South African
SANCO	South Africa National Civic Organisations
SANGOCO	South African NGO Council
SMLC	Southern Municipal Local Council
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
WHO	World Health Organisation
WIS	Waste information system
ZAR	South African Rand

1. Executive Summary

The project has progressed in accordance with the Project Implementation Plan, with some deviations as approved by the Project Steering Committee and DANCED. A number of planned outputs have been produced, including outputs in draft form currently being consulted/finalised.

The Pilot Project activities are progressing almost according to plan, but it has become apparent that the required Pilot Project activities have been underestimated in the project design. Hence, a formal request for a 5 month extension of the project to allow for adequate planning and implementation of the pilot activities as well as inclusion of the pilot project experience in the finalisation of the i) HCW Management Guidelines, ii) Technical Specifications and Tender Documents, iii) Gauteng Integrated Strategy and Action Plan, and iv) Capacity Building Programme.

The request for extension was discussed and recommended at the Fifth PSC meeting 2002-05-08.

2. Project Context: Review of project Assumptions

2.1 Project Objectives

The table below briefly describes the objectives and project assumptions and comments on those based on the project's present state.

Assumptions	Comment
<p>Achievement of Immediate Objectives will lead to Development Objective:</p> <ul style="list-style-type: none"> • Development Objective: "Sustainable Health Care Waste Management in Gauteng established within the frames and principles of the National Waste Management Strategy, covering the full health care waste stream from cradle to grave" 	<p>This development objective is still valid and highly relevant</p>
<p>Completion of Project Outputs will lead to achievement of Immediate Objectives:</p> <ul style="list-style-type: none"> • Immediate Objectives 1: "Integrated HCWM Strategy and Action Plan developed for Gauteng" • Immediate Objective 2: "Gauteng HCWM Guidelines, technical specifications and tender material prepared" • Immediate Objective 3: "Institutional arrangements for provision of sustainable HCWM in Gauteng defined and in operation." 	<p><i>Immediate Objective 1</i> is still valid and highly relevant. A first important step in achieving this objective has been taken in the Cabinet's endorsement of the Draft Health Care Waste Management Policy for Gauteng. The Draft Strategy and Action Plan is being prepared at the moment but awaits the outcome of the Pilot Projects and further consultations before completion.</p> <p><i>Immediate Objective 2</i> is still valid and highly relevant. The Outputs are being prepared/drafted at present and will be incorporated in Gauteng DoH Tender material for outsourcing of HCW management services.</p> <p><i>Immediate Objective 3</i> is still very essential for the success of the project. Important progress has been made with regard to the Gauteng Dept. of Health via two high-level meetings with the Head of Department of Health, institutional arrangements is currently being prepared with the section of DoH responsible for procurement and tender documents. There is still a need</p>

Assumptions	Comment
	to improve the institutional arrangements with the National Departments of Health and Environment
<p>Project Activities will lead to completion of Project Outputs:</p> <ul style="list-style-type: none"> • Output 1.1: Status Quo Study report prepared. • Output 1.2: Framework HCW Strategy and Action Plan for Gauteng, based on the Status Quo Study report and the National Waste Management Strategies and Action Plans and other relevant information. • Output 1.3: Gauteng Health Care Waste Information System in line with the national Waste Information System. • Output 1.4: Feasibility study for HCRW management in Gauteng for various scenarios covering the waste stream undertaken. • Output 1.5: Final integrated HCW management Strategy and Action Plans drafted, consulted and approved. • Output 2.1: Gauteng guidelines for HCW Management based on ongoing activities, documents and international standards prepared. • Output 2.2: Pilot studies for HCRW Management at selected health care institutions designed, executed and reported. • Output 2.3: Technical specifications, standard tender material and specific tender material for selected contract areas for Gauteng HCRW segregation, containerisation and storage at source prepared. • Output 2.4: Technical specifications, standard tender material and specific tender material for selected contract areas for Gauteng HCRW collection and transport prepared. • Output 2.5: Technical specifications, standard tender material and specific tender material for selected facilities for Gauteng HCRW treatment and disposal prepared. • Output 3.1: Project organisation and linkages established. 	<p><i>All project activities are seen as highly relevant and valid for the archival of the project outputs.</i></p> <ul style="list-style-type: none"> • <i>Output 1.1:</i> Completed, as planned, before project commencement. • <i>Output 1.2:</i> Completed in a more elaborate form than designed to meet the requirements of DACEL in the Draft Gauteng HCWM Policy that was endorsed by the Gauteng Cabinet. Was successfully consulted at Workshop 27 November 2001 with approx. 150-200 stakeholders. • <i>Output 1.3:</i> A prototype of a web based HCWIS is available for testing and piloting, after consultation with stakeholders at the aforesaid workshop in Nov. 2001. • <i>Output 1.4:</i> Draft Feasibility Report presented to Working Group, needs inclusion of final amendments. DANCED/ PSC endorsed extended Study Tour with a budget of DKK 410,000 that has been carried out successfully at a cost of approx. DK 360,000 due to cheaper airfares and accommodation. • <i>Output 1.5:</i> Activity has commenced early 2002 as planned. An outline of the Strategy has been produced for internal evaluation (Working Group). • <i>Output 2.1:</i> Activity has commence late 2001 and a draft version/outline has been consulted in Working Group • <i>Output 2.2:</i> Planning of Pilot activities in progress as planned. Request for extension of project by 5 months has been submitted and awaits decision of Danced/PSC. HCW generation and characterisation study approved by DANCED/PSC and is in the tender stage. • <i>Output 2.3-2.5:</i> Activity commences May 2002 one month earlier than planned. Initial steps are being taken to identify possible procurement procedures and the possible involvement of DoH. HOD of Health has indicated that any tendering will be based on the Project's recommendations. The Gauteng Legislature has in the endorsement of the Policy indicated that future Provincial HCW activities should take cognisance of the Policy, thereby impacting on the tender process. The tender specifications are awaiting the outcome of the pilot studies before being completed. • <i>Output 3.1:</i> This activity is and will be ongoing throughout the project. At the Provincial level there is a well functioning project organisation with good linkages between the provincial departments of Health, Public Works and Environment. However, at the local government level it has not been possible to establish functional links with GALA (Gauteng Association

Assumptions	Comment
<ul style="list-style-type: none"> • Output 3.2: Institutional HCW management roles, responsibilities and functions at all levels of government described and future HCW management roles and mechanisms for co-operation defined, agreed and put in operation. • Output 3.3: Project consultation process defined, agreed and implemented. • Output 3.4: HCW awareness plan outlined. • Output 3.5: HCW Capacity Building programme developed and implemented. • Output 3.6: A national/international HCW Management conference set up and run in close co-operation with DEAT and DOH. 	<p>of Local Authorities) and at the national level there is a need for strengthening the links with the NDoH and with DEAT. In addition to the existing Memorandum of Understanding between DACEL and DEAT, draft MoUs have been submitted to GDoH and NDoH.</p> <ul style="list-style-type: none"> • <i>Output 3.2:</i> Activity has commenced as part of the pilot and strategy development activities as well as the preparation for tender document development but will be further detailed as part of Output 1.5. • <i>Output 3.3:</i> The Project Consultation is being agreed in the PMG and PSC under the ongoing guidance of the DACEL project manager. • <i>Output 3.4:</i> Progressing as planned at this stage as part of the pilot project development process, later to be developed into generic programmes as planned. • <i>Output 3.5:</i> Progressing as planned at this stage as part of the pilot project development process, later to be developed into generic programmes as planned. <i>Output 3.6:</i> Conference will be held towards to end of the project as planned

2.2 Project Management Structure

The Project Management structure remains intact as described in the Project Document and the Inception Report. However, there is a general unavailability of GALA to participate in both the PMG and the PSC meetings. Also, inconsistency in the representation of DEAT is being experienced as well as some of the NGOs whereas National DoH recently has commenced participation in the project support and steering functions. The PSC has been expanded with the inclusion of representatives of the SABS currently revising the SABS code for health care waste management.

The list below shows the PSC meetings held so far as well as the currently planned PSC meetings:

1. PSC#1	30	May	2001.	Absent: NDoH, DEAT
2. PSC#2	29	August	2001.	Absent: NDoH, DEAT, GALA, DANCED, NEHAWU, SANCO
3. PSC#3	24	October	2001	Absent: DEAT, GALA, GDoH, SABS, GDPTRW, SANGOCO, SANCO
4. PSC#4	23	January	2002	Absent: DANCED, NDoH, SABS, GALA, SANGOCO, SANCO
5. PSC#5	8	May	2002	Absent: DANCED, NDoH, DEAT, DPTRW, SABS, GALA, SANCO
6. PSC EXTRA	17	May	2002	<i>Social presentation of Study Tour Findings</i>
7. PSC#6	24	July	2002	<i>Planned</i>
8. PSC#7	23	October	2002	<i>Planned</i>

The PSC is functioning well and has conducted successful meetings with the participation of most of the key stakeholders. There appears to be high prioritisation and appreciation of the project amongst the provincially based stakeholders for the Gauteng based project that is intended to serve as a pilot project for future HCW management initiatives, both in other provinces as well as on national level.

The Project Management Group (PMG) that is responsible for the daily management of the project, has had the following meetings:

1. PMG#1: 17 May 2001. *(DACEL and CTA only)*
2. PMG#2: 22 May 2001. *(DACEL and CTA only)*
3. PMG#3: 12 June 2001. *(DACEL and CTA only)*
4. PMG#4: 18 June 2001. *(DACEL and CTA only)*
5. PMG#5: 26 June 2001. *(DACEL and CTA only)*
6. PMG#6: 3 July 2001. *(DACEL and CTA only)*
7. PMG#7: 10 July 2001. *(DACEL and CTA only)*
8. PMG#8: 17 July 2001. *(DACEL and CTA only)*
9. PMG#9: 24 July 2001. ***(Full PMG meeting)***
10. PMG#10: 31 July 2001. *(DACEL and CTA only)*
11. PMG#11: 7 August 2001. *(DACEL and CTA only)*
12. PMG#12: 14 August 2001. ***(Full PMG meeting)***
13. PMG#13: 11 September 2001. ***(Full PMG meeting)***
14. PMG#14: 16 October 2001. ***(Full PMG meeting)***
15. PMG#15: 13 November 2001. ***(Full PMG meeting)***
16. PMG#16: 6 February 2002. *(DACEL and CTA only)*
17. PMG#17: 12 February 2002. ***(Full PMG meeting)***
18. PMG#18: 26 February 2002. *(DACEL and CTA only)*
19. PMG#19: 12 March 2002. ***(Full PMG meeting)***
20. PMG#20: 14 May 2002. ***(Full PMG meeting)***
21. PMG#21: 11 June 2002. ***(Planned full PMG meeting)***
22. PMG#22: 9 July 2002. ***(Planned full PMG meeting)***
23. PMG#23: 13 August 2002. ***(Planned full PMG meeting)***
24. PMG#24: 10 September 2002. ***(Planned full PMG meeting)***
25. PMG#25: 8 October 2002. ***(Planned full PMG meeting)***
26. PMG#26: 12 November 2002. ***(Planned full PMG meeting)***
27. PMG#27: 10 December 2002. ***(Planned full PMG meeting)***
28. PMG#28: 14 January 2003. ***(Planned full PMG meeting)***

There were no PMG meetings during April due to the PMG members' absence during the Study Tour and leave during Easter.

As agreed at both the PSC and the first full PMG meeting there will be one full PMG meeting per month, normally the second Tuesday of the month. In addition to these monthly PMG meetings DACEL and the CTA may meet for PMG meetings to discuss day-to-day project management issues with the understanding that all PMG members are welcome to participate if time allows and that all PMG members will receive the minutes of all PMG meetings for information and possible further discussion at the subsequent full PMG meeting.

2.3 Project Reports

2.3.1 Project Management and Monitoring Reports:

The following documents constitute the project management and monitoring reports at this stage:

- Project Document, October 2000
- Status Quo, November 2000
- Inception Report, July 2001
- Procedures Manual, July 2001
- Minutes of PSC Meetings (PSC#1-4)
- Minutes of PMG Meetings (PMG#1-19)
- Progress Report#1, November 2001
- Progress Report#2, May 2002 (This report)

2.3.2 Technical Reports (Finalised):

The following technical reports have been produced at this stage, in accordance with the project implementation plan:

- “Addressing the Health Care Waste Problem in Gauteng”, A Draft Policy for Environmentally Sustainable Health Care Waste Management in Gauteng Province”, October 2000.
- HCWIS - Health Care Waste Information System. Framework Document, October 2001

2.3.3 Technical Reports (In the making):

- Health Care Waste Management Feasibility Report (Draft of April 2002)
- HCW Management Guidelines (Draft of March 2002)
- Draft Outline Strategy and Action Plan (Draft of March 2002)
- Non-burn Verification Protocol (Draft of November 2001)
- Health Care Risk Waste Treatment and Disposal Manual (Draft of December 2001)
- Study Tour Report (Draft of April 2002)
- Tender Document for Waste Composition and Generation Survey (Draft of April 2002)
- Draft Survey Report for Sustainable Health Care Waste Management at Leratong Hospital, April 2002
- Draft Survey Report for Sustainable Health Care Waste Management at Itireleng Clinic, May 2002

2.3.4 Substantial Memos and Similar (Selected):

- Terms of Reference:
 - Various ToR produced as guidance for consultants

- Audit Reports for visits at health care institutions
 - Audit Reports from 36 health care institutions, service providers and manufacturers in Gauteng
- Selection of Pilot Hospitals and Clinics for testing i) HCWM Guidelines, ii) HCW Information System, iii) HCW Management Capacity Building and Awareness Programme, 2001-10-08
- DACEL involvement in developing and implementing the Health Care Waste Information System (HCWIS), 2001-08-28
- Proposed Activities and Inputs as well as Criteria for Selection of Health Care Facilities to be Pilot Projects for the project “ Sustainable health Care Waste Management in Gauteng”, 2001-08-01
- Motivation for visits to various Health Care Facilities in Gauteng, 2001-05-22
- Selection of Project staff:
 - Outcome of the Evaluation Committee for Selection of Project Secretary for the DACEL/DANCED Project “Sustainable Health Care Waste Management in Gauteng”, 2001-04-02
 - Outcome of the Evaluation Committee for Selection of SA Strategic Planner for the DACEL/DANCED Project “Sustainable Health Care Waste Management in Gauteng”, 2001-04-06
 - Outcome of the Evaluation Committee for Selection of SA Consultants for the following positions: 1) SA HCWIS Specialist, 2) SA Waste handling specialist, 3) SA Waste treatment specialist, and 4) SA Economist, 2001-07-11
 - Outcome of the Evaluation Committee for Selection of SA Consultants for the following positions: 1) SA Environmental Health Specialist, and 2) SA Capacity Building Consultant, 2001-07-11
 - Outcome of the Evaluation Committee for Selection of SA Legal Specialist for the DACEL/DANCED Project “Sustainable Health Care Waste Management in Gauteng”, 2001-07-05
- Pre-qualification Tender Document for Waste Composition and Generation Survey, April 2002
- Request for approval of funding of Waste Composition Survey, 2002-02-12
- Pre-qualification Tender Adjudication Report for “Health Care Waste Generation and Characterisation Study for selected Pilot Health Care Institutions in Gauteng”, April 2002.
- Main Tender Document for “Health Care Waste Generation and Characterisation Study for selected Pilot Health Care Institutions in Gauteng”, May 2002.
- Request to DANCED/PSC for 5 months project extension, 2002-04-03
- Request for expansion of number of participants in Study Tour, 2002-02-12
- Request for approval of replacement of Tender Specialist Consultant, 2001-10-16

2.3.5 Other Selected Minutes of Meeting

In addition to the PSC and PMG meetings and the minutes of these meetings the following other selected minutes are referred to:

- 2001-10-01. Meeting regarding HCWIS at DACEL
- 2001-10-19. Minutes of Working Group Meeting on HCW Guidelines
- 2001-10-19. Meeting Enviroserv regarding HCWIS
- 2001-11-13. Meeting with Public Works regarding procurement for pilot projects
- 2001-11-13. Meeting with Pikitup regarding possibilities for piloting HCWIS, new containerisation and transport systems etc.
- 2002-01-24. Minutes of Working Group Meeting on Integrated Strategy and Action Plans for HCW
- 2002-03-08 Minutes of Working Group Meeting on Draft Feasibility Report
- 2002-11-19 Minutes of Working Group Meeting on HCW Management Guidelines
- 2002-01-31. Meeting at Itireleng Clinics on Pilot Projects
- 2002-01-31. Meeting at Leratong Hospital on Pilot Projects
- 2002-02-14. Meeting at Leratong Hospital on Pilot Projects
- 2002-02-19. Meeting at Itireleng Clinics on Pilot Projects
- 2002-03-23. Meeting with Facilities Planning DoH regarding procurement, Tender Procedures and Technical Specifications
- 2002-03-27. Meeting at DoH regarding Tendering, HCWIS and Pilot Project Procurement
- 2002-04-02. Meeting with Ruben Matsebe, DACEL Procurement on Procurement Procedures
- 2002-04-08. Meeting at DACEL regarding Piloting of the HCWIS
- 2002-04-19. Meeting on Observations during Study Tour

In addition to the above various minor memos have been prepared for the internal management of the project at DACEL.

2.4 Assumption and Preconditions Monitoring Form

Please refer to Annex A.

3. Project Outputs: Review of project Outputs and Indicators

3.1 Output Schedule

The table below contains the Output Monitoring Form, cf. the Project Implementation Manual.

There have been no significant changes to the planned outputs since the Progress Report #1 (November 2001).

Output	Activities	Indicators	Means of Verification	Due Date
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Output	Activities	Indicators	Means of Verification	Due Date
<ul style="list-style-type: none"> • Output 1.1: Status Quo Study report prepared. • Output 1.2: Framework HCW Strategy and Action Plan • Output 1.3: Gauteng Health Care Waste Information System • Output 1.4: Feasibility study for HCRW management in Gauteng • Output 1.5: Final integrated HCW management Strategy and Action Plans • Output 2.1: Gauteng guidelines for HCW Management • Output 2.2: Pilot studies for HCRW Management • Output 2.3: Technical specifications, standard tender material segregation, containerisation 	<ul style="list-style-type: none"> 1.1.1: Pre-project activities, Status Quo Study report. 1.2.1: To evaluate Status Quo Study report & other relevant sources 1.2.2: To draft a framework HCW Strategy 1.2.3: To consult and agree on the Strategy and Action Plans. 1.2.4: Endorsement by Cabinet (new) 1.3.1: Describe Framework HCWIS 1.3.2: Assessment and decision on HCWIS resources 1.3.3: Technical HCWIS principles 1.3.4: Adjustment of the DACEL HCWIS 1.4.1: Summary of HCRW treatment technologies 1.4.2: HCRW Management scenarios 1.4.3: Site requirements for facilities 1.4.4: Assess ownership and service scenarios 1.4.5: Identify legal implications 1.4.6: Identify financial implications 1.4.7: Permit & EIA procedures 1.4.8: Draft Feasibility Study Report. 1.4.9: Consult & finalise Feasibility Study 1.4.10: HCWM Study Tour (<i>new item</i>) 1.5.1: Reformulate HCWM Strategy 1.5.2: Consult the HCWMS & AP 1.5.3: Issue Final HCWMS&AP 2.1.1: Review international HCRWM guidelines 2.1.2: Draft of Gauteng HCRW guidelines, 2.1.3: Consult draft HCRW guidelines. 2.1.4: Modify Gauteng HCRW guidelines 2.1.5: Consult final HCRW guidelines. 2.2.1: Design & plan pilot studies. 2.2.2: Test guidelines 2.2.3: Test training material for pilot study 2.2.4: Test HCWIS in pilot institutions. 2.2.5: HCW type/amount before & after pilot study 2.2.6: Feed-back report on pilot studies 2.3.1: Review regulations on HCRWM 2.3.2: Technical specs HCRW segregation, containerisation, storage. 2.3.3: Standard Tender Doc 	<ul style="list-style-type: none"> As stated in Project Document, except for (Where indicated below): Study tour Report 	<ul style="list-style-type: none"> As stated in Project Document, except for (Where indicated below): Interview 	<ul style="list-style-type: none"> As stated in Project Document, except for (Where indicated below): 4 weeks after study tour

Output	Activities	Indicators	Means of Verification	Due Date
<p>and storage</p> <ul style="list-style-type: none"> • Output 2.4: Technical specifications, standard tender material collection and transport • Output 2.5: Technical specifications, standard tender material treatment and disposal • Output 3.1: Project organisation and linkages established. • Output 3.2: Institutional HCW management roles, responsibilities and functions • Output 3.3: Project consultation process • Output 3.4: HCW awareness plan • Output 3.5: HCW Capacity Building programme • Output 3.6: A national/international HCW Management conference 	<p>2.3.4: Specific tender material for HCRW segregation, containerisation and on-site storage.</p> <p>2.4.1: Review existing regulations collection and transport.</p> <p>2.4.2: Technical Specs for HCRW collection and transport.</p> <p>2.4.3: Standard tender material for HCRW collection and transport.</p> <p>2.4.4: Specific tender material for HCRW collection and transport</p> <p>2.5.1: Review regulations on HCRW treatment and disposal</p> <p>2.5.2: Technical specs for HCRW treatment and disposal.</p> <p>2.5.3 Standard tender material for HCRW treatment and disposal.</p> <p>2.5.4: Specific tender material HCRW treatment & disposal</p> <p>3.1.1: Establish PMG & PSC</p> <p>3.1.2: Establish interdepartmental co-operation.</p> <p>3.1.3: Establish mechanisms for co-ordination with related projects.</p> <p>3.2.1: Describe roles, functions & regulatory responsibilities</p> <p>3.2.2: Define, future HCWM model</p> <p>3.3.1: Prepare schedule for multi-stakeholder involvement.</p> <p>3.3.2: Implement plan for stakeholder involvement.</p> <p>3.4.1: Assess needs for HCW awareness raising</p> <p>3.5.1: Analyse existing HCW capacity building</p> <p>3.5.2: Define target groups, needs assessment & develop HCWM capacity building</p> <p>3.5.3: Develop training material</p> <p>3.5.4: Test training material on pilot study staff.</p> <p>3.5.5: Revise training material after feedback report</p> <p>3.5.6: Define staff qualification & capacity building for tendering</p> <p>3.6.1: International HCWM conference for 250 participants.</p>			

Output	Activities	Indicators	Means of Verification	Due Date
<ul style="list-style-type: none"> Project Reporting 		Inception Report Procedures Manual Progress Report # 1 Progress Report # 2 Progress Report # 3 Completion Report	Document Document Document Document Document Document	Month 3 Month 3 Month 6 Month 12 Month 18 Month 24

4. Project Activities: Review of any change to or delay in project Activities

The Progress Report #1 (November 2001) has been approved by the PSC and DANCED, cf. PSC#4).

4.1 Request for Extension of the Project Duration due to the Pilot Activities

As already discussed during the latest PSC Meeting (PSC#3&4) and in Progress Report#1 there is a need for extending the duration for planning of the pilot projects as well as execution of the pilot projects as such, since it appears to have been underestimated in the project design.

2002-04-03 DACEL submitted a formal proposal to DANCED and the PSC, requesting an extension of 5 months to the project. This was motivated by the need for more time to reach the Project Objectives in the implementation of the pilot activities.

In addition to securing adequate output from the pilot projects that would ensure the intended availability of information as input for, among others, the finalisation of the Strategy and Action Plans, Guidelines as well as the Capacity Building Programme, an extension could be highly beneficial in bridging this project with the coming national project in DEAT that will develop national interventions for HCW Management and the development of a national WIS for several types of waste.

The granting of the requested extension is seen a essential for achieving the project objectives at an acceptable level of quality and to ensure that long-term sustainability of the proposed systems can be ensured.

4.2 Possible Conflict in Timing of Project Activities and DoH Provincial re-tendering for outsourcing of HCW Management Services

As discussed in the Progress Report#1 and at various PSC meetings there was a need identified for identifying a temporary solution that will allow for existing waste management systems/contracts to continue until such time that the comprehensive new Tender Documents (incorporating the results from the Gauteng HCW management project) can be implemented though an appropriate tender process.

At the moment it appears that the development of technical specifications and tender documents for HCWM at the provincial hospitals and clinics will results in incorporation of improved environmental, technical and safety performance of equipment, transportation

systems and treatment plants, thus, requiring more time for full implementation. Especially if the tenders will result in the up-grading or replacement of existing Gauteng treatment plants, there will be a need for a longer tendering period as well as mobilisation period under the coming contracts. A phased implementation may possibly therefore be required.

Initial meetings with DoH and Facilities Planning of DoH has indicated that it is, in principle, possible to extend the existing contracts to bridge any gap there may be. However, this has still to be agreed and implemented in practice, following the outcome of the tender development process that commences May 2002.

5. Project Inputs: Review of project inputs used during the reporting period

5.1 DACEL Staff

The following DACEL staff is interacting with the project:

1. Dee Fischer (DD), Project Director: 10-15% of time. Hands-on participation on the day-to-day management of the project and commenting on outputs etc.
2. Sydney Nkosi (AD): 5-10% of time. Hands-on participation on the day-to-day management of the project and commenting on outputs etc.
3. Dr. Dhiraj Rama (D): 1-5% of time. Overall advisory function and endorsement of project management decisions
4. Joanne Yawitch (CD): <1% of time. Guidance and endorsement of overall matters related to high-level interaction with external parties.
5. Trish Hanekom (HOD): <1% of time. Guidance and endorsement of overall matters related to high-level interaction with external parties.
6. Mary Metcalf (MEC): <½% of time. Political guidance and co-operation on high level political matters.
7. Other DACEL staff: <½% of time. Involvement in the development of the HCW Information System. Such staff include Ruben Matsebe etc.

In total the DACEL input may equal an input of 30-50% of one persons full working time.

5.2 Staff of GDoH

Currently there are two officially nominated counterparts from the GDoH, who interacts extensively with the Project:

1. Albert Marumo (AD): 3-8% of time. Involvement in the all matters related to the GDoH involvement in the Project.
2. Vukani Khoza (DD) 3-8% of time. Involvement in the all matters related to the GDoH involvement in the Project.

- | | |
|---------------------------------|--|
| 3. Tender Development Committee | After official endorsement of the Chair and the TDC Members it is expected that the GDoH involvement will be increased significantly |
| 4. Leratong Hospital Staff | For the implementation of the pilot project at Leratong Hospital several staff members are actively participating in the project, including the hospital management and the nominated pilot project coordinator Infection Control Nurse Nobantu Mabel Mpela and the Westrand District coordinator Benny Maphaka. |
| 5. Itireleng Clinic Staff | For the implementation of the pilot project at Itireleng Clinic several staff members are actively participating in the project, including the hospital management and the nominated pilot project coordinator Infection Control Nurse Dinah Mareletse and the Regional A Coordinator Deborah Mothopeng |
| 6. Other staff: | Valuable input is being received from other sections of DoH, including human resources, procurement, facilities planning etc. |

In addition to the current one GDoH counterpart, The GDoH senior management has agreed to nominate a person representing Facilities Planning, however, this person has not been formally nominated at this stage.

5.3 Staff of GDPTRW

Currently there is one officially nominated counterpart from the GDPTRW, who interacts extensively with the Project:

- | | |
|--------------------------|--|
| 1. Michiel Eksteen (AD): | 1-3% of time. Involvement in the all matters related to the GDPTRW involvement in the Project. |
| 2. Other staff: | Valuable input is being received from other persons and sections of DPTRW |

5.4 Staff of GALA

Currently there is no active GALA representative involved in the Project:

- | | |
|-------------------------------------|---|
| 1. <i>No person made available:</i> | An input of 1-3% of the time of one person is required. |
|-------------------------------------|---|

Several contacts have been made to GALA with a view to identify a permanent member for the PMG and PSC. This is seen as a critical institutional shortcoming in the project implementation. In particular this could be critical in addressing the possible impact of existing and proposed new municipal byelaws on waste management that could conflict with the current regionalisation and tender development concepts of the Project.

5.5 Staff of Other Counterparts

6. Financial Statement: Overview of the financial situation of the project compared to the budget

The table below shows the financial status per 30 April 2002. The table includes both actually reported expenses as well as estimated yet to be reported expenses for the month of April 2002.

Ramboll a/c	DANCED - RAMBOLL CONTRACT	Total Contract (DKK)	Total exp. till last period	Approx exp this period	Total from start	Utilised %	Balance end of period	Remaining Budget
	FEE							
nnnDK	Home office	587,470	13,480	49,876	63,356	11%	63,356	524,114
nnnSA	DK Consultants	3,698,350	939,212	1,237,387	2,176,598	59%	2,176,598	1,521,751
FLS	SA Consultants	3,464,000	381,120	954,000	1,335,120	39%	1,335,120	2,128,880
	Sub-Total	7,749,819	1,333,812	2,241,263	3,575,074	46%	3,575,074	4,174,745
	WORKING EXPENSES							
TRAVELS	International Travel + relocation	395,000	123,668	64,000	187,668	48%	187,668	207,332
INSUR+RCAR	Local Trans	320,000	30,750	96,000	126,750	40%	126,750	193,250
ACCOML	Housing (incl. Advance payment)	345,000	174,792	5,649	180,441	52%	180,441	164,559
ACCOMS	Short-term accommodation	293,400	92,615	67,799	160,414	55%	160,414	132,986
DIEM	Per Diem DK (additional to in fee)	3,196	-	-	-	0%	-	3,196
AUDIT	Auditing	10,000	-	-	-	0%	-	10,000
VACC	Vaccination	6,000	4,000	-	4,000	67%	4,000	2,000
VARIOUS	Various Office + Secretaries	865,970	101,337	148,352	249,689	29%	249,689	616,281
LOCTSA	Local Transport SA	7,500	-	300	300	4%	300	7,200
DIEMSA	Per Diem SA	1,598	-	-	-	0%	-	1,598
	Total Working Expenses	2,247,664	527,162	382,100	909,262	40%	909,262	1,338,402
	OTHER EXPENSES							
PILOT	Pilot Projects	400,000	-	3,923	3,923	1%	3,923	396,077
CAP-BUI	Capacity Building	294,750	-	-	-	0%	-	294,750
STUDY	Study Tour	410,000	-	357,500	357,500	87%	357,500	52,500
CONFER	International conference	400,000	-	-	-	0%	-	400,000
SACTION	Short-term action	3,021,719	-	2,657	2,657	0%	2,657	3,019,062
	Total Other Expenses	4,526,469	-	364,080	364,080	8%	364,080	4,162,389
	Total	14,523,952	1,860,974	2,987,442	4,848,416	33%	4,848,416	9,675,536
	Contingencies	1,091,808						
	GRAND TOTAL	15,615,760						

The table above shows that the project expenditures are progressing as planned and that the expenditure for the first 12 months of the project appears to be in line with the actual progress of the project

Procurement for the Pilot Projects will be commencing and almost completed in the coming 6 months period as well as the procurement of services for Capacity Building. Procurement via the Short Term Improvement Budget has not commenced yet, as sustainable and relevant short-term actions are yet to be identified. However, it has been agreed with the PSC that a HCW Composition and Generation Study be conducted and financed via that budget item.

7. Project Implementation Status: Description of Problems and Opportunities

There have been no significant problems or project opportunities during the reporting period. The Project is progressing well and in accordance with the project implementation plan.

8. Revisions to PIP or Project Document

There is an outstanding request to Danced and the PSC to approve an extension of the project by five months as stated above. If this request is accommodated the PIP will be adjusted accordingly, whereas if the request cannot be approved the PIP and the scope of work will have to be adjusted and reduced to a practical level that in the best possible way meets the Project Objectives.

Assuming that the request can be approved, the PIP would be adjusted to allow for a longer duration of the pilot activities and a subsequent longer duration of the remaining project activities, thus, allowing for adequate gaining of experience and transfer of such observations and findings into the final preparation of, amongst others, i) the Integrated HCW Management Strategy and Action Plan, ii) Gauteng HCW Management Guidelines, iii) Gauteng Provincial HCRW Tender Documents and Technical Specifications, iv) the preparation for enactment of the Gauteng HCW Information System, v) the Awareness and Capacity Building Plan and Programme, and vi) the International HCW Management Conference. In practical terms, it would result in the already allocated resources to be applied more efficiently over a longer period of time.

9. Annexure 1: Assumptions Monitoring Form

No.	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
Preconditions to be met before project commencement:		
1.	⊖ That the status Quo Study Report be available at project commencement and quality is sufficient to commence project activities	⊖ <i>This precondition was met.</i>
2.	⊖ That DACEL invites and adjudicates tenders for South African consultants before project commencement and agrees (with DANCED), awards and finalises tenders for South African consultants as soon as the expatriate consultants were appointed, in order to fast track project implementation;	⊖ <i>This precondition was met.</i> All consultants selected.
3.	⊖ That DACEL initiates negotiations with affected government departments and institutions at all levels to establish a mechanism for sustainable future HCW Management co-governance (Output3.2) and that departments, institutions and other stakeholders co-operate constructively in defining their respective roles;	⊖ <i>This precondition has not been met fully.</i> Communications with GDoH, NDoH, GDTPW, and GALA as well as NGOs have been made by DACEL following the Project Commencement, but no feedback was received on certain aspects required by DACEL.
4.	⊖ That DACEL, before commencement of the project, establishes contact with the DANCED funded Southern Metropolitan Local Council (SMLC) project and likewise establishes contact with DEAT in terms of funding/support for the HCW Awareness and Capacity Building Programme (ECBU).	⊖ <i>This precondition has not been met fully.</i> At this stage there has been no need for such contact. However, contact to the redesigned SMLC project will be made when needed. As stated above there it is not possible for the ECBU to co-operate with the Project, but via a reallocation of the project budget it has been made possible to carry out the project activities without any co-operation with the ECBU. Transfer of information from Gauteng to national DoH and DEAT will also be required for implementation of national HCW project.
5.	⊖ That DEAT develops a NWMS HCW-programme for capacity building/awareness timely for incorporation into the Gauteng Strategy and Action Plan. DACEL should aim to reach agreement with the DEAT Capacity Building Unit as soon as possible for the latter party to undertake the drafting process (Output 3.4 and 3.5);	⊖ <i>This precondition has not been met.</i> It is suggested to rephrase the condition as follows: <i>That an agreement is reached for the Project to carry out the intended ECBU activities via additional funding, as ECBU funding and arrangement of activities is not possible within the Project's time limits and the ECBU's funding.</i> The reworded condition has been met.
Assumptions and Risks		
6.	⊖ That political and institutional commitment at all levels be secured for application and implementation of the Gauteng integrated HCW Management Strategy and Action Plan;	⊖ This risk still exists and needs to be resolved in order to ensure that the work undertaken during this project is implemented and also elevated to national level for implementation in other provinces.
7.	⊖ That DEAT Capacity Building Unit will comply to the project management of requirements for outcome	⊖ This risk has eventuated. However, a solution has been agreed that eliminates the need for the stated assumption
8.	⊖ That sufficient staff at DACEL be allocated to drive the process and that motivated staff be present and available at all levels within the targeted and supporting institutions;	⊖ The workload of the DACEL Project Director and Assisting Director is very high and this could result in them not being able to participate and give comments on time, which could in turn have a negative impact on the overall programme for the project. However, all DACEL interactions with the project have been made in reasonable time and as required.
9.	⊖ That suitable and appropriate Pilot hospitals/clinics can be identified and that an agreement can be reached on constructive cooperation between the project, the department, the hospital/clinic management and ground staff. That sufficient and motivated staff are allocated	⊖ Pilot Institutions have been selected with agreement of DoH and relevant institution managers. Staff is interactive with the project team.

N o.	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
	for training;	
10	⊖ That key stakeholders show interest and participate constructively and timely in the HCWM project and that agreements regarding the HCW principles and the way forward can be reached.	⊖ The institutional co-operation between the various stakeholders is not finally secured yet but significant progress has been made with GDoH whereas further progress is needed with other key stakeholders, in particular DEAT and NDoH.
11	⊖ That the institutional arrangements are addressed adequately for the Project to be implemented timely without delays.	⊖
12	⊖ That GDoH, NDoH and representatives of Health Professionals actively co-operate in producing the HCWM Guidelines	⊖
13	⊖ That funds and procedures to publish and disseminate the HCWM Guidelines can be established with the active support and endorsement of all necessary institutions.	⊖
14	⊖ That pilot projects can be completed within the anticipated period, thus, allowing for incorporation of experiences in the final revision of Strategy, Action Plans, Guidelines and HCWIS.	⊖
15	⊖ That sufficient suitable and sustainable Short Term Improvement can be identified and implemented within the project period using the DKK 4.0 million funds for this purpose.	⊖
16	⊖ That the health care facilities will be able to afford the improved HCWM standards in the long term to ensure that the implementation thereof will be sustainable.	⊖
17	⊖ That the Gauteng DoH is actively involved throughout the project process to ensure a firm DoH ownership and successive implementation of Guidelines, Technical Specifications and floating of developed Tender Documents for HCWM for the health care facilities in Gauteng.	⊖
18	⊖ That achieving of the Project Objectives is not hindered by legal challenges that, e.g., would require enactment of national legislation, to succeed.	⊖
Proposed Additional Assumptions and Risks (Since Progress Report#1)		
19	⊖ That the transfer of provincial clinics to the local governments does not reduce the impact of the planned setting of technical specifications and the planned provincial HCW Management Tender Documents.	⊖
20	⊖ That the existence/enactment of municipal byelaws does not result in conflicts of interest between the Provincial Government and it's departments and the local authorities in arranging and awarding of tenders for collection, treatment and disposal of HCRW.	⊖

10. Annexure 2: Output Monitoring Form

No	Output	Indicators	Means of Verification	Completion date (External out)
1. MANAGEMENT REPORTS				
1.1	Project Inception Report	Compliance with DANCED Project Management Manual	Documentary	2001-07-31 OK
1.2	Project Procedures Manual	as above	Documentary	2001-07-31 OK
1.3	Project Progress Report 1	as above	Documentary	2001-10-30 OK
1.4	Project Progress Report 2	as above	Documentary	2002-04-30
1.5	Project Progress Report 3	as above	Documentary	2002-10-30
1.6	Project Progress Report 4 / Completion Report	as above	Documentary	2003-04-30

Output	Indicators	Means of Verification	Completion date (Internal out)
1.1 Status Quo Report	Documents	Review of document. Done	Dec 2000 OK
1.2 Framework HCWM Strategy and Action Plan	Documents	Review of document	Draft Version: End September 2001 Draft Final Version: Mid October 2001 Final Version: End October 2001 OK
1.3 HCWIS Report	Documents	Review of document	Draft Version: February 2002 Final Version: January 2003 OK
1.4 Feasibility Report	Documents	Review of document	Draft Version: December 2001 Draft Final Version: March 2002 Final Version: May 2002
1.5 Integrated HCWM Strategy	Documents	Review of document	Draft Version: May 2002 Draft Final Version: Mid February 2003 Final Version: End February 2003
2.1 HCWM Guidelines	Documents	Review of document	Draft Version: May 2002 Draft Final Version: Mid February 2003 Final Version: End February 2003
2.2 Pilot Project Feedback Report	Documents	Review of document	Draft Version: Mid February 2003 Final Version: End February 2003
2.3-5 HCWM Technical Specification and Tender Documents	Documents	Review of document	Draft Version: January 2003 Draft Final Version: February 2003 Final Version: March 2003
3.1 Memoranda of Understanding and agreements	Documents	Review of document	Final Version: End August 2001
3.2 Institutional roles and functions	Documents	Review of document	Draft Version: Mid February 2002 Draft Final Version: Start May 2002

Output	Indicators	Means of Verification	Completion date(Internal out)
			Final Version: End June 2002
3.3 Schedule for multi-stakeholder consultation	Documents	Review of document	Draft Version: Start September 2001 Draft Final Version: Mid Sep. 2001 Final Version: End September 2001
3.4 HCW Education and Awareness Plan	Documents	Review of document	Draft Version: January 2002 Draft Final Version: End April 2002 Final Version: Mid May 2002
3.5 Training Material	Documents	Review of document	Draft Version: Mid April 2002 Draft Final Version: June 2002 Final Version (after Pilots): March 2003
3.6 Conference proceedings	Documents	Review of document	Draft Version: April 2003 Final Version: End April 2003
4. Study Tour Report	Documents	Review of document	One month after completion of study tour, if any.

11. Annexure 3: Financial Statement

Please refer to the table in Section 6 above.

12. Annexure 4: Revised Project Implementation Plan

The Project Implementation Plan has not been revised since the Inception Report. The table below includes the plan as it was presented in the Inception Report

Output	Internal out	External out	Workshop	PSC-meetings	Completion Date
Inception report	2001-07-15	2001-07-30	DACEL WS August 2001	2001-08-29	2 weeks after PSC comments
Procedures Manual	2001-07-15	2001-07-30	n/a	2001-08-29	2 weeks after PSC comments
Progress 1	2001-10-15	2001-10-30	to be planned (if needed)	2001-11-14	2 weeks after PSC comments
Progress 2	2002-03-15	2002-04-30	to be planned (if needed)	2002-05-29	2 weeks after PSC comments
Progress 3	2002-10-15	2002-10-30	to be planned (if needed)	2002-11-13	2 weeks after PSC comments
Progress 4/Completion Report	2003-03-15	2003-04-01	to be planned (if needed)	2003-04-23	2 weeks after PSC comments
1.1 Status Quo Report	n/a	n/a	n/a	n/a	November 2000
1.2 Framework HCWM Strategy and Action Plan	2001-08-30	2001-09-30	2001-11-27	2002-01-21	4 weeks after PSC comments
1.3 HCWIS Report	2002-02-01	2002-02-28	2001-11-27	2002-05-29	2 weeks after PSC comments
1.4 Feasibility Report	2001-12-15	2002-01-30	2002-03-08 and	2002-02-27	4 weeks after PSC

Output	Internal out	External out	Workshop	PSC-meetings	Completion Date
			further to be planned		comments
1.5 Integrated HCWM Strategy	2002-04-30	2002-05-30	To be planned	2002-08-28	4 weeks after PSC comments
2.1 HCWM Guidelines Final	2002-04-30 2003-03-15	2002-05-30 2003-03-30	2001-11-19 and further to be planned	2002-08-28 2003-04-23	2 weeks after PSC comments
2.2 Pilot Project Feedback Report	2003-02-28	2003-03-30	to be planned (if needed)	2003-04-23	2 weeks after PSC comments
2.3-5 HCWM Technical Specification and Tender Documents	2002-11-30	2003-02-30	To be planned	2003-02-26 2003-04-23	4 weeks after PSC comments
3.1 Memoranda of Understanding and agreements	on-going	on-going	to be planned (if needed)	-	2 weeks after PSC comments
3.2 Institutional roles and functions	2002-02-28	2002-03-30	To be planned	2002-05-29	3 weeks after PSC comments
3.3 Schedule for multi-stakeholder consultation	2001-08-30	2001-09-30	To be planned	2001-11-14	2 weeks after PSC comments
3.4 HCW Education and Awareness Plan	2002-01-15	2002-01-30	To be planned	2002-02-27	2 weeks after PSC comments
3.5 Training Material	2002-04-30	2002-05-30	To be planned	2002-08-28	3 weeks after PSC comments
3.6 Conference proceedings	2003-03-15	2003-04-15	to be planned (if needed)	2003-04-23	2 weeks after PSC comments
4. Study Tour Report	as agreed	as agreed	to be planned (if needed)	To be planned	2 weeks after PSC comments

13. Annexure 5: Amendments to the Document

No amendments needed.