

Progress Report 3

Sustainable Health Care Waste Management in Gauteng

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List of Abbreviations

AD	Assistant Director
AP	Action Plan
CBA	Capacity Building and Awareness
CD	Chief Director
CEO	Chief Executive Officer
CONNEP	Consultative National Environmental Policy Process
CTA	Chief Technical Advisor
D	Director
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
HOD	Head of Department
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
TDC	Tender Development Committee
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

All project activities are progressing well with production of both the initially required as well as additionally required important outputs. However, the physical implementation of the hardware component of the Pilot Project activities experienced a delay due to the need for extensive consultation and successive approval processes before the actual recommended hardware components can be tested.

The table below summarises the activities that are completed (✓), in progress (P), due to be commence (W), as well as the outputs already produced (✓). Outputs marked with (A) are important but unscheduled outputs that have been produced in addition to the requirements of the Project Document, due to certain critical needs that were identified in the process of executing the project.

Activity	Activity Description	Outputs Description
1.1.1 ✓	1. Pre-project activities	<ul style="list-style-type: none"> • Status Quo Report
1.2.1 ✓ 1.2.2 ✓ 1.2.3 ✓	1. Evaluate Status Quo & other sources 2. To draft a framework HCW Strategy 3. To consult/ agree Strategy & Action Pl.	<ul style="list-style-type: none"> • HCWM Policy (✓) • Study Tour Report (✓)
1.3.1 ✓ 1.3.2 ✓ 1.3.3 ✓ 1.3.4 W	1. Describe Framework HCWIS 2. Decision on HCWIS resources 3. Technical HCWIS principles 4. Adjustment of the DACEL HCWIS	<ul style="list-style-type: none"> • HCWIS Design (✓) • HCWIS Manual (✓) (A)
1.4.1 ✓ 1.4.2 ✓ 1.4.3 ✓ 1.4.4 ✓ 1.4.5 ✓ 1.4.6 ✓ 1.4.7 ✓ 1.4.8 ✓ 1.4.9 ✓	1. Summary of HCRW technologies 2. HCRW Management scenarios 3. Site requirements for facility 4. Assess ownership and service scenarios 5. Identify legal implications 6. Identify financial implications 7. Permit & EIA procedures 8. Draft Feasibility Study Report. 9. Consult & finalise Feasibility Study	<ul style="list-style-type: none"> • Draft Feasibility Study (✓) • DACEL HCW Treatment Manual (✓) • Non-burn Verification Protocol (✓) (A) • Cost of compliance monitoring (Incin.) (✓) (A)
1.5.1 P 1.5.2 W 1.5.3 W	1. Reformulate HCWM Strategy 2. Consult the HCWMS&AP 3. Issue Final HCWMS&AP	<ul style="list-style-type: none"> • HCWM Strategy & Action Plans (W)
2.1.1 ✓ 2.1.2 ✓ 2.1.3 ✓ 2.1.4 P 2.1.5 W	1. Review Inty'1 HCRWM guidelines 2. Draft of Gauteng HCRW guidelines, 3. Consult HCRW guidelines. 4. Modify Gauteng HCRW guidelines 5. Consult HCRW guidelines.	<ul style="list-style-type: none"> • Draft HCWM Guidelines (✓)
2.2.1 ✓ 2.2.2 P 2.2.3 P 2.2.4 ✓ 2.2.5 (✓) 2.2.6 W	1. Design& plan pilot studies. 2. Test guidelines 3. Test training material for pilot study 4. Test HCWIS in pilot institutions. 5. HCW amount before/after pilot study 6. Feed-back report on pilot studies	<ul style="list-style-type: none"> • Survey Report for Pilots (✓) • HCW Composition Study Phase 1 (✓) • HCW composition study phase 2 (P) • HCW composition study phase 3 (W)
2.3.1 ✓	1. Review regulations on HCRWM	<ul style="list-style-type: none"> • Technical Specs and Tender

Activity	Activity Description	Outputs Description
2.3.2 P 2.3.3 P 2.3.4 P	2. Specs HCRW segr, contain.& storage. 3. Standard Tender Doc 4. Tender Doc HCRW segregation, containerisation and on-site storage.	Documents for HCWM (P)
2.4.1 √ 2.4.2 P 2.4.3 P 2.4.4 P	1. Review existing regulations 2. Specs HCRW collection and transport. 3. Standard Tender Doc 4. Specific tender material for HCRW collection and transport	• Technical Specs and Tender Documents for HCWM (P)
2.5.1 √ 2.5.2 P 2.5.3 P 2.5.4 P	1. Review regulations treatment & disposal 2. Specs HCRW treatment and disposal. 3. Tender material for treatment & disposal. 4. Specific tender material HCRW treatment & disposal	• Technical Specs and Tender Documents for HCWM (P)
3.1.1 √ 3.1.2 √ 3.1.3 √	1. Establish PMG & PSC 2. Establish interdepartmental co-operation. 3. Establish mechanisms for co-ordination with related projects.	<ul style="list-style-type: none"> • PMG established (√) • PSC established (√) • MoU with DEAT (√) • MoU with GDoH, (√) • MoU with NDoH (P) • Commenting on SABS Code 0248 (√) (A) • Assistance to other HCW Programmes (√) (A)
3.2.1 √ 3.2.2 P	1. Describe roles, functions & responsib 2. Define, future HCWM model	•
3.3.1 √ 3.3.2 √	1. Schedule for multi-stakeholder involvnt. 2. Implement stakeholder involvement plan	• Web-page for HCW √ (A)
3.4.1 √	1. Assess needs for HCW awareness raising	• Capacity Build. & Awareness Plan (√)
3.5.1 √ 3.5.2 √ 3.5.3 P 3.5.4 W 3.5.5 W 3.5.6 P	1. Analyse existing HCW capacity building 2. Target groups, needs & develop cap build 3. Develop training material 4. Test training material on pilot study staff. 5. Revise training material 6. Define staff qualification & capacity building for tendering	<ul style="list-style-type: none"> • Draft Capacity Building Report for Pilots & Province) √ • Draft Capacity Building Report for Province √
3.6.1 W	1. International HCWM conference	• (W)

The Project has been extended until 31 September 2002 following DACEL's request for a five-month extension of the project, motivated by what was initially perceived to be the additional time required for planning and implementation of the Pilot Projects at Itireleng Clinic and Leratong Hospital.

Hence, the project started the 1st of May 2001 and will continue for a period of 29 months until the 30th of September 2003.

The Project was presented at the WASTECON 2002 conference in Durban October 2002 and the project is interacting with a large number of stakeholders and individuals among others via i)

Formed working groups, ii) National conferences,, iii) Assistance to other HCW initiatives, iv) Assisting in the drafting of SABS Code 0248 on HCW Management, v) Requests for registration and involvement has been made in various newspaper advertisements, and vi) Numerous project outputs and draft outputs for consultation are available at the project web page at : <http://www.csir.co.za/ciwm/hcrw> (Soon to be replaced by the permanent URL <http://www.dacel.gpg.gov.za/hcrw>).

2. Project Context: Review of project Assumptions

2.1 Project Objectives

There is no need for revision of the current Project Objectives as presented in the Project Document and Amended in Progress Report 2 (May 2002).

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 and this will create difficulties at the time when information is to be disseminated to the local authorities. Also, inconsistency in the representation of national departments is being experienced as well as some of the NGOs.

The list below shows the PSC meetings held from the beginning of the Project as well as the currently planned PSC meetings for the remainder of the project:

1. PSC#1	30	May	2001.	<i>Absent: NDoH, DEAT</i>
2. PSC#2	29	August	2001.	<i>Absent: NDoH, DEAT, GALA, DANCED, NEHAWU, SANCO</i>
3. PSC#3	24	October	2001	<i>Absent: DEAT, GALA, GDoH, SABS, GDPTRW, SANGOCO, SANCO</i>
4. PSC#4	23	January	2002	<i>Absent: DANCED, NDoH, SABS, GALA, SANGOCO, SANCO</i>
5. PSC#5	8	May	2002	<i>Absent: DANCED, NDoH, DEAT, DPTRW, SABS, GALA, SANCO</i>
6. PSC EXTRA	17	May	2002	<i>Social presentation of Study Tour Findings</i>
7. PSC#6	24	July	2002	<i>Absent: NDoH, DEAT, DPTRW, GALA, SANCO, NEHAWU, SANGOCO</i>
8. PSC#7	23	October	2002	<i>Absent: DANCED, NDoH, DWAF, GALA</i>
9. PSC#8	4	December	2002	<i>Planned Extraordinary meeting to review Pilot Projects</i>
10. PSC#9	29	January	2003	<i>Planned PSC Meeting</i>
11. PSC#10	30	April	2003	<i>Planned PSC Meeting</i>
12. PSC#11	23	July	2003	<i>Planned PSC Meeting</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 project that is intended to serve as a pilot project for future HCW management initiatives on national level from where the information will be disseminated to other provinces for implementation.

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. | <i>(DACEL and CTA only)</i> |
| 2. PMG#2: | 22 | May | 2001. | <i>(DACEL and CTA only)</i> |
| 3. PMG#3: | 12 | June | 2001. | <i>(DACEL and CTA only)</i> |
| 4. PMG#4: | 18 | June | 2001. | <i>(DACEL and CTA only)</i> |
| 5. PMG#5: | 26 | June | 2001. | <i>(DACEL and CTA only)</i> |
| 6. PMG#6: | 3 | July | 2001. | <i>(DACEL and CTA only)</i> |
| 7. PMG#7: | 10 | July | 2001. | <i>(DACEL and CTA only)</i> |
| 8. PMG#8: | 17 | July | 2001. | <i>(DACEL and CTA only)</i> |
| 9. PMG#9: | 24 | July | 2001. | <i>(Full PMG meeting)</i> |
| 10. PMG#10: | 31 | July | 2001. | <i>(DACEL and CTA only)</i> |
| 11. PMG#11: | 7 | August | 2001. | <i>(DACEL and CTA only)</i> |
| 12. PMG#12: | 14 | August | 2001. | <i>(Full PMG meeting)</i> |
| 13. PMG#13: | 11 | September | 2001. | <i>(Full PMG meeting)</i> |
| 14. PMG#14: | 16 | October | 2001. | <i>(Full PMG meeting)</i> |
| 15. PMG#15: | 13 | November | 2001. | <i>(Full PMG meeting)</i> |
| 16. PMG#16: | 6 | February | 2002. | <i>(DACEL and CTA only)</i> |
| 17. PMG#17: | 12 | February | 2002. | <i>(Full PMG meeting)</i> |
| 18. PMG#18: | 26 | February | 2002. | <i>(DACEL and CTA only)</i> |
| 19. PMG#19: | 12 | March | 2002. | <i>(Full PMG meeting)</i> |
| 20. PMG#20: | 14 | May | 2002. | <i>(Full PMG meeting)</i> |
| 21. PMG#21: | 20 | May | 2002. | <i>(Full PMG meeting)</i> |
| 22. PMG#22: | 28 | May | 2002. | <i>(DACEL and CTA only)</i> |
| 23. PMG#23: | 11 | June | 2002. | <i>(Full PMG meeting)</i> |
| 24. PMG#24: | 16 | July | 2002. | <i>(Full PMG meeting)</i> |
| 25. PMG#25: | 13 | August | 2002. | <i>(Full PMG meeting)</i> |
| 26. PMG#26: | 8 | October | 2002. | <i>(Full PMG meeting)</i> |
| 27. PMG#27: | 12 | November | 2002. | <i>(Planned full PMG meeting)</i> |
| 28. PMG#28: | 10 | December | 2002. | <i>(Planned full PMG meeting)</i> |
| 29. PMG#39: | 14 | January | 2003. | <i>(Planned full PMG meeting)</i> |

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#1-7)
- Minutes of PMG Meetings (PMG#1-27)
- Progress Report#1, November 2001
- Progress Report#2, May 2002
- Progress Report#3, October 2002 (This report)

2.3.2 Technical Reports

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

Policy and Strategy:

- “Addressing the Health Care Waste Problem in Gauteng”, A Draft Policy for Environmentally Sustainable Health Care Waste Management in Gauteng Province”, October 2000 **FINAL DRAFT** (*This document will be replaced by a Final HCWM Policy after the Strategy and Action Plan has been drafted*)
- Draft Integrated Strategy and Action Plans for Sustainable Health Care Waste Management in Gauteng, October 2002 **EARLY DRAFT**

Health Care Waste Information System:

- HCWIS - Health Care Waste Information System. Framework Document, October 2001 **FINAL**
- HCWIS User manual, June 2002 **FINAL**

Technical Document and Gauteng Requirements:

- Health Care Waste Management Feasibility Report (Final Draft of September 2002)
- HCW Management Guidelines (Final Draft of September 2002)
- Non-burn Verification Protocol (Final Draft of September 2002)
- Health Care Risk Waste Treatment and Disposal Manual (Draft of December 2001)
- Evaluation of the Emission Monitoring Requirements for HCRW Incinerators, October 2002 **FINAL**

Legal Issues:

- Legal Opinion 1 on Metro Waste Bylaws Monopolising the HCRW Treatment June 2002.
- Legal Opinion 2 on right to access of information in a HCW Information System, August 2002.
- Review of Current Legislation Gauteng Health Care Waste Management (March 2002, First Draft)

Study Tour:

- Study Tour Report, July 2002 **FINAL**

Pilot Projects:

- Survey Report for Sustainable Health Care Waste Management at Leratong Hospital, April 2002 **FINAL**
- Draft Survey Report for Sustainable Health Care Waste Management at Itireleng Clinic, May 2002 **DRAFT**
- The New HCW Management System at Laratong Hospital, August 2002. **FINAL**
- Request for Quotation for treatment of HCRW during the pilot period, October 2002 **FINAL**

Capacity Building Reports:

- Provincial Capacity Building Report **DRAFT**
- Pilot Site Capacity Building Report **DRAFT**

HCW Composition Study:

- Tender Document for Waste Composition and Generation Survey (Draft of April 2002) **FINAL**
- Draft HCW Composition and Generation Study Report **DRAFT**

Tender and Technical Specifications:

- Proposed Scope of The Tender for the Collection, Transport, Treatment and Disposal of Health Care Risk Waste Generated at Provincial Hospitals And Clinics in Gauteng, July 2002

2.3.3 Substantial Memos and Similar (Selected):

- Memorandum of Understanding between DEAT and DACEL
- Memorandum of Understanding between GDoH and DACEL
- Memorandum of Understanding between HCWIS Test Partners and DACEL
- Agreement for the Pilot Projects signed by HOD:Health October 2002
- Agreement for the Pilot Projects signed by CEO of Leratong Hospital October 2002
- 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.
- 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
- Memo on the possible alternatives to requiring generator information to be submitted to the HCWIS

2.3.4 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
- 2002-09-18 Minutes of HODs Meeting at Farm Inn Pretoria
- 2002-10-15 Minutes presentation to the GDoH Senior Management Meeting re. Pilot Projects and Tender Process
- 2002-10-29 Minutes presentation to the GDoH Senior Management Meeting re. Capacity Building Recommendations
- Minutes of Tender Development Committee Meetings incl. meetings with the TDC Chair: 2002-03-23, 2002-04-30, 2002-05-13, 2002-05-17, 2002-06-24, 2002-07-12, 2002-07-24, 2002-08-02, 2002-10-14.

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
<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 	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	As stated in Project Document, except for (Where indicated below):	As stated in Project Document, except for (Where indicated below):	As stated in Project Document, except for (Where indicated below):

Output	Activities	Indicators	Means of Verification	Due Date
<ul style="list-style-type: none"> • 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 	<p>HCWIS resources</p> <p>1.3.3: Technical HCWIS principles</p> <p>1.3.4: Adjustment of the DACEL HCWIS</p> <p>1.4.1: Summary of HCRW treatment technologies</p> <p>1.4.2: HCRW Management scenarios</p> <p>1.4.3: Site requirements for facilities</p> <p>1.4.4: Assess ownership and service scenarios</p> <p>1.4.5: Identify legal implications</p> <p>1.4.6: Identify financial implications</p> <p>1.4.7: Permit & EIA procedures</p> <p>1.4.8: Draft Feasibility Study Report.</p> <p>1.4.9: Consult & finalise Feasibility Study</p> <p>1.4.10: HCWM Study Tour (<i>new item</i>)</p> <p>1.5.1: Reformulate HCWM Strategy</p> <p>1.5.2: Consult the HCWMS & AP</p> <p>1.5.3: Issue Final HCWMS & AP</p>	<p>Study tour Report</p>	<p>Interview</p>	<p>Will be finalised after Sept. 2002 workshop</p> <p>4 weeks after study tour</p>
<ul style="list-style-type: none"> • Output 2.2: Pilot studies for HCRW Management 	<p>2.1.1: Review international HCRWM guidelines</p> <p>2.1.2: Draft of Gauteng HCRW guidelines,</p> <p>2.1.3: Consult draft HCRW guidelines.</p> <p>2.1.4: Modify Gauteng HCRW guidelines</p> <p>2.1.5: Consult final HCRW guidelines.</p> <p>2.2.1: Design & plan pilot studies.</p> <p>2.2.2: Test guidelines</p> <p>2.2.3: Test training material for pilot study</p>			<p>Delayed and will start 20 Jan 2003 for 6 months due to endorsement process</p>
<ul style="list-style-type: none"> • Output 2.3: Technical specifications, standard tender material segregation, containerisation and storage • Output 2.4: Technical specifications, standard tender material collection and transport 	<p>2.2.4: Test HCWIS in pilot institutions.</p> <p>2.2.5: HCW type/amount before & after pilot study</p> <p>2.2.6: Feed-back report on pilot studies</p> <p>2.3.1: Review regulations on HCRWM</p> <p>2.3.2: Technical specs HCRW segregation, containerisation, storage.</p> <p>2.3.3: Standard Tender Doc</p> <p>2.3.4: Specific tender material for HCRW segregation, containerisation and on-site storage.</p> <p>2.4.1: Review existing regulations</p>			

Output	Activities	Indicators	Means of Verification	Due Date
<ul style="list-style-type: none"> • 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>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 Progress Report # 4 Completion Report	Document Document Document Document Document Document Document	Month 3 Month 3 Month 6 Month 12 Month 18 Month 24 Month 29

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

The Progress Report #2 (May 2002) has been approved by the PSC and DANCED, cf- PSC#6.

4.1 Anticipated need for increased budget for Pilot Projects

Following the HOD of Health's recent approval of the Pilot Project Activities, the procurement of the required items can commence. Quotes have been requested for all goods and services to be provided for the pilot projects and the vast majority of these quotes have been received and evaluated. However, the tender providing the treatment plant partner for the pilot projects has not been decided yet, and there is a major cost component in that tender for the establishment of mechanical bin lifting and bin washing devised. Hence, a final total cost estimated has not been made yet, but the quotes received and the current estimates for other budget items indicated that the current approved budget of DKK 400,000 is insufficient to cover all costs and that an additional DKK 150-200,000 would be required (including a 10% contingency post). If such additional expenses were to be funded within the existing overall project budget, this would only be practically possible via the budget for short-term improvements of which approx. DKK 3.1 million remain.

Among others for this reason has it been suggested to conduct an extraordinary PSC meeting on the 4th of December to discuss the possible funding of this shortage and other important issues before the planned introduction of the pilot activities in the beginning of January 2003.

At this stage it is anticipated that the PSC and DANCED will be requested during the PSC meeting in December to take a decision as to the possible funding of the current shortcoming. A final cost estimate will be presented prior to the PSC meeting and a discussion document presenting other issues for discussion will be made available.

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

In the past Progress Report a possibility of conflict in timing of the project and the provincial re-tendering was reported. In October 2002 the HOD of GDoH approved that quotations for a 6-month interim service delivery between completion of the existing service agreements and commencement of the new agreements, be obtained from the existing HCRW management contractors. This is likely to reduce that risk.

Hence, it has now been principally agreed to have the existing contractors submitting quotes to render the service for the aforesaid interim period until end of September 2003 thus allowing sufficient time for developing the new Tender Documents and Technical Specifications within the Project's available time frames.

4.3 The Institutional Capacity of the Gauteng Department of Health and the health care facilities to implement the new HCW Management Tender

At this stage a number of stakeholders within the Gauteng Department of Health and representatives of the health care facilities under the jurisdiction of the Gauteng Department of Health have, while appreciating that the current route is appropriate and required, at a number of occasions voiced concern over the institutional capacity to implement changes to the current HCW management system that will be brought about by the next HCWM Tender.

The Project took cognisance of these concerns and is addressing them as part of the recommendations for a HCW Capacity Building Programme. Furthermore, the Project's approach to sustainability from the onset of the project has been to develop systems and make improvements within the current institutional framework, whilst taking cognisance of the current institutional constraints. Therefore, the project is investigating possible ways of securing sufficient internal or external support for implementing changes as part of the roll-out of the new tenders for subsequent presentation to the Department of Health and the PSC.

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. Paul Furniss (EO); | 5-10% of time. Mr. Furniss has been appointed to be the HCWIS Manager of DACEL and is committing reported data to the database and managing the pilot testing of the HCWIS system. |
| 8. Other DACEL staff: | <½% of time. Involvement in the development of the HCW Information System. |

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 (Env. Health) (AD): 3-8% of time. Involvement in all matters related to the GDoH involvement in the Project.
2. Vukani Khoza (Occ. Health) (DD) 3-8% of time. Involvement in all matters related to the GDoH involvement in the Project.
3. Marie Steyn (Facilities Planning) (AD) Appointed in October 2002 but assumed to contribute with an input 3-8% of time. Involvement in the all matters related to the GDoH involvement in the Project.
4. Tender Development Committee The TDC Chair (Patty Zipp) and TDC members of GDoH are contributing with a significant amount of time input to the tender development process estimated to be equal to 15-20 % of one full time person
5. Patty Zipp (Procurement) 2-5% of time being chair of the TDC
6. 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 Regional Staff. The total input is assumed to be equal to 50-70% of one full time position.
7. 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 Region A – Coordinator: Deborah Mothopeng. The total input is assumed to be equal to 10-15% of one full time position.

8. Other staff: Valuable input is being received from other divisions of DoH, including human resources, procurement, facilities planning etc.

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 all matters related to the GDPTRW involvement in the Project.
2. Other staff: Valuable input is being received from other persons and divisions of GDPTRW

5.4 Staff of GALA

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

1. *No person made available:* An input of 1-3% of the time of one person is required.

GALA was contacted several times 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 ensuring that the HCRW management services rendered at clinics falling under the jurisdiction of the local authorities all meet the required standards, whilst it would also be critical in addressing the possible impact of existing and proposed new municipal bylaws on waste management that could conflict with the current regionalisation and tender development concepts of the Project. Attempt to continue identifying a suitable representative will continue with a request to GALA signed by the HOD of DACEL.

5.5 Staff of Other Counterparts

Staff of other counterparts is participating in the project via the PSC and PMG as well as via various project meetings and visits at facilities, service providers and manufacturers. There has been limited representation by staff from national departments at the PSC meetings.

In Gauteng a new department has been established to carry out central procurement on behalf of all provincial departments. The Gauteng Shared Service Centre (GSSC) has been consulted on a number of occasions to determine the role of the GSSC, GDoH and the Consultants in the development of the HCRW Tender Documents in view of the current plan for phasing in the GSSC and introduce electronic SAP based procurement monitoring and budget management in the Province. Lines of communication have been established with Karen van Vuuren of the GSSC and joint meetings have been held with Karen van Vuuren (GSSC) and Patty Zip (GDoH). At this stage it has been agreed that the GDoH shall arrange all procurement via their own Departmental Acquisition Counsel (DAC) and that the GSSC will only have an advisory role in the tender development process.

5.6 South African and Danish Consultants

The input of South African and Danish Consultants has been as planned in the Project Implementation Plan and is shown on the figure below:

5.7 Project Secretary

The Project Secretary Elsie (Stompie) Darmas has been working full time on the project since it commenced during May 2001. The Project Secretary has been attending a secretarial course during the early months of the Project and is attending a project management course at present.

The Project Secretary maintains the project file and is responsible for all the general administrative and secretarial assistance to the project.

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

The table below shows the financial status per 30 October 2002. The table includes both actually reported expenses as well as estimated yet to be reported expenses for the month of October 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	67,357	111,207	178,563	30%	178,563	408,906
nnnSA	DK Consultants	4,238,801	1,837,732	1,056,846	2,894,578	68%	2,894,578	1,344,223
FLS	SA Consultants	3,675,575	1,186,962	762,659	1,949,621	53%	1,949,621	1,725,955
	Sub-Total	8,501,846	3,092,051	1,930,711	5,022,762	59%	5,022,762	3,479,084
	WORKING EXPENSES							
TRAVELS	International Travel + relocation	443,750	207,668	77,400	285,068	64%	285,068	158,682
INSUR+RCAR	Local Trans	320,000	126,750	81,602	208,352	65%	208,352	111,648
ACCOML	Housing (incl. Advance payment)	420,000	205,441	91,624	297,065	71%	297,065	122,935
ACCOMS	Short-term accomodation	358,400	160,414	58,552	218,966	61%	218,966	139,434
DIEM	Per Diem DK (additional to in fee)	3,196	-	-	-	0%	-	3,196
AUDIT	Auditing	10,000	2,000	2,000	4,000	40%	4,000	6,000
VACC	Vaccination	6,000	4,000	-	4,000	67%	4,000	2,000
VARIOUS	Various Office + Secretaries	957,945	289,689	108,602	398,290	42%	398,290	559,655
LOCTSA	Local Transport SA	7,500	300	-	300	4%	300	7,200
DIEMSA	Per Diem SA	1,598	-	-	-	0%	-	1,598
	Total Working Expenses	2,528,389	996,262	419,780	1,416,042	56%	1,416,042	1,112,347
	OTHER EXPENSES							
PILOT	Pilot Projects	400,000	3,923	17,249	21,172	5%	21,172	378,828
CAP-BUI	Capacity Building	294,750	-	15,987	15,987	5%	15,987	278,763
STUDY	Study Tour	410,000	357,500	10,723	368,223	90%	368,223	41,777
CONFER	International conference	400,000	-	-	-	0%	-	400,000
SACTION	Short-term action	3,021,719	2,657	292,703	295,360	10%	295,360	2,726,359
	Total Other Expenses	4,526,469	364,080	336,662	700,742	15%	700,742	3,825,727
	Total	15,556,704	4,452,393	2,687,154	7,139,546	46%	7,139,546	8,417,158
	Contingencies	59,056						
	GRAND TOTAL	15,615,760						
					Duration of project (18/29 months):	62%		

The table above shows that the project expenditures are progressing as planned and that the expenditure for the first 18 months of the project appears to be in line with the actual progress of the project

Procurement for the Pilot Projects will be commencing now and is expected to be completed by end of January 2003. Procurement of services for Capacity Building will also take momentum now. Large-scale procurement via the Short Term Improvement Budget has not commenced yet, as sustainable and relevant short-term actions are yet to be identified. The planning of the international conference will commence now with the setting of suitable dates for June-August

2003, as well as the selection of a suitable venue. After setting the date a professional conference organiser will be contracted to continue with the detailed planning, finalisation of a venue, call for papers, etc.

The Study Tour has now been completed and the increased budget (from DKK 300,000 to DKK 410,000) has proven to be more than sufficient due to a fortunate possibility for buying the airfares at a very competitive rate by using Egypt Air for the bulk of the journey. Hence, there is an unspent amount of approx. DKK 40,000 that could be used for other budget activities.

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.

However, the following opportunities have been identified at this stage:

- There is a possibility for including the local councils/metros in the setting of minimum HCRW tender standards and technical requirements to allow for a uniform service delivery in the public sector and to allow for additional scale of economics. High level discussions between DACEL and GDoH and the local councils/metros is required to pursue this;
- The Project's investigations have revealed a lack of contract monitoring and performance monitoring within the GDoH for the existing service contracts for HCRW and HCGW. There is clearly an opportunity for the GDoH to address this lack even on the short-term to ensure correct invoicing and service delivery for the estimated R 30 million per annum HCRW contracts. Establishment of central capacity with the GDoH to monitor HCW management, service delivery and contracts would provide a forum for monitoring the roll-out of the improved HCRW management system.
- It has been identified that there are critical shortcomings in the level of training and awareness and the institutional capacity to build awareness and improve HCRW management at the level of the hospitals and clinics as well as at the provincial level of the Department of Health. Hence, an opportunity has been identified for increasing the role of the out sourced HCRW service providers to provide a sustainable bases for providing necessary training and awareness within the health care institutions.
- Largely as a consequence of the HCRW Policy for Gauteng that was endorsed by the provincial legislature a number of new HCRW treatment plants either have been established or are in the process of being registered by the authorities. Hence, compared to the project start in May 2001 where there where insufficient treatment capacity and no treatment plants meeting the requirements of the Gauteng HCRW Policy there is now sufficient compliant treatment capacity and expected to be at least three compliant treatment plants some time in 2003, thus allowing for phasing out of non-compliant treatment plants as planned buy 1 January 2004 and for sufficient competition between compliant plants to allow market forces to reduce the cost of treatment. This has dramatically improved the flexibility and the options available to the Project in implementing the Gauteng HCW Policy via the Strategy and Action Plan being developed at the moment. Hence,

8. Revisions to PIP or Project Document

The delay in the physical implementation of the pilot activities is critical and will require a smart way of collecting adequate information from the pilot test phase to inform the finalisation of the HCW Tender Documents and Technical Specification and, to a lesser extent, the Integrated HCW management Strategy and Action Plan.

The revised Project Implementation Plan presented the revisions required due to the delay in the physical implementation of the pilot activities. Even though the pilot activities are on the critical path of the tender development as well as the strategy and action plan activities, all other project activities are progressing as planned.

The five month extension of the project was agreed and recorded in the minutes of PSC Meeting #6 held on the 24th of July 2002 but the subsequent addendum to the contract has not been countersigned by DANCED at this stage. The Addendum signed from the Consultant's side was submitted to DANCED on the 28th of August 2002 after consultation on the format of the addendum with DANCED.

It is essential that it is noted by all project stakeholders, and in particular DANCED that the project implementation is carried out under the assumption that the Addendum will be signed very soon.

Months	2001												2002												2003											
	May	June	July	August	Septem	October	Noveml	Deceml	January	Februar	March	April	May	June	July	August	Septem	October	Noveml	Deceml	January	Februar	March	April	May	June	July	August	Septem							
1.1 Status Quo Report (Completed)																																				
1.1.1: Pre-project activities, Status Quo Study report.																																				
1.2 Framework HCWMS&AP																																				
1.2.1: To evaluate Status Quo Study reports & 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																																				
1.3 HCWIS																																				
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 Feasibility Study for HCRWM																																				
1.4.1: Summary of HCRW technologies																																				
1.4.2: HCRW Management scenarios																																				
1.4.3: Site requirements for facility																																				
1.4.4: Assess ownership and service scenarios																																				
1.4.5: Identify legal implications																																				
1.4.6: Identify financial implications																																				
1.4.7: Permit & EA procedures																																				
1.4.8: Draft Feasibility Study Report.																																				
1.4.9: Consult & finalize Feasibility Study																																				
1.5 Integrated HCRWMS&AP																																				
1.5.1: Reformulate HCWM Strategy																																				
1.5.2: Consult the HCWMS & AP																																				
1.5.3: Issue Final HCWMS&AP																																				
2.1 HCWM Guidelines																																				
2.1.1: Review international HCRVM guidelines																																				
2.1.2: Draft of Gauteng HCRW guidelines.																																				
2.1.3: Consult HCRW guidelines																																				
2.1.4: Modify Gauteng HCRW guidelines																																				
2.1.5: Consult HCRW guidelines																																				
2.2 HCRWM Pilot Projects																																				
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.																																				
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3.6.1: International HCWM conference for 250 participants.																																				

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. The SMLC project as been finalised. 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.

No	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.	♦ The Project Management Group is pursuing various options for sustainable implementation of this project component for subsequent presentation to the PSC and DANCED for approval.
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.	♦ A very firm cooperation between DACEL and GDoH is being experienced with several presentations and discussions being held at the senior management level as well as at the technical level.
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#2)		
19.	♦ That the transfer of provincial clinics to the local government 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 bylaws 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.	♦
21.	♦ That the GDoH will be able to oversee roll-out of the new tenders or that the department will receive support in doing so.	♦
22.	♦ That the agreed 6 month interim contracts, in effect extending the current HCRW system, will be concluded successfully allowing sufficient time for the pilot projects to inform the the next tender and other project components.	♦
23.	♦ That GDoH will be able to undertake the required financial and performance monitoring for the new contracts	♦

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 OK
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 (Was termed "HCW Policy instead)	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 OK Final Version: January 2002 OK
1.4 Feasibility Report	Documents	Review of document	Draft Version: December 2001 OK Draft Final Version: September 2002 OK Final Version: November 2002
1.5 Integrated HCWM Strategy and Action Plans	Documents	Review of document	Draft Version: May 2002 OK Draft Final Version: Mid May 2003 Final Version: End August 2003
2.1 HCWM Guidelines	Documents	Review of document	Draft Version: September 2002 OK Draft Final Version: May 2003 Final Version: End June 2003
2.2 Pilot Project Feedback Report	Documents	Review of document	Draft Version: June 2003 Final Version: August 2003
2.3-5 HCWM Technical Specification and Tender Documents	Documents	Review of document	Draft Version: February 2003 Draft Final Version: March 2003 Final Version: April 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 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

Output	Indicators	Means of Verification	Completion date(Internal out)
			Final Version: End September 2001
3.4 HCW Education and Awareness Plan	Documents	Review of document	Draft Version: August 2002 OK Draft Final Version: August 2002 Final Version: October 2002
3.5 Training Material	Documents	Review of document	Draft Version: November 2002 Draft Final Version: January 2003 Final Version (after Pilots): June 2003
3.6 Conference proceedings	Documents	Review of document	Draft Version: August 2003 Final Version: August 2003
4. Study Tour Report	Documents	Review of document	One month after completion of study tour OK

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 (Now: HCW Policy)	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 2002-09-25	2003-01-29	4 weeks after PSC comments
1.5 Integrated HCWM Strategy	2002-04-30	2002-05-30	To be planned	2003-04-30	4 weeks after PSC comments

Output	Internal out	External out	Workshop	PSC-meetings	Completion Date
2.1 HCWM Guidelines Final	2002-04-30 2003-03-15	2002-05-30 2003-03-30	2001-11-19 2002-09-25	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	2003-01-29	2 weeks after PSC comments
3.5 Training Material	2002-04-30	2002-05-30	To be planned	2003-01-29	3 weeks after PSC comments
3.6 Conference proceedings	2003-03-15	2003-04-15	to be planned (if needed)	2003-04-30	2 weeks after PSC comments
4. Study Tour Report					Completed

13. Annexure 5: Amendments to the Project Document

No amendments needed.