

Progress Report 5

Sustainable Health Care Waste Management in Gauteng

November 2003

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Prepd. TOK
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Appd. DF/TOK

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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
DAC	Departmental Acquisition Council
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
SALGA:	South African Local Government Association
GDoH	Gauteng Department of Health
GDPTRW	Gauteng Department of Public Transport Roads and Works
GIS	Geographical Information System
GSSC	Gauteng Shared Service Centre (New centralised procurement facility for all Gauteng Prov. Departments)
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
WHO	World Health Organisation
WIS	Waste information system
ZAR	South African Rand

1. Executive Summary

A very successful international Health Care Waste Management Conference was held 25-27th of August 2003 at Sandton Convention Centre.

The project has received three awards for Service Excellence, as follows:

1. 2003-10-09: Khanyisa Award of the Gauteng Department of health: 3rd prize (R25,000) was awarded to Leratong Hospital for the HCW Pilot Project. The award was presented by the Minister of Health Dr. Manto Tshabalala-Msimang
2. 2003-11-07: Gauteng Premier's Service Excellence Award: Gold Award in the Innovation Category. Presented by Gauteng Premier Mbhazima Shilowa
3. 2003-11-07: Gauteng Premier's Service Excellence Award: Platinum Award as the best of all 35 nominated Service Excellence Projects in the entire provincial administration. Presented by Gauteng Premier Mbhazima Shilowa

The Project has now produced the bulk of its key deliverables and is now entering a phase where the achievements can be consolidated by improving the project's support to long-term sustainability as well as supporting the additional spin offs and consolidation of achievements.

To this end DACEL in September has suggested and approved the allocation of an extraordinary amount of R 400,000 from its own budget for the budget year ending March 2004 in the support of the project. DACEL suggests that the R 400,000 provided by DACEL should be used partially to ensure greater presence at the health care facility level to support the roll-out of the new HCW Tenders and should partially be used to fund expenditures already planned to be covered by the DANIDA grant, thus, liberating DANIDA funds for the continued funding of the presence of the Danish Consultants and the Project as such until the end of July 2004. Hence, it is suggested that DACEL would take over the funding of some input by the South African consultants as well as procurement of services in relation to the training and capacity building for health care facilities while the DANIDA grant should then fund the extended presence of the CTA and the Project Organisation until the end of July 2004.

With the additional support of R 400,000 from DACEL and by re-assessing the current budget items provided for via the DANIDA grant it is therefore possible to extend the project until the end of July 2004 within the current overall grant allocated by DANIDA.

The Project Management is currently considering options for seeking additional external funding for continued development of Health Care Waste and Hazardous Waste related activities that have been identified during the course of the project. In particular the Department is considering embarking on the development of an overall hazardous waste management policy, based on the same process used for the HCW Policy. Also, the department is considering further support and development of systems in cooperation with local governments for management of HCRW generated in communities and by small private and commercial health care providers. This has been identified as a provincial priority.

All project activities, with the exception of the HCRW Tender Process, are progressing well with production of both the initially required as well as additionally identified important

outputs. Unfortunately the HCRW Tender Process has been significantly delayed due to capacity constraints within the Gauteng Department of Health

The HCW Pilot Project activities, though starting late as previously reported, have been successfully implemented with only minor problems experienced during the short transition period. The Pilot Projects have proved to be very successful in the sense that it was well received by the institutions, resulting in remarkable improvements in general service delivery and waste segregation efficiency. The pilots have produced the required information with respect to suitability of systems, equipment, costs and capacity building efforts.

The Project has drafted two pieces of provincial regulations that are envisaged to be promulgated by approx. January 2004. This is a very positive and effective outcome of the Project that has an even more far-reaching impact than what was envisaged in the Project Design Document as there will be an immediate restriction of the impacts from complaints treatment technologies in terms of these regulations. The two Provincial Regulations are:

1. Health Care Waste Management Regulations, setting the provincial requirements for containerisation, transportation, treatment and disposal, as well as reporting including a requirement to register with DACEL to apply for and renew authorisations to carry out any of the respective HCRW service activities in Gauteng.
2. Waste Information System Regulations, setting the provincial requirements for registering of certain types of waste generators and waste service providers operating in Gauteng. The Regulations are promulgated to ensure that the HCWIS is enforceable, currently including provisions for all domestic and hazardous waste being landfilled and waste being recycled. The Regulations provide for the MEC to expand the list of waste generating activities to be included by means of the provincial gazette. At the moment it is envisaged that abattoir waste and waste from rendering plants would soon be added to the schedules of required activities.

The draft final versions of the above regulations as well as the endorsed HCW Management Policy were published in the Provincial Gazette No. 373 on the 11th of September 2003 for commenting. The fact that the two regulations above have been produced is seen as a major step in ensuring sustainability and enforcement tools for the project outputs.

The table below summarises the activities that are completed (?), in progress (P), and due to be commenced (W). 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. Evaluate Status Quo & other sources	<ul style="list-style-type: none"> • HCWM Policy (?)
1.2.2 ?	2. To draft a framework HCW Strategy	<ul style="list-style-type: none"> • Study Tour Report (?)
1.2.3 ?	3. To consult/ agree Strategy & Action Pl.	
1.3.1 ?	1. Describe Framework HCWIS	<ul style="list-style-type: none"> • HCWIS Design (?)
1.3.2 ?	2. Decision on HCWIS resources	<ul style="list-style-type: none"> • HCWIS Manual (?) (A)
1.3.3 ?	3. Technical HCWIS principles	<ul style="list-style-type: none"> • Revised WIS for more waste types (P)
1.3.4 P	4. Adjustment of the DACEL HCWIS	

Activity	Activity Description	Outputs Description
	5. Expansion of HCWIS to a general WIS	
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.) (?)
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 Int'l 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 (?) • HCW composition study phase 3 (?) • Final Pilot Project Feed-back Report (?) (A)
2.3.1 ? 2.3.2 (?) 2.3.3 (?) 2.3.4 (?)	1. Review regulations on HCRWM 2. Specs HCRW segr, contain.& storage. 3. Standard Tender Doc 4. Tender Doc HCRW segregation, containerisation and on-site storage.	<ul style="list-style-type: none"> • Technical Specs and Tender Documents for HCWM. First Draft produced (?) • Draft HCWM Regulations (?) (A) • Draft Waste Information System Regulations (?) (A)
2.4.1 ? 2.4.2 (?) 2.4.3 (?) 2.4.4 (?)	1. Review existing regulations 2. Specs HCRW collection and transport. 3. Standard Tender Doc 4. Specific tender material for HCRW collection and transport	<ul style="list-style-type: none"> • Technical Specs and Tender Documents for HCWM. First Draft produced (?)
2.5.1 ? 2.5.2 (?) 2.5.3 (?) 2.5.4 (?)	1. Review regulations treatment & disposal 2. Specs HCRW treatment and disposal. 3. Tender material for treatment & disposal. 4. Specific tender material HCRW treatment & disposal	<ul style="list-style-type: none"> • Technical Specs and Tender Documents for HCWM. First Draft produced (?)
3.1.1 ? 3.1.2 ? 3.1.3 ?	1. Establish PMG & PSC 2. Establish interdepartmental co-operation.	<ul style="list-style-type: none"> • PMG established (?) • PSC established (?) • MoU with DEAT (?)

Activity	Activity Description	Outputs Description
	3. Establish mechanisms for co-ordination with related projects.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Policy (?) • Regulations and Strategy (P)
3.3.1 ? 3.3.2 ?	1. Schedule for multi-stakeholder involvement 2. Implement stakeholder involvement plan	<ul style="list-style-type: none"> • Web-page for HCW ? (A) • Several Workshops conducted (?)
3.4.1 ?	1. Assess needs for HCW awareness raising	<ul style="list-style-type: none"> • 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 7. Develop guidelines for Local Government for addressing small scale generators in the communities	<ul style="list-style-type: none"> • Draft Capacity Building Report for Pilots & Province (?) • Draft Capacity Building Report for Province (?) • Training Material for Pilots (?) • Pilot Monitoring Reports (?) • 5-day training course for HCWM developed with WITS Technikon (?) • Training Requirements in Tender Documents (?) • Local Government Guidelines for Small Scale HCRW Generators
3.6.1 W	1. International HCWM conference	<ul style="list-style-type: none"> • Appointment of Conf Organiser (?) • Call for Papers, Venue, Time (?) • Establish Conference Steering Committee (?)

(Note: Please refer to the Project Document and the Inception Report for further details on the Activities)

The Project has been extended until 31 march 2004 following approval of DACEL's request for first a five-month extension and then a 6 month extension of the project. At the PSC Meeting 2003-10-29 the proposal for extending the project until 31st July 2004 was approved. Subsequent votes by post received from PSC members not attending the meeting on 2003-10-29 has re-affirmed the PSC's full support of this extension of the Project. DANIDA has informed that they will issue a final approval of this extension until 31st July 2004 following DACEL issuing a letter confirming the availability of R 400,000 towards the Project. The formal extension will be in place once an addendum to agreement has been signed by DANIDA and RAMBOLL.

Hence, at the moment the project that started the 1st of May 2001 will continue for a period of 39 months, i.e. until the 31st of July 2004.

The Project maintains a web-page where all final and final draft documents can be downloaded by the international community: <http://www.csir.co.za/ciwm/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 4 (May 2003).

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 critical lack of cooperation by Gauteng-SALGA 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 of DEAT and NDoH is being experienced as well as some of the NGOs. Please refer to the list of PSC meetings below for details on the attendance of PSC meetings.

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:

PSC Meeting No.	Date			Members Absent
1. PSC#1	30	May	2001.	<i>Absent: NDoH, DEAT</i>
2. PSC#2	29	August	2001.	<i>Absent: NDoH, DEAT, Gauteng-SALGA, DANIDA, NEHAWU, SANCO</i>
3. PSC#3	24	October	2001	<i>Absent: DEAT, Gauteng-SALGA, GDoH, SABS, GDPTRW, SANGOCO, SANCO</i>
4. PSC#4	23	January	2002	<i>Absent: DANIDA, NDoH, SABS, Gauteng-SALGA, SANGOCO, SANCO</i>
5. PSC#5	8	May	2002	<i>Absent: DANIDA, NDoH, DEAT, DPTRW, SABS, Gauteng-SALGA, 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, Gauteng-SALGA, SANCO, NEHAWU, SANGOCO</i>
8. PSC#7	23	October	2002	<i>Absent: DANIDA, NDoH, DWAF, Gauteng-SALGA, NEHAWU,</i>
9. PSC#8	11	December	2002	<i>Absent: DANIDA, NDoH, DEAT, Gauteng-SALGA, SABS, NEHAWU, GDoH, ICASA, SANGOCO</i>
10. PSC#9	29	January	2003	<i>Absent: DANIDA, NDoH, DEAT, Gauteng-SALGA, SABS, SANGOCO, SASOM</i>
11. PSC#10	12	March	2003	<i>Absent: DANIDA, NDoH, DEAT, Gauteng-SALGA, SANGOCO, SASOM,</i>

PSC Meeting No.	Date			Members Absent
				SANCO, ICASA
12. PSC#11	7	May	2003	Absent: DANIDA, SASOM, SANGOCO, SANCO, ICASA, NEHAWU, DWAF, SABS
13. PSC#12	23	July	2003	Absent: DANIDA, NDoH, GDoH, SASOM, SANGOCO, SANCO, ICASA, NEHAWU, DWAF, SABS
14. PSC#13	29	October	2003	Absent: NDoH, SASOM, SANGOCO, SANCO, NEHAWU, DWAF, SABS

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 is intended to be disseminated to other provinces for implementation. During a recent HCW management workshop hosted by the NDoH, it became evident during the provincial report back session that Gauteng is currently setting an example to many of the provinces in as far as HCW management standards are concerned.

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:	20	May	2002.	(Full PMG meeting)
22. PMG#22:	28	May	2002.	(DACEL and CTA only)
23. PMG#23:	11	June	2002.	(Full PMG meeting)
24. PMG#24:	16	July	2002.	(Full PMG meeting)
25. PMG#25:	13	August	2002.	(Full PMG meeting)
26. PMG#26:	8	October	2002.	(Full PMG meeting)
27. PMG#27:				(No meeting held)

28. PMG#28:				<i>(No meeting held)</i>
29. PMG#29:	12	November	2002	<i>(Full PMG meeting)</i>
30. PMG#30:	19	November	2002	<i>(DACEL and CTA only)</i>
31. PMG#31:	10	December	2003	<i>(Full PMG meeting)</i>
32. PMG#32:	21	January	2003	<i>(Full PMG meeting)</i>
33. PMG#33:	11	February	2003	<i>(Full PMG meeting)</i>
34. PMG#34:	12	August	2003	<i>(Full PMG meeting)</i>
35. PMG#35:	9	September	2003	<i>(Full PMG meeting)</i>
36. PMG#36:	14	October	2003	<i>(Full PMG meeting)</i>

The frequency of PMG meetings has been reduced over the period March — July 2003 mostly because the meetings have either coincided with PSC meetings of the Conference Steering Committee Meetings that were held in the period March — August 2003 in the time leading up to the International HCW Management Conference held 25-27 August.

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, November 2002
- Progress Report#4, May 2002
- Progress Report #5, November 2003 (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 2003 **FINAL DRAFT**

Health Care Waste Information System:

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

Technical Documents 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 October 2003)
- Health Care Risk Waste Treatment and Disposal Manual (Draft of December 2001)
- Evaluation of the Emission Monitoring Requirements for HCRW Incinerators, April 2003 **FINAL DRAFT.**

Legal Issues:

- Review of Current Legislation Gauteng Health Care Waste Management (March 2002, First Draft)
- Legal Opinion 1: Metro Waste Bylaws Monopolising the HCRW Treatment June 2002.
- Legal Opinion 2: Right to access of information in a HCW Information System, August 2002.
- Legal Opinion 3: Closure of plants, rights for compensation, legislative options etc.
- Legal Opinion 4: Memorandum on Utilising Section 31a Of The Environment Conservation Act 73 of 1989 as a Closure Enforcement Mechanism, February 2003.
- Legislative Concept for the Regulation of Health Care Waste Management, February 2003
- Draft Health Care Waste Management Regulations, September 2003 **FINAL DRAFT**
- Draft Waste Information System Regulations, September 2003, **FINAL 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 **FINAL**
- The New HCW Management System at Leratong Hospital, August 2002. **FINAL**
- Request for Quotation for treatment of HCRW during the pilot period, October 2002 **FINAL**
- Adjudication of Quotation for treatment of HCRW during the pilot period, 2002 **FINAL**
- Pilot Project Monitoring Programme, February 2003, **FINAL**
- Report on the selection of Improved Equipment at Leratong Hospital & Itireleng Clinic, December 2002, **FINAL**
- Summary of Findings from the Pilot Test, August 2003, **FINAL**
- 6 Awareness Posters (A2) printed and distributed at Pilot Launch **FINAL** October 2002

- 3 Training Posters (A1) printed and distributed at Pilot Projects **FINAL** February 2003
- 6 Skill Posters (A3) printed and distributed at Pilot Projects **FINAL** February 2003
- Code of Practice for Health Care Waste Management for Pilots January 2003 **FINAL**
- 2 Pilot Project Information Posters (A0) produced for Khanyisa and Premier's Service Excellence Awards September 2003, **FINAL**
- 2 Batho Pele (people First) Concept Posters (A3) produced for the Premier's Service Excellence Award, October 2003, **FINAL**
- Itireleng Clinic: Continuation of the Pilot Project to December 2003 (extra testing of the 240 litre wheelie bin in the clinic), September 2003, **FINAL**

Capacity Building Reports:

- Provincial Capacity Building Report **FINAL**
- Pilot Site Capacity Building Report **FINAL**
- Training Curriculum and notes for the Five day training course for HCW Officers. October 2003. **DRAFT FINAL**. (the first course took place 13-17 Oct 2003 and the notes will be finalised following the evaluation of the first course and comments received)

HCW Composition Study:

- Tender Document for Waste Composition and Generation Survey (Draft of April 2002) **FINAL**
- Tender Adjudication for Waste Composition and Generation Survey, 2002 **FINAL**
- Final HCW Composition and Generation Study Report August 2003 **FINAL**

Tender and Technical Specifications:

- Terms of Reference for Tender Development Committee **FINAL**
- Tender Development Process Report **FINAL**
- 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
- First Draft Tender Documents Vol 1-4 has been prepared and consultant during March and April 2003 **1ST DRAFT**
- Technical Specifications for the HCW Tender, October 2003, **DRAFT FINAL VERSION** (Awaits info from Dept of Health).

International HCW Management Conference 25-26 August 2003:

- Tender Document for Conference Organizer for an International Health Care Waste Management Conference to be held in August 2003 in Johannesburg, December 2002 **FINAL**
- Tender Adjudication for Conference Organizer for an International Health Care Waste Management Conference to be held in August 2003 in Johannesburg, February 2003 **FINAL**
- Call for Paper Brochure **FINAL** Distributed widely to potential presenters, attendees and exhibitors
- Conference Proceedings, August 2003, **FINAL**
- Key Issues Arising from the Health Care Waste Management Conference, September 2003, **FINAL**

Influence on activities outside of the project

- Active participation in the SABS Code 0248 development process, where a significant amount of expertise from the project was transferred to a national institution for implementation in other provinces
- Participation in development of the Johannesburg Metro Bylaws
- Proactive participation by the private sector that resulted in more than the required capacity of compliant HCRW treatment facilities being made available in Gauteng

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/DANIDA 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/DANIDA 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/DANIDA 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 DANIDA/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. Meeting Enviroserv regarding HCWIS
- 2001-10-19. Minutes of Working Group Meeting on HCW Guidelines
- 2001-11-13. Meeting with Pikitup regarding possibilities for piloting HCWIS, new containerisation and transport systems etc.
- 2001-11-13. Meeting with Public Works regarding procurement for pilot projects
- 2002-01-24. Minutes of Working Group Meeting on Integrated Strategy and Action Plans for HCW
- 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
- 2002-03-08. Minutes of Working Group Meeting on Draft Feasibility Report
- 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, 2002-10-23 (*2), 2002-12-03, 2003-02-10, 2003-02-12, 2003-02-20, 2003-02-28, 2003-04-08. Minutes of Tender Development Committee Meetings incl. meetings with the TDC Chair
- 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
- 2002-07-30, 2002-10-23. Meetings with GSSC
- 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
- 2002-11-04. Minutes Tender Meeting for Treatment Tender during Pilot
- 2002-11-19. Minutes of Working Group Meeting on HCW Management Guidelines
- 2002-11-21. Waste Management Meeting at Leratong Hospital
- 2002-12-10. Internal Workshops
- 2002-12-12. Meeting with GSSC regarding transfer of WIS to the DACEL Server
- 2002-12-18. Meeting with PIKITUP regarding HCWIS testing
- 2002-12-19. Meeting with Buhle Waste regarding HCWIS testing
- 2003-02-17. Meeting regarding Gauteng-SALGA's involvement 2003-02-17
- 2003-02-20. Meeting with CD Marion Ahern GDoH 2003-02-20
- 2003-02-12. Gauteng DoH — Tender Development Workshop No. 1
- 2003-04-08. DoH Tender Development Workshop No. 2
- 2003-04-10. Industry - Tender Development Workshop # 1.
- 2003-05-09. GSSC - Tender Development Meeting
- 2003-05-20. DOH - Tender Development Workshop # 3
- 2003-08-28. Tender Development Process Meeting No. 1
- 2003-09-10. Tender Development Process Meeting No. 2

2.3.5 Presentations Made:

During the course of the project a number of presentation have been made, including;

- 2001-07-20: Internal DACEL HCW Management Workshop
- 2001-08-16: Presentation Wits Techikon PhD Course for Environmental Health
- 2001-08-21: Present Kalafong Hospital to the Parliamentarian Portfolio Committee for Environment
- 2001-09-18: Presentation to Chief Directors and CEOs of Hospitals of Department of Health of the Health Care Waste Management Project
- 2001-10-15: Presentation of the HCW Project to the Department of Health West Rand Office
- 2001-10-26: Presentation of the HCW Project to a DACHED Delegation (K Skov & P Jonsson)
- 2001-11-14: Presentation of the HCW Project to the Dept of Health HCW Committee at Marks Park
- 2001-11-27: Presentation at Stakeholder Meeting on Policy and Waste Information System at Marks Park
- 2001-12-12: Presentation of Waste Information System to DEAT (B Mathebula)
- 2002-01-17: Present the Waste Information System to A Fernandez (Dept of Health)
- 2002-02-24: Presentation to Working Group on HCW Management Strategy at DACEL
- 2002-01-30: Presentation at HCW Service Provider Workshop re. Pilot Projects and the Feasibility Report
- 2002-02-06: Presentation to Dept of Public Works on the HCW Project
- 2003-02-26: Presentation to the International Association of Impact Assessors of the HCW Project
- 2002-03-08: Working Group Workshop regarding the HCW Guidelines

- 2002-04-29: World Environment Day Presentation of Pilot Project to Community at Leratong Hospital
- 2002-05-06: Presentation to Lois Nolte (Dept of Health) on the HCW Project
- 2002-05-13: HCW Tender Working Group Meeting
- 2003-06-24: Presentation to the Committee for Environmental Coordination of the HCW Project
- 2002-09-03: DACEL Senior Management Presentation
- 2002-09-05: Working Group Presentation of the HCW Management Guidelines
- 2002-09-11: Pilot Project Launch for the Community at Leratong Hospital
- 2002-08-18: Presentation to HOD:Health on the HCW Pilot Project
- 2002-09-25: Presentation of HCW Guidelines & Feasibility Study at marks Park to Stakeholders
- 2002-10-01-04: Presentation of Gauteng HCW Management Project at International WasteCon 2002 in Durban
- 2002-10-15: Presentation of HCW Project to the DoH Senior Management Meeting
- 2002-10-23: Presentation of the HCW Tender and the Project to the GSSC
- 2002-10-29: Presentation of the HCW Capacity building programme to the DoH Senior Management
- 2002-11-18: Presentation of Capacity Building Programme to DoH HR Section
- 2002-11-22: Presentation of HCW Pilot Project to Johannesburg Metro Health Services
- 2002-12-11: Presentation to Johannesburg Metro of the Waste Information System
- 2003-02-12: Presentation of HCW Tender at Stakeholder Workshop at Marks Park
- 2003-02-20: Presentation of the HCW Project to CD M Ahern (Dept of Health)
- 2003-02-28: Presentation of the HCW Project, Regulations and Requirements to Dept. of Public Works Workshop at Kempton Park
- 2003-03-13: Presentation of Pilot Project and HCW Project to workers' Union NEHAWU at Leratong Hospital
- 2003-03-18: Presentation to the HCW Forum of the Dept of Health at Leratong Hospital
- 2003-03-27: Stakeholder Workshop for the HCW Management Regulations at World of Beer
- 2003-04-08: HCW Tender Workshop at the Dept of Health
- 2003-04-09: Infection Control Workshop regarding reusable waste containers and hygiene for Infection Control Association
- 2003-04-10: HCW Tender Industry Workshop at DACEL
- 2003-05-06: Waste Information Regulations Workshop at Pyramids
- 2003-05-08: HCW Forum Meeting for Dept of Health at Sizwe Hospital
- 2003-05-09: Presentation of HCW Tender to GSSC
- 2003-05-14: Presentation to the Basel Convention Centre of the HCW Project
- 2003-05-19: Presentation of the Int'l HCW Conference and the HCW Project to DEAT
- 2003-05-20: Presentation of Draft Final HCW Tender Documents to the HCW Forum of the Dept of Health
- 2003-05-22: Presentation of HCW Project and Tender to Pretoria Region of Senior Management Meeting of the Dept of Health
- 2003-05-26: Presentation to Facilities Planning Unit of DoH in the Pretoria Health Region of the HCW Project and the HCW Tender

- 2003-05-27: Presentation to Facilities Planning Unit of DoH in the West Rand Health Region of the HCW Project and the HCW Tender
- 2003-05-28: Presentation to Facilities Planning Unit of DoH in the East Rand Health Region of the HCW Project and the HCW Tender
- 2003-06-04: Presentation of HCW Project and HCW Tender to East Rand Chief Directors and CEOs of Hospitals of the DoH
- 2003-06-04: Presentation of HCW Project and HCW Tender to West Rand Chief Directors and CEOs of Hospitals of the DoH
- 2003-06-12: Presentation of the HCW Tender and Project to the East Rand Health District
- 2003-06-24: Presentation of the Gauteng HCW Project at the Waste Conference at Francistown, Botswana for Southern Africa
- 2003-07-07: Presentation at the Wits Medical School of the HCW Project in Gauteng
- 2003-07-15: Senior Management Presentation to DoH regarding the Progress of the HCW Project and the Tender Document
- 2003-07-24: Presentation at the National Department of Health meeting for all 9 provinces at Warmbath (Limpopo Province)
- 2003-08-25-27: 6 Presentations at the International HCW Management Conference, Sandton City for 300 delegates from 16 countries
- 2003-09-18: Presentation of the HCW Project and the Tender to Ga-Rankuwa Hospital
- 2003-10-09: Presentation via stand at the annual Khanyisa Award of the Dept. of Health
- 2003-10-15: Presentation at the Conference of the Association of Hospital Engineers in East London
- 2003-10-20: Presentation of Project and the Pilot Project to group of Danish parliamentarians
- 2003-10-30: Presentation to the DPLG in Johannesburg of the Project and the implications for Local Government
- 2003-11-06-07: Workshop for the HCW Strategy and Action Plans at World of Beer
- 2003-11-07: Stand at the Annual Gauteng Premier's Service Excellence Award

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 Annexure 1.

3. Project Outputs: Review of project Outputs and Indicators

3.1 Output Schedule

There have been no significant changes to the planned outputs since the Progress Report #1 (November 2001). The table below includes the extra or expanded outputs and indicators only.

Extra or expanded Output	Extra or Expanded Activities	Indicators	Means of Verification	Due Date
<ul style="list-style-type: none"> Output 1.3: Gauteng Health Care Waste Information System 	1.3X1: A WIS for several types of waste other than HCRW is being produced via the Regulations. Expansion of the HCWIS software to the WIS has been agreed.	Provincial Regulations	Provincial Regulations	August 2003
	2.3X1: Actual HCRW management Regulations are being drafted and promulgated as part of the project	Provincial Regulations	Provincial Regulations	August 2003
<ul style="list-style-type: none"> Output 2.3-5: Technical specifications, standard tender material 	2.3X2: The Complete set of tender documents are being prepared instead of just the technical specifications	Tender Documents	Tender Documents	June 2003

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

The Progress Report #4 (May 2003) has been approved by the PSC and DANIDA, cf-PSC#12 on 2003-07-23

This section highlights the current most important issues in terms of the success of the project and opportunities and constraints in achieving the project objectives:

4.1 Delay in the Health Care Waste Tender Process with the Gauteng Department of Health and proposed 4 months extension motivated by this delay.

All project activities, with the exception of the HCRW Tender Process, are progressing well with production of both the initially required as well as additionally required important outputs. Unfortunately the HCRW Tender Process has been significantly delayed due to capacity constraints within the Gauteng Department of Health.

It is therefore evident that the services required by the new and improved HCW Management tenders can only be expected to be start on the 1st of May 2004, assuming that the tenders are advertised not later than mid November 2003. This is a 5?months delay compared to the planned tender process.

As the currently planned end of the Project is on the 31st of March 2003 it will not be possible to provide the critically important tender roll-out support and monitoring and problem-solving for the initial 4 months transition period during which the health care facilities gradually will convert to the new tendered system.

To this end DACEL in September has suggested and approved the allocation of an extraordinary amount of R 400,000 from its own budget for the budget year ending March 2004 in the support of the project. DACEL suggests that the R 400,000 provided by DACEL should be used partially for ensuring greater presence at the health care facility level to support the roll-out of the new HCW Tenders and should partially be used to fund

expenditures already planned to be covered by the DANIDA grant, thus, liberating DANIDA funds for the continued funding of the presence of the Danish Consultants and the Project as such until the end of July 2004.

This proposal was presented to the PSC meeting #13 on 2003-10-29. The PSC Meeting supported the proposal and has recommended this for approval by DANIDA. The DANIDA representative also stated that this would be supported, assuming a written confirmation from DACEL as to the availability and terms of the R 400,000 made available towards achieving the Project Objectives. Subsequent to the PSC meeting additional written support for the proposal was received from 4 PSC members who could not attend the meeting.

At the PSC meeting it was agreed that the Project Management could assumed that this extension is endorsed and plan accordingly.

Therefore, DACEL would take over the funding of some input by the South African consultants as well as procurement of services in relation to the training and capacity building for health care facilities while the DANIDA grant would then fund the extended presence of the CTA and the Project Organisation until the end of July 2004.

With the additional support of R 400,000 (Approx. DKK 360,000) from DACEL and by re-assessing the current budget items provided for via the DANIDA grant it is therefore possible to extend the project until the end of July 2004 within the current overall grant allocated by DANIDA.

The extension can be fully financed via an adjustment of the already allocated funds from DANIDA. Hence, there is no need for additional funds, except for resources in kind from the project counterparts. The attached table shows the past and the proposed adjustments to the overall project budget that is recommended for approval by the PSC.

As shown in the table it has been possible to recover some amounts from the allocated budget:

1. DKK 418,977 will be required for additional Danish consultancy input for the extended period
2. A net increase of DKK 80,157 of SA Consultancy input is required which can be achieved by reducing the DANIDA part by DKK 99,843 and adding the DACEL contribution of DKK 180,000.
3. DKK 75,980 is required to maintain project infrastructure for the extended period
4. DKK 27,000 is needed to cover a minor over expenditure for the HCW Characterisation Study
5. DKK 3,218 can be saved from unallocated Short-term improvement budget
6. DKK 27,000 extra is required for additional facility level support compared to the amounts already provided via the previous adjustment. This consist of DKK 153,000 freed from the DANIDA budget and covered by DKK 180,000 from the DACEL contribution
7. DKK 3,400 is needed to cover a minor over expenditure for the HCW pilot projects
8. DKK 180,000 was saved for the Int'l Conference budget due to the overwhelming number of delegates and delegates' fees.
9. DKK 89,296 of unused Contingency funds should be utilised

Table: Past agreed adjustments to the Project Budget and recommended Additional Adjustments by PSC on 2003-10-29 for a Project Extension to 31st July 2004

Ref.	Item Name	Agreed in the past (covering project duration until 2004-03-31)						Recommended by PSC on 2003-10-29					
		Contract April 2001	Addendum 1 Agreed 24 Oct 2001	Addendum 2 Agreed June 2002	PSC Agreed adjust-ments	Total after agreed changes	Addendum 3 agreed 2003	Total after change (1-3)	Proposed Addendum 4 (DANIDA)	Proposed Cost covered by DACE (R 400,000)	Net change including DACE Contribution	Total after change (DANIDA only)	Total after change (DANIDA + DACE)
									Change only	Change only	Change only	Change only	Change only
DKK	DKK	DKK	DKK	DKK	DKK	DKK	DKK	DKK	DKK	DKK	DKK	DKK	
A	Expatriate Members of Project Team	4,100,696	185,123	540,452		4,826,271	987,821	5,814,092	418,977	0	418,977	6,233,069	6,233,069
B	Local/National Personnel	3,089,000	375,000	211,575		3,675,575	784,449	4,460,024	-99,843	180,000	80,157	4,360,181	4,540,181
C	Reimbursable Expenses for Expatriate Team Personnel	2,214,566	24,000	280,725	-170,000	2,349,291	790,870	3,140,161	75,980	0	75,980	3,216,141	3,216,141
D	Reimbursable Expenses for Local/National Personnel	9,098				9,098		9,098	0	0	0	9,098	9,098
E	Equipment (Note some procurement included under other items)	0	594,750		110,000	704,750		704,750	27,000	0	27,000	731,750	731,750
F	Unallocated Short-term improvements	4,000,000	-868,281		-560,000	2,571,719	-2,563,140	8,579	-3,218	0	-3,218	5,361	5,361
	Comp Study + Roll-out supp				450,000	450,000		450,000	-153,000	180,000	27,000	297,000	477,000
	Pilot Projects	400,000			170,000	570,000		570,000	3,400	0	3,400	573,400	573,400
	Conference	400,000				400,000		400,000	-180,000	0	-180,000	220,000	220,000
	Sub-total	4,800,000	-868,281	0	60,000	3,991,719	-2,563,140	1,428,579	89,296	360,000	449,296	1,517,875	1,877,875
Total	14,213,360	310,592	1,032,752	0	15,556,704	0	15,556,704	89,296	360,000	449,296	15,646,001	16,006,001	
Contingencies	1,402,400	-310,592	-1,032,752		59,056	30,240	89,296	-89,296	0	-89,296	-0	-0	
Grand Total	15,615,760				15,615,760	30,240	15,646,000	0	360,000	360,000	15,646,000	16,006,000	

Please note that it is suggested that minor adjustments (e.g. ?25%) of each budget item can be allowed for without further approvals required provided that the grand total is not exceeding the total allocated.

It is proposed that the expenses (SA Consultancy time and services such as printing of posters and training material) be advised for payment by DACE directly in accordance with a special business plan developed for this by DACE. Hence, the DACE contribution to the Project will not be administered by the Chief Technical Advisor (CTA) but by the DACE Project Director according to government procedures but in close consultation with the CTA via the day to day project management cooperation.

The extension will not result in a significant adjustment of the already agreed Activity list and list of outputs. However, there will be more time spend on the actual HCW tender roll-out preparation and the CTA will as requested by DACE be assisting with additional DACE activities such as the development of a hazardous waste management policy for Gauteng that would follow the process used by the health care waste project and would be motivated by the fact that DACE contributes financially to the extension of the project.

The activities proposed for an extension to the Gauteng project can be fully funded by the resources already allocated by DANIDA and the counterparts to the Project by means of a well-justified and appropriate re-allocation of the existing budgets.

4.2 Continuation of the Pilot Projects at Itireleng Clinic and Leratong Hospital

The agreement for the continuation of the Pilot Projects at Itireleng Clinic and Leratong Hospital was entered into by all relevant partners in the beginning of September 2003. This agreement allowed for the testing of an entirely new containerisation system at Itireleng Clinic. Hence, whereas the clinic before was using 100 litre and 50 litre reusable stackable containers that were removed by Buhle Waste and returned washed and sterilised the clinic is now using 240 litre wheelie bins that are returned washed and sterilised.

The pilot activities at Leratong Hospital continue successfully unchanged.

The need for the testing of the 240 litre wheelie bins was clearly identified as the Pilot Project Monitoring Programme clearly identified wheelie bins as more desirable compared to the stackable boxes. However, it was evident that the 770 litre wheelie bins in use at hospitals would be too voluminous for clinics and stakeholders recommended that a 240 litre wheelie bin be used instead.

It was possible to introduce the 240 litre wheelie bins at a very limited additional cost, as 2 240 litre wheelie bins from Leratong Hospital could be used at Itireleng and only a limited amount of extra wheelie bins had to be purchased (Approx. R 6000). No other equipment had to be purchased as the reusable stackable boxes now are used as stationary lined bins that need to be sanitised on-site.

The 240 litre wheelie bin test has been successful so far with only minor teething problems, including odour problems experienced due to the use of an unventilated room used for storage of filled wheelie bins.

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

As discussed in previous Progress Reports there is at the moment no central nor facility based capacity in the Department of Health to proactively develop the HCW Management systems or effectively monitor the financial and service delivery performance under such contracts.

The Project has, because of the absence of such capacity, developed a provincial capacity building programme that, among others, consists of:

1. Nomination of HCW Officers as follows:
 - a. One for each of the 28 hospitals + one HCW Assistant for each hospital
 - b. One for each of the approx. 20 Community Health Centres
 - c. One for each of the approx 14 groups/clusters of smaller clinics
2. 5-day training course at the WITS Technikon for all nominated HCW Officers and assistants (Course fee of approx. R 2500 financed by the Project for approx. 80 participants). The Training Course will be SETA endorsed, allowing for reclaiming the skills levy from SETA. It is envisaged that the course will run regularly allowing the private sector, local government, provincial government and facilities within the HCW industry to take part in the course as Environmental health Officers
3. Establishment of a HCW Officers' Network for informal but well managed exchange of experience and HCW management expertise
4. Formalisation of the existing informal HCW Forum to act as a reference and monitoring forum for the provincial HCW management
5. Appointment of one central HCW management professional at the head office of the Department of Health to act as the focal point of the HCW Officers' Network and the HCW Forum. Depending on the resources that can be liberated at the head office this can be a full time position, a part time position, an added responsibility of a suitably qualified existing person or a contracted external specialist for a limited period. It is however recommended that an understudy be made available to such a professional,

to ensure continuity and sustainability in the event of any restructuring or personnel changes

6. Generic facility level Code of Practise for HCW Management made available via the Project
7. Production of generic HCW management training and skills posters by the Project for subsequent adaptation and implementation at all facilities.

The first of a total of three planned training courses took place 13th — 17th of October at the Wits Technikon. A total of 31 HCW Officers were trained very successfully and the feed-back from trainees has been very positive. At the moment the training course and the training material is being revised based on the feed-back and the second 5-day training course for another 30 HCW Officers is planned to take place 24-28 November 2003

As follows from the above the capacity building strategy is aimed at anchoring at the facility level and only to a limited extent aimed at central anchoring in the appreciation that this may not be possible.

However, it is critically important that the Department of Health nominates the HCW Officers and Assistants and that personnel is available for the training and participation in the HCW Officers' network. The nominated and trained HCW Officers are to be made available for the initial roll-out of the HCW tenders and should actively monitor, develop and report on the actual service delivery by the HCW Contractors. They are further to follow up on the need for and initiate additional training within the facility and the different cadres of staff.

Despite the fragmented and facility based approach it is highly recommended that one qualified full time HCW Specialist is provided at the head office of the Department of Health.

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

With the now principally agreed extension of the Project until the 31st of July 2004 and assuming that the HCW Tender will be announced publicly in the tender bulleting no later than mid November 2003 and that the physical commencement of service of the new tenders will be no later than 1 May 2004, it is assumed that there is sufficient overlap of the Project and the Roll-out period of the new tender to allow for substantial support and guidance at facility, regional and provincial level to support a successful implementation of the new HCRW Tenders.

However, if there is any further delays, the above assumption cannot hold and there will either be a need for additional funds to support the critically important tender roll-out support or there will be a significant risk that the implementation of the tenders will not be sufficiently supported, which could lead to a very chaotic tender start and possibly to breakdown in service and unacceptably long storage of HCRW and unsafe and incorrect containerisation of HCRW.

In view of this, it should be noted that should additional delays be experienced there will be a need for urgently sourcing additional funds from either the Donor DANIDA or internal funds from the provincial budget so secure the successful implementation of the tenders.

4.5 Extension of the Current Agreements for HCRW Services

In February 2003 the DAC (Departmental Acquisition Council) approved an extension of the previous 3 years agreements with Buhle Waste and PhambiliWasteman for the continued supply of disposable containers and collection and disposal of filled containers. This extension was granted for 6 months from the 1st of April 2003 with an option of a further 6-months extension on a month-by-month basis. Hence, there is a contractual arrangement in place for the HCRW Services until the 31st of March 2004.

However, as indicated above, it is unlikely that the new HCRW tenders can commence before the 1st of May due to the delays experienced.

It is therefore necessary that the Department of Health arranges for a suitable temporary service beyond the 31st of March 2003, for example by agreeing to a further month-by month extension assuming suitable terms can be agreed on.

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

5.1 DACEL Staff

The following DACEL staff are 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. Malcolm Mogotsi (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): 1-2% 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): <1% 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: <1% 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. Vukani Khoza (Occ. Health) (DD): 3-7% of time. Involvement in all matters related to the GDoH involvement in the Project. Mr. Khoza is not the formal liaison between the Project and the Department of Health and Refilwe Bodibe
2. Albert Marumo (Env. Health) (AD): 3-5% of time. Involvement in all matters related to the GDoH involvement in the Project.
3. Tender Development Committee The TDC Chair (Marie Steyn/Karl Dahlen) and TDC members of GDoH are contributing with a significant amount of time input to the tender development process estimated to be equal to 5-10 % of one full time person
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 Regional Staff. The total input is assumed to be equal to 50-70% of one full time position.
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 Region A — Coordinator: Deborah Mothopeng. The total input is assumed to be equal to 10-15% of one full time position.
6. Other staff: Valuable input is being received from other divisions of DoH, including human resources, procurement, facilities planning etc.

Marie Steyn (Facilities Planning) has previously been a key liaison with regard to the HCW Tender. However, it has been indicated that she will not longer be involved in the Project following the nomination of Vukani Khoza as the Key Liaison.

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.

5.4 Staff of Gauteng-SALGA (Previously GALA)

Currently there is no active Gauteng-SALGA representative involved in the Project:

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

Gauteng-SALGA 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. The local authorities are further required to play a vital role in the management of the waste stream from small generators as well as with the development of a HCRW collection system to service small generators within its area of jurisdiction, as required by the new provincial Regulations. Continued attempts will be made by means of a request to Gauteng-SALGA signed by the HOD of DACEL, to identify a suitable representative. .

5.5 Staff of Other Counterparts

Involvement by DEAT and National DoH in the project is in particular at this stage of the project critically important to ensure that the Gauteng based project acts as a pilot project for all national HCW management initiatives. There is however a need for more active involvement by DEAT and NDoH in the project implementation.

Staff of other counterparts is participating in the project via the PSC and PMG as well as via various project meetings and visits to facilities, service providers and suppliers. With the exception of DWAF, 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. The GSSC is in the process of introducing an electronic SAP based procurement monitoring and budget control system in the Province. Lines of communication have been established with Karen van Vuuren and Alida van Bruggen from the GSSC, with joint meetings being held with representatives from the GDoH present. It has now been confirmed by GSSC that the Department will be in a position to play a more prominent role during the tender letting process for the HCWM Tender, which is contrary to previous instructions received.

5.6 South African and Danish Consultants

The input of South African and Danish Consultants has been as planned in the Project

Ramboll a/c	DANIDA - 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	407,726	261,804	123,196	385,000	94%	385,000	22,726
nnnSA	DK Consultants	5,579,852	3,695,504	538,096	4,233,600	76%	4,233,600	1,346,252
FLS	SA Consultants	4,460,024	2,888,801	144,199	3,033,000	68%	3,033,000	1,427,024
Sub-Total		10,447,602	6,846,109	805,491	7,651,600	73%	7,651,600	2,796,002
WORKING EXPENSES								
TRAVELS	International Travel + relocation	449,000	330,691	9,309	340,000	76%	340,000	109,000
INSUR+RCAR	Local Trans	223,764	256,107	4,893	261,000	117%	261,000	37,236
ACCOML	Housing (incl. Advance payment)	510,000	348,983	128,017	477,000	94%	477,000	33,000
ACCOMS	Short-term accommodation	436,400	234,835	2,165	237,000	54%	237,000	199,400
DIEM	Per Diem DK (additional to in fee)	3,196	-	-	-	0%	-	3,196
AUDIT	Auditing	10,000	4,000	-	4,000	40%	9,000	1,000
VACC	Vaccination	6,000	2,138	-	2,138	36%	2,138	3,862
VARIOUS	Various Office + Secretaries	1,078,315	389,553	305,447	695,000	64%	695,000	383,315
LOCTSA	Local Transport SA	7,500	4,559	1,442	6,000	80%	6,000	1,500
DIEMSA	Per Diem SA	1,598	-	-	-	0%	-	1,598
Total Working Expenses		2,725,773	1,570,865	451,273	2,022,138	74%	2,027,138	698,635
OTHER EXPENSES								
PILOT	Pilot Projects	570,000	499,214	48,787	548,000	96%	548,000	22,000
CAP-BUI	Capacity Building	444,750	48,258	61,742	110,000	25%	110,000	334,750
STUDY	Study Tour	510,000	353,804	99,804	254,000	50%	254,000	256,000
CONFER	International conference	400,000	89,572	150,428	240,000	60%	240,000	160,000
SACTION	Short-term action	458,579	297,148	38,852	336,000	73%	336,000	122,579
Total Other Expenses		2,383,329	1,287,996	200,004	1,488,000	62%	1,488,000	895,329
Total		15,556,704	9,704,969	1,456,769	11,161,738	72%	11,166,738	4,389,967
Contingencies		89,296	Duration of project (24/29 months):			86%		
GRAND TOTAL		15,646,000						

Please note that the table above is adjusted compared to the total budget presented in the previous Progress Report in accordance with the agreed extension and adjustment of budget. The table above shows that the project expenditures are progressing as planned and that the expenditure for the first 30 months of the project appears to be in line with the actual progress of the project.

However, the table above shows that there is under-expenditure on a number of budget items, as already mentioned

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, with the exception of the HCW Tender for the Gauteng Department of Health that has suffered delays as described above.

However, there is clearly a need to improve the involvement of local authorities in the Project, in particular Gauteng-SALGA who has refrained from participating in all but one PSC meeting. Also, there is inconsistent involvement of the national departments of Health and Environment, as the attendance of the PSC meetings document.

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 that will allow for a uniform service delivery in the public sector whilst also creating the opportunity for achieving savings through the accomplishment of an increased economics of scale. In addition to this, the HCRW management Regulations place certain responsibilities on the local authorities that need to be addressed. High-level discussions between DACEL, GDoH and the local councils/metros are however 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 management. 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 45 million per annum HCRW contracts. Establishment of central capacity with the GDoH to monitor HCW management service delivery and contracts would further provide a forum for monitoring the roll-out of the new and improved HCRW management system.
- During the course of the HCW Pilot Projects at the Leratong Hospital and Itireleng Clinic and corroborated with visits to other facilities there is clearly an opportunity for the Department of health to review a number of clinical practises such as: i) availability of efficient soap and hand towels, ii) cleaning practises, iii) management of food waste, iv) management of liquid hazardous chemicals and liquids with potential infectious substances, v) fire protection principles, vi) stock management of equipment, in particular at clinics, vii) procedures for use of nursing trolleys during change of dressing and administration of injections, viii) establishment of minimum standards for size and availability of intermediate waste storage rooms in wards (e.g. a dedicated room for unclear linen and waste or larger sluice rooms) and at least one well secured central HCW storage room;
- A need for a widespread information campaign to make affected parties aware of the impact of the new Regulations has been identified
- A need to support local governments in implementing the Regulations, as partially foreseen by the now approved 6 month extension for the Sustainability Support Programme

8. Revisions to PIP or Project Document

The PIP has been revised in accordance with the decisions taken at the PSC meeting 2003-10-29 in support of the extension of the project until 2004-07-31.

In the revised PIP it has been assumed that the Tenders will be announced 15th of November 2003 and that the actual commencement of services to the facilities will be 1st of May 2004.

Year	2001												2002												2003												2004											
	Month												Month												Month												Month											
	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J								
Week																																																
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 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.																																																
1.3 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 & EIA procedures																																																
1.4.8: Draft Feasibility Study Report.																																																
1.4.9: Consult & finalise 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 HCRWM 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.																																																
2.2.5: HCW type/amount before & after pilot study																																																
2.2.6: Feed-back report on pilot studies																																																
2.3-5 Specs Seg, Storage, Coll., Trans, Treat & Disposal																																																
2.x.1: Review regulations on HCRWM																																																
2.x.2: Technical specs HCRW																																																
2.x.3: Standard Tender Doc																																																
2.x.4: Specific tender material for HCRW																																																
2.x.5: Publication of Tender																																																
2.x.6: Tenderes prepare proposals																																																
2.x.7: Tender Evaluation																																																
2.x.8: Commencement of Services																																																
2.x.9: Tender Roll-out Support																																																
2.x.10: Hand-over of Process to Gauteng Health																																																
3.1 Proj. Org & Links																																																
3.1.1: Establish PMG & PSC																																																
3.1.2: Establish interdepartmental co-operation.																																																
3.1.3: Establish mechanisms for co-ordination with related projects.																																																
3.2 Institutional HCRWM Roles&Funcs																																																
3.2.1: Describe roles, functions & regulatory responsibilities																																																
3.2.2: Define, future HCWM model																																																
3.3 Proj. Consultation																																																
3.3.1: Prepare schedule for multi-stakeholder involvement.																																																
3.3.2: Implement plan for stakeholder involvement.																																																
3.4 HCRW Awareness prgmm																																																
3.4.1: Assess needs for HCW awareness raising																																																
3.5 HCW Capacity Build prgmm																																																
3.5.1: Analyse existing HCW capacity building																																																
3.5.2: Define target groups, needs assessment & develop HCWM capacity building																																																
3.5.3: Develop training material																																																
3.5.4: Test training material on pilot study staff.																																																
3.5.5: Revise training material after feedback report																																																
3.5.6: Define staff qualification & capacity building for tendering																																																
3.6 International Conference																																																
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 DANIDA), 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> Memoranda of Understanding have been made with DEAT and Gauteng DoH. However, it is clear that there is insufficient involvement by Gauteng-SALGA.
4.	⊖ That DACEL, before commencement of the project, establishes contact with the DANIDA 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 but is not relevant.</i> At this stage there has been no need for such contact. The SMLC project has been finalised. It is not possible for the ECBU to co-operate with the Project, and the ECBU project has been completed
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 fully, but is not relevant anymore. However, there are lines of communication with the DEAT project for implementation of the NWMS</i>
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 it is clear that there is insufficient involvement by Gauteng-SALGA. Also, there appears to be limited capacity within DEAT and NDoH to actively take part in the project implementation, which creates a real risk that the Gauteng Project, may not to the extend intended, function as a national pilot project for the NDoH and DEAT. Also, there is a risk that the Project may not adequately address the needs and problems of local governments, due to the lack of local government interaction..
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;	⊖ Despite the workload of the DACEL Project Director and Assisting Director and senior management there is a very good and timely involvement in the day-to-day management of the Project from DACEL.
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.	⊖ Pilot Institutions have been selected with agreement of DoH and relevant institution managers. Staff is highly involved in the project and has contributed with considerable resources and support.

No	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
	That sufficient and motivated staff are allocated 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.	<p>⊖ 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 Gauteng-SALGA, DEAT and NDoH.</p> <p>⊖ Industry and NGO stakeholders are participating very well and showing great interest in the project as is evident from attendance to workshops, comments received etc.</p>
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	⊖ There is to date limited involvement of the GDoH and no involvement of NDoH in the development of the Gauteng 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.	⊖ Serious delays in the Gauteng Department of Health have been experienced resulting in delay in the HCW Tender Project Component. The project has been extended until the end of July 2004 to allow for this delay. At this stage indications from the Dept of Health are that there will not be further substantial delays. If further delays are experienced there will be a need for sourcing additional funding, as there will not be further funds within the current allocation for any additional extensions of the project.
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.	⊖ With the latest agreed re-allocation of the total budget, all funds have been committed and there is no need for identifying further activities to be funded by the Short-term Improvement Budget. <i>This Assumption can be deleted.</i>
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.	⊖
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.	⊖

No	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
22.	<ul style="list-style-type: none"> ⊖ 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 next tender and other project components. 	<ul style="list-style-type: none"> ⊖ The extending of the existing HCW Service agreement in March 2003 for an initial 6 months with an option for a further 6 months has eliminated this risk.
23.	<ul style="list-style-type: none"> ⊖ That GDoH will be able to undertake the required financial and performance monitoring for the new contracts 	<ul style="list-style-type: none"> ⊖
	Proposed new Assumptions, Risk and Preconditions since Progress Report #3	
24.	<ul style="list-style-type: none"> ⊖ That the drafted HCW Management regulations and the drafted Waste Information Regulations will be promulgated in Gauteng before the end of 2003 	<ul style="list-style-type: none"> ⊖
25.	<ul style="list-style-type: none"> ⊖ That the GDoH will nominate and make available HCW Officers and Assistants as agreed in time of the 5-day training course and the planning before the roll-out of the HCRW Tenders. 	<ul style="list-style-type: none"> ⊖
26.	<ul style="list-style-type: none"> ⊖ That GDoH and GSSC in time for the anticipated roll-out of the new HCRW Tenders will be able to comment and approve of the amended Tender Documents and subsequently carry out the tender letting process. 	<ul style="list-style-type: none"> ⊖

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 DANIDA 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 OK
1.6	Project Progress Report 4	as above	Documentary	2003-05-08 OK
1.7	Project Progress Report 5	as above	Documentary	2003-11-01 (this report)
1.8	Completion Report	as above	Documentary	2004-05-01

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 Final Draft 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 Final Draft Version: September 2002 OK Final Version: December 2003
1.5 Integrated HCWM Strategy and Action Plans	Documents	Review of document	Draft Version: May 2002 OK Final Draft Version: October 2003 OK Final Version: End February 2004
2.1 HCWM Guidelines	Documents	Review of document	Draft Version: September 2002 OK Final Draft Version: May 2003 OK Final Version: End January 2004
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 OK Final Draft Version: June 2003 OK Final Version: October 2003 OK
3.1 Memoranda of Understanding and	Documents	Review of document	Final Version: End August 2001 OK

Output	Indicators	Means of Verification	Completion date(Internal out)
agreements			
3.2 Institutional roles and functions	Documents	Review of document	Included in Policy, Strategy & Capacity Building Reports OK
3.3 Schedule for multi-stakeholder consultation	Documents	Review of document	Included in Policy, Strategy & Capacity Building Reports OK
3.4 HCW Education and Awareness Plan	Documents	Review of document	Draft Version: August 2002 OK Final Draft Version: August 2002 OK Final Version: August 2003 OK
3.5 Training Material	Documents	Review of document	Draft Version: November 2002 OK Final Draft Version: June 2003 OK Final Version (after Pilots): November 2003
3.6 Conference proceedings	Documents	Review of document	Draft Version: August 2003 OK Final Version: August 2003 OK
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	2003-05-01	2003-05-05	to be planned (if needed)	2003-07-23	2 weeks after PSC comments
Progress 5	2003-11-01	2003-11-08	to be planned (if needed)	2004-02-04	2 weeks after PSC comments
Progress 6/Completion Report	2004-05-01	2004-05-08	to be planned (if needed)	?	2 weeks after PSC comments
1.1 Status Quo Report	n/a	n/a	n/a	n/a	November 2000
1.2 Framework	2001-08-30	2001-09-30	2001-11-27	2002-01-21	4 weeks after PSC

Output	Internal out	External out	Workshop	PSC-meetings	Completion Date
HCWM Strategy and Action Plan (Now: HCW Policy)					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
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	2003-06	2 weeks after PSC comments
3.5 Training Material	2002-05	2002-06	To be planned	2003-06	3 weeks after PSC comments
3.6 Conference proceedings	2003-08	2003-09	to be planned (if needed)	2003-09	2 weeks after PSC comments
4. Study Tour Report					Completed

13. Annexure 5: Amendments to the Project Document

A Separate document “Proposed Addendum to Project Document for Sustainable Health Care Waste Management in Gauteng”, April 2003, has been submitted to the PSC for consideration. A decision is urgently needed regarding this proposed addendum and is scheduled for discussion and decision making at the PSC Meeting on 2003-05-07.