# Progress Report 4

## Sustainable Health Care Waste Management in Gauteng

May 2003

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|---|---|---|---|
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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 |
| 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 |
| 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.

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 the have produced the required information about suitability of systems, equipment, costs and capacity building efforts.

The development of Tender Documents for the 28 provincial hospitals and approx. 140 clinics have been delayed significantly due to a sudden change of key counterparts within the GDoH during December 2002, due to the suspension of senior officials for alleged misconduct. However, at present the tender development is progressing well with new anchoring, whilst important experience is gained from the pilot testing on improved HCW Management equipment, which is being incorporated in the new tenders. However, it seems important to improve the anchoring of the tender process at a high level within the GDoH.

The Project has drafted two pieces of provincial regulations that are envisaged to be promulgated by approx. August 2003. 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. 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 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 | • Status Quo Report |
| 1.2.1 ? | 1. Evaluate Status Quo & other sources | • HCWM Policy (?) |

| Activity | Activity Description | Outputs Description |
|---|---|---|
| 1.2.2 ?<br>1.2.3 ? | 2. To draft a framework HCW Strategy<br>3. To consult/ agree Strategy & Action Pl. | • Study Tour Report (?) |
| 1.3.1 ?<br>1.3.2 ?<br>1.3.3 ?<br>1.3.4 W | 1. Describe Framework HCWIS<br>2. Decision on HCWIS resources<br>3. Technical HCWIS principles<br>4. Adjustment of the DACEL HCWIS | • HCWIS Design (?)<br>• HCWIS Manual (?) (A) |
| 1.4.1 ?<br>1.4.2 ?<br>1.4.3 ?<br>1.4.4 ?<br>1.4.5 ?<br>1.4.6 ?<br>1.4.7 ?<br>1.4.8 ?<br>1.4.9 ? | 1. Summary of HCRW technologies<br>2. HCRW Management scenarios<br>3. Site requirements for facility<br>4. Assess ownership and service scenarios<br>5. Identify legal implications<br>6. Identify financial implications<br>7. Permit & EIA procedures<br>8. Draft Feasibility Study Report.<br>9. Consult & finalise Feasibility Study | • Draft Feasibility Study (?)<br>• DACEL HCW Treatment Manual (?)<br>• Non-burn Verification Protocol (?) (A)<br>• Cost of compliance monitoring (Incin.) (?) |
| 1.5.1 P<br>1.5.2 W<br>1.5.3 W | 1. Reformulate HCWM Strategy<br>2. Consult the HCWMS&AP<br>3. Issue Final HCWMS&AP | • HCWM Strategy & Action Plans (W) |
| 2.1.1 ?<br>2.1.2 ?<br>2.1.3 ?<br>2.1.4 P<br>2.1.5 W | 1. Review Int'l HCRWM guidelines<br>2. Draft of Gauteng HCRW guidelines,<br>3. Consult HCRW guidelines.<br>4. Modify Gauteng HCRW guidelines<br>5. Consult HCRW guidelines. | • Draft HCWM Guidelines (?) |
| 2.2.1 ?<br>2.2.2 P<br>2.2.3 P<br>2.2.4 ?<br>2.2.5 (?)<br>2.2.6 W | 1. Design& plan pilot studies.<br>2. Test guidelines<br>3. Test training material for pilot study<br>4. Test HCWIS in pilot institutions.<br>5. HCW amount before/after pilot study<br>6. Feed-back report on pilot studies | • Survey Report for Pilots (?)<br>• HCW Composition Study Phase 1 (?)<br>• HCW composition study phase 2 (?)<br>• HCW composition study phase 3 (W)<br>• First Pilot Project Feed-back Report (?) (A) |
| 2.3.1 ?<br>2.3.2 (?)<br>2.3.3 (?)<br>2.3.4 (?) | 1. Review regulations on HCRWM<br>2. Specs HCRW segr, contain.& storage.<br>3. Standard Tender Doc<br>4. Tender Doc HCRW segregation, containerisation and on-site storage. | • Technical Specs and Tender Documents for HCWM. First Draft produced (P)<br>• Draft HCWM Regulations (?) (A)<br>• Draft Waste Information System Regulations (?) (A) |
| 2.4.1 ?<br>2.4.2 (?)<br>2.4.3 (?)<br>2.4.4 (?) | 1. Review existing regulations<br>2. Specs HCRW collection and transport.<br>3. Standard Tender Doc<br>4. Specific tender material for HCRW collection and transport | • Technical Specs and Tender Documents for HCWM. First Draft produced (P) |
| 2.5.1 ?<br>2.5.2 (?)<br>2.5.3 (?)<br>2.5.4 (?) | 1. Review regulations treatment & disposal<br>2. Specs HCRW treatment and disposal.<br>3. Tender material for treatment & | • Technical Specs and Tender Documents for HCWM. First Draft produced (P) |

| Activity | Activity Description | Outputs Description |
|---|---|---|
| | disposal.<br>4. Specific tender material HCRW treatment & disposal | |
| 3.1.1 ?<br>3.1.2 ?<br>3.1.3 ? | 1. Establish PMG & PSC<br>2. Establish interdepartmental co-operation.<br>3. Establish mechanisms for co-ordination with related projects. | • PMG established (?)<br>• PSC established (?)<br>• MoU with DEAT (?)<br>• MoU with GDoH, (?)<br>• MoU with NDoH (P)<br>• Commenting on SABS Code 0248 (?) (A)<br>• Assistance to other HCW Programmes (?) (A) |
| 3.2.1 ?<br>3.2.2 P | 1. Describe roles, functions & responsib<br>2. Define, future HCWM model | • Policy (?)<br>• Regulations and Strategy (P) |
| 3.3.1 ?<br>3.3.2 ? | 1. Schedule for multi-stakeholder involvement<br>2. Implement stakeholder involvement plan | • Web-page for HCW ? (A)<br>• Several Workshops conducted (?) |
| 3.4.1 ? | 1. Assess needs for HCW awareness raising | • Capacity Build. & Awareness Plan (?) |
| 3.5.1 ?<br>3.5.2 ?<br>3.5.3 P<br>3.5.4 W<br>3.5.5 W<br>3.5.6 P | 1. Analyse existing HCW capacity building<br>2. Target groups, needs & develop cap build<br>3. Develop training material<br>4. Test training material on pilot study staff.<br>5. Revise training material<br>6. Define staff qualification & capacity building for tendering | • Draft Capacity Building Report for Pilots & Province (?)<br>• Draft Capacity Building Report for Province (?)<br>• Training Material for Pilots (?)<br>• Pilot Monitoring Reports (P)<br>• 5-day training course for HCWM developed with WITS Technikon (P)<br>• Training Requirements in Tender Documents (P) |
| 3.6.1 W | 1. International HCWM conference | • Appointment of Conf Organiser (?)<br>• Call for Papers, Venue, Time (?)<br>• 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 September 2002 following approval of DACEL's request for a five-month extension of the project. The 5-month extension was motivated by the need for additional time required for planning and implementation of the Pilot Projects at Itireleng Clinic and Leratong Hospital. The success currently achieved with the Pilot Projects proves that the extension was justified and the additional time was effectively used.

Hence, at the moment the project that started the 1st of May 2001 will continue for a period of 29 months, i.e. until the 30th of September 2003.

An additional request for a 6-months extension until April 2003 has been discussed at the PSC meeting 2003-03-12 where it was agreed that a proposal be circulated to PSC members

prior to the PSC meeting scheduled for 2003-05-07 for decision making. This additional extension is primarily aimed at providing assistance to the GDoH in the tender letting process as well as during the rollout phase for the improved HCRW management system.

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 (Soon to be replaced by the permanent URL http://www.dacel.gpg.gov.za/hcrw ).

The International Health Care Waste Conference has a separate web-page at www.sbs.co.za/hcwm2003

# 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 3 (November 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 critical lack of cooperation by 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 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. | *Absent: NDoH, DEAT* |
| 2. PSC#2 | 29 August 2001. | *Absent: NDoH, DEAT, GALA, DANIDA, NEHAWU, SANCO* |
| 3. PSC#3 | 24 October 2001 | *Absent: DEAT, GALA, GDoH, SABS, GDPTRW, SANGOCO, SANCO* |
| 4. PSC#4 | 23 January 2002 | *Absent: DANIDA, NDoH, SABS, GALA, SANGOCO, SANCO* |
| 5. PSC#5 | 8 May 2002 | *Absent: DANIDA, NDoH, DEAT, DPTRW, SABS, GALA, SANCO* |
| 6. PSC EXTRA | 17 May 2002 | *Social presentation of Study Tour Findings* |
| 7. PSC#6 | 24 July 2002 | *Absent: NDoH, DEAT, DPTRW, GALA, SANCO,* NEHAWU, SANGOCO |
| 8. PSC#7 | 23 October 2002 | *Absent: DANIDA, NDoH, DWAF, GALA, NEHAWU,* |

| PSC Meeting No. | Date | | | Members Absent | |
|---|---|---|---|---|---|
| 9. PSC#8 | 11 | December | 2002 | *Absent:* | *DANIDA, NDoH, DEAT, GALA, SABS, NEHAWU, GDoH, ICASA, SANGOCO* |
| 10. PSC#9 | 29 | January | 2003 | *Absent:* | *DANIDA, NDoH, DEAT, GALA, SABS, SANGOCO, SASOM* |
| 11. PSC#10 | 12 | March | 2003 | *Absent:* | *DANIDA, NDoH, DEAT, GALA, SANGOCO, SASOM, SANCO, ICASA* |
| 12. PSC#11 | 7 | May | 2003 | *Planned PSC Meeting* | |
| 13. PSC#12 | 23 | July | 2003 | *Planned PSC Meeting* | |

Of the past 11 PSC meetings GALA has been absent 10 times, NDoH 9 times, DEAT 6 times, DANIDA 6 times, and various NGOs have also been absent a number of times.

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: | | | | (*No meeting held)* |
| 29. | PMG#29: | 12 | November | 2002 | ***(Full PMG meeting)*** |
| 30. | PMG#30: | 19 | November | 2002 | *(DACEL and CTA only)* |
| 31. | PMG#31: | 10 | December | 2003 | ***(Full PMG meeting)*** |
| 32. | PMG#32: | 21 | January | 2003 | ***(Full PMG meeting)*** |
| 33. | PMG#33: | 11 | February | 2003 | ***(Full PMG meeting)*** |

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, November 2002
- Progress Report#4, May 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 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 December 2002)
- 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, March 2003 **FINAL DRAFT**
- Draft Waste Information System Regulations, April 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 **DRAFT**
- 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**
- 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**

**Capacity Building Reports:**

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

**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**
- Draft HCW Composition and Generation Study Report January 2003 **DRAFT** Third phase of sorting will tale place early June 2003

**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 **1$^{ST}$ DRAFT**

**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

**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 GALA's involvement 2003-02-17
- 2003-02-20. Meeting with CD Marion Ahern GDoH 2003-02-20

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 |
|---|---|---|---|---|
| • **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 will only be possible if proposed extension is granted. | Provincial Regulations | Provincial Regulations | August 2003 |
| • **Output 2.3-5:** Technical specifications, standard tender material | 2.3X1: Actual HCRW management Regulations are being drafted and promulgated as part of the project | Provincial Regulations | Provincial Regulations | August 2003 |
| | 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 #3(November 2002) has been approved by the PSC and DANIDA, cf-PSC#8 2002-12-11.

## 4.1 Sustainability of the Project's outputs and Proposal for addressing this

It is proposed to extend the Project's duration by six months, i.e. until the end of March 2004, in order to increase the impact of the Project. This can be achieved by adjusting the funds already allocated to the Project as well as certain activities in order to meet the current needs of the counterparts without the need for any additional funding.

During the course of the project implementation a number of critical issues have been identified in relation to the sustainability of the Project and, in particular, the institutional capacity of the Gauteng Department of Health to take on the short-term actions required for implementing the next Provincial HCRW management tender effectively. The lack of capacity is critical both at the level of the individual facilities as well as at the central and regional level of the provincial Department of Health and there is a need to ensure that necessary support is provided at all levels of the Department of Health.

The objective should therefore be to improve the Project's anchoring by ensuring that the Project's counterparts are capacitated in the specialist field of HCW management to be able to take over the project activities completely and effectively, in particular the Gauteng Department of Health (GDoH) and DACEL, but also the National Department of Environment and Tourism (DEAT) and the National Department of Health (NDoH).

In the short term there is a need for assistance to the GDoH in tendering, adjudicating and implementing the Health Care Waste Management Tenders for which the work is scheduled to commence on 2003-10-01, thus coinciding with the end of the current project. However, due to institutional challenges in the GDoH it appears likely that the Department may not be able to implement the new tenders that are developed by the project timely and as planned.

Furthermore, there is a need for assisting DACEL in applying the principles developed for the Health Care Waste Management Project to other departmental priorities, in particular the further elaboration of the Health Care Waste Information System (HCWIS) developed for health care risk waste (HCRW), also to include hazardous waste and to support the department through the initial stages of the implementation of the Health Care Waste Management and Waste Information System Regulations.

Finally, the DANIDA funded project on Implementation of the National Waste Management Strategy, originally intended to commence by mid 2002 and proposed to have strong links and coordination with the Gauteng Project that was to serve as a pilot for the national project, was delayed and is currently only foreseen to commence by the middle of 2003. Because of the strong links built into the national project on two of its three main technical components, namely HCW Management and the Waste Information Systems, it would be beneficial if there were a suitable overlap between the two projects for efficient transfer of experience from the Gauteng project by maintaining the momentum of the Gauteng project during the inception phase and initial implementation of the national 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.

Hence, a proposal has been submitted to the PSC and DANIDA for a further 6-months extension of the Project for the purpose of i) ensuring that the project activities, and in particular the HCWM Tender, is implemented in a sustainable and well manageable manner and ii) support the further implementation of the spin-offs and immediate recommendations of the project, in particular i) development of Local Government guidelines for management of small sources of HCRW, ii) extending the HCWIS to include other types of waste, as regulated in the Provincial Waste Information System regulations to be promulgated in August 2003, and iii) further assist DACEL in the management of HCRW activities in the Province (please refer to the separate Proposal for details).

*The Proposal was endorsed by the PSC on 2003-05-07 and approved by DANIDA by letter dated 2003-05-21 (Annexure 6). The changes reflected in this approval will be reflected in the next Progress Report.*

## 4.2 Review of budget for Pilot Projects and Continuation of the Pilot Projects

Most of the pilot project procurement has been completed except for i) performance retention money of R 16473.84 for the Incinerator, ii) R 2500 for a security box for the installed scale at Leratong and iii) possibly an amount of approx. R 8000 for additional plastic items. Hence, with the agreed increased pilot project budget of DKK 400,000 + DKK 170,000 = DKK 570,00 and the prevailing rate of exchange during the procurement period of 0.85 the total available budget in Rand amounts to approx. R 670,600 and the commitment amounts to approx. R 672,600. Hence there is expected to be an over expenditure of approx. R 2000 equal to 0.3% of the budget, which is however deemed acceptable. The table below shows the payments made to date for the pilot projects and the payments committed to but not yet invoiced.

| **Total Estimated HCWM Pilot Project Expenditures** | | | | | **ZAR** |
|---|---|---|---|---|---|
| Total Payments made by 1 May 2003 | | | | | 645,589.43 |
| Total Payments still to come | | | | | 26,973.84 |
| **Total** | | | | | 672,563.27 |
| **Budget** | **DKK** | 570,000 | **ZAR** | 0.85 | 670,588.24 |
| **Balance** | **DKK** | -1,679 | **ZAR** | | -1,975.03 |

Hence, it can be concluded that the budget provided for the pilot projects is sufficient and that no more project funds are required. However, it is critical that the Gauteng Department of Health agrees to continue funding the pilot projects after the initial 6 months period funded by the Project to ensure that there is a fully functional pilot project available for instruction and training purposes during the roll-out of the new province wide HCRW tender that is assumed to be based on the systems tested at the pilot projects. Naturally, for the two pilot facilities it would be undesirable to revert back to the poorer performing HCRW system that existed prior to the pilot projects for a limited period before having to go through a third transition period for the HCRW Management system.

The Project has bought much equipment for the introduction of a reusable containerisation system, which means that there is a limited need for continuous procurement of disposable items such as plastic bags and sharps containers. The Project has paid for practically all consumables during the initial 6 months of the pilot testing of the new HCRW Management system.

Based on the data collected so far as part of the pilot project monitoring it is evident that it will be cheaper for the pilot projects to continue the pilot activities compared to before the pilots started even when having to pay for all consumables and with the inclusion of the cost of black liners. As indicated previously, the Project only has funds to pay for all consumables during the initial 6-month period.

Naturally the durable items that have already been paid for by the Project are assumed to remain functional without any need for replacement until the new tender is implemented. It is clear from the pilot project statistics that the monthly mass of HCRW generated has been reduced, thus also resulting in a reduction in the consumption of disposable containers, which can be ascribed to improved segregation. Separation of treatment and collection costs from

the cost of the disposable containers proved to be effective in identifying the impact of the pilots on the various cost components.

The consumables that the pilot facilities must pay for after June/July 2003 include:
1. Red liners (large, medium and small)
2. Red liners (large, medium and small)
3. Sharps containers
4. Tall sharps (very few and only for Leratong)
5. Black liners (large, medium and small) for HCGW

Please note, that for each of the items 1-5 above it is important that the particular material specifications be maintained by the Procurement Officers of the Department of Health.

| **Leratong Hospital – Costs in Rand excl. VAT** | **Before the Pilot Started** | **First Feb- 30 June** (project pays most consumables) | **1 July - 31 Dec** (some excess project stock) | **Full cost** (after Project stock is consumed) |
|---|---|---|---|---|
| | **A** | **B** | **C** | **D** |
| Disposable equipment (excl. Specicans) | 13,181.92 | - | 3,300.00 | 8,772.00 |
| Specicans | 602.31 | 602.31 | 602.31 | 602.31 |
| Cost of treatment | 16,010.16 | 13,695.00 | 13,695.00 | 13,695.00 |
| Cost of transport | 14,283.74 | 14,283.74 | 14,283.74 | 14,283.74 |
| Cost of extra transport of clean equipment | - | 5,760.00 | 5,760.00 | 5,760.00 |
| Total | 44,078.13 | 34,341.05 | 37,641.05 | 43,113.05 |

| **Itireleng CHC – Costs in Rand excl. VAT** | **Before the Pilot started** | **First Feb- 30 June** (project pays most consumables) | **1 July - 31 Dec** (some excess project stock) | **Full cost** (after Project stock is consumed) |
|---|---|---|---|---|
| | **A** | **B** | **C** | **D** |
| Disposable equipment (excl. Specicans) | 1,012.46 | - | 365.00 | 500.00 |
| Specicans | 342.69 | 342.69 | 342.69 | 342.69 |
| Cost of treatment | 1,257.00 | 465.30 | 465.30 | 465.30 |
| Cost of transport | 2,157.71 | 2,157.71 | 2,157.71 | 2,157.71 |
| Cost of extra transport of clean equipment | - | 400.00 | 400.00 | 400.00 |
| Total | 4,769.86 | 3,365.70 | 3,730.70 | 3,865.70 |

**A** excludes black bags whereas **B-D** includes Black bags. Hence, the Facility gets the black bags "for free". **B** is valid for the initial 6-month test period where the project paid for all consumables but the specicans. Please note that the reason for **C** being lower than **D** is that we in some instances have bought too many disposable items that will last for a while after the initial planned six month pilot test that the Project was planning to finance. Naturally the durable items remain the property of the individual facilities

In conclusion, compared to the situation before the pilot projects were commenced, it is beneficial both in financial and service delivery terms for the Department of Health and the

two pilot facilities to continue the pilot projects until the new HCRW tender starts. It is at this stage assumed that the new HCRW Tender will start 1 December 2003 or later. The initial 6-months pilot testing began 3rd February 2003 and ends 31st July 2003.

It is at this stage assumed that the new HCRW Tender will start 1 December 2003 or later. The initial 6-months pilot testing began 3rd February 2003 and ends 31st July 2003. The Department of Health will be requested to support such a continuation of the Pilot Projects at Leratong Hospital and Itireleng Community Health Clinic

## 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 above, 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.

As follows from the above the capacity building strategy is aimed at anchoring the facility level and only to a very 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 this 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 Risk of Conflict in Timing of Project Activities and DoH Provincial re-tendering for outsourcing of HCW Management Services

As stated above, the development of the Tender Documents for the HCRW management tenders has been delayed due to lack of capacity within the Department of Health and the loss of momentum caused by the suspension of senior officials to act as counterparts for the tender development process.

In March 2003 the existing service providers for HCRW Services, Buhle Waste and PhambiliWasteMan, where reportedly awarded an extensions of 6 months to their contracts with an option for a further month-by-month extension for another 6 months. Hence, as of 1 April 2003 the existing service providers have continued their services after the expiry of the previous 3-year service agreement.

It has been reported by representatives of the Department of Health that it is critical for the Project to provide substantial assistance with the tender letting and tender evaluation process, and even more so with the initial tender roll-out and establishment of monitoring and reporting systems in conformity with the provincial HCW capacity building programme. In particular the 5-day HCW training course that is being developed for the HCW Officers and HCW Assistants to be nominated by the Department of Health is seen as an important support to this process. However, due to the capacity constraints, cf. Section 4.1 above, it is deemed critically important that there is external support to the Department of Health Head Office and to the individual health care facilities within the province. In total 28 provincial hospitals and approx. 140 provincial clinics are assumed to be part of the tender.

If the proposed sustainability support programme, that would effectively result in a 6-month extension of the project by introducing additional critical project activities, cannot take place, the Project Management is concerned that this may result in serious and critical shortcomings in the roll-out of the next HCWM tender. This could in turn disfavour the entire Project and the Health Care Waste Management Policy as being promulgated via the Provincial Regulations, with which the Department of Health is unlikely to comply, even though required to do so.

# 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): 1-2% 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): <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): 3-5% of time. Involvement in all matters related to the GDoH involvement in the Project.
2. Vukani Khoza (Occ. Health) (DD) and Refilwe Bodibe: 3% 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 3-5% of time. Involvement in the all matters related to the GDoH involvement in the Project.
4. 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 |
| 5. 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. |
| 6. 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. |
| 7. 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. |

## 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. The local authorities are further required to play a vital role in the registration of 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 GALA 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 Implementation Plan and is shown on the figure below:

| | Budget | | Used | | 2001 | | | | | | | | | 2002 | | | | | | | | | | | 2003 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DK Consultants** | **Mths** | **Hrs** | **Hrs** | **%** | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| T. Kristiansen | 26.5 | 4452 | 3739 | 84% | 91 | 163 | 148 | 156 | 170 | 148 | 148 | 148 | 99 | 163 | 148 | 81 | 156 | 155 | 127 | 111 | 133 | 156 | 149 | 156 | 104 | 118 | 148 | 119 | 450 | | | | | |
| N.J. Busch | 7.5 | 1260 | 1193 | 95% | | 104 | 7 | 2 | 75 | 77 | 1 | 111 | 11 | 81 | 79 | 85 | 2 | 118 | 76 | 15 | 76 | 79 | 30 | 67 | 97 | 1 | | | | | | | | |
| E. Nørby | 2.0 | 336 | 311 | 93% | | | | | | 44 | 40 | | 40 | | 3.5 | | 96 | | | | | | | 40 | 48 | X | | | | | | | | |
| M. Kynau | 5.0 | 840 | 698 | 83% | | | | | | | | | | | | | | | | 157 | 29 | 19 | 137 | 51 | 5.5 | 11 | 124 | 60 | 106 | | | | | |
| F. Koch | 1.0 | 168 | 119 | 71% | | | | | | | 15 | 40 | | 48 | 16 | X | | | | | | | | | | | | | | | | | |
| Yet unallo. | 0.3 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sub-total** | **42.3** | **7106** | **6059** | **85%** | 91 | 267 | 155 | 158 | 245 | 269 | 204 | 299 | 149 | 291 | 247 | 166 | 254 | 273 | 203 | 283 | 238 | 254 | 315 | 314 | 254 | 130 | 272 | 178 | 556 | | | | | |
| **SA Consultants** | **Mths** | **Hrs** | **Hrs** | **%** | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| Kobus Otto | 18.0 | 3024 | 2545 | 84% | | 93 | 39 | 83 | 152 | 131 | 70 | 119 | 60 | 107 | 115 | 138 | 109 | 187 | 68 | 139 | 126 | 173 | 167 | 95 | | 107 | 135 | | 136 | | | | | |
| L Godfrey | 3.5 | 588 | 638 | 109% | | | | | | | 76 | 12 | 34 | | 24 | 56 | 72 | 4 | 14 | 20 | 122 | 76 | 34 | 94 | | | | | | | | | |
| D. Baldwin | 3.5 | 588 | 493 | 84% | | | | | | 50 | 92 | 44 | 34 | 49 | | 72 | 2 | 15 | 21 | 31 | 10 | 44 | | 29 | | | | | | | | | | |
| Philamon Mashapa | 1.0 | 168 | 124 | 74% | | | | | | | 84 | | | | | | 12 | 28 | | | | | | | | | | | | | | | |
| R. Stein | 2.0 | 336 | 313 | 93% | | | | | 20 | | | | | | 53 | | 49 | 37 | 26 | 15 | 12 | 9 | 11 | | | | | 36 | 45 | | | | | |
| J Clements | 3.0 | 504 | 455 | 90% | | | | | | | 48 | | | | 35 | 54 | 38 | 15 | 10 | 6 | 8 | 55 | | 77 | 36 | 19 | 13 | 10 | 32 | | | | | |
| J. Magner | 7.0 | 1176 | 1110 | 94% | | | | | | | | 24 | | 39 | 59 | 66 | 90 | 88 | 43 | 49 | 124 | 82 | 104 | 64 | 21 | 92 | 93 | 72 | | | | | | |
| N. Coulson | 8.0 | 1344 | 1067 | 79% | | | | | | | | 18 | | 45 | 58 | 61 | 52 | 115 | 77 | 103 | 72 | 97 | 66 | 90 | | | 214 | | | | | | | |
| **Sub-total** | **46.0** | **7728** | **6746** | **87%** | | 93 | 39 | 83 | 172 | 181 | 370 | 217 | 128 | 240 | 344 | 446 | 424 | 489 | 259 | 363 | 474 | 535 | 382 | 449 | 57 | 218 | 455 | 118 | 213 | | | | | |
| **Grand Total** | **88.3** | **14834** | **12805** | **86%** | 91 | 360 | 193 | 240 | 417 | 449 | 574 | 516 | 277 | 531 | 590 | 612 | 678 | 762 | 461 | 646 | 711 | 789 | 697 | 763 | 311 | 348 | 727 | 296 | 769 | | | | | |

In the table above the hours spent by Danish Consultants is fairly accurate whereas a number of the South African Consultants have yet to invoice for all or parts of the last 4 months. Hence, the actual consumption of SA Consultants' time is in some instances greater than indicated above. Due to the dynamics of availability of consultants and the individual specialisations of the various SA Consultants there will most likely be a redistribution of input between some of the consultants within the overall budget for South African consultants. The following redistribution has been approved by the PSC and DANIDA:

| Name | Position | Contract | Addendum 1 | Addendum 2 | Agreed with DANCED | CTA's proposal | New Total | Sub-total |
|---|---|---|---|---|---|---|---|---|
| **DK Consultants** | | **MM** | | | | | **MM** | **DKK** |
| Torben Kristiansen, | CTA | 21.5 | | 5.0 | | | 26.5 | |
| Niels Juul Busch | Strategic Planner | 5.5 | | | | 2.0 | 7.5 | |
| Erik Nørby | HCWIS Specialist | 2.0 | | | | | 2.0 | |
| Morten Kynau | Tender Spec | 3.5 | | | 0.5 | 1.0 | 5.0 | |
| Fleming Kock, | Cap Bldng Spec | 1.5 | 0.8 | | | -1.3 | 1.0 | |
| Yet unallocated | | 1.5 | | | | -1.3 | 0.3 | |
| Marianne Pagh | Inf. Ctrl Spec | | 1.0 | | | -1.0 | | |
| **Sub-total SA** | | **35.5** | **1.8** | **5.0** | **0.5** | **-0.5** | **42.2** | **4,743,252** |
| **Budget DK** | | | | | | | | **4,727,910** |

| Name | Position | Contract | Addendum 1 | Addendum 2 | Agreed with DANCED | CTA motivation | New Total | Sub-total |
|---|---|---|---|---|---|---|---|---|
| **SA Consultants** | | | | | | | | |
| K Otto | Strategic Planner | 10.5 | | 2.5 | | 5.0 | 18.0 | |
| L Godfrey | HCWIS Specialist | 3.0 | | | | 0.5 | 3.5 | |
| D. Baldwin | Waste Handl. Spec | 6.5 | | | | -3.0 | 3.5 | |
| D. Baldwin | Waste Handl. Spec | 2.5 | | | | -1.5 | 1.0 | |
| R. Stein | Legal Expert | 2.5 | | | | -0.5 | 2.0 | |
| J Clements | Economist | 2.5 | | | | 0.5 | 3.0 | |
| J. Magner | Env. Health Spec | 3.0 | | | | 4.0 | 7.0 | |
| N. Coulson | Cap Bldng Spec | 4.0 | 5.0 | | | -1.0 | 8.0 | |
| | Handling fee/currency loss (13%) | | | | | | | |
| **Sub-total SA** | | **34.5** | **5.0** | **2.5** | | **4.0** | **46.0** | **3,643,445** |
| **Budget SA** | | | | | | | | **3,675,575** |
| **Total (DK+SA)** | | | | | | | | **8,386,697** |
| **Total Budget (DK+SA)** | | | | | | | | **8,403,485** |
| **Balance** | | | | | | | | **16,788** |

### 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 maintains the project file and is responsible for all the general administrative and secretarial assistance required for the project. The Project Secretary has given notice as of 1 June 2003 due to a permanent position at the GSSC. It has been decided to make use of a temporary staff from an employment agency for the remaining period of 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 April 2003. The table includes both actually reported expenses as well as estimated, yet to be reported, expenses for the month of April 2003.

| 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 | 587,470 | 178,563 | 83,241 | 261,804 | 45% | 261,804 | 325,666 |
| nnnSA | DK Consultants | 4,238,801 | 4,035,373 | - 339,869 | 3,695,504 | 87% | 3,695,504 | 543,297 |
| FLS | SA Consultants | 3,675,575 | 2,731,379 | 157,422 | 2,888,801 | 79% | 2,888,801 | 786,775 |
| | **Sub-Total** | 8,501,846 | 6,945,316 | - 99,207 | 6,846,109 | 81% | 6,846,109 | 1,655,738 |
| | **WORKING EXPENSES** | | | | | | | |
| TRAVELS | International Travel + relocation | 443,750 | 285,068 | 45,623 | 330,691 | 75% | 330,691 | 113,059 |
| INSUR+RCAR | Local Trans | 320,000 | 208,352 | 47,755 | 256,107 | 80% | 256,107 | 63,893 |
| ACCOML | Housing (incl. Advance payment) | 420,000 | 297,065 | 51,918 | 348,983 | 83% | 348,983 | 71,017 |
| ACCOMS | Short-term accomodation | 358,400 | 218,966 | 15,869 | 234,835 | 66% | 234,835 | 123,565 |
| DIEM | Per Diem DK (additional to in fee) | 3,196 | - | | - | 0% | - | 3,196 |
| AUDIT | Auditing | 10,000 | 4,000 | | 4,000 | 40% | 4,000 | 6,000 |
| VACC | Vaccination | 6,000 | 4,000 | - 1,862 | 2,138 | 36% | 2,138 | 3,862 |
| VARIOUS | Various Office + Secretaries | 787,945 | 398,290 | - 8,738 | 389,553 | 49% | 389,553 | 398,392 |
| LOCTSA | Local Transport SA | 7,500 | 300 | 4,259 | 4,559 | 61% | 4,559 | 2,942 |
| DIEMSA | Per Diem SA | 1,598 | - | | - | 0% | - | 1,598 |
| | **Total Working Expenses** | 2,358,389 | 1,416,042 | 154,823 | 1,570,865 | 67% | 1,570,865 | 787,524 |
| | **OTHER EXPENSES** | | | | | | | |
| PILOT | Pilot Projects | 570,000 | 21,172 | 478,041 | 499,214 | 88% | 499,214 | 70,787 |
| CAP-BUI | Capacity Building | 294,750 | 15,987 | 32,271 | 48,258 | 16% | 48,258 | 246,492 |
| STUDY | Study Tour | 410,000 | 368,223 | - 14,419 | 353,804 | 86% | 353,804 | 56,196 |
| CONFER | International conference | 400,000 | - | 89,572 | 89,572 | 22% | 89,572 | 310,428 |
| SACTION | Short-term action | 3,021,719 | 295,360 | 1,788 | 297,148 | 10% | 297,148 | 2,724,571 |
| | **Total Other Expenses** | 4,696,469 | 700,742 | 587,253 | 1,287,996 | 27% | 1,287,996 | 3,408,473 |
| | **Total** | 15,556,704 | 9,062,100 | 642,869 | 9,704,969 | 62% | 9,704,969 | 5,851,735 |
| | Contingencies | 59,056 | | Duration of project (24/29 months): | | 83% | | |
| | **GRAND TOTAL** | 15,615,760 | | | | | | |

The table above shows that the project expenditures are progressing as planned and that the expenditure for the first 24 months of the project appears to be in line with the actual progress of the project. Please note that a few minor errors in the statement of the previous Progress Reports have been corrected.

Procurement for the Pilot Projects has been completed except for a few minor issues. Procurement of services for Capacity Building will also start picking up momentum. Large-scale procurement via the Short Term Improvement Budget has not commenced yet, but a proposal has been submitted to the PSC that recommends allocation of these funds for extension of the project in the support of the Tender Process and the implementation of spin-offs from the project. The planning for the international conference has started and a professional conference organiser has been appointed. The Conference organiser has accepted a reduced fee against a 50/50 share in any profits made in the conference. Depending on the number of full paying attendees the conference may break even (approx. 170 attendees) or generate a profit of up to R 250 000 (Approx. 450 attendees). Should it become evident that a profit will be made from the Conference such profit will primarily be used for sponsoring attendees who would not otherwise be in a position to attend. For any profits after the conference, it is proposed that additional conference material be produced for complementary circulation to major health care facilities and even libraries not only throughout South Africa, but maybe even beyond the South African borders.

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, there is clearly a need to improve the involvement of local authorities in the Project, in particular GALA 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:

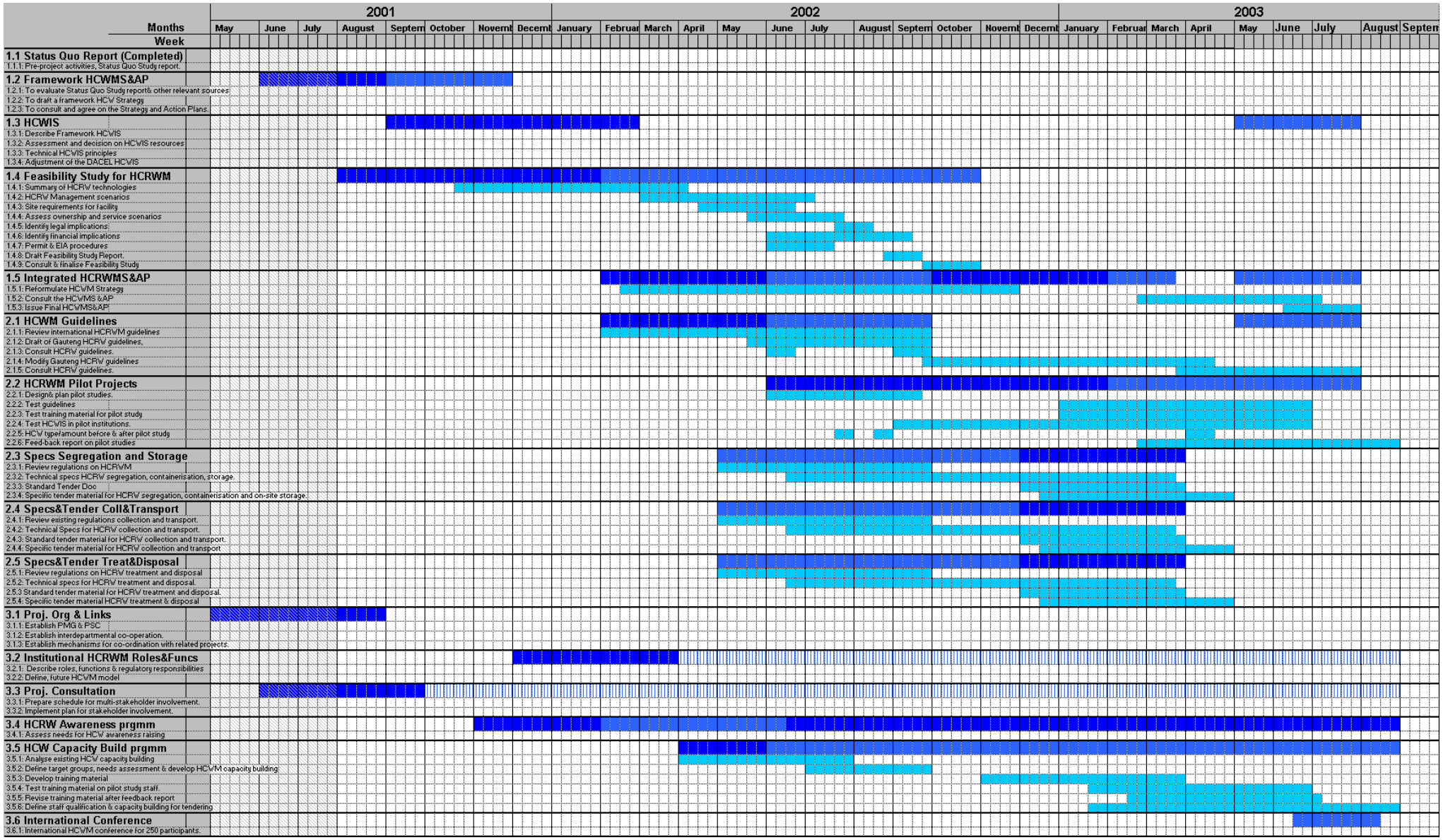
- There is a possibility for including the local councils/metros in the setting of minimum HCRW tender standards and technical requirements that will allow for a uniform service delivery in the public sector whilst also creating the opportunity for achieving savings through the accomplishment of an increased 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. *For more than 6 months it has however not been possible to establish such discussions*;
- 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 30 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.
- 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 basis for providing the necessary training and awareness within the health care institutions.
- 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 not been revised since the previous Progress Report and is reproduced in this document from the previous report.

With the delay of the HCW tender development process the past delay in the commencement of the Pilot Projects has proven less critical and it is now possible adequately to extract relevant information and experience from the pilots to inform the final version of the HCRW Tender Documents.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July
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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 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 Specs Segregation and Storage
2.3.1: Review regulations on HCRWM
2.3.2: Technical specs HCRW segregation, containerisation, storage.
2.3.3: Standard Tender Doc
2.3.4: Specific tender material for HCRW segregation, containerisation and on-site storage.
2.4 Specs&Tender Coll&Transport
2.4.1: Review existing regulations collection and transport.
2.4.2: Technical Specs for HCRW collection and transport.
2.4.3: Standard tender material for HCRW collection and transport.
2.4.4: Specific tender material for HCRW collection and transport
2.5 Specs&Tender Treat&Disposal
2.5.1: Review regulations on HCRW treatment and disposal
2.5.2: Technical specs for HCRW treatment and disposal.
2.5.3 Standard tender material for HCRW treatment and disposal.
2.5.4: Specific tender material HCRW treatment & disposal
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; | ∪ *This precondition was met.* |
| 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; | ∪ *This precondition was met.* 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; | ∪ *This precondition has not been met fully.* 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. It is clear that there is insufficient involvement by GALA and to some extend also from DEAT and NDoH. |
| 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). | ∪ *This precondition has not been met fully.* At this stage there has been no need for such contact. The SMLC project has been finalised. 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); | ∪ *This precondition has not been met.* It is suggested to rephrase the condition as follows: *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.* 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 it is clear that there is insufficient involvement of GALA, DEAT and NDoH in the project implementation, which creates a real risk that the Gauteng Project, may not, as intended, function as a national pilot project for the NDoH and DEAT nor will it adequately address the needs and problems of local governments. |
| 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, | ∪ 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 |
|---|---|---|
| | the hospital/clinic management and ground staff. 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. | ∪ 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 GALA, 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 | ∪ 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. | ∪ At this stage of the Project it appears highly likely that all planned activities can be completed within the 29 months project period. However, a proposal for additional activities to secure the project's sustainability has been proposed. |
| 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, in addition to the already agreed HCW Generation and Composition Study and the agreed reallocation for Capacity Building Purposes proposing that the remaining budget for Short Term Improvements be allocated for the 6-months suitability Support Programme that will focus on the full implementation of the new HCW Tenders, providing guidance to the local authorities in addressing small scale e HCW generators and supporting the spin-offs of the project in developing the Waste Information System further. |
| 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. | ∪ |
| 22. | ∪ That the agreed 6 month interim contracts, in effect extending the current HCRW system, will be concluded | ∪ The extending of the existing HCW Service agreement in March 2003 for an initial 6 months with an option for |

| No | Assumptions, Risk and Preconditions (Cf Proj. Doc) | Proposed Revised Assumptions, Risk and preconditions |
|---|---|---|
| | successfully allowing sufficient time for the pilot projects to inform the next tender and other project components. | a further 6 months has eliminated this risk. |
| 23. | ∪ That GDoH will be able to undertake the required financial and performance monitoring for the new contracts | ∪ |
| | **Proposed new Assumptions, Risk and Preconditions since Progress Report #3** | |
| 24. | ∪ That the drafted HCW Management regulations and the drafted Waste Information Regulations will be promulgated in Gauteng before the end of 2003 | ∪ |
| 25. | ∪ 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. | ∪ |
| 26. | ∪ 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. | ∪ |

# 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 / Completion Report | as above | Documentary | 2003-05-08 |

| 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<br>Final Draft Version: Mid October 2001<br>Final Version: End October 2001<br>OK |
| 1.3 HCWIS Report | Documents | Review of document | Draft Version: February 2002 OK<br>Final Version: January 2002 OK |
| 1.4 Feasibility Report | Documents | Review of document | Draft Version: December 2001 OK<br>Final Draft Version: September 2002 OK<br>Final Version: November 2002 |
| 1.5 Integrated HCWM Strategy and Action Plans | Documents | Review of document | Draft Version: May 2002 OK<br>Final Draft Version: Mid May 2003<br>Final Version: End August 2003 |
| 2.1 HCWM Guidelines | Documents | Review of document | Draft Version: September 2002 OK<br>Final Draft Version: May 2003<br>Final Version: End June 2003 |
| 2.2 Pilot Project Feedback Report | Documents | Review of document | Draft Version: June 2003<br>Final Version: August 2003 |
| 2.3-5 HCWM Technical Specification and Tender Documents | Documents | Review of document | Draft Version: February 2003<br>Final Draft Version: May2003<br>Final Version: June 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<br>Final Draft Version: Start May 2002 |

| Output | Indicators | Means of Verification | Completion date(Internal out) |
|---|---|---|---|
| | | | Final Version: End June 2002 |
| 3.3 Schedule for multi-stakeholder consultation | Documents | Review of document | Draft Version: Start September 2001<br>Final Draft Version: Mid Sep. 2001<br>Final Version: End September 2001 |
| 3.4 HCW Education and Awareness Plan | Documents | Review of document | Draft Version: August 2002 OK<br>Final Draft Version: August 2002<br>Final Version: October 2002 |
| 3.5 Training Material | Documents | Review of document | Draft Version: November 2002<br>Final Draft Version: January 2003<br>Final Version (after Pilots): June 2003 |
| 3.6 Conference proceedings | Documents | Review of document | Draft Version: August 2003<br>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 |

| Output | Internal out | External out | Workshop | PSC-meetings | Completion Date |
|---|---|---|---|---|---|
| 1.4 Feasibility Report | 2001-12-15 | 2002-01-30 | 2002-03-08<br>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<br>Final | 2002-04-30<br>2003-03-15 | 2002-05-30<br>2003-03-30 | 2001-11-19<br>2002-09-25 | 2002-08-28<br>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<br>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.

# 14. Annexure 6: DANIDA's approval of the proposed 6-months Extension for the Sustainability Support Programme



**KONGELIG DANSK AMBASSADE**
Pretoria og Cape Town

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Sustainable Health Care Waste Management in Gauteng
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## TELEFAX

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| Antal sider i alt | Bilag | Journalnummer | Faxnummer: |
| 1 | | 104.Sydafrka.1. MFS.39 | 011 337-2292 355 1663\|4 |
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Dear Torben,

**Re Proposed Addendum to Project Document**

Your proposed addendum to the project document dated April 2003 and subsequent email to Torsten Malmdorf on 12 May 2003 refers.

The Embassy has perused the proposed additional Sustainability Support Programme and finds it clear and well motivated. We appreciate the project's efforts to maximise its impact and sustainability within the host institution, namely the Gauteng Department of Agriculture, Conservation and Land Affairs.

In light of the Project Steering Committee's support for the aforementioned addendum, the Embassy has no hesitation in approving the proposal as presented, which includes the proposed budgetary adjustments and the extension of the project until 31 March 2004.

Kind regards,

Darryll Kilian
Environmental Programme Officer

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